Back in the Saddle Again: Credentialing Conundrums Surrounding the Reentry Physician

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Presenter(s): Elizabeth J. Korinek, MPH
Back in the Saddle Again: 
Credentialing Conundrums Surrounding the Reentry Physician

Elizabeth J. Korinek, M.P.H.  
Chief Executive Officer  
CPEP  
The Center for Personalized Education for Physicians

Objectives

• Understand the unique challenges faced by the medical staff when working with a physician who is returning to practice or resuming specific procedures or privileges after an absence
• Develop medical staff policies regarding credentialing of physicians who have a practice gap
• Identify resources or processes to support the physician’s return to direct patient care activities or to his/her original scope of practice
• Discuss case studies

What do you think?

• Surgeon in an administrative position for 5 years; wants to rejoin his practice group at your facility
• A small hospital desperately needs pediatric coverage; internist on staff was boarded in IM/Peds 25 years ago
• OB/GYN left practice for 13 years raising children; she is divorcing and needs to resume practice
• A family physician in outpatient practice for 10 years; new practice requires him to provide inpatient care
• Orthopedic surgeon out of practice for 2.5 years following a car accident; ready to resume limited practice
Defining Terms

Reentry
“A return to clinical practice in the discipline in which one has been trained or certified following an extended period of clinical inactivity not resulting from discipline or impairment.” AMA - State Medical Licensure Requirements and Statistics 2011

Key Points
• Returning to the same specialty
• Left practice voluntarily
  • Not due to disciplinary action
• Extended period of time

Defining Terms

Retraining
Education is focused on changing scope of practice, usually including new knowledge and skills that weren’t necessarily obtained in original training

Key points:
• Scope of practice changing
• Contains knowledge skills outside of training/certification

Defining Terms:

Remedial Education
Encompasses all education that is aimed at addressing gaps in knowledge, clinical skills, and other core competencies

Key points:
• Includes physicians who have been disciplined or had impairment
• Reentry education is considered remedial
• Remedial education includes groups that are not included in the reentry definition
Physicians returning to practice...

Family responsibilities...

Voluntary Absence

Changing Specialty

Competence Questions

Sanctions or Disciplinary Actions

Comprehensive assessment programs or more rigorous processes are available to help in these situations.

Reentry Physician

Not a Reentry Physician
Emerging Trend: Changing Practice Scope

Seeking to resume/change scope of practice
- Refresh skillsets they have not used in several years
- Often due to change in employment or practice requirements
- Do not fit traditional reentry definition but present the same credentialing conundrums

Common Reentry Situations

Returning to practice after an absence to:
- Raise children or care for family member – 30%
- Pursue other career options (medical administrator, non-clinical career) – 20%
- Recover from an illness – 30%
- Retire – 10%
- Other – 10%

Reentry Physicians: Who Are They?

- AMA survey of inactive physicians (< age 65)
  - 1162 respondents; 36% response rate
- 37.5% fully retired
- 43% not currently active
- 19.5% reentered practice
- 43% female; 57% male
- 40% primary care


A national survey of ‘inactive’ physicians in the United States of America; encouragements to reentry; Jewett et al.; Human Resources for Health 20011, 9:7
Reentry Physicians: Who Are They?

For those currently inactive, length of time out of practice

- < 1 year: 6.7%
- 1-2 years: 11.8%
- 3-4 years: 19.1%
- 5-10 years: 38.3%
- >10 years: 24.1%

> 60% had been out of practice for 5 years or more

A national survey of ‘inactive’ physicians in the United States of America; enticements to reentry; Jewett et al, Human Resources for Health 2001, 9:7

Reentry Physicians: Who Are They?

For those who reentered practice, top reasons why

- Availability of part-time work or flexible scheduling
- Financial need
- Change in family or personal circumstances
- Miss caring for patients

A national survey of ‘inactive’ physicians in the United States of America; enticements to reentry; Jewett et al, Human Resources for Health 2001, 9:7

Preparation to return to practice:

AMA study of inactive physicians

For those who reentered practice, 37% reported they had prepared before reentering medicine

- Live CME: 22%
- Online CME: 16%
- Shadowing a physician: 11%
- Formal reentry program: 3.1%
- Mini-residency: 2.2%
- Other: 16%

2/3rds did not report any preparation to return to practice

A national survey of ‘inactive’ physicians in the United States of America; enticements to reentry; Jewett et al, Human Resources for Health 2001, 9:7
National Focus on Reentry

- Many physicians to leave practice for a period of time
- Significant public and personal financial investment in physician training
- Can help address provider shortage and meet patient care needs
- Hospitals have a responsibility to ensure these physicians are competent and practice safely

U.S. Faces Shortage of Physicians

78% of hospital executives report physician shortages
- 83% of hospital leaders are “extremely concerned” or “somewhat concerned” about clinical staff vacancies

AMR Healthcare: Clinical Workforce Survey 2013
Changing Demographics

Aging physician population
- 31% active licensed physicians are > 60 yrs old
- 55% active licensed physicians are > 50 yrs old

Changing gender distribution
- 30% of female physicians are < 40 yrs old
- 16% of male physicians are < 40 yrs old

"...The aging physician population and the shift in gender composition could have a considerable impact on health workforce determinations, considering the different work patterns ascribed to both male and female physicians."
FSMB Census of Physicians 2012

AAMC Report on Physician Supply and Demand
March 2015

• Demand for physicians continues to grow faster than supply
  - Total physician demand is projected to grow by 17%
• By 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000
  - In primary care, medical, and surgical specialties

Because physician training can take up to a decade, a physician shortage in 2025 is a problem that needs to be addressed in 2015.

HIS Inc. The Complexities of Physician Supply and Demand: Projections from 2013 to 2025: Key Findings, March 2015

Where’s the Magic Pill?

• Expanding the number of new physicians?
• Telemedicine?
• Working to grow the number of allied healthcare providers?

“The bottom line is that there is no single bullet…a portfolio of different approaches is needed to address the challenges posed by increasing numbers of patients and fewer physicians.”
E.S. Grace, M.D.
Medical Director, CPEP
Reentry Provides a Partial Solution

“Reentry physicians are like a ‘rapid deployment force’ - a relatively quick way to expand the number of practicing physicians when compared to expanding the medical school-residency-fellowship pipeline.”

Steven Summer
President, Colorado Hospital Association

The Greater Good

“Communities, patients, practices and healthcare systems benefit tremendously from helping good physicians return to clinical practice…. It is both appropriate and potentially more cost-effective to facilitate a physician’s return to practice than to recruit a new physician.”

Holly Mulvey, M.A., Physician Reentry into the Workforce Project
That sounds great but…

People say it’s like riding a bike, but that’s not true. Technology changes, methods change, medications change … quickly.”

Pat Eller, CPMSM
Manager, Medical Staff Services
Erlanger Health System
Member Tennessee Board of Medical Examiners

Skills fade

• Substantial evidence that time out of practice does impact an individual’s skills
  – Declines occur over periods ranging from 6 to 18 months, according to a curve, with steeper decline at the outset and more gradual decline as time passes

• Some activities can mitigate skills fade
  – Keeping in touch with peers, staying aware of developments, etc.

• The higher the level of learning and proficiency prior to the break from work, the higher the level of retained skill

• Self-assessment of competence does not necessarily match the findings of objective assessments

Graduate Medical Council; UK; Skills Fade Review
http://www.gmc-uk.org/about/research/26013.asp

Characteristics and Abilities of Reentry Physicians

62 physicians in Reentry to Clinical Practice Program, CPEP

• Majority enrolled to demonstrate competence for licensure (79%)
• Time away from practice averaged 8 years
  – Range 1.5 to 23 years
• Majority were male (60%)
• Average age 54 years
  – Female 48; male 58
Performance Rating by Years Out of Practice

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<th>Average Rating</th>
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*Performance rating scale: 1 (no/limited educational needs) to 4 (global deficits)*

Performance Rating by Age

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*Performance rating scale: 1 (no/limited educational needs) to 4 (global deficits)*
Clinical Abilities of Reentry Physicians

- Many reentry physicians are not ready to "jump into" practice
  - 25% demonstrated current competence;
  - 75% needed educational support
- Increasing age and time away from practice correlate with more educational needs
- Physicians can successfully return to practice
  - Educational support is important!

Case Study: Recovery

- Anesthesiologist
- Left practice 7 years ago due to substance abuse
- Clean for 5 years
- Worked in pharmaceutical industry
- Seeking to resume practice

Case Study: Family obligations

- Pediatrician
- Left practice to raise young children (out 4 years)
- Recently passed boards
- Returning to part-time practice
Case Study: Alternative career path

- Internist
- Took administrative position immediately after residency
- Out of practice 10 years
- Seeking practice opportunity

Case Study: Helping hand

- 64 year-old Family Physician
- Left practice in good standing 2.5 years ago
- Now wants to help out
- Recruited by small hospital to oversee PAs 2 weekends/month
- Seeking license in state where hospital is located

Barriers to Reentry

- Licensure
- Specialty board certification
- Professional liability insurance
- Credentialing
- Practice circumstances and logistics
- Finding practice location
- Readiness to return
State Licensure Requirements

- 30 of 78 state medical boards had reentry licensure policies
- Most common cut off is 2 years out of practice
- Requirements for licensure vary
  - Demonstration of competence (testing)
  - CME
  - Submission of reentry plan
  - Preceptorship
  - Formal reentry program

Ref: State Medical Licensure Requirements and Statistics, 2011, AMA

Board Certification

- The ABMS and the AOA’s Bureau of Osteopathic Specialists member boards all have time-limited certificates.
  - Each specialty board has different requirements for maintaining board certification.
  - Contact the specialty board to determine the requirements for maintaining certification.

What will it take to regain certification?
Liability Insurance

- Many insurance companies do not have established policies for reentry physicians
- Most review each applicant on an individual basis

Health Plan Credentialing*

- Generally ask about gaps in practice
  - If > 2 years, want explanation for leave
  - Look for shadowing, working in a free clinic, reentry program or other educational activities
- If concerns, may credential for 1 year and ask for an update/letter
  - This credential status would still be full and the physician could bill for services

*varies by company

Scope of Practice

- Determine scope of practice
  - Full spectrum or narrowed spectrum?
- Determine practice
  - Settings/responsibilities
Expanding Scope of Practice

Remember, while not truly “reentry” physicians, currently practicing physicians who are requesting to resume privileges after years away from a practice area

• Face the same barriers to resuming skills
• Present the same challenges for the credentialing
• Must meet the same criteria for privileging

Credentialing Conundrum

The physician needs to gain direct patient care experience

But they don’t fit the profile
Not a student…
Not a resident…
Not a new grad…
No recent experience…

Credentialing and Privileging

• Explanation of chronological gaps in education, training, or work history
• Handle exceptions on a case-by-case basis
• Minimum criteria for privileges usually include:
  • Documentation of training (residency, fellowship or other training) and/or
  • Performance of a minimum number of procedures within the previous 24 months

This can be a significant barrier for a clinician who has been out of practice for a number of years.
Initial Questions to Ask

Did you leave practice in good standing? i.e., without any disciplinary action, suspension, restriction from a medical board, hospital or other oversight organization?
• If no, you may want to suggestion the physician complete a competence assessment or more rigorous process

Do you have a license to practice medicine in the state where you live/plan to practice?
• If no, advise the physician to check with the state medical board to find out about requirements for licensure

Have you done anything to prepare for reentry?
• If no, advise them to start now – begin studying, doing board review courses, shadowing

Do you have a plan for your reentry process? Has someone agreed to proctor the candidate?
• If no, suggest they begin networking, create a written plan or consider enrollment in a formal reentry program.

Goals

The Physician

Am I adequately prepared to return to practice?

The Hospital/Medical Group

Is this physician still competent to allow to practice?

Different but Overlapping

Challenge:
Determine Current Competence

What criteria will be used for demonstration of current competence?
**Challenge:**
*Determine Education Needs*

What are their educational needs?
- The physician may self-identify needs
- There may be additional needs of which the physician is unaware

**Challenge:**
*How to Prepare*

- What resources are needed to retrain?
- What content areas need to be addressed for future practice setting?
- How do they reacquire technical skills?

*How do you know when educational needs are sufficiently addressed?*

**The BIG Question:**
*Is he/she ready to return to practice?*

"Nurse, get on the Internet, go to Surgery911.com, scroll down and click on the 'Are You Lost?' icon."
How should you proceed?

The Physician

The Hospital/Medical Group

Use FPPE Process

Use FPPE process to monitor progress
- May overlap with Reentry Plan objectives
- Would be more intensive than usual FPPE process

- Proctoring and direct observation of care
- Case reviews for specific time period or number of cases, or of specific procedures/diagnoses
- Consulting arrangements and check-ins
- Monitoring performance data

Paths to Reentry: Self-guided process

- Clinician undertakes self study and other activities to prepare for practice, including
  - Review courses or on-line reading
  - Board certification preparation
  - Shadowing/ Volunteer
  - Identifies preceptor or consultation resources
- FPPE process of proctoring as physician resumes practice
- Best if written structured plan
  - Timelines, levels of independence, amount of proctoring
Paths to Reentry: Reentry Programs
Ensure patient safety while supporting safe return to practice

A means to address the questions of both the clinician and the hospital/employer

- Inform hospital about the clinical competence of professional returning to practice
- Assist the clinician in the preparing for transition to practice
- Provide documentation/record of vetting/training process

Use a Structured Process

“The literature indicates there is often a gap between a physician’s opinion of his or her competence vs. the results of an objective, third-party assessment.”

“Working with an established, structured assessment and education program may result in the best outcomes for reentry physicians and their prospective employers.”

Scott Kirby, M.D.
Medical Director, North Carolina Medical Board

Benefits of Reentry Programs – For Hospitals/Facilities

- “Graduates” of a reentry program help address workforce needs
- Background is free of discipline/sanction
- Skills validated through evaluation and education
- Demonstrates due diligence and objectivity in credentialing
Benefits of Reentry Programs
For Clinicians

- Many state licensure boards require completion of a reentry process – reentry programs fill that need
- Most organizations require evidence of recent practice as a condition of employment or privileges – a reentry plan can provide that experience
- Successful completion of a reentry program affirms a clinician’s confidence in his/her clinical skills – provides demonstration of current competence

Pipeline for Physician Reentry

- Reentry process takes 4 to 12 months
- Physician usually has license to practice
- In some programs, the physician begins providing patient care early in this process

Reentry Programs Vary
Initial educational needs assessment (evaluation)
- Some may begin with evaluation (1-2 days) to determine competence and direct education
- Others do not complete initial assessment

Educational components may include:
- CME: on-line; home study; in-person classes
- Observation (shadowing) in clinical setting
- Hands-on clinical experience in supervised setting (academic or community-based)

Limited number of programs available in the U.S.
**Why Start with an Educational Needs Assessment?**

- Means to demonstrate competence and assess readiness to resume practice
- Serves as a foundation and provides direction for educational efforts
- Determines the level of oversight needed
- Provides objective basis for initial privileging
- Overcomes lack of insight inherent in self-assessment

*Let's you know if the physician has the basic skills needed to practice with safety*

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**Rationale for Educational Needs Assessment**

*American Medical Association*

“Assessment of reentering physicians should occur at three points:

1. Entry to a physician re-entry program,
2. Completion of a physician re-entry program, and
3. A standard time after which a physician has returned to clinical practice.”

*AMA State Medical Licensure Requirements and Statistics, 2011*

*Federation of State Medical Boards*

“It is the responsibility of SMBs to determine whether a licensee/applicant who has had an interruption in practice should demonstrate whether he or she is competent to return to practice.”

“Little research is available to inform discussions about how time away from clinical practice impacts competence.”

*FSMB Report of the Special Committee on Reentry to Practice: Demonstration of Competence, 2012*

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**Clinical Skills Evaluation**

*Educational Needs Assessment*

*One-two day evaluation*

- Reviews background – reason for leaving practice
- Tailored to the physician’s specialty and proposed practice
- Addresses core competencies (patient care/knowledge, communication, documentation, etc.)
- Report includes recommendations and reentry education plan

*Based on Reentry to Clinical Practice Program - CPEP*
Reentry Evaluation

- Neurocognitive Screen
- NBME/NBOME Exams
- Simulated Patient Encounters
- Structured Clinical Interviews
- Procedure Simulations
- EKG or Fetal Monitor Exam

Reentry Education

Practice-based educational experiences
Completed in a community facility or in an academic setting

- **Point of Care Education**
  - Supervised patient care as participant updates technical skills and knowledge
  - Gradually increase levels of independence
- **Transitional clinical experience**
  - Independent clinical experience

Value of Reentry Education

- Provides clear plan and expectations for all involved
- Sets specific and measurable goals
- Helps clinician:
  - Gain confidence
  - Reduce second guessing
  - Develop consulting relationships
  - Create trust among colleagues and staff
- Helps ensure patient safety and reduce liability
Case Study: Recovery
Anesthesiologist – substance abuse

• Good foundation of knowledge and judgement
• Educational needs
  • Pharmacology
  • Lacked familiarity and experience with newer airway devices and technology
• Recognized limitations

Case Study: Recovery
Anesthesiologist – substance abuse

• Prior to initiating patient care
  • Review courses
  • Difficult airway course
• Point of Care Experience
  • Shadowing (20 cases)
  • Direct supervision
    • Spectrum of cases and ages
    • Pre-, intra-, and post-operative
• Concurrent case review (30 cases)
• Successfully returned to practice

Case Study: Family Obligations
Pediatrician – stay home mom

• Knowledge gaps
• Judgement marred by lack of confidence
  • Lacked experience to allow her to apply knowledge in practical setting
• Participated in structured education, including initial supervision
Case Study: Alternative Career Path
**Internist – other career**

- Reentry evaluation
  - Strong foundation of knowledge
  - Educational needs related to higher acuity cases
  - Identified practice site was rural community
  - Hospital helped with living expenses
  - Completed practice-based education
  - Supervised outpatient and inpatient experiences

Case Study: Alternative Career Path
**Internist – other career**

**Win-Win Situation**

- Doctor hired by practice; moved family to community
- Preceptor improved her systems
- Hospital filled position
- Community gained needed physician

Case Study: Helping hand
**Family Physician – returning to practice**

**Assessment findings**

- Inadequate knowledge/judgment
- Said he would ask PAs and pharmacists if he wasn’t sure what to do
- Cognitive function screen results poor
- Did not demonstrate ability to practice with skill and safety

**Outcome**

- Withdrew from hospital position
It is key that physician reentry be viewed as a typical part of a physician’s career trajectory, involving strategic planning and careful consideration, not just on the part of the reentry physicians, but also within medical specialty societies and amongst educators and policymakers.

Planning a Break from Practice...

If someone on your staff is thinking about taking a break, it helps to plan ahead

Resources
The Physician Reentry Inventory
What Employers Need to Know 2015

From the Physician Reentry into the Workforce Project
Directory of Reentry Programs

Physician Reentry into the Workforce Project
http://physician-reentry.org/program-profiles/reentry-program-links/

AMA website page on Physician Reentry

The Roadmap provides direction for
• Clinicians seeking to navigate the process of reentry after an absence
• Stakeholders to facilitate their work with reentry clinicians
http://www.cpepdoc.org/programs-courses/reentry/roadmap-to-reentry

Additional Resources

• AMA Physician Reentry

• Physician Reentry into the Workforce Project
  www.physicianreentry.org

• ACOG Reentry Statement and Resources
What do you think?

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Summary

• Clinician shortages are adversely impacting healthcare systems today and into the future
• Evolving models for healthcare delivery favoring value over volume add new stresses on healthcare systems
  – Highlight the need for more primary care clinicians
• In certain geographic regions, a lack of specialists can leave communities vulnerable
• Clinicians reentering practice may be a largely untapped reservoir of patient care capacity

Summary

• MSPs need resources to support MS leaders as they determine the appropriateness of accepting reentry physicians back onto staff
• Reliance on physician self-assessment may be problematic
• Patient safety is paramount
• Create plan for transition into practice with support systems in place
• Formal, structured evaluation and education resources are available
Thank you!

Elizabeth J. Korinek, M.P.H
bkorinek@cpepdoc.org
www.cpepdoc.org
303-577-3232