

April 8, 2013

Centers for Medicare & Medicaid Services  
Department of Health and Human Services

CMS-3267-P  
RIN 0938-AR49

Medicare and Medicaid Programs; Part II – Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction

To: CMS Acting Administrator Marilyn Tavenner:

The National Association Medical Staff Services (NAMSS) is the preeminent organization that enhances the professional development of – and recognition for – professionals in the medical staff and credentialing services field: medical services professionals (MSPs). MSPs work with the organized medical staffs to credential and privilege licensed independent healthcare providers in medical facilities and healthcare plans across the country. NAMSS supports policies and practices that promote safe credentialing and privileging and commends CMS's efforts to reduce redundancy, provide clarity, and ultimately, increase healthcare efficiency.

NAMSS appreciates many of the provisions contained in CMS-3267-P, particularly the intent to implement cost-saving measures that also facilitate efficient hospital management. Because hospital systems are diverse in operation and purpose, providing them more flexibility is paramount to realizing these efforts. To that end, NAMSS seeks clarification regarding some of these proposals and would like to provide comments to ensure the result of these policies does not place additional burdens on hospitals and their staffs.

1) *Hospital registered dietitian privileges:*

NAMSS appreciates that CMS recognizes the role that allied healthcare providers play in delivering quality and competent patient care. The proposal recognizes changes that are occurring at the state level through scope of practice laws that allows dietitians to operate as independent practitioners and write patient orders. Enabling dietitians to sign off on patient orders without the physician's approval streamlines this process.

NAMSS requests clarification to affirm that the proposal only provides hospitals the option to credential and privilege dietitians. Many hospitals use contractors to supply dietitians. In these instances, there is not a consistent roster of dietitians on staff. If the proposal requires such hospitals to credential dietitians, MSPs in such settings would need to constantly

credential new dietitians and the aforementioned high turnover rate would generate additional expenditures. NAMSS encourages CMS to consider these costs and to keep flexibility in the final rule by not requiring hospitals to credential and privilege dietitians.

2) *Hospital medical staff:*

NAMSS appreciates this clarification to grant states and hospitals the flexibility to deem non-physician practitioners eligible for medicals staff membership.

3) *Hospital governing body:*

Although the medical staff may have a stronger voice at the governing body level through regular consultation with the medical leadership than through individual physicians serving on the governing body, physician representation on the hospital governing body can be equally effective for many hospitals. Thus, while NAMSS commends CMS's proposal to allow medical staffs within a hospital direct consultation with the governing body, NAMSS recommends that CMS provide individual hospitals the option to incorporate direct physician involvement on the governing body while having the governing body seek direct input from the hospital's medical staff leadership at least twice a year.

NAMSS also requests that CMS clarify whether this requirement specifically pertains to the full governing body or encompasses subcommittees of the governing body. For instance, if a governing body has delegated decision-making authority to a medical staff oversight subcommittee, would the medical staff oversight subcommittee's consultation with the medical leadership at least twice a year satisfy the new CoP requirement?

4) *Hospital medical staff:*

NAMSS is concerned that CMS's proposal to require each hospital to have its own distinct organized and individual medical staff reduces flexibility for multi-hospital systems to design and implement system-wide medical oversight structures that maximize efficiency and patient safety. CMS has taken contradictory positions with regard to the "single medical staff" requirement in October 2011, May 2012, and in the current proposed regulation and should clarify these contradictions.

NAMSS also seeks clarification on the extent of the "single medical staff" requirement. CMS refers to "each hospital." Does this mean each entity operating under a single state hospital license – even if it has multiple sites of operation? Does this mean each entity operating under a single hospital Medicare provider number – even if it has multiple sites of operation? A multi-site hospital operating under either a single state license or a single Medicare provider number should be deemed a single "hospital" for purposes of the single medical staff requirement. NAMSS requests that CMS to confirm this interpretation.

NAMSS is particularly concerned that the current proposed single-medical staff requirement contradicts and undermines CMS's expressed intent to provide greater flexibility to hospitals in designing effective governance structures. For instance, the current CoPs expressly permit multi-hospital systems to have a unified governing body. CMS has explained that this will promote "efficient and effective" governance and can help hospitals "achieve significant progress in quality programs." 77 Fed. Reg. 29034, 29037-38 (May 16, 2012). However, despite recognizing the benefits of a unified governing body in promoting efficient and effective governance and quality, CMS is denying multi-hospital systems the flexibility to maintain a unified medical staff, which could help hospital systems achieve the same goals.

CMS expresses a concern that a large system with a single-medical staff “may not appropriately be able to address the needs of each individual hospital in each local area.” 78 Fed. Reg. 9216, 9221 (February 7, 2013). NAMSS agrees that any medical staff structure should provide for local medical leadership of local issues, but disagrees that such a structure is inconsistent with having a unified system-wide medical staff. NAMSS is aware of multi-hospital systems that have developed a medical-staff structure that combines an over-arching unified body with local medical staff leadership. Such a structure can achieve the benefits of coordination and efficiency across a system, with local medical oversight of local issues and concerns.

Multi-hospital systems should have the flexibility to design medical oversight structures that enable them to maximize efficiency, quality, and patient safety at the system and individual-hospital level, consistent with applicable state law and accreditation requirements. NAMSS urges CMS to reconsider and clarify its position regarding the “single medical staff” requirement to permit such flexibility.

NAMSS requests that CMS’s final rule better reflect its intent to eliminate ineffective and inefficient policies, by consistently granting individual hospitals more flexibility to enable hands-on medical leadership at the local level while still maintaining the benefits of a unified system-wide medical staff.

5) *Practitioners permitted to order hospital outpatient services:*

NAMSS appreciates CMS’s clarification regarding outpatient orders for practitioners who are not members of a hospital’s medical staff and the resulting efficiencies that it affords hospitals and MSPs. In realizing these efficiencies, NAMSS recommends that CMS specify the timeframe and the duration of the verification process for such orders, as they vary in frequency and urgency.

Allowing hospitals the flexibility to implement practical policies that reflect their individual state and hospital-system rules and regulations will help CMS more effectively reduce redundancy, provide clarity, and ultimately, increase healthcare efficiency. NAMSS respectfully requests that CMS consider the above comments in determining its final policy. For any questions regarding our comments please contact John Richardson at [jrichardson@namss.org](mailto:jrichardson@namss.org) or at 202-367-1239.

Sincerely,



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NAMSS President