



Standard Occupational Classification 2018 Manual

*A Recommendation to the Office of Management and Budget's
Standard Occupational Classification Policy Committee*

September 20, 2016

INTRODUCTION

The National Association Medical Staff Services (NAMSS) respectfully requests the Office of Management and Budget (OMB) and the Standard Occupational Classification Policy Committee (SOCPC) reconsider the decision to not include Medical Services Professionals (MSPs) as a new detailed occupation in the proposed revisions to the 2010 SOC for 2018.

MSPs play a vital and unique role in healthcare, serving as the gatekeepers of patient safety in their work with a healthcare entity's medical staff - the self-governing body of licensed physicians and other independent practitioners who hold specific privileges to provide medical care. In this capacity, MSPs oversee the credentialing and privileging processes for medical staff applicants; develop, implement and interpret medical staff bylaws and policies; facilitate the onboarding process to the medical staff; and advise medical staff leadership on medical staff composition (i.e. peer review and appointing, privileging and recredentialing personnel).

MSPs are a specialized class of Medical and Health Services Professionals who focus on healthcare practitioners' management in accordance with federal and state laws and regulations and accrediting organizations standards, and quality management, professional peer review and risk management policies. No specific occupational classification or category within the 2010 SOC or the proposed revisions for 2018 encompasses MSPs' training or the duties they perform. NAMSS therefore requests a new detailed occupation for MSPs.

BACKGROUND

2008 NAMSS REQUEST FOR 2010 SOC

In 2008, NAMSS submitted comments to the SOCPC urging the inclusion of MSPs as a detailed occupation in the 2010 SOC. The SOCPC unfortunately denied that request, citing Classification Principles 2 and 3.

Regarding Principle 2, the SOCPC stated, "The commenters describe specialized tasks performed in this proposed occupation that are sufficiently covered in existing human resources and compliance occupations." However, MSPs are demonstrably distinct from human resources and compliance personnel. MSPs neither "plan, direct, or coordinate human resources activities and staff of an organization (11-3121-Human Resources Managers)" nor "recruit, interview, and place workers (13-1071-Human Resources Specialists)."

MSPs who work in hospital settings work exclusively within a facility's medical staff services departments. They are explicitly distinct from HR and compliance personnel. HR departments handle matters pertaining to facility employees and do not oversee a facility's self-governed, credentialed medical staff. MSPs oversee and direct matters pertaining to medical staff members, who are not necessarily employees of a health facility. The medical staffs utilize a governance system which is led by

volunteer leaders to meet the responsibilities delegated by the Board of Trustees. MSPs serve as key physician advocates and liaisons between the medical staff, senior executives and Board members.

While an HR department onboards, dismisses, and documents employees per its department protocol, MSPs verify and evaluate information required by federal/state laws and regulations and accreditation standards, and collaborates with medical staff leaders through a complex committee structure, which is separate and unique from the HR department. The medical staff determines competence and recommends action for each new appointee, as well as a distinct re-evaluation and re-credentialing process. Medical staff corrective actions (i.e. summary suspensions, revocation of appointment, etc.) require MSPs to management a formal due process, in compliance with HCQIA, that includes peer review and an appeal body, and which is quite different from the common HR performance review process.

MSPs primary source verify medical staff applicants' self-reported information to ensure it is accurate, up-to-date, and complete. The credentialing process is distinct from the screening duties that HR personnel perform for employees. MSPs query multiple databanks and government records in accordance with government regulation and health system accrediting organization standards, such as the Centers for Medicare & Medicaid Services, the Joint Commission, Healthcare Facilities Accreditation Program and the National Committee for Quality Assurance. MSPs evaluate and present this competency and quality data to the medical staff that use this information when making appointing and privileging determinations.

The Certified Provider Credentialing Specialist (CPCS) and the Certified Professional Medical Services Management (CPMSM) credentials recognize MSPs' professional competencies. These certifications attest to MSPs' distinct skillset and do not measure the same competencies that the Certified in Healthcare Compliance (CHC), the Professional in Human Resources (PHR), and Senior Professional in Human Resources (SPHR) credentials measure for health compliance officers and HR professionals.

Regarding Principle 3, the SOCP stated, "Classification Principle 3 excludes workers in this proposed occupation from Major Group 11-0000 because management occupations 'primarily engage in planning and directing.'" However, MSPs who are Managers, Directors, or Vice Presidents supervise other staff within the occupation. MSPs in management roles oversee other MSPs, and plan and direct medical staff services departments, and report to Hospital Administrators, which is often the Chief Executive Officer (CEO) or Chief Medical Officer (CMO), while being accountable to Medical Staff Presidents or Chiefs of Staff. MSPs do not report to HR or compliance department management.

2014 NAMSS REQUEST FOR 2018 SOC

In 2014, NAMSS recommended that the SOCP explicitly classify Medical Services Professionals under 11-9000, within the Major Group 11-0000, Other Management Occupations, and more specifically, within the group structure 11-911X, Medical and Health Services Managers. (Docket 1-0128)

This proposed detailed occupational classification best describes MSPs' unique and specialized skills, duties, and training, as well as their role in providing staff support and leadership that none of the existing SOC Detailed Occupations currently defines.

NAMSS put forward the following MSP definition:

11-911X, Medical Services Professionals

Administer the credentialing, privileging, and onboarding processes for physicians and independent practitioners into health systems in accordance with federal regulations and national accreditation criteria. May manage practitioner medical education programs, administer medical staff governance, manage peer review, and administer payer enrollment. Excludes Human Resource Managers, Human Resource Specialists, recruiting, compensating, and supervising medical staff personnel.

Unfortunately, the SOCP did not accept this recommendation based on Classification Principle 1 which states that each occupation is assigned to only one category at the lowest level of classification and on Classification Principle 9 on collectability. Medical Service Professionals could be classified in more than one existing SOC occupation based on the work performed.”

NEW DETAILED OCCUPATIONAL CLASSIFICATION REQUEST: MEDICAL SERVICES PROFESSIONALS

NAMSS encourages the SOCP to reconsider its past decisions to not include MSPs as a new detailed occupational classification based on Classification Principles 1, 2, 3 and 9.

Principle 1 states, “The SOC covers all occupations in which work is performed for pay or profit, including work performed in family-operated enterprises by family members who are not directly compensated. It excludes occupations unique to volunteers. Each occupation is assigned to only one occupational category at the lowest level of the classification.”

Medical and Health Services Managers (MHSM) (11-9111) is the closest existing classification for MSPs in the SOC’s 2010 Manual. MHSMs, Managers (11-9111), addresses the occupation’s administrative and management duties, but does not capture MSPs’ exclusive role within a health facility’s medical staff and their associated duties: analyzing data and records analysis to verify the identity, credentials, and clinical competencies of a practitioner; organizing and educating medical executive committees to fully vet medical staff applicants, ensuring compliance with national accreditation standards, as well as risk management practices.

Principle 2 states, “Occupations are classified based on work performed and, in some cases, on the skills, education, and/or training needed to perform the work at a competent level.”

MSPs in hospital settings work exclusively within a facility’s organized medical staff and administer the credentialing, privileging, and onboarding processes for all independent practitioners seeking medical staff appointment or specific clinical privileges on a medical staff. MSPs primary source verify and perform data analysis to ensure that practitioners have the proper qualifications and credentials to deliver

quality care in accordance with their clinical training and expertise. MSPs maintain databases to document practitioner education, training, experience, licensure, and certification. They also oversee and administer accredited continuing medical education (CME) programs to support practitioners in maintaining their clinical competency.

MSPs have little-to-no direct contact with patients, but are healthcare facilities' gatekeepers to patient safety. MSPs thoroughly vet each medical staff applicant and appointment to staff to ensure that they have and maintain the necessary training, expertise, and competency to provide clinical care. They manage data, as credentialing requires obtaining and verifying primary source records from a variety of sources, including academic institutions, state and federal agencies, certification and licensure bodies, and other medical facilities to confirm a practitioner's identity, work history, criminal backgrounds, and to determine if a practitioner's past performance meets the facility's quality standards. MSPs are not always hired at their highest level of job responsibility to perform general duties, but instead regularly interact with, and support colleagues and the medical staff to ensure patient safety through standards and bylaw compliance. All of their efforts are focused on ensuring patient safety.

In a 2016, a State of the Medical Services Profession study was conducted by NAMSS, in which MSPs from across the country were asked to evaluate 42 tasks and responsibilities to determine which best represent the duties, functions, and tasks they handle at all levels and years of experience. Of the 42 tasks and responsibilities, eight core functions of the MSP emerged:

1. Conduct, Participate In, and Maintain Credentialing and/or Privileging
Example: Compile, evaluate, and present the practitioner-specific data collected for review by one or more decision-making bodies.
2. Conduct, Participate In, and Maintain Primary Source Verification
Example: Recognize, investigate, and validate discrepancies and adverse information obtained from the application, primary source verifications, or other sources.
3. Conduct, Participate In, and Maintain Current Clinical Competency Evaluations and Peer Review
Example: Coordinate an appropriate evaluation by physician leaders of gathered data.
4. Manage Compliance with Accreditation and Regulatory Requirements
Examples: A) Facilitate efficient and cost effective due process that complies with an organization's fair hearing and appeals policy as well as applicable legal and regulatory requirements. B) Develop and implement a tracking system to ensure that credentialing is completed within defined regulatory timeframes.
5. Manage Departmental Operations
Example: Audit, assess, procure, implement, effectively utilize and maintain practitioner/provider credentialing processes and information systems (e.g., files, reports, minutes, and databases) by analyzing the needs and resources of medical services/credentialing.
6. Manage the Credentialing and/or Privileging Process
Example: Evaluate credentialing/privileging requests including evidence of education, training, and experience to determine eligibility for requested privileges, membership, and/or plan participation.

7. Comply with Accreditation and Regulatory Standards, Policies and Procedures
Example: Participate in an ongoing assessment of governing documents (bylaws and rules and regulations) to ensure continuous compliance.
8. Manage Medical Staff Functions
Example: Develop and coordinate on-boarding processes (orientation and training activities) to assist practitioners/providers and to meet education requirements.

All MSPs are trained to perform the following primary source verifications:

- The National Practitioner Data Bank to determine if medical staff applicants and members have had any of the following:
 - Medical malpractice infractions;
 - Federal and state licensure and certification actions;
 - Adverse clinical privileges actions;
 - Adverse professional society membership actions,
 - Negative actions or findings by private accreditation organizations and peer review organizations,
 - Healthcare-related criminal convictions and civil judgments, exclusions from participation in a federal or state healthcare program; and
 - Any other adjudicated actions or decisions.
- Applicable State Licensing Agencies to verify the validity, dates, and statuses of licenses listed on an application.
- The County Criminal Search and National Criminal Search and other federal, state, and county databases to perform criminal background checks on all medical staff applicants and members.
- The Office of Inspector General's List of Excluded Individuals/Entities, the General Services Administration's Excluded Parties List System and System for Award Management for federal and state sanctions.
- Insurance carriers to verify current insurance certificates, and compare and contrast malpractice insurance coverage dates and coverage types; and any filed, pending, settled, closed, and dismissed cases.
- Affiliation and Work History databases, such as NAMSS PASS and individual facilities to verify practitioners' work and affiliation histories.
- Board Certification queries through the American Medical Association or American Osteopathic Association databases to verify an applicant's board-specialty certifications including original dates, recertification dates, and expiration dates.
- DEA Registration and State DPS and CDS Certifications, including lists and/or copies of DEA, DPS, and/or CDS to confirm an applicant's DEA certification, as well as the states in which the applicant is certified to prescribe, dispense, or administer controlled substances at the time of the credentialing assessment.

Many MSPs also oversee and administer medical education programs, medical staff governance, medical staff peer review, and payer enrollment.

According to a 2014 Federal Management Partners (FMP) Competency Assessment for MSPs, 37 percent of respondents worked in management roles, 18 percent worked in executive roles, 37 percent were CPCS- or CPMSM-certified, and 8 percent had fewer than four years of experience as an MSP.

The study also found that 75 percent of the 550 MSP respondents worked in hospitals; 15 percent worked for managed-care organizations; 7 percent worked for CVOs, and 3 percent worked in other settings such as health plans, ambulatory care settings, and group practices.

In the NAMSS 2016 State of the Medical Services Profession study, survey respondents identified a wide range of skills and competencies required of MSPs to execute their various roles and responsibilities across settings. These skills and competencies included:

- Professional Ethics
- Communication
- Professional Presence
- Relationship Building
- Analytical Thinking
- Team Building
- Project Management
- Knowledge of Clinical
- Competence Evaluation
- Political Savvy
- Negotiation and Influence
- People Management
- Presentation Skills
- Knowledge of Legal
- Knowledge of Information Technology
- Knowledge of Performance Improvement
- Data Analysis/Metrics
- Knowledge of Risk Management
- Knowledge of Budget/ Finance
- Knowledge of Human Resources

Principle 3 states, “Workers primarily engaged in planning and directing are classified in management occupations in Major Group 11-0000. Duties of these workers may include supervision.”

The FMP’s 2014 Competency Assessment found that 55 percent of the 550 MSP respondents worked in management or executive capacities. MSPs in managerial and executive roles, such as Directors and Vice Presidents, supervise other MSPs, oversee the medical staff office operations, and plan and often lead medical staff committee meetings. In CVOs, MSPs serve at the Director level as company leadership and supervise other MSPs. In hospitals, MSPs in a Director or Vice President role report to either the medical staff CEO, COS, or CMO; they do not report to HR or compliance department management.

Principle 9 states, “The U.S. Bureau of Labor Statistics and the U.S. Census Bureau are charged with collecting and reporting data on total U.S. employment across the full spectrum of SOC major groups. Thus, for a detailed occupation to be included in the SOC, either the Bureau of Labor Statistics or the Census Bureau must be able to collect and report data on that occupation.”

As both the FMP Competency Assessment and the NAMSS State of the Medical Services Profession study demonstrate, information on MSPs - their roles, training, certification, work settings, etc. - are easily obtainable directly from MSPs because the profession is already so clearly defined.

Data is also available from NAMSS and other organizations. NAMSS is the preeminent source of information on the MSP occupation and its affiliated state chapters continuously work to update their membership data. As the sole organization granting CPCS and CPMSM credentials, NAMSS is the main data source regarding the profession's training and advancement qualifications. NAMSS administers continuing education courses and could provide specific information on MSPs' required skill-sets.

Several allied organizations, such as the American Hospital Association and the American Healthcare Lawyers Association would complement this occupational data. Independent accrediting organizations, such as the Joint Commission, Healthcare Facilities Accreditation Program and the National Committee for Quality Assurance could also provide information pertaining to staff governance and care standards that MSPs use to assess a provider's and a facility's performance.

Despite a wealth of available data, there is currently no clear estimate of how many individuals are serving as MSPs nationwide. Inclusion of the profession as a detailed occupational classification in the SOC would bridge this data gap and allow for the identification of those who are performing the essential functions and responsibilities of an MSP in various professional healthcare settings.

ABOUT NAMSS

Founded in 1979, NAMSS is a national nonprofit organization that represents individuals who manage, credential, and privilege independent healthcare practitioners, as well as facilitates regulatory compliance within the healthcare industry. NAMSS has over 5,600 members who work in a wide range of healthcare settings, including hospitals, private practices, CVOs, and managed-care organizations.

NAMSS provides educational services and administers the National Commission for Certifying Agencies' (NCCA) accredited CPCS and CPMSM credentials to promote its members' career advancement and development.

In 1992, President George Bush issued *Proclamation 6500*, which designates the first week of each November as National Medical Staff Services Awareness Week to recognize the unique medical staff-support functions that MSPs provide, as well as their role in ensuring safe and quality healthcare delivery.

NAMSS strives to advance the MSP profession through education and advocacy efforts and collaborates with state affiliate chapters to track the occupation's developments at both the federal and state levels.

CONCLUSION

With challenges such as workforce shortages, an aging population, and changing technology, the demand for skilled and competent MSPs continues to grow. The data provided herein support a new occupation classification for the Medical Services Professional within classification 11-911X.

1. The proposed classification would cover all occupations in which work is performed.

2. The proposed classification is based on work performed and on required skills, education, and training.
3. The proposed classification is supervised by MSPs at higher job levels (i.e. Director, Vice President).
4. The proposed classification does not describe an occupation that supervises or manages workers in Major Groups 13-0000 through 29-0000.
5. The proposed classification is primarily engaged in planning or directing appropriate to Major Group 11-0000.
6. The proposed classification would fall under one listing as those who supervise other MSPs generally perform the same work activities as their supervisees.
7. The proposed classification does not describe apprentices, trainees, helpers, or aides of currently recognized SOC occupational classifications.
8. Because no existing SOC occupational classification recognizes MSPs' highest skill level, a specific classification for "Medical Services Professionals" is necessary.
9. The proposed classification will allow data collection and reporting agencies to appropriately classify MSPs at the most appropriate detailed SOC level – a level that does not currently exist.

NAMSS proposes that the SOCP create a new detailed occupational classification of 11-911X for "Medical Services Professionals" within the SOC Major Group 11-0000, Management Occupations.

NAMSS also requests a meeting with representatives of the SOCP to further discuss recognition of the MSP profession. As previous considerations of MSP classification resulted in rejections based on different Classification Principles, NAMSS would like to request additional clarification on both why MSPs were not included in the 2010 SOC and proposed 2018 revisions, and how NAMSS can work with the SOCP to ensure their inclusion in the future.

As representatives of MSPs, NAMSS will continue to work to ensure that MSPs are properly classified and recognized. Please contact John Richardson, NAMSS' Director of Government Relations, at jrichardson@namss.org or (202) 367-1196 with any questions or requests for additional information. Thank you for your consideration and we look forward to working with you.

Sincerely,



Bonnie Enloe Gutierrez, CPMSM, CPCS
NAMSS President