What Does the Future Hold for Medical Staff and Credentialing Professionals?

June 17-18, 2011
MSP’s Have Come a Long Way…

- The Medical Staff Services profession is approximately 40 years old

MSP’s Have Come a Long Way…

- The National Association Medical Staff Services was established as a national organization in 1976.
  - Started in Southern California by Charlotte Cochrane and Joan Covell Carpenter
MSP’s Have Come a Long Way…

- Skills and knowledge required for the “profession” in the early years included…

MSP’s Have Come a Long Way…

Secretarial and clerical “organization” skills
Typing (at least 60 wpm)

Shorthand was a plus for taking minutes
MSP’s Have Come a Long Way…

- “People” skills to work effectively with physicians
- Ability to self-manage workload
- Willingness to learn accreditation and licensing standards

Primary Scope of Services of Early Medical Staff Offices

✓ Credentialing
  - Emphasis on
    • credentialing rather than privileging
    • reputation of applicants rather than clinical competency
    • content of application
    • verification procedures
  - Early “profiles” for reappointment were almost always the responsibility of the Medical Staff Office and were focused on citizenship factors, volume of clinical activity, and other issues
Primary Scope of Services of Early Medical Staff Offices

- Meeting coordination and minutes
  - Often included some involvement in peer review activities in order to document results of case review and follow-up
  - If the organization had an IRB, this committee was usually the responsibility of the Medical Staff Office

Primary Scope of Services of Early Medical Staff Offices, cont.

- Maintain Governance Documents
  - Medical Staff Bylaws
  - Rules and Regulations
  - Policies and Procedures
- Discrete Additional Tasks
  - ER call lists
  - Physician referral services
  - Event planning
    - Doctor’s Day activities
    - Parties involving the medical staff
    - Other social events that involved the medical staff organization
Tools Available to Early Medical Staff Offices

Early Automation – The Basic Tool

Remember when a person answered the phone? No voice mail was available to early MSOs.
Tools Available to Early Medical Staff Offices

Early Automation – Copy machine was a big step up from a mimeograph or ditto machine

Vicki’s First Automation (1983)
Tools Available to Early Medical Staff Offices

- Filing cabinets were an important component of our offices

Tools Available to Early Medical Staff Offices

Sticky notes hadn’t been invented yet!
What About Credentialing Software?

- **Early software devised to**
  - Produce rosters and other lists
    - Lists by specialty
    - Lists of licenses and expiration dates
    - Etc.
  - “Automate” credentialing by merging information from database into letters and other documents (i.e., reappointment applications)
  - Track attendance at meetings

Nothing is Impossible for the Woman Who Doesn’t Have to Do it Herself
What Has Changed?

Skill Requirements Have Changed

Secretarial
Clerical
Organizational

Technical
Clinical
Management
### Job Titles and Positions Have Evolved

<table>
<thead>
<tr>
<th>THEN</th>
<th>NOW</th>
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<tbody>
<tr>
<td>Director, Medical Staff Services (occasionally)</td>
<td>Senior Vice President, Quality Management</td>
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<tr>
<td>Medical Staff Coordinator</td>
<td>Manager or Director of Professional Staff Services</td>
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<tr>
<td>Credentials Coordinator</td>
<td>Health System Manager – Privileging Systems and Standards Compliance</td>
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<tr>
<td>Medical Staff Secretary</td>
<td>Director of Credentialing</td>
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<tr>
<td></td>
<td>Credentials Specialist</td>
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<td>Credentials Assistant</td>
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<td></td>
<td>Compliance Coordinator</td>
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<td></td>
<td>Meeting Manager</td>
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<td></td>
<td>Data Entry Clerk</td>
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<td></td>
<td>Database Administrator</td>
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<td>Provider Intake Coordinator</td>
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### Some Examples…..

Posted on the NAMSS website in 2010
DIRECTOR OF CREDENTIALING – HEALTH SYSTEM

REQUIRED QUALIFICATIONS:

- Requires bachelor’s Degree in Business Administration or Health Care Administration or a related field, CPCS and/or CPMSM certification through National Association Medical Staff Services.
- 10 years leadership experience in hospital credentialing or medical staff office, risk management, HIMS, etc. working with medical staff leadership, senior management and Joint Commission requirements, including a minimum of 5 years progressive management experience.

PREFERRED QUALIFICATIONS:

- Master's Degree in health care or business related field and/or experience as Director of a hospital system credentialing or medical staff department (position included responsibility for credentialing verification functions); experience working with NCQA credentialing standards.

DIRECTOR, MEDICAL STAFF AFFAIRS

QUALIFICATIONS:

- The ideal candidate is a dynamic, experienced leader with significant operational and managerial experience in Medical Affairs. He or she has made high-level decisions and has demonstrated the ability to inspire a team and build relationships with the Medical Staff, Allied Professional Team and Executive Administrative Team.
- Ideal candidates will have demonstrated the following “Matchpoint Qualifications!”
  - Track record of success from organizations where innovation, collaboration, accountability and results are prized.
  - Champion of Medical Affairs Ethics and Regulatory Compliance.
  - Customer Service with both internal and external constituencies.
  - Human Resources collaboration with organizational and legal understanding.
  - Excellent communication and relationship building skills with the proven ability to earn respect from Medical Staff and Allied Professional Staff as well as the CRMC Administrative Team.
MEDICAL STAFF SERVICES MANAGER
Knowledge Skills and Abilities

• Considerable knowledge of medical staff services principles, methods and procedures.
• Some knowledge of personnel practice, techniques and supervision.
• Some knowledge and skill in modern office practices and administration.
• Considerable knowledge of and experience with computer applications.
• Ability to analyze administrative problems and to make appropriate recommendations.
• Ability to develop and maintain effective relationships with the medical staff and other professionals in order to engender confidence, respect and dependability.
• Ability to maturely handle a variety of problems and situations, sometimes of a critical or urgent nature.
• Ability to develop and implement methods and procedures for improvement of the comprehensive and specialized credentialing program.
• Ability to express ideas effectively, orally and in writing.

What is Different Today?

• Healthcare organizations are more complex
  – Used to be four walls
• Many organizations must meet multiple regulatory/accreditation requirements that are increasingly complex
• Credentialing is more complex
  – More stringent accreditation requirements
  – Insertion of managed care and delegated credentialing arrangements
  – More "system" credentialing
  – Larger numbers of medical staff members to credential
  – Advanced Practice Allied Health Professionals
What is Different Today? cont.

- Privileging and competency management has become increasingly complex
  - Increased emphasis on clinical criteria
  - FPPE and OPPE
- Increased likelihood of negligent credentialing actions
- Increased use of technology to store and monitor data and to share information
- Decreasing reliance on paper
- Increased need for information about the medical staff organization and its members

What is Different Today? cont.

- Medical staff organizations have changed
  - Physicians not as likely to accept leadership positions
  - Physicians have less time available for medical staff organization matters
  - Purpose of many medical staff organizations has wandered from credentialing, privileging and quality to more political issues (ER call, protecting interests of individual members)
  - More employed physicians in administrative positions
  - More employed physicians in clinical positions
  - Low and no-volume practitioners
  - Changes in how we communicate with medical staff members (not as likely that the communication mechanism will be the monthly department meeting)
What is Different Today? cont.

- Change in the reporting relationship of many medical staff offices
  - From CEO to COO or to Chief Medical Officer
  - Many integrated departments that include Medical Staff Office and Quality Management

- Increased need to partner with Quality Management to manage peer review, performance reporting and other initiatives

- Credentialing software has changed (more on that later…) – and has evolved to practitioner management software

Today’s Needs and Themes

- Expert knowledge of regulatory and accreditation requirements
- Legal expertise
- Expertise in facilitation of the medical staff organization
- Expertise in application of technology to manage and disseminate information
Today's Needs and Themes, cont.

- Expertise in credentialing – not only what/how to verify (i.e., building the file), but identification of red flags and facilitate the use of information to make excellent – and defensible – credentialing decisions
- Expertise in privileging and competency management
  - Expertise in design and implementation of criteria-based privileges and other processes designed to provide information about competency (FPPE and OPPE)

How is the MSO Evaluated?

- **Volume of work**
  - number of applications processed, number of meetings managed, etc.
- **Quality of work**
  - Number of mistakes
  - Satisfaction from physician leaders
  - Accreditation/licensing issues
  - Lawsuits filed/litigated/won
- **Meeting deadlines**
  - Does it take your department six months to process a file?
- **Data integrity**
What Does Everyone Want?

- A simple way to determine staffing for the Medical Staff Office
- Does a simple methodology exist?

Staffing Requirements

The days when 17 hours was used to calculate the time necessary to process an initial appointment are gone. That calculation was used when virtually all verifications were performed using mail (not email).
FTE Requirements for the Medical Staff Office

• As long as the following is true…meaningful benchmark standards will be difficult to determine

Each healthcare organization and/or medical staff organization has different
– Bylaws requirements
– Scope of verifications
– Privileging approaches
– Quality plans and areas of emphasis
– Software
– Work flow design
– Volume of activity

Effective Use of Technology

• A defining survival skill in today’s Medical Staff Offices – now more than ever before.

• The Director, Medical Staff Services (or whatever title he/she may have) must have the vision for how technology will be used today – and tomorrow – in order to make it happen.

• Many organizations have technology that they are not using effectively – or at all!
Why Embrace Technology?

- Our culture has changed – and continues to change as a result of the Internet
- Our daily methods of communication and doing business have changed
- Our methods of conducting credentialing, privileging and other medical staff “business” must change or we will be out of synch

“Frankly sir, we’re tired of being on the cutting edge of technology.”
These Simplifications Have Already Occurred…

- Provision of information (and documents) via the Internet or Intranet
  - Medical Staff Bylaws
  - Application Forms
  - Privilege Forms
  - Medical Staff Policies and Procedures
These Simplifications Have Already Occurred…

- Verification of information via the Internet
  - Licensure
  - DEA
  - Board Certification
  - Sanction Information
  - ECFMG
  - Residency and Fellowship Training (via AMA or AOA Profiles)
  - Hospital Affiliations

What Else Is Possible?

- Online applications and privilege delineation forms
  - Immediately available to applicants
  - Can be set up so that they cannot be submitted until complete
  - Can eliminate manual data entry into credentialing software
- Communication with applicants regarding status of their applications-in-progress via a secure web page
What Else is Possible?

- Electronic files instead of paper files
What Else Is Possible?

- **Electronic evaluation and decision-making**
  - Department Chairs can receive a message to “view” a credentials file online and make an electronic recommendation related to appointment and clinical privileges
  - The Credentials Committee can view files online
    - Meetings can occur virtually
  - MECs and Boards can also be given access to view files (or portions of files) electronically
    - Can contribute to faster decision-making – particularly on problem-free files

What Else Is Possible?

- **The 24-hour Medical Staff Office**
  - Any transaction that requires physical presence, mailing of documents, phone contact, at/in an office can be evaluated for potential delivery as a “virtual service”
What Else Is Possible?

• Use of Medical Staff Organization Web Pages to provide information and facilitate
  – Dues payments (Pay Pal?)
  – Voting
  – Suggestion Box
  – Access to newsletters
  – Etc. – The only limitation is your imagination

What Problems Do We Need to Solve?

• Decrease the volume of paper that everyone must submit, complete, handle, file, copy and shred
• Improve logistics with regard to dissemination of information
• Improve communication
• Increase speed of transmission of information and turn-around of work products
  – Decrease the amount of time it takes to “process” applications and make decisions
  – Activate revenue
What Problems Do We Need to Solve?

- Develop effective alternatives to the requirement for physical presence at meetings
- Handle routine deliberations and decision-making faster in order to spend more time on tougher decisions, making policy, etc.
- Deal with new accreditation and licensing issues that relate to practitioner competency
  - May require acquisition of new knowledge
  - Requires coaching of medical staff leaders
  - Requires major level of support

The Time is NOW

With Change Comes Great Opportunity
What Do I See as the Future for MSPs?

• **Management of Department**
  – Management skills
  – Leadership
  – Expert in all aspects of medical staff organization
  – Potential leader of an expanded “onboarding” department including recruitment, credentialing and enrollment

• **Privileging/Competency**
  – Expertise in designing privileging systems, including data to support competency

• **Database Administrator**
  – Use of technology to support all department functions
  – Bridge between department and IT

Q & A