Clinical Privileging 101

Carrie L. Bradford, RHIA, CPMSM, CPC
Robin Roberts, CPMSM

Clinical Privileges – Why?

• Patient Safety
• Defines institutional abilities
• Regulatory Requirement

Definition of Clinical Privileging

The delineation of clinical privileges is the process in which the organized medical staff evaluates and recommends an individual practitioner be allowed to provide specific patient care services in their healthcare facility within well-defined training criteria.
Membership vs. Privileges

- Commonly confused...what is the difference?
- Membership is a designation within the medical staff bylaws that defines the type of membership categories a physician may apply for as an applicant or be promoted to overtime. Examples of some common categories: Active, Attending, Assistant, Consulting, Senior Attending, Emeritus.
- You can be a member without clinical privileges.

Regulatory Considerations

Joint Commission - (7/1/15 CAMH)
- Applicants ability to perform must be evaluated and documented
- Statement of no health problems. (IL cred forms)
- This should be confirmed by a program director, chair, or by another institution where applicant has held privileges (peer reference or verification)
- Health Status is evaluated prior to recommending privileges. (In sign off letter, statement that is completed by Chair)

Regulatory Considerations

NCQA – 2015 & 2013 CVO update
- Current attestation signed confirming ability to perform with/without accommodation

Medicare COPs (rev. 744, 07-10-16)
- Not specifically addressed in regs. Must refer to interpretive guidelines for 483.41(a), regarding Surgical Services
- Instructs surveyors to review the hospital's method for reviewing the surgical privileges of practitioners. Method requires written assessment of training, experience, health status, and performance.
Regulatory Considerations

**HFAP – Hospital 2015**
- Health status considered as part of application and validated by references, peer review, or by chair or credits/MEC committee.
- References should include statement regarding the physician's physical and mental health in relation to privileges requested.

**DNV-GL NNH0 Acute Care 07/2014 Revision 11**
- Similar to CMS. Not specifically addressed in regs, but in surveyor guidance section of surgical services.
- Instructs surveyors to review the hospital's method for reviewing the surgical privileges of each physician. Method requires verification of training, experience, health status, and performance. Privileges should match established competencies of each practitioner.

Definition of Clinical Privileging

- Classification of Major Diagnostic & Treatment Procedures
- Hospital-Specific
- Criteria-Based

Methods of Delineation

- Body Parts/Regions
- Diseases
- Procedures
- Laundry List
- Levels
- Mixed
- Core
Components of the Privileging Process

- Privileging System
- Formal Request - Evidence of Competence
- Evaluation/Recommendation by Medical Staff
- Governing Body Approval
- Method of Monitoring – OPPE/FPPE

Core Privileges - Definition

“Those clinical activities within a specialty that any appropriately trained physician with good references would be competent to perform”

“The expected baseline scope of care for fully-trained and currently competent practitioners of a specific health care specialty”

Advantages to Core Privileging

- Simplifies Delineation Process & System
- Inherently Criteria-Based
- Adapts Well to Large & Small Medical Staffs
- Decreases misunderstanding by applicant and approvers as the criteria is on the form
Advantages to Core Privileging

• Reduces Focus on Seldom-Used Privileges
• Reduces Record-Keeping to Determine Ongoing Clinical Competence
• Decreases Paper / Avoids Duplication Errors

Establishing a Core Privileging System

Considerations:
• What does your Medical Staff look like?
• What services do you provide?
• Identify Diagnostic Groups (department/division)
• Procedures Whose Training, Experience, & Outcome Requirements are the Same/Similar
• Where are there crossovers? (e.g. sedation, cardiology/radiology) how do you want to handle these?

Establishing a Core Privileging System

• Identify & List separately those privileges requiring additional training and experience “specials”
• Assure clear understanding of core content – Define The Core
• Make sure these core definitions are readily available for those who need them (O.R. Scheduling, Nursing Units, Administrator on Call)
Creation of a Core Privilege Sheet

Core Privileging Approach

- Core description and accompanying procedure list as applicable
- Criteria for eligibility to request the core
- Special/non-core privileges as applicable
- Criteria for eligibility to request the special privileges
Example of Core Privileges:
General Surgery
Privileges to admit, evaluate, diagnose, consult and provide pre-, intra- and post-operative care, and perform surgical procedures, to patients 10 years of age and greater, to correct or treat various conditions, diseases, disorders, and injuries of the alimentary tract, abdomen and its contents, extremities, breast, skin and soft tissue, head and neck, vascular and endocrine systems. Management of trauma and complete care of critically ill patients with underlying surgical conditions in the emergency department and intensive care unit. The attached procedure list reflects the scope of practice included in this core. Procedures with an asterisk (*) may be done in an outpatient setting.

Identify special/non-core privileges or special procedures
Does this privilege require different:
• Knowledge
• Skill
• Judgment
• Risk
• Ability to manage complications
• Technique
• Equipment

Example of "Special" Privileges:
General Surgery

<table>
<thead>
<tr>
<th>Req</th>
<th>Req</th>
<th>SPECIAL PROCEDURE PRIVILEGES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Procedure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urethral Catheter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bladder Instillation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urinary Stone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stenting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stone Instillation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stone Instillation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stone Instillation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ureteral Stone Instillation</td>
</tr>
</tbody>
</table>
Criteria – The numbers game...

Two types of Criteria
• Eligibility Criteria
• Demonstrated Competency Criteria - it's just not about numbers...

Have you done enough of it recently?
• Residency/fellowship training
• Additional, privilege-specific training
• Practice content (scope)
• Specific current clinical activity (within last 12 months)

Did you do it well?
• References
• Sanctions
• Claims history
• Ongoing professional practice evaluation
Example of Criteria:
Core Privileges in General Surgery

Qualifications for General Surgery

• Completion of an ACGME approved residency in General Surgery and an ACGME approved or private one or two year fellowship unless training was completed prior to 1980. Current board certification or active participation in the examination process leading to certification in General Surgery by the American Board of Surgery with certification to be achieved within the time period as defined in the Professional Staff Bylaws.

Required Previous Experience

• Applicants must be able to demonstrate the performance of at least 100 major General Surgery procedures during the past 12 months and provide volume and complication data of the 100 procedures from another JCAHO accredited hospital or demonstrate successful participation in a hospital affiliated formalized residency or special clinical fellowship during which 100 procedures were performed as primary operator or assistant.

Example of Maintenance/Special Criteria:
Core Privileges in General Surgery

Special Procedures

• Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and documentation of competence to obtain and retain clinical privileges or will be proctored by the Division Chief of General Surgery or designee as determined by the Department Chairman.

Reappointment Requirements

• Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months or based on results of quality improvement activities and outcomes.

Resources for privilege criteria

• Post-graduate education programs – what are they learning?
• Requirements for specialty boards
• Position statements from specialty societies
• Journals/articles/literature search
• The Credentialing Resource Center Clinical Privilege White Papers
Resources for privilege criteria

- Privileging databases – MCHC CAP2data repository on APN/PA
- CME programs
- Vendors & Manufacturers with physician leadership/consultation (new technology)
  FDA requirements
- Networking among us!

Questions?

cbradford@northshore.org
rroberts@luriechildrens.org

Thank You!