

# OAMSS Quarterly Newsletter

## Fall 2010 Edition

### A NOTE FROM THE PRESIDENT OF OAMSS

Jean Steinberg, CPMSM, CPCS



#### TRYING TIMES ARE TIMES TO TRY NEW THINGS OR, "WHAT I LEARNED AT NAMSS THIS YEAR"

The title of my message to you should be "What I learned at NAMSS this year", but I realized that what I really learned most at NAMSS was the constancy of change. While I've attended many NAMSS conferences over the years as a medical staff professional, the numerous offerings of programs at NAMSS this year were definitely the best I have ever seen. It was filled with inspiring speakers and intellectual exchanges. I have always worked hard to implement best practices to meet current standards, but a huge message for me this year was "When you've seen one Medical Staff Office, you've seen one Medical Staff Office!" In other words, each office has its own unique system or processes to get the job done. I realized that while we listened to the speakers, they were also eagerly listening to us. In one program, the speaker, an MD, JD, asked numerous questions of the audience so he could get some insight on what's going on in the country. I approached him afterward and commented that what I really got out of his presentation is that we are all facing an uncertain future in the healthcare industry. Every day, each of you is contributing to mold the future of our industry. After attending this year's NAMSS conference, I realize that the industry is looking to us, MSPs are the experts, we are the ones who, by working in the trenches, shake it up and have the power that drives change. Whether you work as a credentialing professional in a hospital, a surgery center, a healthcare insurance organization, or other office, you set the wheels in motion for what eventually become CMS, JC, NCQA, and other standards. So, keep it up – stretch the boundaries of your comfort zone, learn from others, then implement your best practices and share what works for you.

#### OAMSS Board of Directors

- Jean Steinberg, CPMSM, CPCS  
*President*  
St. Charles Health System, Inc.
- Trixie Ortiz, CPCS  
*President-Elect*  
Good Shepard Healthcare System
- Amy King  
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Tuality Community Hospital
- John Ryan  
*Membership Chair*  
Central Oregon IPA



Teddy Shepard,  
CPMSM assisting at the  
NAMSS 34<sup>th</sup> Annual  
Conference – Luncheon  
– Orlando, Florida

## The Top Ten (10) Things I Learned at the 34<sup>th</sup> Annual NAMSS Conference

By: Trixie Ortiz, CPCS, President-Elect

1. Code of Ethics – In the beginning of history there was “Code of Ethics”. For example, the Ten Commandments, the Constitution. History shows us there is a need for some form of ethics (Enron). We as professional’s are held to different codes of ethics by those organizations we are members of (OAMSS, NAMSS, Employer, Church). Medical Staff Professionals (MSPs) play an important role in society and we have a duty to maintain the highest standard possible for our organization.
2. Peer Review – What is “true” peer review? Is it a review of the bad outcomes, yes, is it an ongoing review of the clinical specialties, yes. Our peer review programs should not just be about the bad outcomes, near misses, complications, or reported cases. Organizations are calling this type of peer review a “reactive” program rather than a “proactive” program. MSPs need to encourage leaders to move forward with the “proactive” type peer review programs. This will help with the overall improvement of patient care and practitioner education which will result in practice improvement.
3. Physician Performance – CMS requires the granting of privileges be an objective, evidence based process. Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) are two ways in developing performance monitoring tools. In developing our physician performance profiles we not only need to define recent activity (number measurement), but we need to define acceptable output (quality measurement).
4. Continuing CME – CME can be used as a strategic asset. How? Improve physician knowledge, assist physicians in maintaining licensure, improve quality and safety, and provide documentation for credentialing.
5. Hospital Affiliations – Why do we send out hospital affiliation requests? Is it required by CMS, or by the TJC? No, there is no specific standard that requires MSPs to verify affiliation status. MSPs are required to obtain current competency and peer recommendations. The practice of obtaining hospital verifications is an industry “best” practice. Hospital affiliations help us to obtain a clear work history, identify any practice patterns, health status, disciplinary actions, etc.
6. “In Good Standing”- The medical staff services world began to see an increase in hospital verifications in the early 90’s. Many organizations began to feel overwhelmed by these requests. It has become an industry practice that responses to these requests are provided in a form of a letter of “good standing”. Then came along Kadlec Medical Center. As witnessed in this catastrophic event, a letter of “good standing” may not be the best approach for responding to hospital verification. Should your organization respond with a letter of “good standing”? I encourage you to work with your medical staff in defining what “good standing” means for your organization.
7. Allied Health Professional (AHP) – Who is responsible for AHP credentialing? TJC states APRN’s and PA’s who are licensed independent practitioners may be credentialed through the medical staff or an equivalent process. CMS states the governing body shall determine, in accordance with state law, which categories of practitioners are eligible for appointment to the medical staff. We as MSP’s should work with our hospital and medical staff leaders to define who the AHP is, who is responsible for the credentialing of these practitioners in compliance with our state and regulatory agencies.
8. MSP Career – Is consulting right for you? Do you like to travel? Do you like a change in your environment? Do you like new challenges? As a consultant you must be able to work long hours, willing to take risks, have excellent interpersonal skills, be self confident, be a self-starter, etc. Consulting might be right for YOU!
9. Risk Management – What is the role of the Medical Staff office in regards to risk management? Consider the following, negligent credentialing, economic credentialing, and institutional negligence. What is the definition of negligent credentialing? Failure to ensure credentialing decisions is made consistent with medical staff bylaws, hospital bylaws, peer review, and accrediting bodies. It is our role as an MSP to ensure our medical staff leadership, hospital leadership, and governing bodies are compliant with the credentialing standards our organization has defined.
10. Networking – This is my fourth year attending a NAMSS conference, and I must say this conference was one of the best. The educational content was great, the location was great, and the camaraderie between colleagues across the states is of such value. There is such value in attending these conferences (NAMSS, OAMSS) and I am not talking about just value in education, but value it establishing relationships with other MSP’s across our state(s). Many of you may think that you don’t have a network, but you do. You have OAMSS, NAMSS, etc. As your president-elect, I would like to leave you the below definition I found in regards to networking.

### Definition of networking

“Networking is making links from people we know to people they know, in an organized way, for a specific purpose, while remaining committed to doing our part, expecting nothing in return.”

—Donna Fisher and Sandy Vilas, *Power Networking*

## OAMSS Board of Directors 2010 Election Results

OAMSS would like to announce the newly elected members of the 2011 NAMSS Board of Directors:

- President Elect – Ann Klinger, CPCS, Tuality Community Hospital
- Secretary – Julie McCann, CPCS, ODS Companies

They will be serving alongside the following Board members whose terms are continuing into 2011:

- President – Trixie Ortiz, CPCS, Good Shepherd Medical Center
- Past-President- Jean Steinberg, CPMSM, CMSR, CPCS, St Charles Health System, Inc
- Treasurer – Darlene Ditsworth, CPCS, Tuality Community Hospital
- Membership- John Ryan, Central Oregon IPA

Congratulations to Ann and Julie who are both former OAMSS Board members. Your returns speak to the positive experience that Board membership provides. You both bring a wealth of knowledge and excellent leadership to OAMSS!



**Amy King** – for serving as President-Elect, President and Past-President

**Nancy Lehrbach** – for serving as Secretary

You have been a great asset to the OAMSS Board

## OAMSS Lending Library

The OAMSS Lending Library is looking for donated updates to the following books/material:

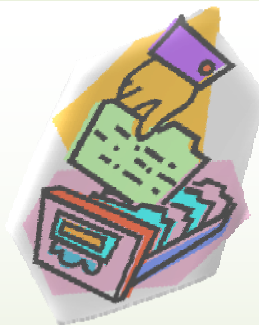
- NAMSS Professional Development for Credentialing Specialist Reference Guide (2006)
- NAMSS Professional Development for Medical Services Management Reference Guide (2006)
- NAMSS Certified Provider Credentialing Specialist Study and Reference Guide (2004)
- The Medical Staff Services Handbook: Fundamentals and Beyond (2007) – *looking for 2<sup>nd</sup> edition*

An additional request is for a copy of “Negligent Credentialing Lawsuits”.

If you have newer editions, or other credentialing books, and would like to donate them to the OAMSS Lending Library please contact Catherine “Cat” Simpson, CPCS, Good Samaritan Regional Medical Center, Corvallis, OR, phone #541.768.5003, via e-mail [csimpson@samhealth.org](mailto:csimpson@samhealth.org).

Following is a short list of what is available through the OAMSS Lending Library:

- NAMSS Credentialing 101
- Blind Eye, by James B. Stewart
- Ready, Set, Credential! by Nancy B. Lian, CPCS, CPMSM \*The Medical Staff Services Handbook Fundamentals and Beyond
- Guide to Medical Staff Bylaws
- 2007 Credentialing & Privileging Desk Reference
- Taking the Test: “A Study Group for NAMSS Certification Exams” Moderated by Kathy Matzka, CPMSM, CPCS





## OAMSS Fall Membership Drive

The Fall Membership Drive has begun for 2011.

OAMSS is a great organization of your colleagues across the state of Oregon and Southern Washington.

Members enjoy [our upcoming Spring 2011](#) conference at a reduced rate, OAMSS sponsored audio-conferences per year, access to a Lending Library, scholarships towards education and/or certification, free job postings on the OAMSS website, leadership opportunities, and outstanding networking with your colleagues to name a few.

The membership fee has not been increased for years, and remains a great value at \$60 for Active membership. If you are not a current member, please consider joining us! Contact John Ryan at [jryan@coipa.org](mailto:jryan@coipa.org)

To obtain membership information go to [www.oamss.com](http://www.oamss.com) and click on "membership information" tab. Reminder annual dues deadline is December 31, 2010.

### **ABMS, ACGME Increase Emphasis on "Procedural Skills" as a Core Competency for Physician Measurement – September 30, 2010 News Release from the ABMS**

The American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME) today announced the increased emphasis on "procedural skills" within its Patient Care core competency for which ABMS Member Board Certified physicians must demonstrate proficiency.

ABMS coordinates and assists its 24 Member Boards in their development and implementation of educational and professional standards for the evaluation and certification of physician specialists. ACGME evaluates and accredits medical residency programs in the United States. As key organizations involved in advancing quality care provided by physicians, ABMS and ACGME together defined the six core competencies on which physicians should be measured in 1999. The competencies are: Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communications Skills, Professionalism, Systems-based Practice, and now, "Patient Care and Procedural Skills."

These competencies are incorporated into ACGME's Institutional and Common Specialty Requirements, assuring that physicians in training demonstrate these competencies prior to graduation. These six core competencies are then continually measured through the ABMS Maintenance of Certification® (ABMS MOC®) program created by ABMS and its 24 Member Boards to promote lifelong learning and self assessment for physician specialists.

"Competent procedural skills are a key measure of physician quality care, and are important to continually measure, that's why ABMS is in support of integrating these skills into the competency framework."

"Procedural skills have always been considered crucial, if only implied," said Thomas J. Nasca, MD, ACGME CEO. "However, for over a year, ABMS and ACGME through a joint task force have determined that procedural skills should be specifically reflected in the six core competencies to ensure quality care, and our Board has agreed. We believe that this framework re-emphasizes the importance of excellence in procedural skills for the physicians who are enrolled in ACGME Accredited residency programs."

The ABMS MOC program was developed 10 years ago to keep pace with advances in the field of medicine. The six core competencies were developed based on agreement that the competent physician must possess be proficient in certain areas in order to provide high quality care.



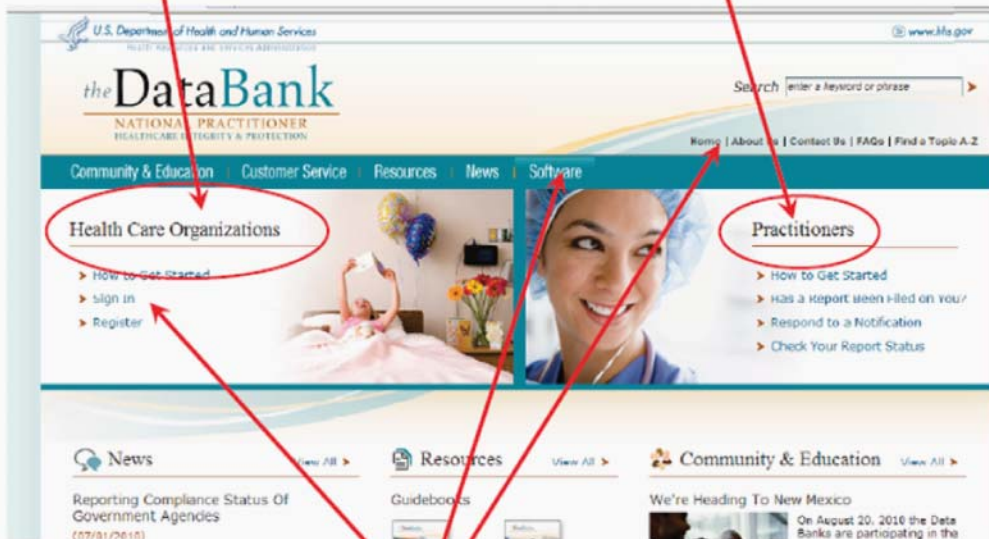
On October 18, 2010 the Data Bank will launch their new website. The URL remains the same – <http://www.npdb-hipdb.hrsa.gov>, but with an improved look.

The new site is organized so that health care organizations can find topics that are most relevant to them and practitioners will find a section for them. The upgraded website will include topics on “How To” and “About” sections.

See below for screenshots from the new website.

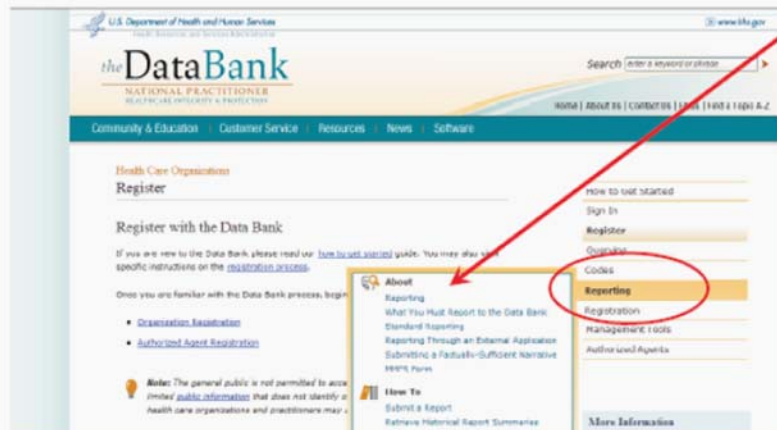
*Introduction to the New Data Bank Web Site*

With a crisp, uncluttered design, the new Data Bank Web site is not only good-looking; it is efficient, too! The site features two main partitions for **HEALTH CARE ORGANIZATIONS** and **PRACTITIONERS**.



Navigation is easy, with **MULTIPLE ROUTES** to the information you are looking for.

Secondary pages feature a sidebar with submenus. Many topics on the new Web site are broken out into *How To* and *About* sections to help you zero in on where you want to go.





## Oregon Medical Board Updates

### OREGON MEDICAL BOARD – EXPEDITED ENDORSEMENT

July 2010 Letter from Kathleen Haley, Executive Director

With the passage of HB2435 the Oregon Medical Board (OMB) adopted licensure by Expedited Endorsement for physician (MD and DO) applications received November 2009 and later.

For MD and DO licensees who were licensed by Expedited Endorsement, the Board may have accepted copies of medical school diploma and post-graduate training certificates in lieu of primary source verification of medical school and post-graduate education at time of licensure.

For MD and DO licensees who were not licensed by Expedited Endorsement, the Board obtains primary source verification of medical school education, including date of graduation, as well as the post-graduate education completed at time of licensure. The Board obtains primary source verification of the medical school education, including date of graduation, of its podiatric physicians (DPM) licensees, as well as the post-graduate education completed at time of licensure. The OMB obtains primary source verification of the physician assistant (PA) and acupuncture (LAc) education from the school, academy, institute, college or university from which the licensee graduated, including date of graduation.

The information obtained through primary source verification is true and complete to the best of our knowledge.

The following is a snapshot from the OMB's website for a non-expedited endorsement.

#### LICENSE

Number: MD12345

Type: MD License

Expedited Endorsement: No

Basis: USMLE

Specialty: Cardiology

Issued: 10/17/1997

[Current Status:](#)

Active Expires: 12/31/2011

REMINDER – Physician licenses will renew on 12/31/2011 – Are your physicians maintaining their CME?

In 2009 the OMB instituted mandatory CME with reporting due with the 12/31/2011 license renewals.

- Licensees are required to have either 60 hours of Category 1 CME (over a two-year period 2009-2011) relevant to their practice, or be board certified in their specialty. If a licensee is not required to recertify with their board then they must meet the 60 hours of Category 1 CME every two years.



## *Congratulations*

NAMSS has announced the newly elected members of the 2011 Certification Commission:

- Jan Steigleder, CPMSM CPCS, Sacred Heart Medical Center, Springfield, OR

*Nice Job - Jan*

NAMSS 35<sup>th</sup> Annual  
Conference  
September 24-28, 2011  
Hilton Anatole Dallas  
Dallas, Texas



## National Medical Staff Services Awareness Week

National Medical Staff Services Awareness Week celebration is

November 7-13, 2010.

Are you thinking about taking your CPCS or CPMSM exam – NAMSS has resources for you. Just go to [www.namss.org/education](http://www.namss.org/education).

- NAMSS Certification Prep Courses
- Online Courses
- Webinars
- Books/Quizzes

### 2011 Dates and Deadlines

#### Spring Testing

- **Application Deadline: Friday, January 21**  
Testing Period - Saturday, March 19 - Saturday, April 9, 2011

#### Summer Testing

- **Application Deadline: Saturday, April 16**  
Testing Period - Saturday, June 18 - Saturday, July 9, 2011

#### Fall Testing

- **Application Deadline: Saturday, August 6**  
Testing Period - Saturday, October 8 - Saturday, October 29, 2011



As we head into the coming holiday season- may it be a time of peace filled with warmth and wonder in every smile you see, every moment you share and every memory you keep.

## Save the Date – OAMSS Annual Conference



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We're on the Web!  
See us at:  
**www.oamss.com**

**May 5 – 6, 2011**  
**Salishan Lodge**  
**Lincoln City, OR**

### Schedule

- May 4 (12:30 – 4:30) – Pre-conference Study Group (additional cost)
- May 5 (7:00) - Registration
- May 5 (8:00 – 4:00) Conference
- May 6 (8:00 – 3:00) Conference

### Hotel Rates – excluding tax (available now) – Phone 800-452-2300

- Traditional Room \$119
- Deluxe Room \$139
- Premier Room \$149