

# **NAMSS 2016 Roundtable**

## ***Real Reform through Positive Disruption***

**May 19, 2016**

### **Introduction**

The National Association Medical Staff Services (NAMSS) held its 3<sup>rd</sup> annual industry roundtable, titled “*Real Reform through Positive Disruption*” on Thursday, May 19, 2016 at the Gaylord National Resort in National Harbor, MD. This year’s discussion focused on enacting meaningful, impactful change in the health care provider credentialing and licensure processes. NAMSS recognizes that the time for positive disruption is now, and looks forward to continuing to work with its industry partners into the future to create more streamlined, more efficient processes that preserve patient safety.

NAMSS would like to thank the following industry partners for participating in this important event: *the American Association of Physician Assistants (AAPA), the American Health Lawyers Association (AHLA), the American Hospital Association (AHA), the American Medical Association (AMA), the Council for Affordable Quality Healthcare (CAQH), the Federation of State Medical Boards (FSMB), the Health Resources and Services Administration (HRSA), the Medical Group Management Association (MGMA), the National Committee for Quality Assurance (NCQA), The Joint Commission, Cigna, and DNV.*

### **Background**

In 2014, NAMSS hosted a roundtable to examine best practices and essential data elements in the facility credentialing process. The following year, another roundtable was convened to engage in a similar discussion on the payer credentialing process. Armed with the lessons learned and the relationships developed at these two events, NAMSS convened the 2016 roundtable to begin discussions on the implementation of impactful, positive reforms.

### **Real Reform, Positive Disruption**

#### **Verification of Graduate Medical Education Training Form**

The roundtable began with a discussion of what NAMSS has already accomplished. In 2016, NAMSS, along with the American Hospital Association (AHA), Accreditation Council for Graduate Medical Education (ACGME) and Organized Program Directors Association (OPDA), introduced a new *Verification of Graduate Medical Education Training (VGMET) Form* to alleviate the burden placed on both program directors and Medical Services Professionals (MSPs) in the training verification process.

Over time, facilities and organizations developed their own unique forms for obtaining verification of internship, residency, and fellowship training for credentialing purposes - creating an inefficient system that presents challenges for both training program directors and medical services professionals. The lack of uniformity in the system slows the credentialing and onboarding system, and creates extra work for all involved. The new *VGMET Form* helps to standardize this process. Roundtable participants reviewed the document and discussed strategies for its widespread adoption and implementation. Some of the potential reforms discussed were:

1. Adoption of electronic format for collection and storage of VGMET information
2. Modification of the form to accommodate the needs of medical boards in the licensure process

### **Model Credentialing Application**

Also in 2016, a task force of dedicated NAMSS volunteers developed a *Model Credentialing Application* based on best practices from applications across the nation and the essential data elements for facility and payer credentialing identified at the 2014 and 2015 NAMSS roundtables.

The *Model Credentialing Application* is intended to eliminate duplication and redundancy in the credentialing and licensure processes. Currently, the credentialing landscape is scattered with disparate applications used by facilities, managed care organizations, states and others. Again, roundtable participants were given an opportunity to review the document and were invited to provide feedback on both its content and implementation. The potential reforms Roundtable participants offered were:

1. Adjustment of the focus from the creation of an application to the development of a data dictionary for essential data elements
2. Identification of minimum common standard data elements across accrediting bodies and state applications, and the elimination of extraneous data elements not germane to provider credentialing and licensing
3. Creation of a repository for the collection of static data

### **Recredentialing & Reappointment Cycle**

Moving forward, NAMSS also proposed reforms to the recredentialing and reappointment cycle, as well as the criminal background check process. Currently, there is little standardization across accrediting bodies regarding the length of the credentialing appointment and the reappointment/recredentialing cycle - creating additional unnecessary work for everyone involved in the credentialing process. This includes Administrators, volunteer physician leaders, and even volunteer Governing Board members. Roundtable participants discussed multiple potential reforms in this area, including:

1. Review of accrediting body standards to identify conflicting or contradictory standards
2. Alignment of the standards for length of appointment and recredentialing cycle across accrediting bodies
3. Establishment of a provider-specific date for recredentialing cycle (i.e. date of hire, date of birth, etc.)

### **Criminal Background Checks**

Additionally, criminal background checks are a slow and expensive process that is duplicated at each step of the credentialing and licensure process. This unnecessary duplication leads to more unnecessary work for medical services professionals, licensure boards, and increased costs for practitioners, facilities, and payers. Roundtable participants discussed potential reforms to both these processes at length to identify the most effective ways to streamline the credentialing and licensure processes and reduce inefficiencies, including:

1. Identification of criminal acts deemed necessary to be addressed during provider credentialing
2. Identification of a standardized source for criminal background checks
3. Standardization of criminal background checks as a part of both initial licensure and license renewal to alleviate the need for every credentialing body to repeat the process

### **Next Steps**

To continue the facilitation of these important discussions, NAMSS will be establishing work groups of roundtable participants and other industry leaders for each of the four areas of discussion: the VGMET Form, the Model Credentialing Application, the Recredentialing and Reappointment processes, and the Criminal Background Check process.

These work groups will meet on a monthly basis and be charged with reaching a consensus on the adoption and implementation of meaningful reforms in each of the respective areas enumerated above by the end of 2016. Each group will be joined by an assigned NAMSS volunteer and members of the NAMSS Government Relations staff.

### **Conclusion**

This year's roundtable was a giant leap toward real reform through positive disruption, and it is only the beginning. Through the establishment of industry work groups and through continued partnerships with industry leaders, NAMSS looks forward to producing and executing change in the credentialing and licensure processes this year.