A comprehensive review of a practitioner’s history — from medical school to the day he or she submits an application for privileges — has always been a key component and best practice of the credentialing process in a healthcare organization. While much of the information is verified through independent sources, hospital affiliation data is self-reported on the application, and complete information is dependent on the applicant’s honesty.

Unless an action had been reported to the National Practitioner Data Bank (NPDB), if an applicant fails to include information on past affiliations, it has been difficult if not impossible for credentialers to discover what could be important information. As we all have experienced, there are many cases of hospitals making certain practitioners leave their medical staff for performance or behavioral issues before taking action that would be required to report to the NPDB.

The National Association Medical Staff Services (NAMSS) has identified practitioner affiliation history as a critical data element of credentialing, and has developed a tool to not only find unreported affiliation data but also to facilitate verification of past affiliations. NAMSS PASS™ (Physician Affiliation Sharing Source) was created through the collaborative efforts of NAMSS and the Practitioner Hospital Data Bank (PHDB), which has been used for several years for affiliation verifications in hospitals around the nation. This collaboration with NAMSS PASS adds a new component with a gap analysis view, and also incorporates the newly standardized definition of “in good standing.”

Industry experts have strongly supported this increased access to a practitioner’s history.

“NAMSS PASS … can help us to ensure the physician is giving us a complete history of their hospital affiliations. NAMSS is also raising the bar with the standardization of the definition of ‘good standing,’” said Todd A. Epstein, MD, chair of the Credentials Committee of Suburban Hospital, Johns Hopkins Medicine in Bethesda, Maryland.

“I support NAMSS’ efforts to help us do the important work we do to provide safe and competent patient care.”

NAMSS PASS™ is a tool for credentialing and patient safety that is long overdue, adds Paul A. Verardi, Esq., partner, Horts, Springer & Mattern, Pittsburgh, Pennsylvania. It is essential to identify and verify a practitioner’s prior affiliations and obtain meaningful references from those institutions to mitigate potential legal risks associated with negligent credentialing claims.” NAMSS PASS is fast becoming known as the premier data repository of practitioner hospital affiliation history. This database is growing on a daily basis through the cooperative efforts of MSPs (Medical Services Professionals) across the country that self-report their facilities’ practitioner affiliation history to NAMSS PASS. Hospitals are able to provide timely, accurate verifications through participation in the NAMSS PASS, and relieve their departments of the time-consuming burden of answering verification inquiries or maintaining their own verification website.

Submitting data to the repository is easy; practitioner information can be uploaded to the system via a simple Excel spreadsheet. In response to some MSPs’ requests for an automated process for submitting organizational data to the repository via their credentialing software, the NAMSS PASS team has created the Electronic Connectivity Program (ECP).

The goal is to work with the credentialing software vendors to simplify the process of information exchange through a direct electronic connection to credentialing software systems in use at healthcare organizations, which already contain the required information for practitioner affiliation information. This connection will allow an MSP in a healthcare organization to send affiliation data to the repository in an automated process with minimal staff resources. This process can be set up to run on a regular basis to update information from a hospital credentialing database to the NAMSS PASS repository.

The ECP is comprised of a technical component called an Application Program Interface (API), which allows software developers to develop automated commands to electronically exchange data with NAMSS PASS. The API is being offered to software vendors at no charge, and the NAMSS PASS team is currently working with the major credentialing software vendors to help them make this programming available to their customers.

The biggest challenge going forward is getting hospitals to realize the value of using NAMSS PASS, and making this a truly comprehensive database.
Once a software vendor has successfully tested and implemented the ECP connection, it receives the official NAMSS PASS ECP-Certified designation. This will permit the vendor to include the ECP logo in its marketing materials and websites. This certification will show clients and MSPs that the company is committed to maximizing the use of technology to improve quality and reduce costs associated with credentialing and verification. Vendors will be able to offer ECP capabilities to their customers as upgrades to their credentialing software.

Automated reporting will enable hospitals to maintain accurate, timely data on the NAMSS PASS site without having to manually upload files.

With increasing participation in NAMSS PASS, credentialers are able to obtain a verification of hospital affiliations and check for unreported affiliation data in a gap analysis report, and obtain instant verifications through the verification letter feature. Getting accurate, comprehensive affiliation data on demand will become easier as more vendors provide this enhancement to their programs and their customers.

MSPs should contact their credentialing software vendor to find out when this enhancement will be available. Until then, the manual process is well-explained on the NAMSS PASS site, and support is available from the team to help hospitals take advantage of this enhanced service.

The biggest challenge going forward is getting hospitals to realize the value of using NAMSS PASS, and making this a truly comprehensive database. It is important that the MSP community supports this voluntary initiative by becoming contributing entities themselves and then promoting the benefits of this information-sharing source to their peers, locally and nationally. The benefits of improved patient care quality, reduction of negligent credentialing risks, and major improvement in MSP productivity will be the driving forces behind this community initiative.

A majority of the largest hospitals in Wisconsin participated in the service, providing their data to the repository. Most of the hospitals in the area already provided data through their own websites, but the value of a centralized repository was quickly realized through increased efficiency in verifying affiliations, as well as relieving them of having to maintain their own sites. Many Wisconsin hospitals have automated the downloads to be performed on a weekly basis in the background, requiring no manual file creation or submission process.

This is an idea for our time. There has been automation for licensing, DEAs, board certifications, education and now affiliation letters. The ability to review a practitioner’s reported history along with instant verification letters make the decision to participate in NAMSS PASS an easy one to make. ■