

December 22, 2011

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-3244-P

RIN 0938-AQ89

Medicare and Medicaid Programs; Reform of Hospital and Critical Access Hospital
Conditions of Participation

To Whom It May Concern:

The National Association Medical Staff Services (NAMSS) represents medical services professionals who, together with the organized medical staffs, manage credentialing and privileging of licensed independent health care providers in hospitals and health care plans across the country. NAMSS supports policies and practices that promote safe credentialing and privileging, and are also efficient and cost-effective. CMS-3244-P proposal is in line with the way in which the majority of medical staffs currently operate, especially with regard to the authority that medical staffs have in evaluating and recommending clinical privileges for non-medical staff members.

NAMSS appreciates many components of the proposed rule, particularly its efforts to defer to state scope of practice statutes and provide individual hospitals with more flexibility for purposes of credentialing and staff structure. As with current practice for many institutions, this update distinguishes between the authority of a hospital's medical staff and its human resources department. CMS further clarifies this categorization by recognizing instances in which practitioners do not fit the traditional categories.

NAMSS response to Medical Staff (482.22)

- 1) NAMSS commends the progress that CMS continues to make in providing hospitals the opportunity to grant privileges to non-medical staff practitioners – in accordance with specific state scope of practice laws. This proposal would benefit hospitals in rural, poor, and underserved areas. It would also facilitate hospitals' use of telehealth services.

- 2) NAMSS appreciates CMS' move to defer to hospitals in credentialing and managing advanced practice registered nurses (APRNs) by allowing hospitals to categorize APRNs as either medical staff or general hospital staff. NAMSS also supports the provision enabling hospitals to privilege practitioners without making them members of the organized medical staff and to establish categories that define staff and non-staff practitioners. This would help hospitals address workplace shortages, provide more flexibility to critical access hospitals, small hospitals, and hospitals in poor urban areas. It would also enable states to better address primary care provider shortages.
- 3) Although one single governing body in a multi-hospital system does provide for economies of scale, and is a reality in some systems, it is important to reaffirm the ability of the local sub-boards to enact policies and handle issues that directly contribute to sound patient care decision making, thus avoiding potential harmful delays due to distance and corporate bureaucracy.
- 4) NAMSS appreciates that CMS addresses the potential patient care concern of medical staffs by proposing that physicians and non-physicians will all be required to comply with standing medical staff regulations. As many hospitals currently operate, the proposal complies with current hospital and medical staff regulations. These clarifications, in addition to the Joint Commission's language on conflict resolution, reaffirm CMS' commitment to the important roles that physicians and the organized medical staff have in staffing responsibilities, which ensure safe patient care.

Simplifying the credentialing process would greatly assist medical staff professionals in improving practitioner quality and transparency while alleviating unnecessary steps. NAMSS commends CMS for taking steps to eliminate redundancies in current credentialing practice and looks forward to working together to improve health care delivery.

Sincerely,



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President