

# The IAMSS Insider

## INSIDE THIS ISSUE

Getting Ready for the 38<sup>th</sup> Annual . . . 1  
 Physician Assistant . . . . . 1  
 AMBS Approves New Neurocritical Care  
 Subspecialty . . . . . 2  
 AMBS Vision for the Future Commission  
 Releases Report on MOC Process. . . 2  
 IAMSS Member Spotlight . . . . . 3  
 Looking for Missing Members. . . . . 3  
 Thinking About Certification . . . . . 4  
 News from the NPDB . . . . . 5

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## Getting Ready for the 38<sup>th</sup> Annual Conference!

The annual conference preparations are in full swing! The IAMSS Board has been working hard to bring you – our members – a great educational experience! You won't want to miss *Winds of Change . . . . Showers of Opportunities* on **April 11 & 12**. Plus . . . the Pre-Conference Program on **April 10** is a great beginning & refresher course, as well as a study program for NAMSS Certifications.

**We look forward to seeing you in Tinley Park!**



## Physician Assistant – Change is in the Air

Effective January 2019, the Illinois State Senate approved legislation that amends the Physician Assistant Practice Act of 1987. The language provides that **a collaborating physician may collaborate with a maximum of 7 [rather than 5] full-time equivalent physician assistants**. The exception is in a hospital, hospital affiliate, or ambulatory surgical treatment center.

It also provides that **a physician licensed to practice medicine in all its branches may collaborate with more than 7 physician assistants when the services are provided in a federal primary care health professional shortage area** with a Health Professional Shortage Area score of greater than or equal to 12.

Meanwhile, NCCPA [National Commission on Certification of Physician Assistants] reports **PA scope of practice is increasing nationwide**. State legislatures are looking at ways to remove barriers to care so that more patients have access to a qualified health provider. Some of the barriers under consideration include **allowing PAs to have full prescriptive authority** (they do in 44 states); **eliminating the number of PAs that a physician can supervise** (14 states have no limit) and having **scope of practice determined at the employer practice level versus being mandated by the state**. This workforce model would allow physicians and PAs to quickly adapt to local care needs. Additionally, as physicians have moved into specialties to meet the needs of patients, PAs have followed. Today, **over 70 percent of PAs work outside primary care**. About **40 percent work in office-based practices and 40 percent in hospitals**, with the remaining in many settings including government facilities, urgent care offices, community health centers, and rural clinics.



## ABMS Approves New Neurocritical Care Subspecialty

[American Board of Medical Specialties \(ABMS\)](#) recently approved subspecialty certification in **Neurocritical Care**, a medical specialty devoted to the comprehensive multisystem care of the critically ill patient with neurological diseases and conditions. Management of these patients can best be addressed by a physician with subspecialized training in both the primary neurological condition as well as the associated critical care conditions, according to the published medical literature.

The **American Board of Psychiatry and Neurology, Inc. (ABPN)** submitted the application and the **American Boards of Anesthesiology (ABA)**, **Emergency Medicine (ABEM)**, and **Neurological Surgery (ABNS)** co-sponsored it. Physicians certified by any of these four ABMS Boards who meet eligibility criteria will have the opportunity to become certified. A proposal was also submitted to the Accreditation Council for Graduate Medical Education (ACGME) by ABPN for accreditation recognition of the Neurocritical Care subspecialty. Read more at [ABA](#), [ABEM](#), and [ABPN](#).

There will be a six-year practice pathway or “grandfathering” period for neurologists, neurosurgeons, anesthesiologists, and emergency medicine physicians who meet eligibility criteria to take the exam. The pathway will be available beginning with the first exam, which will be offered in **2021**. After the practice pathway period, specific training requirements will need to be met in addition to other general requirements. ABPN recently published all of the [eligibility criteria](#) on its website.

## ABMS Vision for the Future Commission Releases Report on MOC Process

On December 11, 2018, the ABMS Vision for the Future Commission released a report regarding their **review of the MOC process**. The Commission was tasked with reviewing MOC within the current medical profession and confronted issues that ABMS Boards and Diplomats experience. **The Commission addressed areas that are problematic for physicians and provided recommendations for overhauling the MOC system**, including retiring the “Maintenance of Certification” terminology. It remains to be seen what specific changes the ABMS will make to the MOC process, but the Commission’s report represents a concerted turn toward real change in the current status quo.

The Commission also recommended that ABMS boards **conduct research to analyze the success of continued certification in helping clinicians provide quality and safe care for their patients**. In addition, ABMS should research potential activities that help clinicians maintain their skills. The Commission did not directly address fees, yet the survey measured that **58% of doctors said MOC costs were their top concern; 52% said MOC was a burden; and 48% said MOC was not a true reflection of their abilities as clinicians**. The Commission report suggested shifting from single point-in-time assessments leveraged years apart to more regular, longitudinal, multi-source assessments to provide more useful appraisals of physicians’ ongoing competence.

*“The report also encouraged medical staff offices and other credentialing professionals not to make credentialing and privileging decisions solely on the basis of certification status, but to utilize certification as an additional data point when evaluating practitioner applicants.”*

## IAMSS Member Spotlight

Name: **Yesenia Servin**  
 Employer: **Loyola University Medical Center**  
 Job Title: **Provider Enrollment Lead**  
 Home Town: **Berwyn, Illinois**  
 Family Status: **Married with 1 son in college & a daughter in high school**

Critters: **Pugs: Charlie & Pikachu**

Birth Place: **Chicago! Chi City ☺**

How long have you worked in Medical Staff Services? **Since 1997!**

What led you to this career? **I was working in medical billing and my boss told me, "Can you figure this out?" Without giving me a chance to respond, he directed, "Get it done!"**

What's the best piece of professional advice you've ever received? **Everyone learns differently. To be a great leader, you have to train & coach people to what works best for them and it won't always come easy to adjust to each one's needs, but you have to do it.**

Share a personal fact no one would ever guess about you. **I play the piano! My mom made me take lessons as a kid. I hated it then, but I am SO grateful now.**

Describe one experience in your career where you took a huge leap of faith. **A few years back, I decided to create and present professional education for healthcare providers. I worried I wouldn't have enough contacts to keep me busy. Today, I have grown so much! I have regularly scheduled training and presentations with large organizations throughout the year.**

What is the first career you dreamed of having as a kid? **Lawyer; I love to read legal garble and enjoy a healthy discussion.**

What is the most important personal attribute that you bring to your job? **I genuinely care about people.**

What energizes you and brings you excitement? **Growth; professional, personal, individual and group. Watching others grow and succeed. Everything growth.**

If you could only take one physical item with you on a deserted island, what would it be? **A knife. I can hunt, fish, protect and build with just one sharp knife ☺**

At which store would you like to max out your credit card? **Whole Foods Market! I have a food problem. Some people enjoy retail therapy; me – grocery therapy fills me with so much joy.**

What would we most likely find you doing on the weekend? **I rarely sit still. I am cooking, creating a professional presentation, spending time with family on a road trip or trying different restaurants, or I could be in a consultant meeting, in church or planning the next big family event.**

What movie title best describes your life? **Star Wars! Because life is full of adventure and growth and good always prevails over evil.**



If you are interested in being in the **IAMSS Member Spotlight**, please contact Maureen Bradley at: [mbradley@rushcopley.com](mailto:mbradley@rushcopley.com)

## Looking for Missing Members!

Over the years, some IAMSS members have dropped off our membership list, and we hope that you will help us find them.

Many benefits of being part of IAMSS includes awareness of our profession, career growth, enhancing leadership skills, networking opportunities, quarterly newsletter, participation in IAMSS Voice, and opportunities to attend local education conferences along with many other resources on a state and national level. In addition, IAMSS members receive a discount to attend our education events held each year.

If you know something about a missing member, please let us know!



## Thinking about Certification?

If you are considering pursuing **CPCS or CPMSM Certification** and have not yet taken the first step, consider this a gentle nudge. If you are already certified and have a friend or colleague thinking about it, please encourage them! (and... don't forget about the NAMSS Certificant Referral Incentive Program). NAMSS reported in the January/February issue of Synergy that the number of MSPs who are certified continues to increase every year. **Currently, 3,621 individuals are CPCS certified and 1,757 MSPs are CPMSM certified. It's time to join the ranks!**

Visit the NAMSS website at [www.namss.org/certification.aspx](http://www.namss.org/certification.aspx) for information about the exams, eligibility criteria, FAQs, resources and materials for each certification. Here, you can also view the [Candidate Handbook](#) for everything you ever wanted to know about certification. The [MSP Certification Toolkit](#), created by the NAMSS Certification Commission, has useful information, including a **downloadable presentation template that can be used to convey the importance and value of certifications and of MSPs in your organization**.

Start your journey now! Team up with colleagues for support. Form a study group. Join the NAMSS Certification Discussion Forum. **And ... consider attending the IAMSS-sponsored Pre-Conference Focused Study Program for CPCS/CPMSM Certification on April 10<sup>th</sup>.**

## News from the NPDB

The National Practitioner Databank (NPDB) released an updated version of the [NPDB Guidebook](#) in October 2018. **You will want to review the full list and description of changes that are available on the website at <https://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp>**

### What is new?

#### Clarification to existing policies through descriptions and explanations, including:

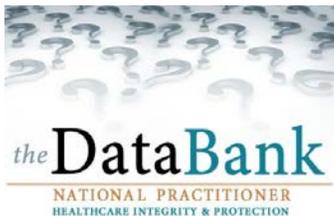
- Table of Tables: Helps to locate and access simplified tables of NPDB requirements by topic
- Table of Figures: New infographics containing checklists, flowcharts, decision trees and other information on Reporting and Dispute Resolution

#### Q&As:

- New questions and answers gathered since the previous revision in 2015
  - Chapter D – Queries
  - Chapter E – Reports

#### New Q&As that may be of interest:

- Q&A 22 Reporting Clinical Privileges Actions
  - Q: Is an agreement not to exercise privileges during an investigation, without actually surrendering the privileges, a resignation while under investigation that is reportable?
  - A: Yes, *the agreement not to exercise privileges is reportable if other reportability conditions are met. NPDB regulations state that "acceptance of the surrender of clinical privileges or any restriction of such privileges . . . while under investigation" is reportable. An agreement not to exercise privileges is a restriction of privileges. Any restriction of privileges while under investigation, temporary or otherwise, is considered a resignation and must be reported.*



## News from the NPDB (continued)

- Q&A 49 Reporting Clinical Privileges Actions
  - Q: How should a hospital report to the NPDB when an adverse clinical privileges action it took against a practitioner is changed by court order?
  - A: *Assuming all reporting prerequisites are met, the hospital should report the initial adverse action; the hospital should then report the judicial decision as either a revision or a void. For example, if a hospital revoked clinical privileges and a judicial appeal resulted in the court modifying the discipline to suspension of clinical privileges for 6 months, the hospital would be required to report both its initial revocation (as an Initial Report) and the court-ordered revision to suspension (as a Revision-to-Action Report). If the court overturned the hospital's decision, the hospital should void the Initial Report.*

### Coming April 5, 2019: Changes to Querying and Reporting Codes

Based upon your suggestions, and changes that occur in the health care field, the NPDB periodically updates the code lists. Use the lists to create accurate submissions and to interpret your NPDB responses. [April 5, 2019 Code Lists Updates](#) are available to prepare you for the upcoming changes

### Contact the NPDB

NPDB encourages questions. Use the **Ask it now!** Button available at the bottom of each section of the Guidebook or contact them at NPDBPolicy@hrsa.gov

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Stay positive and happy.  
Work hard and don't  
give up hope.  
Be open to  
criticism and keep  
learning.  
Surround yourself with  
happy, warm and  
geniune people.

-Tena Desae

You're going to go  
through tough times -  
that's life. But I say  
"Nothing happens to  
you, it happens **for** you."  
See the positive in  
negative events.

-Joel Osteen

A positive attitude causes  
a chain reaction of  
positive thoughts, events  
and outcomes. It is a  
catalyst and it sparks  
extraordinary results!

-Wade Boggs