A grand task: Credentialing for multiple facilities and systems

Dear readers,

The Credentialing Resource Center is proud to bring you this special report, which examines credentialing on a grand scale. Whether working for multifacilities or multisystems, MSPs who coordinate the credentialing for multiple entities are often a great resource for best practices. This is because processing numerous applications requires them to refine their skills. Nevertheless, verifications alone do not make up the workload of these professionals.

We spoke with three MSPs to get the scoop on the organizational skills that keep their offices running like clockwork. Diane Meldi, CPMSM, CPCS, MBA, is the director of medical staff services at St. John’s Health System in Springfield, MO. Her office of 13 staff members oversees six hospitals, a large physician clinic, and a health plan organization, which comprise about 3,000 credentialed practitioners. St. John’s organizational structure serves as a model for others; Modern Healthcare rated it the “Nation’s #1 Top Integrated Health System.”

Roshonda Duffield, CPMSM, CPCS, is the corporate director of medical staff services at Triumph HealthCare in Houston. Along with four medical staff coordinators, she oversees the credentialing of about 1,700 practitioners in the Houston area. Additionally, she directs medical staff services at Triumph’s 22 long-term acute care facilities nationwide.

Maggie Palmer, MSA, CPMSM, CPCS, is the director of Scripps Centralized Credentialing Service in San Diego. Her office of seven team members works with nine Scripps facilities, offering boutique services ranging from personal attention during Joint Commission surveys to help with privileging projects.

Whether you credential on a macro- or microscale, the best practices that follow will help you maximize your resources and streamline your processes.

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When you speak to MSPs who perform multifacility or multisystem credentialing, communication, organization, and flexibility are three words that are bound to come up. Together, they are the foundation of every medical staff services department, but they play an especially important role for MSPs working with a high volume of practitioners.

**Communication**

MSPs use their communication skills to interact with a large and diverse medical staff, establish working relationships with MSPs at other locations, and develop reasonable working expectations between a CVO and hospital.

*Diane Meldi, CPMSM, CPCS, MBA*, director of medical staff services at St. John’s Health System in Springfield, MO, faced a twofold communication challenge: selecting the right medium and method for sending information. Some practitioners have a specific preference as to whether they are reached by phone, fax, e-mail, or snail mail. As much as possible, Meldi tries to accommodate these requests because she knows the more she caters to preferences, the more likely practitioners are to read the information her office sends them. “I know some hospitals are requiring the medical staff members to have an e-mail address, and that is the only way they will communicate with them,” she says. “We haven’t gone that far, but to increase efficiency, that might be a possibility in the future.”

However, by using several communication methods, Meldi can also tackle the second challenge: making her communication stand out from the crowd. Sometimes, her office sends the same information to practitioners in a variety of formats, but other times, it will select one distribution format. For example, when St. John’s sends a revised copy of the bylaws ballot, it uses paper with the envelope stating, “Ballot enclosed. Return by [date].” An e-mail with an attachment of the revised bylaws and ballot might be easier to overlook as other e-mails pile on top of it. St. John’s is evaluating use of electronic surveys for future bylaws ballots and/or medical staff elections.

There are other occasions when the office sends paper communication. “Save the date” communication for social events may be sent out electronically, but the main invitation is paper because it’s more formal. Disciplinary alerts are also distributed in paper form to practitioners who must sign for them. “Our experience is, if we don’t make the practitioner sign for it, they’ll say they never got it,” Meldi says.

**Tip:** Have a message to deliver? Before you seal the envelope or press Send, think about what you’re doing. Ask yourself:

- How receptive will the receiver be to the format I’m using?
- Will my message stand out from the crowd?
- Does etiquette or a legal obligation require me to use a specific format?
- Must the message be sent immediately to the practitioner, requiring that it be sent via e-mail?
As a director overseeing multiple facilities, Roshonda Duffield, CPMSM, CPCS, corporate director of medical staff services at Triumph HealthCare in Houston, strives to keep everyone working in a streamlined fashion. One way she does this is by holding quarterly conference calls with national hospitals. The calls are an opportunity to discuss credentialing and privileging issues and Joint Commission (formerly JCAHO) updates, such as focused professional practice evaluations and ongoing professional practice evaluations, and the organization’s standard practices. (See “Sample multifacility conference call agenda” on p. 9.)

Calls alone do not paint an entire picture of a facility’s credentialing compliance. To supplement the conference calls, Duffield also makes quarterly visits in person to the national and local facilities. “I go out and actually sit with them and look at their files, review their processes, [and] offer recommendations or corrective action plans for improvement,” she says. Before making the trip, she asks the facility which topics they would like to focus on so she can arrive prepared with an agenda.

Tip: Stick to a schedule when checking in with other facilities via conference calls. This lets everyone know what to expect on the call and keeps the conversation moving along.

For Maggie Palmer, MSA, CPMSM, CPCS, director at Scripps Centralized Credentialing in San Diego, communication is important not only for maintaining working relationships, but also for establishing them with new clients. One of the first questions Palmer asks potential clients is what their expectations are for the CVO’s services, including turnaround time on credentials files. “After they tell me what the expectations are, especially on turnaround times, I ask them for their data,” she says. “I’ll say, ‘Can you provide me with a report reflecting your data to see if that is possible in your office?’ ”

It’s important to clearly communicate this information at the beginning of the relationship so that false promises aren’t made, especially if this is the first time medical staff members are working with a CVO, since they may have misconceptions about how quickly the CVO can process their files. Palmer says she has turned down work with clients in the past because the two parties weren’t on the same page. “When we did turn them down, it was part of a negotiation,” she says. “Eventually, they came back and said, ‘Okay, we’re going to go with you.’ ” The organization changed its mind because it realized Palmer’s time estimation wasn’t unreasonable after receiving estimates from other CVOs.

Tip: When communicating during a negotiation process, have data on hand to reinforce your point. This will highlight your professionalism to others. It will also make the communication more productive because you will be developing a plan based on evidence rather than guesses and wishful thinking.
Organization
The results of the communication process often help establish the organizational structure that MSPs will work within. This structure acts as train tracks guiding tasks along when the workload is heavy and showing the way to new staff members adjusting to their roles.

A multifacility’s or multisystem’s organizational structure is often tested during the reappointment process when MSPs handle hundreds or thousands of applications. Most organizations diffuse this burden by staggering reappointment applications. For example, Duffield’s office manages about 1,700 credentialed practitioners, but the most reappointment applications processed within any given month is 40–60 files.

Duffield assigns all reappointment processing to one of the medical staff coordinators in the department to manage application volume. Although the MSPs work in a separate office from the medical staff leaders, they arrange meetings with the chief of staff and quality director when necessary to review a practitioner’s file, especially when red flags are raised on an application. MSPs also attend the credentials and medical executive committee meetings, at which recommendations for medical staff membership and clinical privileges are decided. “They really do act as full medical staff coordinators; they’re just not located at the hospital,” Duffield says.

Because the organizational structure establishes the MSPs as the main resource on Joint Commission medical staff standards, they have an important role to play during accreditation surveys. When the surveyor gives the hospital a list of practitioner files he or she wants to review, the request is passed along to Duffield’s office. “The hospital director of quality will give me a list, and then we’ll review the files and bring them to the medical staff credentialing and privileging interview,” she says. Despite not being in the same building in which the survey is taking place, the medical staff coordinators still present files in a timely manner. “If a credential file is requested by a facility, we can get it to them within a matter of an hour or two,” says Duffield.

Tip: When developing an orientation program for MSPs taking on credentialing tasks for a large organization, remember to include their survey responsibilities. An orientation tip sheet for Joint Commission surveys might include the contact information for the in-house survey director, a few paragraphs describing the organization’s last survey experience, and a link to The Joint Commission’s Web site.

Although the MSPs at Palmer’s CVO do not go on-site during Joint Commission surveys, their organizational structure still positions them as a resource. Aside from their understanding of the standards, their most valuable characteristic during surveys can be summed up on the sign hanging outside Palmer’s office: “Chaos management: Ability to defuse knee jerk reaction with well thought out solutions.”
In such cases, it’s actually the remoteness of the CVO from the hospital that helps. “Because I’m an outside party, I can be a little more calm,” says Palmer. “I don’t have the surveyor sitting in front of me.”

Often, when hospitals call the CVO demanding information they think they need because the surveyors are present, Palmer calmly walks them through the request. First, she’ll ask them for the standard that requires them to have the requested information. Sometimes, hospitals think they need certain information, when in fact they may be misinterpreting the surveyor’s request. If a standard does require them to have the requested information, Palmer works with them to deliver it.

Organization is also important during the processing of initial applications. Trial and error has led Palmer to her current method. Practitioners are divided among MSPs alphabetically, and a single MSP processes the entire application from beginning to end. Periodically, Palmer reevaluates the volume of applications coming through and shifts the alphabetical assignments to evenly distribute the workload.

“If a facility calls for Dr. Elders, they know who to call,” Palmer says. “They don’t think, ‘Okay, what part of the process are they in and do I have to talk to a different person who’s handling the NPDB versus licensing?’ ”

It’s also beneficial to have one person handling the application at a CVO that works with a hospital system because some practitioners apply for privileges at all of the hospitals within the system. If a different MSP handled the application for each hospital or for each verification, it would be much more chaotic to track down the application.

**Tip:** Credentialing audits may be an opportunity for your office to reevaluate how applications are processed. Ask yourself:

- Does it make sense for one person to handle all of the applications?
- Does it make sense to share the workload and have each person perform a specific verification?
- Does it make sense for initial applications to be processed by a CVO and reappointment applications to be processed in-house?

**Flexibility**

Once you’ve established your organizational structure, don’t be afraid to change it when needed. For Meldi, being flexible and redesigning her office’s initial appointment process led to a quicker turnaround time for handling applications.

The organization conducted a Six Sigma evaluation of its initial appointment process to determine where the weakest links were. (Six Sigma is a management strategy that identifies and removes the causes of errors in a business setting.) Results of the process were clear: The greatest time lost
occurred between when the application was sent to practitioners and when practitioners returned it.

To shorten this time frame, Meldi decided to take a proactive approach to retrieving the application. First, her office receives notice from the recruitment office to send an application to a practitioner. The application goes in the mail and her office sends an e-mail to the practitioner that the application is on its way. In both correspondences, she gives practitioners a phone number to call should they have any questions. After 10 days, her office calls the practitioner to ask whether the application was received.

“We’ve taken a more proactive approach to it. Instead of just waiting for the application to come in, we’re trying to pull them in,” Meldi says. “It doesn’t do anything except hurt us if we wait for them to send it in at their time frame.”

Meldi’s office sends notification to the recruiting office and the clinic where the practitioner is applying to practice regarding when the application is sent and when it’s returned to medical staff services. Her office has also assigned one MSP to track the application status. Although this new method is still in the testing stage, practitioners are already returning the applications more quickly.

**Tip:** There are several ways medical staff services departments can evaluate their processes. Meldi’s office used the Six Sigma approach. Other departments might consider distributing a medical staff satisfaction survey, conducting a credentialing audit, or even working with a consulting company that can provide an outsider’s objective viewpoint.

Sometimes, flexibility means restructuring your internal processes, like Meldi did; other times, it means learning new skills to offer additional services, like the MSPs in Palmer’s office.

### Multisystem

A multisystem is capable of credentialing for several healthcare facilities that may or may not be related.

The facilities may have different credentialing requirements and/or regulatory standards. A competent CVO should, for example, be able to accommodate the different credentialing requirements and/or regulatory standards or any combination of those.

**Source:** Maggie Palmer, MSA, CPMSM, CPCS, director, Scripps Centralized Credentialing Service, San Diego. Adapted with permission.
In today’s business environment, productivity is often linked to a worker’s computer skills. To maximize productivity, Palmer makes the most of technology training courses. “I’ve sent my team to a class our system provides about how to best utilize [Microsoft] Outlook,” she says.

Such classes have also helped advance the office on the road to paperless credentialing by utilizing folders within Outlook. Additionally, by learning how to optimize their computer system’s multiple drives, staff members have been able to post confidential practitioner information online, giving password access to others on a need-to-know basis.

**Tip:** If your organization’s IT department doesn’t provide training, contact your local technical school. It will most likely have the classes you’re looking for at an affordable fee.

*Editor’s note: We hope that you have enjoyed this report. For the most recent credentialing news, including quizzes and audio clips, please visit our blog at www.credentialingresourcecenter.com/blog.*

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**Multi-entity**

Multi-entity capability was used to provide the following framework to represent the different hospitals within the same hospital system:

- Centralize the credentialing database to share common practitioner data across participating hospital facilities
- Centralize credentialing data analysis to provide common demographic analysis reporting across all facilities

While providing centralization, each division has a clear, uncluttered view of their own medical staff data.

*Source: Maggie Palmer, MSA, CPMSM, CPCS, director, Scripps Centralized Credentialing Service, San Diego. Adapted with permission.*
## Sample client complaint and issues log

Below is an example of a log that may be used by a CVO to track client complaints. The log can also be used by a medical staff services department responsible for multifacility or multisystem credentialing.

<table>
<thead>
<tr>
<th>Date</th>
<th>Client/caller</th>
<th>Complaint</th>
<th>Action</th>
<th>Resolved</th>
<th>PI initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2, 2009</td>
<td>XYZ Hospital</td>
<td>Late reappointment packets</td>
<td>Reviewed turnaround times with data showing 95% reappointments below benchmark of 45 days at CVO. Team reviewed 5% late, and results showed practitioner did not return to CVO within 90 days of reappointment. Should have been removed from staff according to facility bylaws.</td>
<td>Sent report of turnaround times to client showing dates sent, received, and completed. Client to determine actions regarding staff status.</td>
<td>Continue to track turnaround times and send report to clients biannually.</td>
</tr>
</tbody>
</table>

*Source: Maggie Palmer, MSA, CPMSM, CPCS, director, Scripps Centralized Credentialing Service, San Diego. Adapted with permission.*
Sample multifacility conference call agenda

Triumph HealthCare
Credentialing Conference—Houston/National Region
AGENDA

Date: _____________________

<table>
<thead>
<tr>
<th>Call to order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions</td>
</tr>
</tbody>
</table>

Old business

Review best practices within the system
- Credentialing process
- Application/forms
- Delineation of clinical privileges
- Best practices/standardization
- Technology

Accreditation/regulatory review
- Joint Commission unannounced survey findings
- Standard revisions
- Department of Health/Conditions of Participation update

Education
- Review publications, including Medical Staff Briefing and Briefings on Credentialing
- Continuing education seminars/Webinars
- Case review

Other business

Next meeting

Adjournment

Source: Roshonda Duffield, CPMSM, CPCS, corporate director of medical staff services, Triumph HealthCare, Houston. Adapted with permission.
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