Be prepared for disasters with an emergency credentialing policy

Editor’s note: In response to the terrorist attacks of September 11, the article below on how to credential physicians during a crisis appears both in BOC and its sister publication, Medical Staff Briefing (MSB). Because of the enormity of that tragedy, the editors of BOC and MSB feel that subscribers should receive this practical information on credentialing in an emergency situation. We apologize for the redundant information to any subscribers who may get both newsletters.

No one likes to think about it, but disasters can strike at any time without warning. These events can range anywhere from a flood to an earthquake to a fire. For a hospital medical staff office (MSO), being prepared for disasters means having a policy in place to credential physicians to provide much-needed emergency patient care.

In other words, MSOs should be ready to credential volunteer physicians who aren’t members of their hospital’s medical staff.

Yes, you can grant temporary privileges at reappointment
Just be sure to follow the JCAHO’s criteria

JCAHO standard MS.5.11 makes it clear that appointment and reappointment to the medical staff cannot exceed a two-year period. Hospitals that extend physicians’ membership and privileges beyond this two-year limit often run into trouble during their accreditation surveys.

This situation leads facilities to question whether granting temporary privileges upon a physician’s reappointment is considered “extending” his or her two-year appointment period, and therefore in violation of MS.5.11.

It isn’t, as long as you follow the criteria outlined in the JCAHO’s May 14 clarification of MS.5.14.4, which specifies when to grant temporary privileges. (To access the clarification, go to www.jcaho.org/standard/clarif/standclar_frm.html.)

‘Extensions’ v. temporary privileges
In addressing temporary privileges, it’s important to recognize the difference between “extending” a physician’s appointment and granting him or her “temporary privileges,” says John Rosing, senior consultant with The Greeley Company, a division of HCPro.
Emergency credentialing

Recent tragedy serves as example
In the wake of the World Trade Center tragedy in New York City, rescue workers rushed hundreds of injured people to Manhattan-area hospitals. To accommodate this large influx of patients, hospitals called on their own medical staff members and accepted the help of hundreds of volunteer physicians from other parts of the city, state, and country. North General Hospital on Madison Avenue was one of the hospitals that readied itself for a wave of victims and volunteer physicians, and started with New York’s “Education Law.”

“New York’s Education Law allows all licensed physicians to provide medical assistance in emergency situations,” says Nilda Conrad, MBA, CMSC, CPC, director of medical staff services at North General. (See right for a notice that appeared on New York’s Office of the Professions Web site regarding the Education Law.)

“Our [hospital has] a policy as part of our overall disaster plan that allows us to credential physicians who aren’t on our medical staff by simply verifying their license and checking a positive photo ID [identification],” North General also asks for a list of the physician’s past hospital affiliations, but Conrad explains that sometimes there isn’t time to call and verify each one.

“We do the best we can, but if we’re in a situation where hundreds of patients are flooding in, we have to let physicians help them,” she says. “After the World Trade Center collapsed, we received only 25 to 30 injured—we had expected to get many more.” As a result, North General didn’t need the assistance of any volunteer physicians and didn’t enact its emergency credentialing policy after all.

Grant emergency privileges, pair with staff doc
In addition to allowing the MSO to quickly credential volunteer physicians, an emergency credentialing policy should also enable the hospital to grant “emergency privileges.” Community Hospital of the Monterey Peninsula in Monterey, CA, addresses this issue in its policy. (See the policy on p. 3.)

Important notice—September 12, 2001
This advisory is to let you know that the Education Law specifically permits the furnishing of medical assistance in an emergency. The Education Law would therefore permit health care professionals licensed in other states or those whose New York license is not currently registered to provide medical assistance in the crisis in New York City.


“If an outside physician offers to help during a disaster situation, we ask to see [his or her] license, photo ID, and list of current hospital affiliations,” explains Susan Rowland, medical staff coordinator at Community Hospital. “Then we pair the physician with one of our own medical staff members who’s privileged in the volunteer’s specialty.”

For example, a volunteer cardiologist would work alongside one of Community Hospital’s cardiologists for the duration of the emergency situation.

“So an internist can’t just walk into the [operating room] and start doing surgery,” Rowland continues. “Emergency privileges reflect the volunteer’s training and specialty; there’s no ‘carte blanche.’ ” As soon as the disaster situation ends, the hospital immediately terminates the emergency privileges.

The emergency policy at Kaweah Delta District Hospital in Visalia, CA, is similar, but requires volunteers to provide a certificate of malpractice insurance (in addition to license, photo ID, and hospital affiliations list) and the MSO to query both the National Practitioner Data Bank (NPDB) and Office of Inspector General (OIG) sanctions list.

“Because emergency situations are time-sensitive, we just call and verify the most recent hospital affiliations,” says Vickie Rocha, CMSC, medical staff services director at Kaweah Delta District.

And what about waiting for the NPDB and OIG
results? “If everything else checks out, we would grant privileges anyway, since NPDB regulations only require [during an emergency] that we query—they don’t require that we wait for the results,” she explains. If the results should yield any negative findings, Rocha says the physician’s privileges could be terminated immediately.

Approval channels
After the MSO verifies a volunteer physician’s credentials, the policies of both Community Hospital and Kaweah Delta District require an approval signature from the hospital chief of staff and chief operating officer.

“During an emergency, we’d have a command center set up whose director would work with the medical director or credentials [committee] chair to decide how many and what type of physicians we need,” says Rocha. The hospital would call on its own medical staff members first and proceed from there.

Both hospitals’ policies define an “emergency” as “any officially declared emergency, whether it is local, state, or national.”

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Community Hospital of the Monterey Peninsula

Medical staff policy for credentialing physicians in the event of disaster

Practitioners who do not possess medical staff privileges at Community Hospital of the Monterey Peninsula may be granted temporary emergency privileges at this hospital during an “emergency” (defined as any officially declared emergency, whether it is local, state, or national.)

The following information must be available in order to be granted emergency privileges:

1. Valid professional license to practice in the State of California
2. Photo identification
3. List of current hospital affiliation where the practitioner holds active staff privileges

Verification of the above information should be done as soon as possible by the Medical Staff Office or as soon as feasible. A record of this information will be retained in the Medical Staff Office. A practitioner’s emergency privileges will be immediately terminated in the event that any information received through the verification process indicates any adverse information or suggests the person is not capable of rendering services in an emergency.

The practitioner will be paired with a currently credentialed medical staff member and should act only under the direct supervision of a medical staff member. The practitioner’s privileges will be for the period needed during the duration of the disaster only. They will automatically be cancelled at the end of needed services.

Medical Staff coordination is accomplished by the Medical Staff Coordinator in the Physician’s Lounge, who will assign physicians to appropriate departments as requested by those departments.

Source: Community Hospital of the Monterey Peninsula, Monterey, CA. Provided by Susan Rowland, medical staff coordinator. Reprinted with permission.
Temporary privileges in Marblehead, MA. First, extending implies that the hospital is adding time onto the physician’s existing appointment period, thereby making it, for example, two years and four months. No reverification of credentials takes place in this scenario.

Granting temporary privileges at reappointment, however, means that once the physician’s appointment expires and proper recredentialing activities take place, the temporary period begins. It therefore is not an actual “extension” of the previous appointment period; it’s a separate, brand-new set of privileges granted after the regular two-year appointment expires.

“The JCAHO doesn’t like the use of the terms ‘extend’ or ‘extension’ in conversation, hospital policies, and medical staff bylaws,” explains Rosing. “These words indicate an appointment period that’s longer than two years. Medical staffs should remove this language from their documents and vocabulary.”

‘Reappointment’ a misnomer Rosing also points out that the JCAHO’s May 14 clarification specifically uses the term “new applicant” when describing the circumstances under which to grant temporary privileges. This language has led some facilities to think only brand-new applicants should be granted temporary privileges.

“That’s really not the case,” he says. “From a legal standpoint, all appointments expire in two years and thus are ‘new’ appointments when renewed. In that sense, the term ‘reappointment’ is really a misnomer. All actions, whether initial or subsequent, are ‘new.’ ” In other words, MS.5.14.4 doesn’t prohibit the use of temporary privileges at reappointment.

Follow the JCAHO’s criteria Regardless of whether you grant temporary privileges to an initial applicant or a physician upon reappointment, you must carefully follow the criteria outlined in the JCAHO’s May 14 clarification, advises Rosing.

For starters, the JCAHO allows temporary privileges only under the following two circumstances:

- To fulfill an important patient care need (i.e., a physician becomes ill, etc., and needs another physician to cover his or her practice; a specific physician possesses urgently needed skills that no other medical staff member has)

- When an applicant with a complete, clean application is awaiting review and approval of the medical executive committee and the governing body

Under the first set of circumstances, the hospital’s chief executive officer (CEO) may grant temporary privileges upon recommendation of either the applicable clinical department chair or the medical staff president, as long as the medical staff office (MSO) verifies (or re-verifies, in the case of reappointment) at least the following credentials:
• Current licensure
• Current clinical competence

Under the second set of circumstances, the CEO may grant temporary privileges—for a period of no longer than 120 days—upon recommendation of either the applicable department chair or medical staff president, as long as the MSO verifies the following credentials:

• Current licensure
• Relevant training or experience
• Current clinical competence
• Ability to perform the requested privileges
• Other criteria required by the medical staff bylaws

The results of the National Practitioner Data Bank query also must be gathered and analyzed before the granting of temporary privileges.

The physician in question also must have

• a complete application
• no current or previously successful challenge to his or her licensure
• not been subject to involuntary medical staff membership termination at another facility
• not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges

Don’t grant when reapplication is incomplete. Reappointment time is often hectic, even in the best-run MSO. Sometimes physicians don’t return their materials on time, or credentialing professionals fall behind on their paperwork. But don’t let late, incomplete, or unverified applications prompt the granting of clinical privileges, warns Beverly Pybus, president of The Beverly Group, Georgetown, MA. (See related story on p. 6 for tips on avoiding administrative delays, and see below for sample policy language regarding incomplete applications.)

“Granting temporary privileges because of administrative delays due to incomplete reapplications or unverified credentials—whether they’re for new applicants or reappointments—is completely unacceptable to the JCAHO,” she says.

If you cannot reappoint a physician within the two-year period (for whatever reason), the physician’s membership and privileges will have to lapse until temporary or full privileges can be granted by going through the proper channels discussed above. “Remember, no privileges, no practice,” says Rosing.

Sample policy language: Definition of ‘complete application’

A medical staff (re)application must be complete before it can be processed. Completion means the following three criterion are satisfied:

1. All blanks on the (re)application form are filled in and all necessary additional explanations are provided
2. Verification of the information is complete; that is, all information necessary to properly evaluate the (re)applicant’s qualifications has been received and is consistent with the information provided in the (re)application form
3. Responsive letters of reference and information from past hospitals and other affiliations have been received, including letters from department chairs or other physicians who have worked with or observed the applicant (in cases of reapplicants, hospital peer review data will be collected and reviewed)

The (re)applicant is responsible for providing the information to satisfy the process. The hospital does not have the burden of finding relevant information or clarifying discrepancies. The (re)applicant must make sure any difficulties in verifying or obtaining information are resolved.

**How to avoid administrative delays in credentialing**

Even though JCAHO standard **MS.5.11** doesn’t allow a physician’s appointment period to exceed two years, medical staff services professionals (MSSPs) often face paperwork and time issues that lead to requests for temporary privileges. But hospitals can’t grant temporary privileges—at appointment or upon reappointment—unless the application is complete, verified, and simply awaits medical executive committee and governing board approval. (See related story on p. 1.)

You probably have a hard time getting reapplications returned and verified in a timely manner; never mind getting them to the approval stage. **John Rosing, MHA, FACHE**, a senior consultant for The Greeley Company, a division of HCPro, in Marblehead, MA, recognizes this common dilemma and suggests that you reevaluate and revamp your credentialing process to avoid administrative delays in the first place.

Get time on your side
Consider the following tips to resolve recredentialing procedure timing issues:

- Begin the reappointment process five or six months prior to the expiration month. For example, if the appointment period ends in January, send your reapplication materials to physicians in July.

- Send credentials files to the governing board one or two months before their expiration rather than the month of expiration.

- Start the credentialing process earlier, but stay within the time frames you have identified in your policies and procedures.

Forge solutions with docs
When it comes to dealing with paperwork issues and tardy physicians, consider the following:

- Take the incomplete file to the physician personally, and **wait in his or her office until he or she finishes the paperwork**. As medical staff coordinator at North Ottawa Community Hospital in Grand Haven, MI, **Cathy Alversteffer** says even though “the physician is usually embarrassed at first,” it saves time in the long run because she uses the time to educate the physician on credentialing and reappointment procedures. The one-on-one time also gives the physician the opportunity to ask questions and clear up any misunderstandings.

- **Use correspondence** (e.g., typed memo, e-mail message) to explain clearly the credentialing process. **Malee Maurer, CMCS, CPCS**, medical staff coordinator at Holy Spirit Hospital in Camp Hill, PA, uses correspondence to explain the credentialing procedure and tells physicians that it’s their burden to follow-up on any missing or omitted information. Mauer also faxes a three-column checklist with all the credentialing documentation to the physician’s office administrator. “That way, we can follow-up and make sure [the physician] received all the materials . . . we can avoid ‘We didn’t get the packet’ excuses,” she says.

- **Don’t tolerate physicians who “forget” to reapply.** “Establish a firm policy that requires the receipt of a reappointment application prior to the two-year deadline,” Rosing advises. “If the medical staff office does not receive the application prior to that date, clinical privileges and appointment will expire, and the institution will no longer permit the physician to practice. End of story.”

If the physician wishes to regain his or her membership and privileges status, he or she must reapply to the medical staff.
Our hospital is going to close. What should we do with the credentialing files? Is there some organization that could steward them for future verifications?

See whether you can make arrangements with a nearby hospital to maintain them for you at a fair price. If not, you can always entrust them to your hospital’s attorney.

Are member boards of the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA) the only “true” certifying boards? In other words, are physicians who are certified by so-called self-designated boards (e.g., the American Academy of Pain Management, the American College of Cardiology, etc.) also considered board-certified? Are these boards recognized by accrediting bodies and managed care organizations (MCOs)?

Physicians who are certified by a nonrecognized board generally aren’t deemed to meet the requirements for board certification as stated in most medical staff bylaws. It is critical for bylaws to specify the type of board by which a physician must be certified.

For example, many hospitals’ bylaws state that, in order to join the medical staff, physicians must be admissible or certified by an ABMS- or AOA-approved board. Physicians certified by other “self-designated boards” would not qualify under such a provision. The majority of reputable MCO do not recognize most self-designated boards.

Although many physicians might argue that a nonrecognized board is just as good as a recognized one, it is entirely up to each institution to decide whether it will accept such certification as a criterion for appointment/clinical privileges.

Is a “preapplication” form really necessary? At my previous job, we simply stated in a cover letter our requirements for medical staff eligibility. If the physicians did not meet these qualifications, we did not process their applications. Preapplication forms seem to create additional work and delay the credentialing process for qualified physicians.

You’re correct; a preapplication form is not necessary. What you did at your last job was entirely appropriate—send a cover letter with the application that clearly states the minimum objective requirements that a prospective applicant must meet. The cover letter also should state that if the application does not document the minimum required criteria, the medical staff office would not process it.

Our medical staff is thinking of requiring specialty board recertification as a condition of reappointment. Do you think this criterion is reasonable for reappointment?

In general, medical staffs and hospitals have found it beneficial to establish board certification as a prerequisite for initial appointment, but few have used it for reappointment.

There is no question that some physicians will permit their certification to lapse. Often, such physicians are talented and have terrific community commitment—it would be a shame to lose them. Therefore, it is highly unlikely that your medical staff would benefit from adopting such a requirement. There is no documented evidence demonstrating that recertified physicians are more competent than physicians who’ve let their certification lapse.

Often, a physician’s professional reference is his or her residency program director. Can a residency program director’s reference be used as primary-source verification of residency completion as well?

Yes, this is absolutely acceptable. Confirmation of residency completion by the program’s director is excellent primary-source verification.
Points of privilege

OIG to focus on Medicare provider privileges
The Department of Health and Human Services Office of Inspector General (OIG) states in its Work Plan for Fiscal Year 2002 that it will “review the nature and extent of hospital privileging activities within the context of Medicare conditions of participation.”

This statement appears in the section regarding projects planned for the Centers for Medicare and Medicaid Services.


MD doc sued many times, never investigated
Eighteen patients have sued obstetrician Ghevont Wartanian, MD, for malpractice in the past 20 years, yet he has faced no state disciplinary action, reports The Baltimore Sun. Nine of the suits resulted in payments totaling more than $2 million.

Critics say Wartanian’s history is the result of “fundamental flaws in the way Maryland regulates and disciplines its doctors.” Specifically, the Maryland Board of Physician Quality Assurance—the state’s medical licensing board—has “ignored” a provision in state law that requires reporting to its regulatory board any physicians with three or more malpractice claims filed against them within a five-year period.

Wartanian says the suits against him are “unfounded,” and attributes the high number of cases to “money-hungry” patients.

AMA improves ePhysician Profiles delivery
Online delivery of physician profiles via the American Medical Association’s (AMA) ePhysician Profiles service has been modified, according to the AMA’s Physician Credentialing Solutions.

The usual pickup window has changed from three days to five days. In other words, credentialing professionals can retrieve profiles up to five days after ordering instead of three. The AMA calls its modification “great news for procrastinators.” For more information about ePhysician Profiles, go to www.ama-assn.org/amasources.