

The 12th Annual

CREDENTIALING RESOURCE CENTER SYMPOSIUM

A New Day for Credentialing:

MOVING FROM VERIFICATION TO COMPETENCY

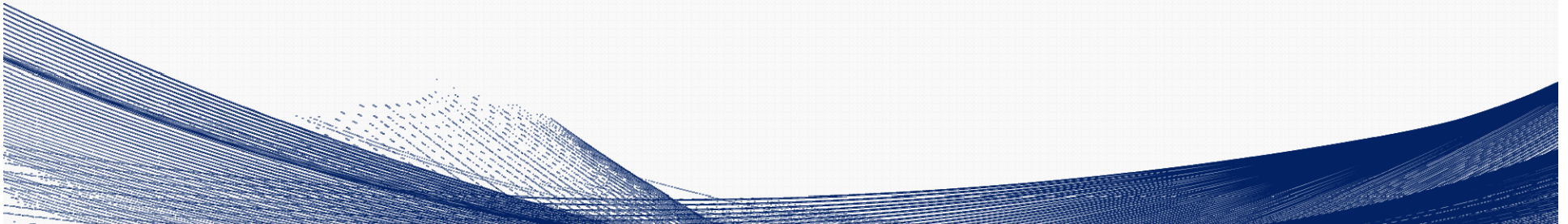


MAY 14–15, 2009 | CAESARS PALACE | LAS VEGAS, NV

Analyzing credentialing files: Best practices

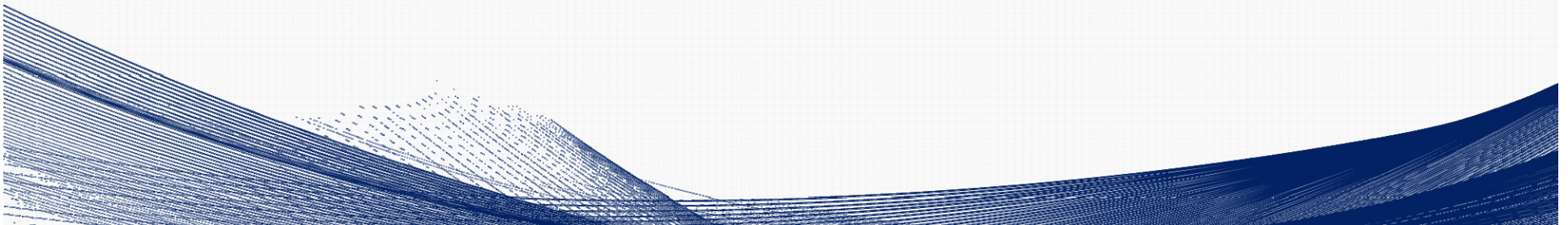
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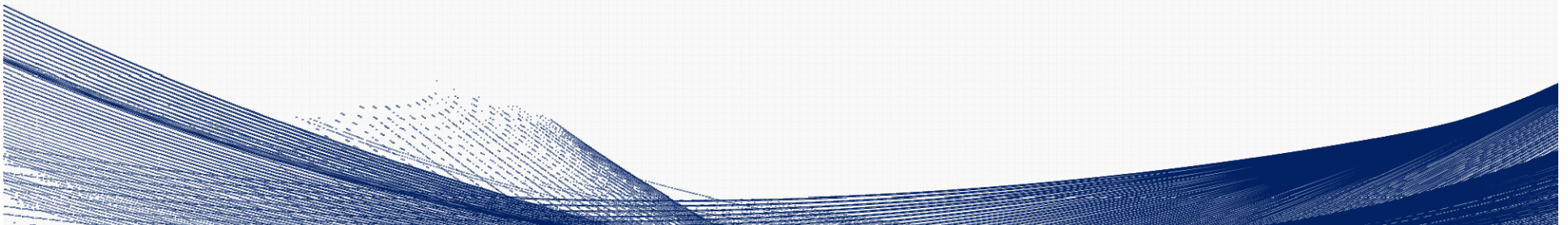
Analyzing credentials files

- ❑ What information should credentials committee members review?
- ❑ Where should this information be housed—in a credentials file or a quality file?
- ❑ What are the protections against discoverability for these files (and are they different)?



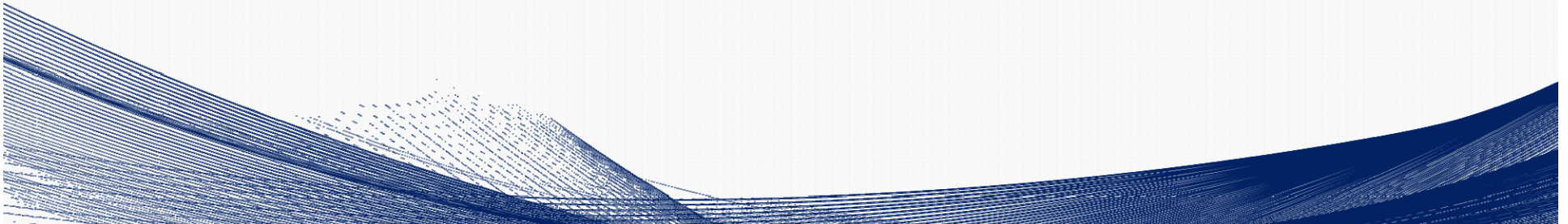
Analyzing credentials files

- ❑ Will participation in a Patient Safety Organization (PSO) affect what is in a credentials file?
- ❑ What kinds of patterns or red flags should trigger some other form of review or remedial action?
- ❑ What is the accessibility of these files (credentials and quality) to the individual practitioner?



Information analyzed at initial appointment

- ❑ Complete application with full educational/work history
- ❑ Completed privilege delineation request
- ❑ Government-issued photo ID
- ❑ Verifications
 - License (this and other states), DEA, state CS
 - Verifications (medical school, internship, residency, work history, claims history, liability coverage, OIG, NPDB, board certification, ECFMG, academic appointments)
 - References (peer, residency director)
 - Immunization history/health screening info
- ❑ Documentation of current clinical competency

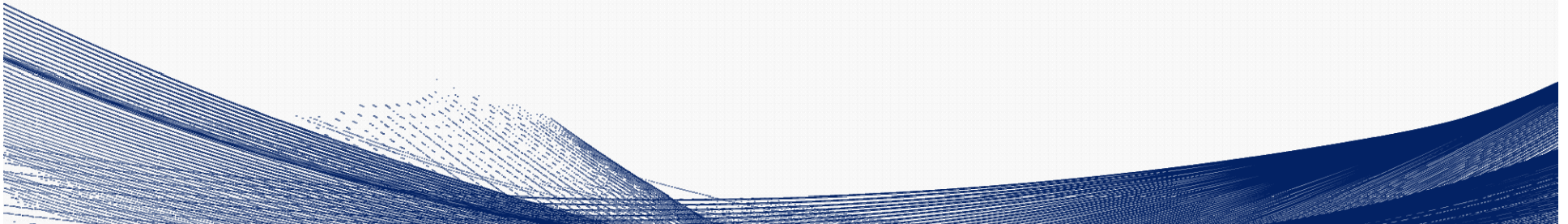


Information analyzed at reappointment

- ❑ Reappointment application
 - ❑ Completed privilege delineation
 - ❑ Update of all verifications with any changes in the past two years
 - ❑ CME documentation from the past two years
 - ❑ Quality profile and activity reports
 - ❑ Ongoing performance monitoring and review
 - ❑ Focused professional performance evaluations
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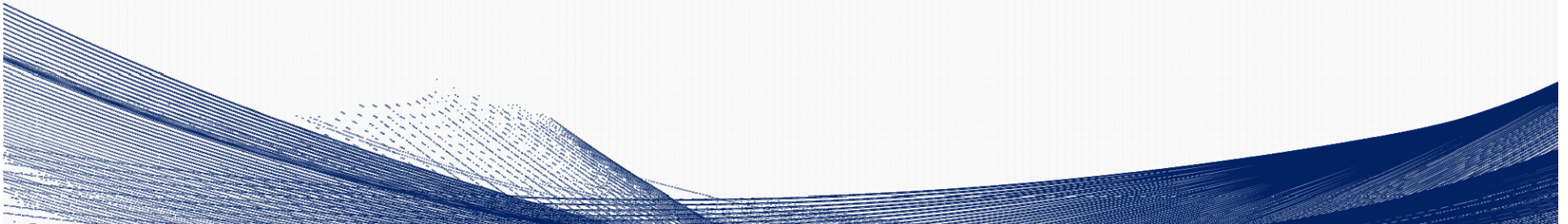
Analyzing credentials files

- ❑ Is your credentials file protected?
- ❑ Distinction between credentials file and quality file:
 - Credentials file: not protected
 - ❑ Application/reappointment
 - ❑ Reference letters
 - ❑ CVO materials
 - ❑ Responses to appointment/reappointment inquiries (except info moved to quality file)
 - ❑ Other nonconfidential information that is subject to discovery



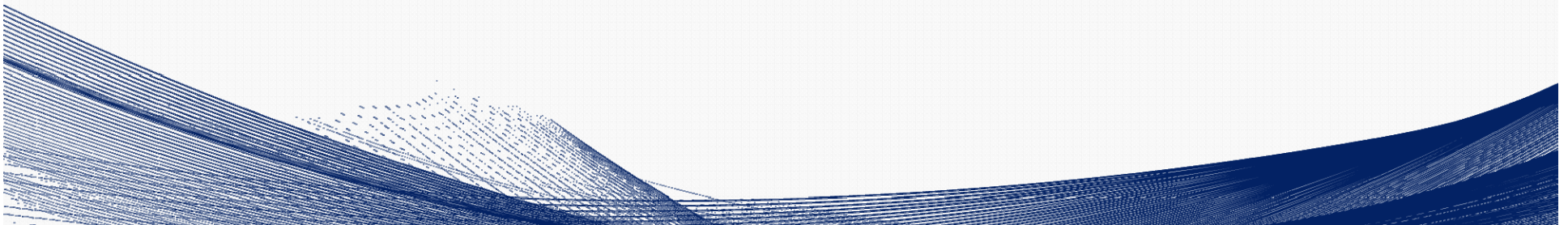
Analyzing credentials files

- Quality file: protected under state/PSO protections
 - Quality assurance
 - Peer review reports
 - Incident reports
 - Patient complaints
 - Quality outcomes
 - Physician-specific Patient Safety Work Product (PSWP)
- Sometimes hospitals combine or mix up material, resulting in disclosure of confidential information – privilege could be waived



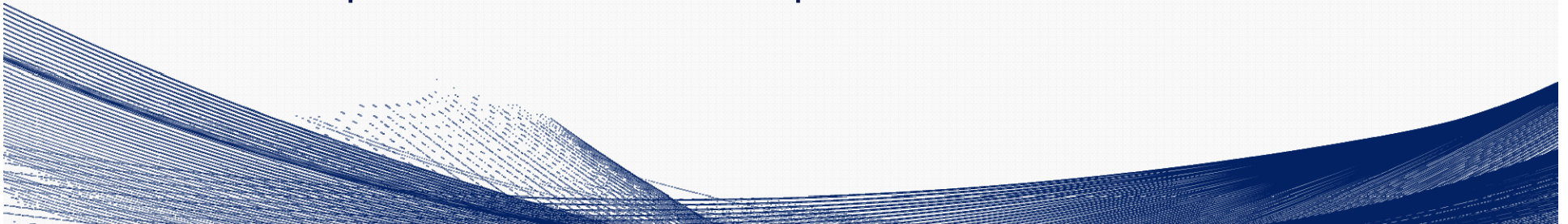
Analyzing credentials files

- Improper disclosure subjects hospital to liability and possible civil penalties
- If hospital receives a subpoena for documents, need to coordinate response with legal counsel who is knowledgeable of state and PSO protections
- Need to learn how state confidentiality statute interacts with PSO protections



PSO protections

- Patient Safety Act passed in 2005
 - Designed to encourage all providers to collect and report within a Patient Safety Evaluation System (PSES) information such as quality assurance, incident reports, medical errors, and analyses to a PSO
 - All information collected and reported in a PSES is considered PSWP
 - PSWP is privileged and confidential and is not subject to discovery or admissibility into evidence in state or federal proceedings
 - Represents first statute to protection at the federal level

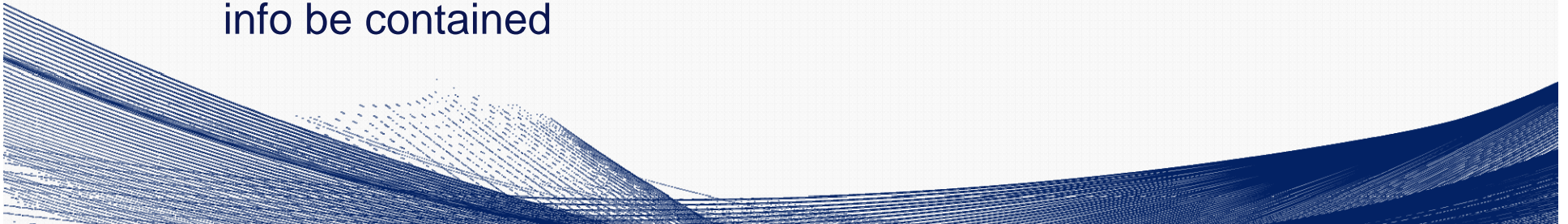


PSO protections

- Information collected and reported in a PSES, which then becomes PSWP, cannot be used in “disciplinary” matters
 - Disciplinary should not include remedial measures such as probations, monitoring, proctoring, mandatory consultations, etc., which do not trigger hearings or Data Bank reports
 - Definition of disciplinary should be limited to reportable events
 - Need to define in bylaws and PSES policies

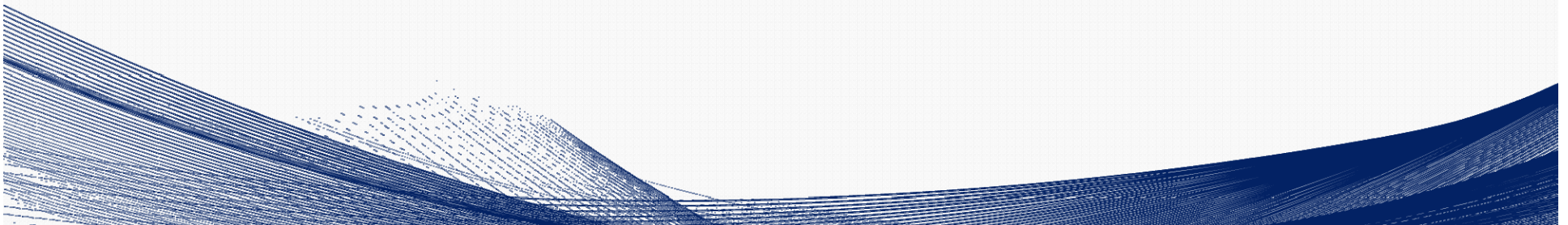
PSO protections

- You can include PSWP in quality file, because internal use of PSWP is permitted but cannot be relied on during reappointment if it could lead to disciplinary matters and has already been reported to PSO
- Need to decide what info that will be PSWP will be included in quality file and what will be excluded and not subject to review during reappointment
- Information collected but not yet reported can be withdrawn from PSES if withdrawal is documented and could be considered at reappointment
- Again, need to decide what will and will not be included on PSES, how information will be used, and in what file or files will info be contained



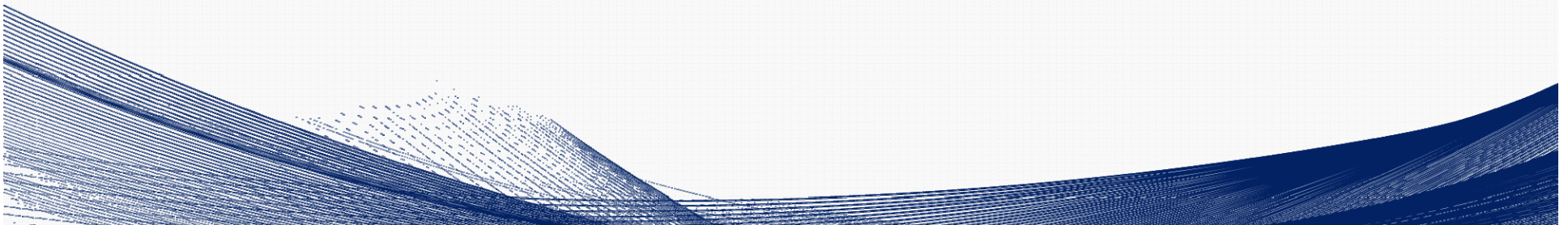
What needs special attention

- ❑ Review of all ongoing professional practice evaluations during the last reappointment cycle
 - ❑ Any focused reviews done since last appointed
 - ❑ Any significant change in privileges requested
- * With the advent of ongoing professional practice evaluations, there should be very few trends noted at reappointment that have not been already addressed



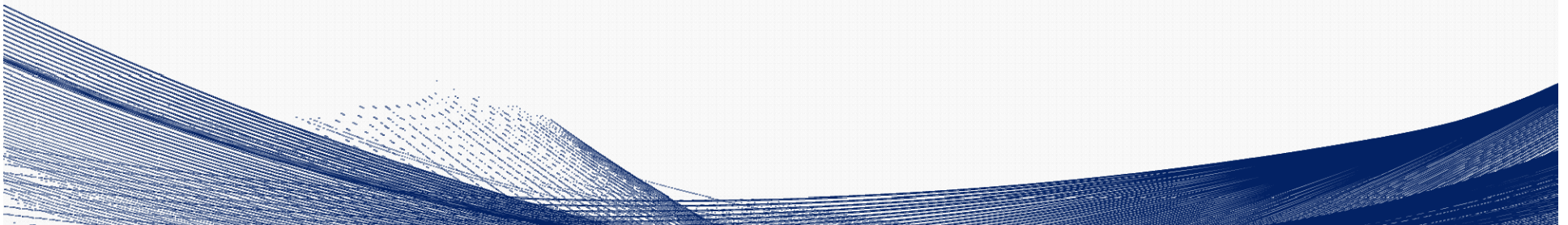
Physician access to credentials files

- ❑ Historically, independent medical staff members have not had access to either their quality file or their credentials files
- ❑ Most laws do not require access unless information in file leads to an investigation or disciplinary action
- ❑ Because quality file can contain patient, employee, and physician complaints, concern is that disclosure of records could lead to retaliation by physician and subsequent reduction of reporting



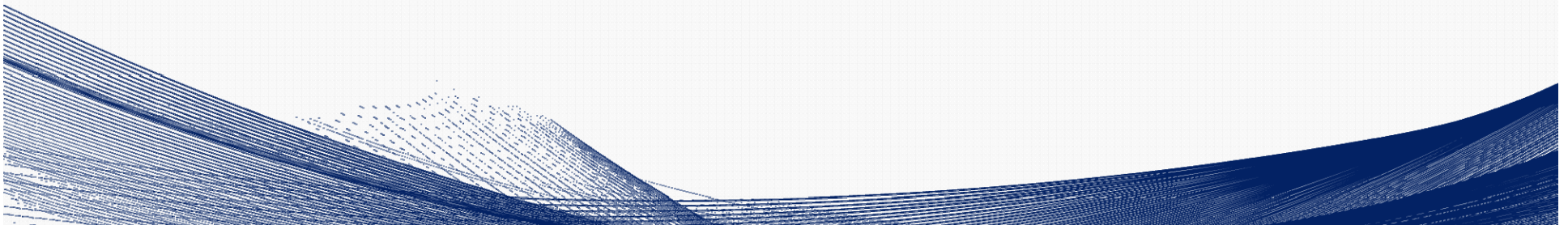
Physician access to credentials files

- Physicians have complained that access to files is critical because they are not advised about these complaints or reports and therefore cannot rebut or provide their responses to put complaint into context—consequently, hospital and medical staff sometimes act first and ask questions later
 - Issue often comes up at time of reappointment when looking at cumulative information in file



Physician access to credentials files

- ❑ What files should physician be allowed to access?
 - Credentials file
 - ❑ If credentials file contains nonconfidential information, physician should be permitted broad access.
 - ❑ Need to develop a policy or procedure that sets forth process for requesting and reviewing file.
 - ❑ Files should be reviewed in presence of medical staff professional.
 - ❑ As a general rule, copies of file materials should not be permitted. If requested, should be reviewed and approved by department chair or VPMA.

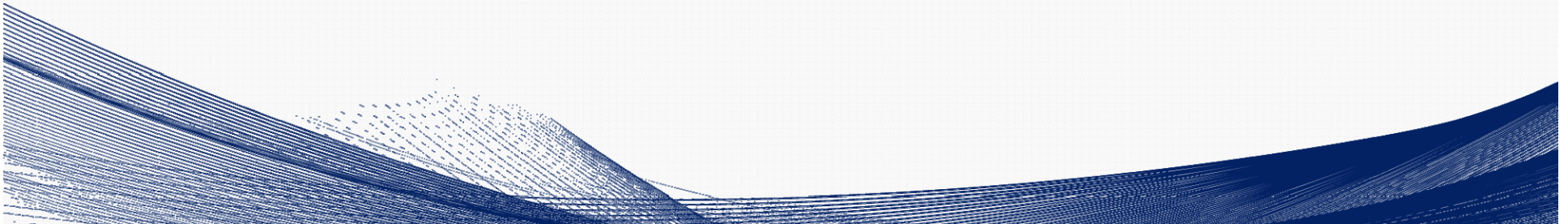


Physician access to credentials files

- Quality file
 - Again, not required to provide access
 - If access given, consider the following:
 - Redact identifiers
 - Provide summaries of the complaints, reports
 - Files should be viewed in presence of medical staff professional
 - No copies, no exceptions—this is confidential information
 - Physician may take notes

Physician access to credentials files

- » Physician given opportunity to respond and to place response in record
- » Physician is reminded about code of conduct/disruptive behavior policy and that any retaliation will be met with disciplinary action
- » Should contact employees who filed complaint/incident report that physician has seen file and that person should report any retaliatory or similar behavior



Physician access to credentials files

- » Need to develop a policy outlining process and procedures for requesting and reviewing file
- » Physician needs to confirm that he will treat information as privileged and confidential
- » Policy needs to allow physician to have access to and use of information if it becomes the basis of disciplinary action

