The Credentialing and Privileging Issue

Credentialing and privileging are basic building blocks of risk management. Making sure that everyone providing patient care has the necessary and appropriate training to do so seems like a no-brainer, but sometimes it's these basic concepts that derail an organization’s accreditation or worse, result in litigation and liability. Within AAAHC Standards, your ongoing credentialing and privileging programs are triggered by initial hiring and again by the requirement of a deliberate re-appointment process. Your medical staff must apply for re-appointment every three years or more frequently if required by state law or your organization’s policies. Note: CMS requires re-appointment every two years.

Your credentialing program

In the March issue of Connection, we talked about the program equation. For a credentialing program, this is what it looks like:
Your organization must have its own credentialing program. It is not sufficient to approve credentials on the basis that another organization (a hospital, say) has granted privileges.

At a minimum, your credentialing program should address:

**Education** As part of initial credentialing, your organization should contact each educational institution identified by an applicant to confirm the successful completion of relevant programs. A copy of a diploma is not sufficient. The school should be contacted and asked to confirm, preferably in writing, the degree awarded to the specific applicant. Telephone confirmation can be substituted, but remember to document the name and position of the person verifying the information. One place to start is the National Student Clearing House, a service that performs primary source verification for graduates of most U.S. schools. Verification of education in foreign medical or dental schools can be more challenging, but must be pursued. This activity does not need to be repeated at the time of reappointment.

The process of credential verification can be out-sourced to a Credential Verification Organization (CVO) which, for a fee, will perform all of these tasks and provide you with a summary report.

**Specialty Certification** Additional training should be confirmed by contacting the residency program for written verification of program completion.

**Peer review** You can establish a reasonable assurance of competency from program directors or from other professionals with first-hand knowledge of the individual's skills. For reappointment, the results of your in-house peer review program should have a bearing on the decision to approve.

**Licensure** Your state board of medicine or dentistry, or the state health department may have an on-line service to verify state licensure with primary source verification that the license is valid and current. Some board sites also indicate whether any disciplinary action has been taken against the license. If this is not available on-line, contact the relevant board and request verification in writing.

**DEA Registration** DEA certificates should be current and indicate the classes of drugs that the individual is privileged to prescribe.

**Professional Liability Protection** If not provided by your organization, written evidence is required to indicate that an acceptable policy is in force and provides coverage to the limits determined by your governing body.

**NPDB Query** The National Practitioner Data Bank should be queried for initial staff applications and again at the time of reappointment.
The applicant can present the written report of a self-query, or the organization can register and conduct its own. The report will indicate any malpractice claims that have been paid and may include disciplinary actions, such as suspension or curtailment of privileges, if reported by the healthcare entity in which it occurred. This resource would include malpractice awards across all states.

**Malpractice History** Any malpractice actions should be disclosed and documented, including a description of the disposition of any action. Your policy should state how far back to look for malpractice activity.

**Medicare/Medicaid Exclusions** The Office of the Inspector General can be queried at no charge to see if any actions (exclusions) have been recorded for the individual.

**Sanctions Query** Your credentialing application should include questions relating to sanctions by previous employers, hospitals, and/or professional societies, the current mental and physical health of the individual, and any conviction of a criminal offense. Any positive response to a question should include a detailed explanation.

**Attestation Statement** Your credentialing files must include a statement signed by the applicant that attests to the truthfulness of the entire application and its contents. This will include a statement releasing the organization from liability for any actions that result from inaccuracies in the application.

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**Your privileging program**

The objective of your privileging program is to determine the specific procedures and treatments that an individual provider may perform in your facility. As with credentialing, you begin with policy. What procedures or treatments will be offered to patients? This list should be periodically updated and reviewed and approved by the governing body.

![Policy](http://www.e-affect.com/aaahc-email/email-5-13/email.html)

- Create a list of procedures your organization will offer.
- Define the training and experience required of providers who will perform each procedure.
- Determine how often your organization will require providers to re-apply for privileges.

Some large, multi-specialty ASCs have sought to privilege providers based on "scope of practice." Scope of practice is defined by law in each state and is particularly important for facilities that credential allied health professionals (CRNA, NP, etc.). Generally, scope of practice is too broad for use in privileging without further clarification.

What, an organization can do is create defined categories of privileges according to complexity and required skills within each practice area, and then grant "categorical" privileges, e.g., "Orthopedics - Core Privileges," "Orthopedics - Level I," "Orthopedics - Level II," etc. This approach still requires your governing body to identify specific procedures that may be safely done in the outpatient...
setting along with the training and experience you will require of a privileged provider.

**Process**

- Develop a process to review and validate an applicant’s qualifications.
- Include a means of peer review.

Your privileging process must be based on education, training, experience, and current competence. Privileges are granted for a specified period of time after which re-application and re-verification of the practitioner’s competence is required. As with credentialing, each organization must have an independent process for privileging. It is not acceptable to approve providers based on privileges granted by another organization.

**Activity**

- Execute and document the review of qualifications including evidence of peer review.

If you have questions or comments about Connection, please contact Angela FitzSimmons at afitzsimmons@aaahc.org.

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