Onboarding: Tackling Alignment of Physician Recruitment, Credentialing and Enrollment

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The Evolution of Today's Onboarding Approach

Operational Isolation

Most organizations have developed credentialing and privileging operations that are "walled off" from other business processing
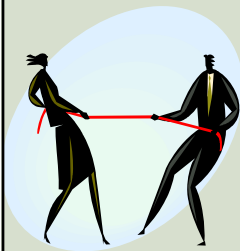

We Need to Be Aware of What Is Going On Around Us

- Employed physician relationships are on the rise
- Credentialing/ privileging is <u>only one</u> of several business processes that are applied during physician onboarding.

Onboarding Companion Functions Include…

- Credentialing and Privileging
- Provider Enrollment
- Physician Recruitment
- Human Resources
- Provider Relations

Why Do Credentialing Departments Tend to Operate in Isolation?

- Shhhhhhhhhh
- *Top Secret!!!*

The Problem

Serial or separate processing results in prolonged "onboarding" of practitioners…. among other things.

## Duplication of Effort, Time, Cost… and Frustration….

1. Separate applications forwarded to physicians from the same organization requesting the same information

2. Duplicate verifications forwarded to peers

3. Adverse operational impact and access to care issues

Looking At It From The Applicant's Perspective

"Why do I have to keep giving the same information to the same organization over and over again?"

"Do These People Talk To One Another?"
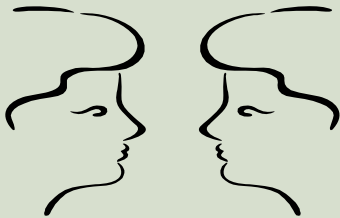
Or the Perspective of the Peer Providing the Reference…

"I already gave this organization a reference last week……
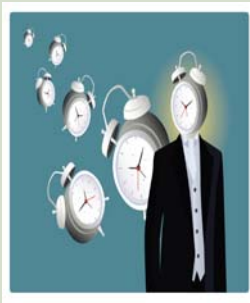
I don't need to send a second one……."

Repeated Submission of Roughly the Same Data Elements to Different End Users

❖ Demographic Information

❖ Practice history

❖ Signed attestations and releases

❖ Verifications

Serial Processing Ensures The Longest Possible Turnaround Time (TAT)

Sample Scenario

Physician Recruitment: Initial contact with applicant to making contingent offer – 60-90 days

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MSSD or CVO: Build Credentials File – 60 days

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Hospital: Approval of Privileges Requested–30 days

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Provider Services: Medical Malpractice Activation – 45 days

HR Processing: 15 days

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Provider Enrollment: Enrollment with Payers – 45-60 days

What comes first?

Dependencies *appear* to "require" that one process precede another.

Is There A Better Way?

Are there synergies that can be exploited?

Can some processing be performed concurrently instead of serially?

Can duplications be eliminated?

We Know We Can Do Better So… *Why* Don't We?

Perceived barriers to modification –

- Data security
- Job protection
- Structural
- Support

The Reality??
There Is More Opportunity Than Threat

We can overcome these perceived barriers and become HEROS to our organization and the physicians we serve!

The real threat is defending the status quo……..

Preliminary Information Gathering

Recognize that process integration is a substantial deviation from existing business model

Preliminary analysis of current methods of operation

- Work products
- Skill sets
- Use of technology
- Current direction/reporting

Be Clear About How Much Change or Improvement The Project Is Expected to Achieve

Incremental Change

Transformational Change

Aligned Expectations Are the Key to Great Business Relationships!

Organize a Special Project

- Draft a concept document
  - Detail problem that is being solved
  - Benefits realization if issue is addressed
  - Vision for new model
  - Requisite requirements
  - Project approach including project structure and dedicated project manager
- Draft a preliminary work plan
- Obtain authorization to proceed
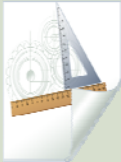
Best Practices

- Shared data collection tool (application)
- Web Based application
- Shared verifications
- Shared processing platform (software)
- Integrated policies and procedures
- Structured communications, overlaps and handoffs
- Production model – operating rules and phased processing
- Implement concurrent processing wherever possible

Shared Data Collection

- Configure a data collection tool (application) that requests all data from the physician ONCE

- Implement a universal release and attestation

Integrated Policies and Procedures

- This is a shared operating manual that guides all participants in the onboarding process
- Describe processing from first point of contact to complete onboarding and activation of clinical practice
- Set up mechanisms to monitor compliance with authorized procedures

Shared Processing Platform
(AKA Shared Software)

- Vehicle for implementing shared procedures
- Reduces fragmentation and puts everyone "in sync"
- Capability to establish linkages in processing between functions – "glue relationship"
- Shared correspondence with practitioners
- Integrated performance reporting
- If shared software platform is feasible implement data security that assures that each user is only provided with the data required to perform their respective functions
- If shared software platform is not feasible build an export to each end user

Structured Communication/Handoffs

- Don't just "hope" that this will occur…..

- Guarantee it by structuring or imbedding it into the policies and procedures and the software

Production Processing

- Rules based processing
- Promotes low variation and consistent outcomes
- Process is divided up into phases and phases may be reassigned
- Tasks required for each phase, cycle times and work products are articulated and imbedded into software
- Quality metrics are identified, results reported and corrective action occurs as indicated

Example of Production or Phased Processing
(Two Step Process)

Application Management → Verification and Evaluation Support
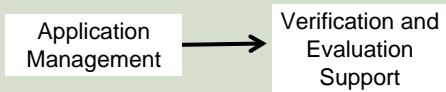
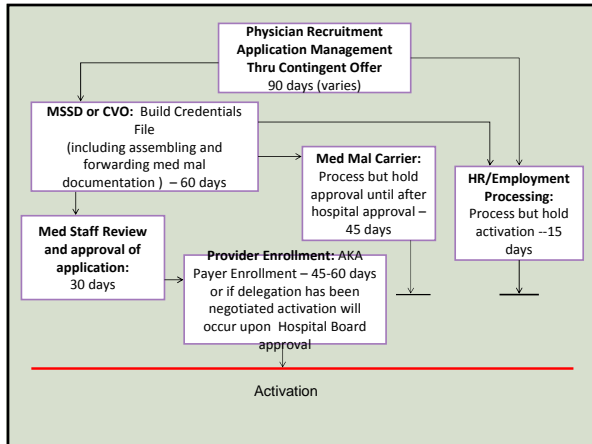## Example of Rules or Criteria Based Processing

Definition of a Complete Application

1. All pages sent for applicant to complete were returned and all signatures and date entries are present.
2. *Initial Applicants Only*: There are no unexplained practice history gaps greater than 60d since graduation from medical school.
3. Any "Yes" responses to any disclosure questions have been accompanied by a detailed explanation of the response.
4. Application fee is included or was paid on line.
5. Etc………..

Implement Concurrent Processing Wherever Possible

- Concurrent data collection via use of single tool
- Concurrent references
- Implement safeguards to ensure that "levers are pulled" in the right order

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Physician Recruitment Application Management Thru Contingent Offer
90 days (varies)

MSSD or CVO: Build Credentials File (including assembling and forwarding med mal documentation) – 60 days

Med Mal Carrier: Process but hold approval until after hospital approval – 45 days

HR/Employment Processing: Process but hold activation --15 days

Med Staff Review and approval of application: 30 days

Provider Enrollment: AKA Payer Enrollment – 45-60 days or if delegation has been negotiated activation will occur upon Hospital Board approval

Activation

Another Tool: Delegation

- A managed care organization accepts the credentialing decision made by an affiliate

- Blended Credentialing Standards

- Activation of revenue stream begins when the practitioner is approved at your organization

- Credentials Committee vs. BOD date

- Requires a written agreement and periodic audits unless you are NCQA accredited or certified
- Danger signs

A Final Thought On Reorganization

- Some organizations find it useful to consolidate reporting relationships to better align chain of command

- Others may elect to implement mechanisms for programmatic management (i.e., Onboarding Coordinator)

LEAD!!!

•Implement a structured approach to evaluation of opportunities for alignment, integration or consolidation

•Be open to new ideas

•Lead… or someone else will determine your destiny!

Opportunity

• To provide benefit to your organization

• To underscore the value you provide to your company and improve your resume and career path!

Questions and Discussion