

NYSAMSS Conference Credentialing Update

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April 25, 2013

Topics

- What to expect from a State survey
- What to expect from a CMS survey
- Telemedicine
- Disaster Credentialing

Credentialing/Privileging Surveys

- NYS DOH is a contractor for CMS
- Same surveyors do Federal and State surveys
- Standards are not very specific
- Policies and Procedures

State Survey

- Standards found in 405.4 and 405.6
- the QA committee shall oversee and coordinate the following:
 - Biennial staff privilege review procedure to review credentials, physical and mental capacity, and competence. Includes:
 - Name of any hospital or facility where the MD/DDS/podiatrist has had any association, employment, privileges or practice and, any adverse actions against privileges;
 - Details of any pending malpractice actions or professional misconduct proceedings in this or any other state and any report made pursuant to section 405.3(e) of this Part;
 - any judgment or settlement of any professional malpractice action and any finding of professional misconduct in this or any other state; and
 - any information relative to findings pertinent to violations of patients' rights as set forth in section 405.7 of this Part;

State Survey

- 5 year look back
 - any pending professional misconduct proceedings or any professional malpractice actions in New York or another state;
 - any judgment or settlement of a malpractice action and any finding of professional misconduct in New York or another state;
 - any information required to be reported by hospitals pursuant to section 405.3(e) of this Part; and
- National Practitioner Data Bank or any successor database, any information available concerning:
 - payments for the benefit of the physician, dentist or podiatrist in settlement of, or in satisfaction of, in whole or in part, a claim or a judgment against such physician, dentist or podiatrist for medical malpractice;
 - licensure actions by any medical or professional board relating to the physician, dentist, or podiatrist;
 - adverse actions affecting clinical privileges of the physician, dentist or podiatrist; and
 - other actions or information relevant to the professional competence and conduct of the physician, dentist or podiatrist.

State Survey

- 45 day response period to respond to requests about your physician's, dentist's or podiatrist's professional practice within the facility for at least 5 years;
- credentialing files for each physician, dentist and podiatrist granted privileges or otherwise associated with the hospital
- a biennial review of credentials, physical and mental capacity and competence in delivering health care services of all clinical staff who are employed or associated with the hospital which for physicians, dentists and podiatrists shall include a comprehensive review of the information maintained in accordance with subparagraph (v);

CMS Survey Standards

- §482.22(a) Standard: Composition of the Medical Staff
- The medical staff must be composed of doctors of medicine or osteopathy and, in accordance with State law, may also be composed of other practitioners appointed by the governing body.

What does that mean?

- Medical staff is comprised of MDs and/or Dos
- Can include other professionals:
 - Doctor of medicine or osteopathy;
 - Doctor of dental surgery or of dental medicine;
 - Doctor of podiatric medicine;
 - Doctor of optometry; and a
 - Chiropractor

What does that mean?

- Flexibility to determine whether *healthcare professionals other than a doctor of medical or osteopathy* are eligible for appointment to the medical staff.
- The governing body has the authority, in accordance with State law, to appoint non-physician practitioners to the medical staff:
 - *Physician assistant;*
 - *Nurse practitioner;*
 - *Clinical nurse specialist (Section 1861(aa)(5) of the Act);*
 - *Certified registered nurse anesthetist (Section 1861(bb)(2) of the Act);*
 - *Certified nurse-midwife (Section 1861(gg)(2) of the Act);*
 - *Clinical social worker (Section 1861(hh)(1) of the Act*
 - *Clinical psychologist (42 CFR 410.71 for purposes of Section 1861(ii) of the Act); or*
 - *Registered dietician or nutrition professional.*

What about allied health?

- State and Federal regs are non-specific for allied professionals
 - Verify licensure status and other credentials
 - Work history
- What does your policy require?

CMS Survey Standards

- **§482.22(a)(1) - The medical staff must periodically conduct appraisals of its members.**

What does that mean?

- Medical staff must conduct a periodic appraisal of each practitioner
 - Should privileges be continued, or is there a need to discontinue or revise
- What to consider
 - current work practice, special training, quality of specific work, patient outcomes, education, maintenance of continuing education, adherence to medical staff rules, certifications, appropriate licensure, and currency of compliance with licensure requirements

Medical staff review and GB approval if:

- Any procedure/task/activity/privilege requested by a practitioner that goes beyond the specified list of privileges for that particular category of practitioner
 - Consider evidence of qualifications and competencies specific to the nature of the request.
- Can the hospital support the request?
 - Privileges cannot be granted for tasks/procedures/activities that are not conducted within the hospital, regardless of the individual practitioner's ability to perform them.

Conclusion of the appraisal

- Recommendations to the GB
- GB makes the decision

Credentials file

- Separate file is maintained for each provider
- Departments are notified of privileges of each medical staff member
- If privileges are limited, revoked, or in any way constrained, report

Surveyors check:

- Compliance with standards
- Compliance with your own policies and procedures
- Reporting to appropriate databases

Telemedicine Credentialing CMS rules

- CMS allows for the distant site hospital or entity to provide all credentialing/privileging info
 - Written agreement
 - GBs of originating hospitals may rely on all decisions made by distant site hospital or entity
 - List of practitioners and current privileges and appraisals must be provided
 - Distant site practitioners must be licensed in the state where consults are provided
 - Originating hospital must do performance reviews of the distant site practitioners and provide feedback to distant site (adverse events/complaints)

Telemedicine State Rules

- PHL 2805-u
- Builds on the CMS rules
- Covers in-state and out-of-state hospitals only, **not telemedicine entities**
- Written agreement
- Exempts from health/immunizations
- Distant site providers must be licensed in NYS

Telemedicine State Rules

- Originating hospital must on the 2 yr re-privileging provide:
 - All adverse events related to telemedicine providers
 - All complaints about the distant site practitioner
 - Revocation, suspension, or limitation of the distant site practitioner by the originating hospital

Telemedicine take aways

- Big difference: non-hospital entities are not covered by NYS law
 - Can contract for credentialing info and privileging recommendations
 - Can't accept privileging decisions of the entity
- Policies and procedures are clear

Disaster planning

- 9/11 –what if?
- Planning is a process
- Learn from every event, big and small
- Hurricane Irene
 - Evacuated but effect minimal
 - Shelter in place?
 - Slosh zone planning

Hurricane Sandy

- Nearly 4,000 patients evacuated
 - No fatalities, but one broken arm
- 5 closed ESRD facilities
- Evacuated 9 hospitals
 - 1 fully closed hospital
 - 1 fully closed ED
 - Bringing 'parts' on line as ready
- Competitors helping out
 - Absorb patients and practitioners

Hurricane Sandy

- Didn't anticipate
 - Flooding to overwhelm lower Manhattan
 - Whole hospitals to be closed for months
- Shelter in place
 - Expected volunteers to come to you
- Instead, rush to push info out

Disaster Credentialing

- Regs do not cover this situation
- What do we really need?
 - Demographic info
 - Training
 - Licensure
 - Certificate numbers
 - Malpractice insurance
 - Expiration dates
 - Delineation of Privileges

Accessible info

- How do you access it ?
- Think through storage and accessibility ahead of time

Let's work together

- Template for what would be acceptable for emergency credentialing
- Concentrate on what we really need
 - What's "good enough" in an emergency

Questions?

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