

“Systemness” – Centralizing Medical Staff Services for a Health System

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PRESENTATION AGENDA – LEARNING OBJECTIVES

- Describe Northwell Health's Central Credentialing Model
- Discuss Northwell's Approach in the Development of a Central Credentialing Model
- Describe the Process of Transitioning a Hospital Into a Central Medical Staff
- Provide Examples of Different Models of Centralized Credentialing

NORTHWELL HEALTH

- H Hospitals
- F Feinstein Institutes
- H Safety Net Partners
- Ambulatory Surgery Centers
- Cancer Centers
- ▲ Community Partnerships
- Dialysis Centers
- Imaging Centers
- Lab Patient Service Centers
- Primary Care Locations
- Specialty Care Locations
- Urgent Care Centers
- Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
- Hofstra Northwell School of Nursing and Physician Assistant Studies
- Elmezzzi Graduate School of Molecular Medicine at Northwell Health

Five tertiary hospitals

- Lenox Hill Hospital
- Long Island Jewish Medical Center
 - Katz Women's Hospital
- North Shore University Hospital
 - Katz Women's Hospital
 - Sandra Atlas Bass Heart Hospital
- South Shore University Hospital
- Staten Island University Hospital, North

Five specialty care hospitals

- Cohen Children's Medical Center
- Lenox Health Greenwich Village
- Manhattan Eye, Ear & Throat Hospital
- South Oaks Hospital
- Zucker Hillside Hospital

11 community hospitals

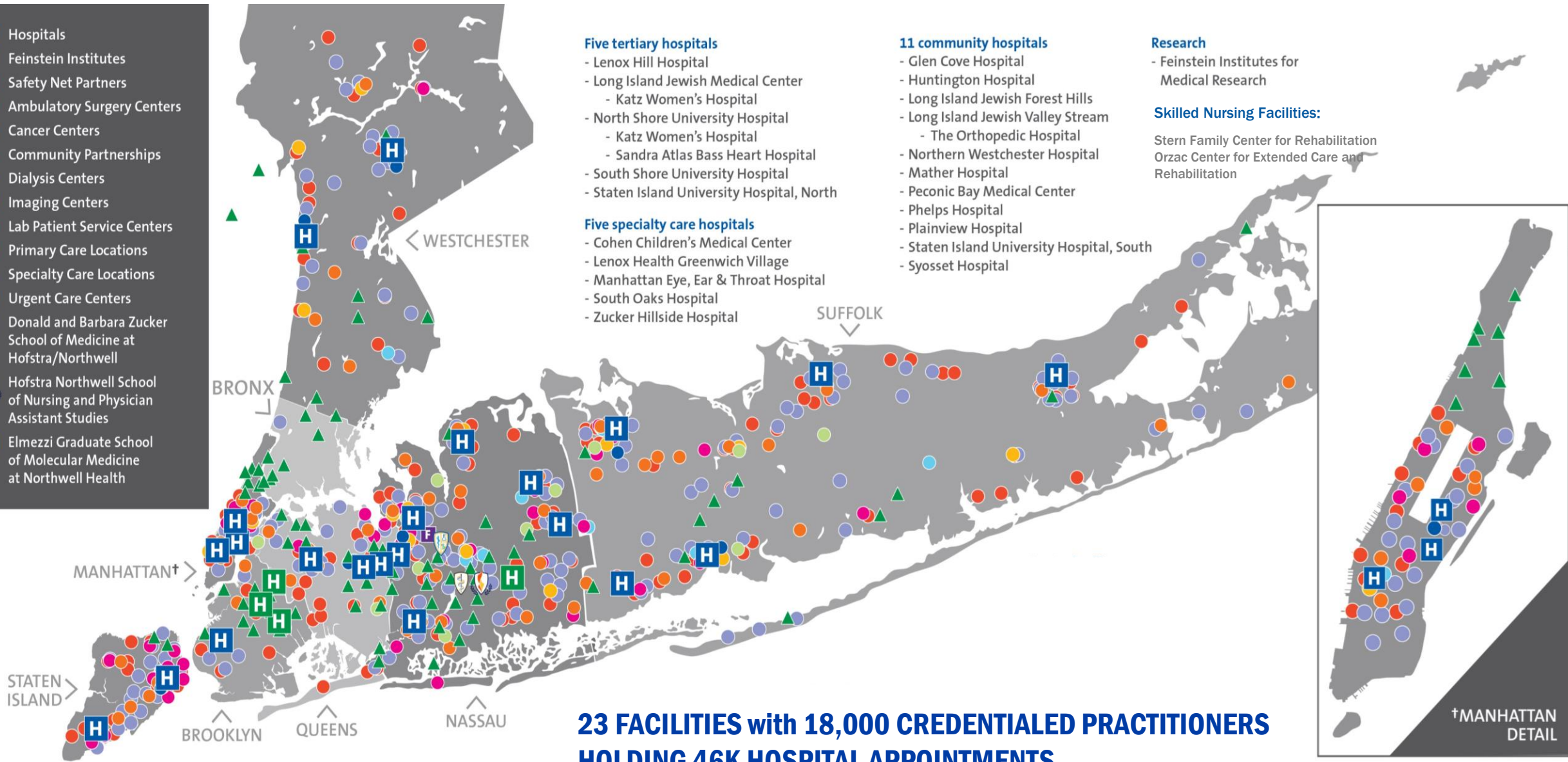
- Glen Cove Hospital
- Huntington Hospital
- Long Island Jewish Forest Hills
- Long Island Jewish Valley Stream
 - The Orthopedic Hospital
- Northern Westchester Hospital
- Mather Hospital
- Peconic Bay Medical Center
- Phelps Hospital
- Plainview Hospital
- Staten Island University Hospital, South
- Syosset Hospital

Research

- Feinstein Institutes for Medical Research

Skilled Nursing Facilities:

- Stern Family Center for Rehabilitation
- Orzac Center for Extended Care and Rehabilitation



23 FACILITIES with 18,000 CREDENTIALLED PRACTITIONERS HOLDING 46K HOSPITAL APPOINTMENTS

†MANHATTAN
DETAIL

Caregivers

- More than 18,000 credentialed physicians, including about 5,400 employed doctors and nearly 4,500 members of Northwell Health Physician Partners
- About 19,000 nurses
- More than 5,600 volunteers



Operating statistics

- 2 million+ patients treated annually
- Over 5.5 million patient encounters
- 283,822 hospital discharges
- 675,244 emergency visits
- 736,595 home health visits
- 235,000 ambulatory surgeries
- 130,000 ambulance transports



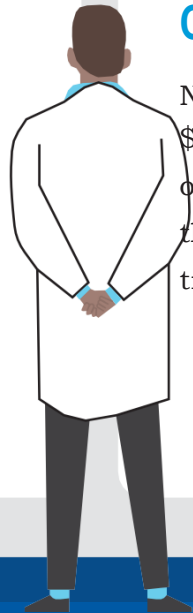
Economic impact

- \$19 billion annual operating budget
- More than 85,000 employees—the largest private employer in New York State
- Service area of nearly 12 million people



Community impact

Northwell Health contributes more than \$2.4 billion in community benefit (16.4% of operating expenses) by participating in more than 5,000 community health programs and training 39,000 health professionals.



NORTHWELL'S MEDICAL STAFF SERVICES CENTRAL OFFICE

- **National Committee for Quality Assurance (NCQA) Certified Credentials Verification Organization (CVO)**
 - TJC, CMS, NCQA, DOH, Bylaws Standards
- **Supports 21 Hospitals, 2 Skilled Nursing Facilities, Go Health, Anesthesia PC, Independent Practice Association (IPA), All Initial & Reappointment Applications Processing**
 - Annual Initial Applications ~3500
 - Annual Reappointment Applications ~9k - 6k
 - Credentialed Practitioners ~18k
 - Hospital Appointments ~46k
- **Regulatory Audit Support and Management**
 - Hospital TJC Triennial, TJC Disease Specific, DOH, Managed Care/Delegated Credentialing, Other
 - Annual Volume ~150 audits

NORTHWELL'S CREDENTIALING MODEL

Single credentialing application for practitioners to apply for credentialing and privileging across Northwell Health Hospitals

Enables standardization of the credentialing process and creates a single source for credentialing information

Delineation of Privileges (DoPs) are standardized across all hospitals with individualized privileging depending on the clinician or hospital scope of services provided

Each hospital applicant is approved by the individual hospital's Chair or designee, Credentialing Committee, Medical Board and Board of Trustees. Modified approval processes for GoHealth, IPA and Anesthesia PC

Reappointment Applications are aligned to Month of Birth Cycle. Transition to 3 year cycle

CENTRAL CREDENTIALING OFFICE/CVO RESPONSIBILITIES

- Initial and reappointment application processing
 - Single Credentialing Applications
- Board of Trustee Credentialing Reports
- Maintain Policies & Procedures
- Administrator of the ECHO/CredentialStream credentialing database which supports downstream hospital IT systems, internal and external websites
- Managed Care Delegated Credentialing Audits
- Disciplinary Matters Support
- Credentialing Committee & Medical Board Management, **when applicable**
- Distribution of applications with supporting documents to hospital chairs or designee for review and recommendation **when applicable**

- Regulatory support, TJC, DOH, CMS, etc.
- DoP Management
- Review, collect, evaluate applicants' information and supporting documents including obtaining primary source verifications and DoPs
- Expirables/ongoing monitoring, maintenance of credentials, including license, DEA registration, malpractice insurance, board certification, and certificates in accordance with health system policy and applicable regulatory standards
- Red Flag identification and supporting memos
- Credentialing Support for Hofstra Medical School, NP and PA School Support
- Hospitals, IPA & JVs

NORTHWELL'S MEDICAL STAFF SERVICES CENTRAL OFFICE

Central Office Staffing – 85 FTEs

Vice President & Deputy Vice President

Senior Directors & Director

Senior Manager, Managers, Supervisor

Senior Project Manager

Leads, Senior Coordinators, Coordinators, Associate Coordinators

Central Office Structure - Main Divisions

Initial File Processing, Reappointment File Processing, Expirables, Hospital Committees (MSO) and Regulatory

Fully Remote – Some Out of State Employees

Local MSOs

Director/Manager, Project Manager, Leads, Senior Coordinators, Coordinators

IT Support – 7 FTEs

Northwell Health®

Director, Software Engineer, Senior Analysts and Analysts

NORTHWELL CREDENTIALING MODELS

CVO + Committees

Management of Credentialing Committee,
Medical Board and Credentialing Action
Items

NSUH/Syosset, LIJ/LIJFHs/LIJVS/CCMC/ZHH, Stern,
Orzac – Combined Credentialing Committee, IPA

CVO + Credentialing Committees

Manage of Credentialing Committee
and Action Items (not Medical Board)

Plainview, Peconic, Lenox Hill/MEETH/Greenwich
Village, Glen Cove, Huntington, South Shore, Long
Island Home/South Oaks, GoHealths

CVO Only

Hospital Maintains Management of
Credentialing Committee, Medical
Board, and Credentialing Action Items

SIUH - North/South, Northern Westchester Hospital,
Phelps, Mather, Anesthesia PC

CREDENTIALING “CONSTANTS” & “VARIABLES”

Constants – Single Verification with the Exception of NPDB

Credentialing Application

Demographic Information

Name, Address, SS#, etc.

Training/Education

Medical School, Residency, Fellowship, NP/PA School

Registrations

License, DEA, NPI, etc.

Certificates

ACLS, BLS, PALS, Conscious Sedation, Laser, Fluoroscopy

Board Certification

Malpractice Claim History and Insurance Information

Hospital, Peer and Training Competencies

Red Flags

CREDENTIALING “CONSTANTS” & “VARIABLES”

Variables

Hospitals or Entities Applying/Appointed

State of Practice

License, DEA, NP Collaborative Agreements

Privileges

Scope of Practice or Clinical Services

Chair and Medical Board Approvals

Board of Trustees

Appointment Dates

Collaborating/Supervising MDs

Credentialed Department

Bylaws

Staff Categories

Credentialed Practitioners

Dues Payments/Requirements

Provisional Status

Temporary Privileges

Signs Appointment Letters

Department/Division Structure

Tertiary vs. Community Hospitals

NORTHWELL CREDENTIALING “CONSTANTS” & “VARIABLES”

Constants & Variables

Privilege Forms

Standardized - Constant

“Open” and “Closed” Privileges – Variables

Services at One Hospital but not Another – Ex Acupuncture - Variable

Bylaws

Standardized Template – Constant

Medical Staff Society Dues Processes – Variable

Temporary Privileges - Variable

Departments/Divisions

EM, Pathology, Radiology – Constants & Variables

Cardiology, Interventional Cardiology/Radiology, Neurosurgery, Podiatry - Variable

Board of Trustee Approval

Northwell Health®

Two Mirror Committees – Constant and Variable

CENTRALIZING NORTHWELL MEDICAL STAFF SERVICES

Where did it all Start?

The Evolution of a Single Medical Staff Office at Northwell

Northwell's History of Growth

- Merger of North Shore University Hospital & Long Island Jewish Medicine

 - Combined Chairs

 - Single Executive Director

 - Combined Medical Staff Offices

Grew Over Time to a “System Shared Services”

- Continued to transition new hospitals and entities

Benefits

- Delegated Credentialing Managed Care Plans

- Onboarding Physicians – Single Application - Streamlined Paperwork

- “Source of Truth” Data Downstream IT Systems, Billing, Admitting, FAD, etc.

CENTRALIZING A HOSPITAL'S MEDICAL STAFF SERVICES OPERATIONS

Where do you begin?

Evaluate Functions of Medical Staff Office

Services not supported by the Central Office

FPPE/OPPE, Committee Support, On Call Schedules, Lab Jackets, etc.

Services supported by the Central Office

Initial & Reappointment File Processing

Expirables Processes

Regulatory Support – TJC, DOH, etc.

Policies and Procedures

Managed Care Delegated Credentialing

Evaluate Staffing

Credentialing Services - Outsourced

PROJECT MANAGEMENT STEPS IN CENTRALIZING MEDICAL STAFF SERVICES

Resources - IT

Timeframe – 6 months

Starts with a Gap Analysis – Two Days On Site Visit

Meet and Greet

Key Team Members from Central Office Pair Up with Corresponding Team Members

Initial File Processing, Reappointment File Processing, Expirables, Committees Documents, Bylaws, Reports, Letters, etc.

Tool Outlining Each Process

Record and Document Step by Step of Each Process

Obtain Copies of all Documents, Reports, Letters, etc.

Database Review and Analysis

PROJECT MANAGEMENT STEPS IN CENTRALIZING MEDICAL STAFF SERVICES

IT Database Transition/Conversion

Largest & Most Challenging Aspect

Things to Consider - # of Files

Options

Map Data

Manual Data Entry

Data Complexities

Paper Process vs. Electronic

Medical Staff Services Outsourced or Managed Inhouse

Outsourced Data Mapping May Not be an Option or Add Complexities

Common Database or Different

Evaluate Existing Database and Data Fields – How information is stored and
downstream interfaces

DATABASE CONVERSION PROCESS

IT Project Management Resources

Skilled IT Staff in Data Mapping

Field by Field – Align and Match

Time Consuming Process

Decision Points - Leave Some Data Behind

Closed Files – Modify Data to Match

2805s – 5 Years

Three Data Cuts

Data Cleanup, Data Validation, Data Testing

Duplicate Records

Apply Rules – Keep Existing Hospital Affiliation Dates

Med Mal Claims – Major Clean Up

Verifications Dates - Existing Data Trumps

DATABASE CONVERSION PROCESS

Document Management

Fully Electronic Process

Electronic Images (Applications, Competencies, DoPs, Appointment/Reappointment Letters, etc.)

Complicated to Map to Exact Locations

Option store all images into one location inside or outside of database - Access

Manually add Specific Documents – AMAs, Verifications, DoPs, Certificates, CVs.

Paper Process

Scan Relevant Documents into Database

Paper Files Convert to Scanned Electronic Records

Closed Paper Files – Storage or Scan

IN FLIGHT FILE MANAGEMENT

Initial Files

Option 1

Finish in Existing Database/Process

Manually Transition Documents and Data Post Data Transfer

Option 2

Start Processing Prior to Data Transfer

Reappointments

Conduct an Alignment of Reappointment Cycles

Option 1

Complete files in Existing Database before Data Conversion - Ideal

Pick Up Cycles Post Data Conversion

Option 2

Finish in Existing Database/Process

Manually Transition Documents and Data Post Data Transfer

DELINEATION OF PRIVILEGES

Crosswalk of Existing Forms – Gap Analysis

Will Additional Forms Need to Be Created?

Crosswalk Privileges – Identify Any Clinical Gaps

Northwell Model

- Standardized Forms

- Share Existing Form with Clinical Chairs

- Adjust “Open” and “Closed” Privileges

- Additions/Modifications as needed to Existing Forms

Privilege Portal During Transition

- IT Sets Up Side by Side Privileges – Existing and New During Transition

OFFICE OPERATIONS

Credentialing Processes

Project Approach Adopt Central Office Policies and Procedures whenever possible - default

Applications, Workflows, Reports, Profiles, DoPs, Letters, etc.

Modifications/Customizations

Central Office May Need to Adopt New Processes

Custom Reports

Custom Letters

TRAINING

Credentialing Office Staff

Training Sessions and Resources

- Learn New Database

- Management of Action Items, Workflows, Set Up Reports, Run Letters, Update Cycles

Typically a Two Week Process

- Dedicated Topics

- Training Manual/Materials

Post Go Live Support

- IT and Medical Staff Services Dedicated Support First Week Post Go Live

TRAINING

Chairs & Clinical Leaders

Train the Trainer Model

Learn to Sign Off Files Electronically – Challenge if Current Process Paper

Set Up Access

In Person Training – Credentialing Meetings/Medical Boards

Site Coordinators Provide Ongoing Support

COMMUNICATION

Kick Off Meeting to Credentialing Committees and Medical Boards

Meet and Greet - Includes Medical Staff Services Leadership & IT

Explain Structure and Policies of Central Office

Provide Overview of Database and Features/Functionality

Central Office Credentialing File Management Processes

Explain Data Conversion Project Including Timelines, Training, etc.

Closer to Go Live

Follow Up Meetings

Send Communications to all Credentialed Staff on Transition

Discuss Clinical Leader Training

DATABASE CONVERSION PROCESS

Staffing Changes

Evaluate Existing Local Hospital FTEs & Responsibilities

Depending on Model

- Transfer all or some of FTEs to Central Office to Support File Processing, Expirables
- If Services Outsourced Funds are Transferred

Local Staff remains to support services that are not serviced by Central Office

Central Office Closely Support for ~6 Months

- Attend Credentialing Meetings

- Address Ongoing Questions on File Processes

PERSPECTIVE FROM A LOCAL HOSPITAL

Experience

Northern Westchester Hospital migration to the Northwell Health Credentialing System.

This enabled us to have a unified system and allowed for improved efficiencies and consistency .

- Provided alignment of bylaws, policies , delineation of privileges and processes

- Team worked together in data validation in the cross over

- Communication throughout the project help to resolve issued timely

- Team building : Collaboration and mentorship

- Opportunities to enhance professional growth

Greatest Challenges

- New Database: Look don't touch

- Navigating a large system (who does what)

- IT Access

- Less Autonomy : Decisions need to go through channels

- High Volume

- All Aboard

Thank you! Questions?