

Help! We Need More Resources!

How to get the support you need

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Polling Question #1

Do you currently, or have you previously, worked in a credentialing office that was understaffed?

- Yes
- No

Polling Question # 2

Do you use, or have you used, data (e.g., Coordinator:File ratio, turn around times, # of Temps granted, etc.) to advocate for more resources?

- All of the time
- Some of the time
- Never
- Doesn't everyone get Temps?!

Poll Questions #3

I have been successful in advocating for resources.

Scale of 1-4:

- 1 - Never, no one listens and I trudge along
- 2 - No, there is no budget available for extra FTE's
- 3 - Yes, but not to the level that is needed
- 4 - I get everything I ask for. It's like Burger King—I want it my way!

Agenda

1. How do you know you have a problem?
2. Evaluation of Credentialing Processes & Inefficiencies
3. Gaining Support from Leadership
4. Preparing to advocate for your needs - how to “tell the story”

How do you know you have a problem?



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How do you know you have a problem?

01

Quality

- Lack of thorough vetting
- Paper Pushing & Rubber Stamping
- Abuse of Temporary Privileges
- Lack of Qualified Staff

02

Non-Compliance

- Expired Credentials
- Reappointments exceed required cycle
- FPPE/OPPE Standards not met
- Failure to follow Bylaws/Policies

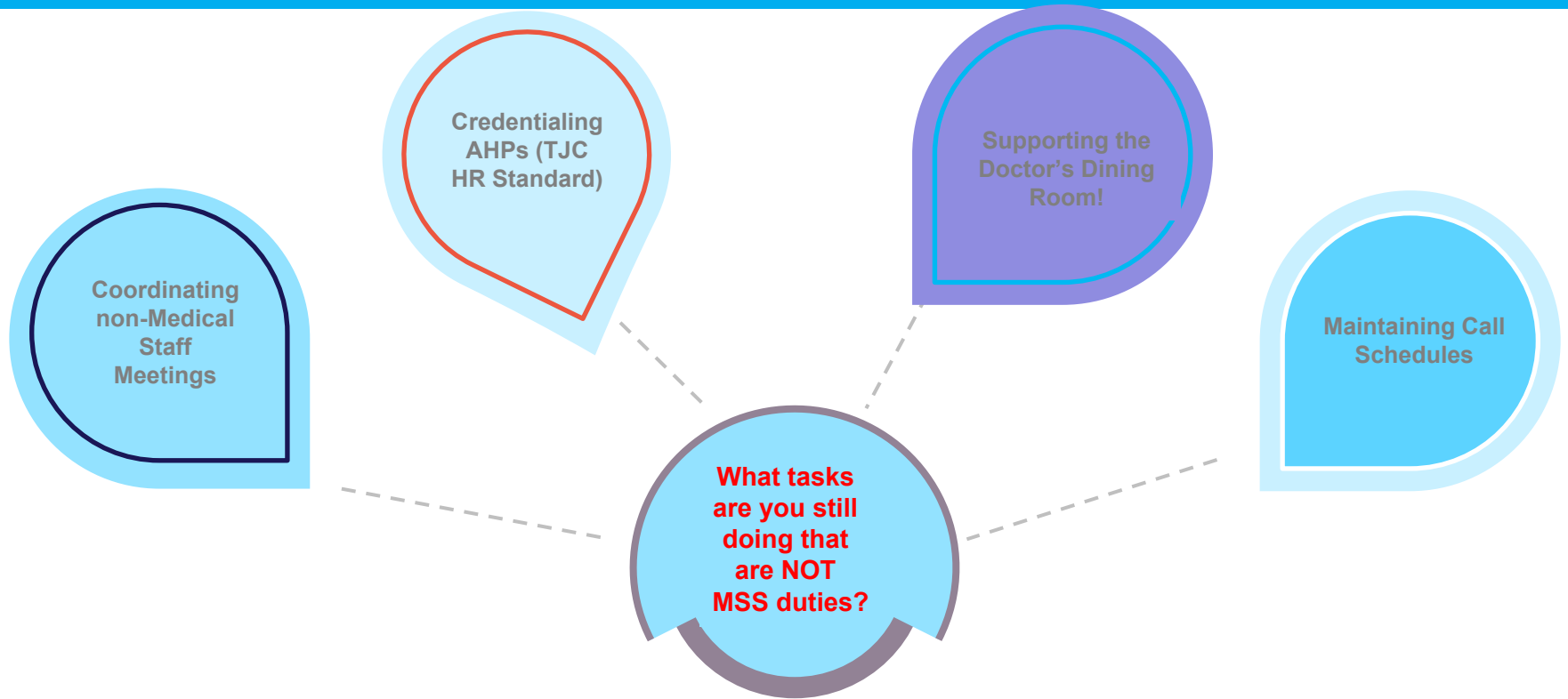
03

Employee Satisfaction

- Staff Burnout & Poor Work/Life Balance
- No time for process improvement
- Lack of support/appreciation from leaders
- Department Complaints

Evaluation of Credentialing Processes & Identifying Inefficiencies

Evaluating Your Needs



Evaluating Your Needs

Are your credentialing practices up to date? Are you over or under processing files?

- Evaluate what you're verifying against regulatory standards, your Bylaws & Policies. Are they up to date?
- **Risk Assessment**
 - Timeframes – how far back do you go?
 - Above & Beyond the Standards (e.g., google searches!)
 - Claims History – Pending Claims (not on NPDB)
- Are you granting privileges that are not being exercised creating more work (FPPE/OPPE)?



Evaluating Your Needs

Is your database making the process more efficient?



"Tech support says the problem is located somewhere between the keyboard and my chair."

User/Department

- Training
- Consistency
- Manual Data Entry
- Duplication
- Unnecessary Information

Maximizing your Database

- Auto & Continuous queries
- Mass Updates
- Robust Reporting Tool
- Data Integrations

Process Improvement

- Audit Reports
- Staff Monitoring
- Common errors/themes – educate!
- Network w/other clients

Evaluating Your Needs

Ratio MSP:Files

- What does this really mean?
- How is this calculated at your organization and your structure? What impacts this?
 - Volume
 - Holding the Applicant accountable for missing items
 - Support from leadership
 - Database inefficiencies
 - Internal credentialing standards & Quality
 - Different accrediting bodies/standards
 - Other duties for MSP staff

Preparing to Advocate for your Needs



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Where do I begin?!



Internal team conversations & data gathering



Generating Medical Staff Leadership Support



Formal request

Know Your Target Audience

Why should they care?

- ▶ Excellence drives interest
- ▶ Values - safety, retention
- ▶ Return on investment
 - Streamline enrollment to plans (revenue generation)
 - Decrease turnover in medical staff & MSPs

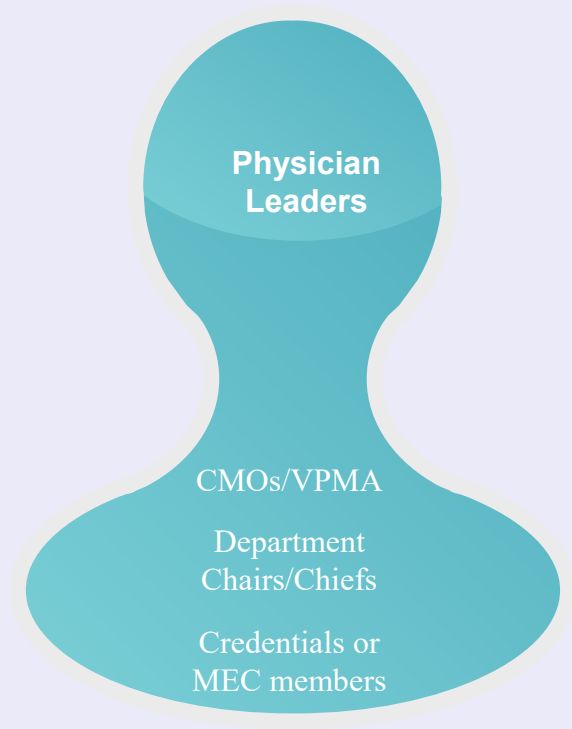


Internal Team Conversations – Data Gathering

- ▶ Recruitment – timeframe for recruitment/vacancies
- ▶ MSS data (metrics: temps, delays, TATs, etc.)
- ▶ Risk – Malpractice Rates
- ▶ Managed Care/Enrollment – TATs & Delays
- ▶ Peer Review:
 - Volume; Time spent on investigations = executive time; New appointees who show concerns within the first 12-24 months
- ▶ Department & Creds Committee
 - Vetting of red flags (including practitioner conduct during credentialing)
 - Provide Examples of Red Flags caught based on best practice credentialing standards



Generate Buy In & Support



Formal Presentation/Request

How to “Tell the Story”- The Why from A-Z



Lost Revenue

How did we get here?

Why do we need this?



Patient Safety



Credentialing Challenges & Inefficiencies



The “Ask”

Lost Revenue – How did we get here?

Speak their language – *Lost Revenue, Patient Safety*

Outline the information that you gathered through the internal discussions – can give department specific examples:

- Anesthesia lost x revenue due to temporary privileges, poor recruitment, and enrollment delays.
- Poor red flag vetting = x turnover or peer review issues within first 1-2 years.
- Executives/Physicians leaders on average spend x amount of time conducting peer review investigations.
- Hospital Malpractice Rates increased due to high payout claims.
- Delayed recruitment resulted in x position being filled by a locum provider for x months.
- MSP Burnout = MSS Turnover = Delays/High TATs

The Chartis Clinical Quality Solutions Performance Pyramid



<https://www.chartisquality.com> – Quality, Education & Interim Staffing

Recruitment – Appoint Excellent Providers



Ineffective interviewing to screen for red flags:

Major red flags are not identified until the credentialing process = wasted time/resources (in credentialing & recruitment) and increases organizational risk

Employed or Community providers joining the staff should be interviewed by the Department



Improve vetting of qualifications prior to extending an offer or issuing a credentialing application

Do they meet the minimum criteria set forth in the Bylaws?

Do they meet the criteria set forth on the DOP?



Enhanced Credentialing

In depth Google Search

Expand Background checks – civil cases, nationwide search, etc.

Professional email address mandate

Clinical Evaluation not just Peer References

Poor Credentialing Practices Impacts Patient Safety

Prior performance, conduct, substance abuse, criminal charges, federal sanctions, or other issues missed by paper pushing and rubber stamping, is a risk to patients

Onboarding a provider without full vetting, is a risk to patients

Granting temporary privileges prior to full credentialing is a risk to patients

Not fully evaluating *pending*, dismissed and settled malpractice cases – is a risk to patients.

Negligent Credentialing can also = Damage to Brand Reputation

Rushing a start date can appear to put profit over patient safety and creates risks not just for patients, but the organization as a whole.

Explain the Need - Know the Ask

What is the Ask/Need?

- More Resources?
- New/More efficient database?
- Whopper with extra bacon?!

Gather the info

- Who are your supporters? Who can partner with you on this request?
- Where does the data live?
- Who do you need to meet with to gather additional information?

Target Audience

- Who are the strategic leaders/decision makers who should hear this presentation?
- Who has a stake in the game? Finance, Administration, etc.?

Questions

