

Credentialing, and Its Importance

By Lizabeth Brott, J.D.

Part two of two

Each health center should establish a credentialing process that collects relevant data to establish each practitioner's qualifications and actual clinical performance. The following data should also be collected for at least all licensed independent contactors who will practice at the health center. (It should be noted that for initial application, the JCAHO recommends that this information be verified through the primary source whenever feasible.)

Valid Licensure/ Certification. Whether the practitioner's profession is licensed is dependent upon state law. While, of course, every state licenses physicians, some states do not license, for example nurse practitioners. If a health center is located in a state that does not license nurse practitioners, the center would need to verify the registered nursing license of the applicant and then also his or her private certification as a nurse practitioner.

Additionally, health centers should obtain evidence of valid Drug Enforcement Administration certification if the practitioner will prescribe controlled substances.

Education/training. All levels of medical training should be verified, including, for example, medical degree residency, board certification, and fellowship, if applicable.

Data Bank Query. A query on a practitioner to the federal data banks will yield information from both the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). The NPDB provides information on medical malpractice payments on behalf of the practitioner, hospital privileging actions, state licensure disciplinary sanctions, and adverse professional society membership actions. The HIPDB provides information on civil judgments and criminal convictions related to the delivery of a health care item or service, and exclusions from participation in federal or state healthcare programs.

It is important to emphasize that data from the NPDB may not provide a full picture of a provider's medical malpractice claims history. The NPDB reflects data on closed claims that result in payment to the patient. The practitioner may have pending cases and also closed cases without payment that are not included in the data bank. Health centers may wish to obtain written permission from providers to contact their

previous malpractice insurance carriers to obtain a complete picture of malpractice claims experience.

Clinical Competence. While this information is usually obtained through written letters of recommendation by peers, centers may wish to consider a provisional period of appointment in addition to peer recommendations. The provisional period of appointment can be valuable, because, as is human nature, applicants tend to request letters for recommendation from peers who they know will provide positive recommendations. A six-month provisional period of appointment where a proctor (for example, the medical director or an unbiased peer at the center) reviews medical records and then provides a letter of recommendation may provide an even more accurate assessment of the provider's clinical competence.

Additionally, centers would be wise to obtain evidence of competence for specific privileges that a practitioner is requesting that may not be within the normal scope of practice of that practitioner's specialty.

Continuing Professional Education. Centers should request information from applicants to ensure the practitioner is complying with state continuing education requirements. If the state where the center is

For more information on establishing such systems, health centers should review the monograph entitled *Credentialing and Privileging in Community, Migrant, Homeless and Public Housing Health Centers*, published by the NACHC in August 1998. Additionally, centers may access the toll-free NACHC/ProNational malpractice risk management consultation line at (888) 800-3772 to seek assistance with credentialing. Centers interested in arranging an NACHC sponsored half-or full-day training session for health centers clinicians and administrators in their region or state on "Minimizing Your Malpractice Risk" should contact Freda Mitchem at NACHC at 202-659-8008, ext. 133 or fmitchem@nachc.com

located does not require continuing professional education, centers should still request such information to ensure that the applicant is staying with advances in his or her field.

Other FTCA-related Requirements. PIN 99-08, the

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current PIN that addresses credentialing in federally funded health centers, requires that grantees under the Federal Tort Claims Act, implement "a system whereby professional credentials, references, claims history, fitness, professional review organization finding, and licensure status of its health professionals are reviewed and verified." Many of the elements of such a system have already been discussed in this article. However, the health fitness of a provider should also be addressed. One means of establishing health fitness of a provider should also be addressed. One means of establishing health fitness is to inquire whether the applicant can perform the essential functions of the position with or without reasonable accommodation. Centers are cautioned from asking more specific questions regarding an applicant's health as the center may urn the risk of violating the Americans with Disabilities Act or stat civil rights legislation.

Additional Recommended Inquiries. Health centers should also consider obtaining criminal histories on applicants and verifying professional liability insurance if an applicant would not be covered under the Federal Tort Claims Act (for example, a volunteer).

RE-CREDENTIALING

Credentialing is an ongoing process and re-credentialing or reappointment of providers should occur, according to the Joint Commission, every two years. While it is not necessary to re-verify education previously verified upon initial application, centers should re-verify current licensure, make follow-up queries to the data banks, obtain information on professional liability insurance (when appropriate), monitor continuing medical education, and continue to assess clinical competence. Ongoing assessment of clinical competence may be accomplished through the use of quality improvement data and retrospective chart reviews.

Additional criteria to consider for reappointment may include attendance at meetings, participation in on-call coverage, timely completion of medical records, patient complaints, adherence to procedures, and collegiality with other practitioners (including subordinates). It is important to emphasize that when such criteria are used for all similarly appointed staff and evaluated in the context of impact on patient care.

GETTING HELP

Health centers should remember they can contract with other entities to assist in the verification process. Dr. Paul Kaye, current Chairperson of NACHC's Clinical Practice Committee, encourages health centers to be creative and work with other entities such as hospitals and managed care organization to assist in the often time consuming verification paper chase. Of course, health centers may ultimately be held responsible if the verification process is not performed adequately by the contracting entity. Therefore, it is important to ensure that the entity obtains appropriate information and conducts primary source verification. Furthermore, as Dr. Kay points out, it is important that health centers take the final step to review the information and make recommendation. Dr. Kaye emphasizes that "centers must retain control of the decision making."

It is also important to emphasize that since health center boards are ultimately responsible (and may be held liable for credentialing decisions), boards must be familiar with and confident in the credentialing process, and participate in final credentialing decisions.

ADDITIONAL INFORMATION ON CREDENTIALING

Obtaining appropriate information from a provider and adequate verification of that information is central to effective credentialing from a professional liability standpoint. It is important, however; to emphasize that the credentialing process also involves developing systems which include granting privileges (authorization by the center to a practitioner to provide specific patient care services), written policies and/or bylaws, establishing appropriate review committees, protecting the confidentiality of credential decisions under peer review, and adhering to due process when making credentialing decisions. ■

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A complete copy of the proposed rules may be downloaded from the CMS Website at www.cms.gov/medicaid, or the Federal Register link at www.access.gpo.gov