

# Medical Staff Credentialing

## What's the Big Deal?



# Medical Staff Credentialing

## IS A BIG DEAL

# You think this couldn't happen to you...

- 2007** **Christopher Duntsch** completes his residency in neurosurgery at the University of Tennessee.
- 2011** Begins working at a Dallas, Texas, hospital.
- 2012** Duntsch starts a private practice in Texas and begins performing surgeries.
- 2013** The first patient, 46-year-old Jeff Cheney, suffers complications after surgery performed by Duntsch.  
Another patient, 61-year-old Mary Efurd, suffers a devastating injury leading to a life-altering condition after a surgery.

# You think this couldn't happen to you...

**2014**

Multiple patients suffer serious complications or die after surgeries. Complaints and concerns about Duntsch's practices begin to surface. The complaints trigger investigations, although Duntsch continues to operate.

**2015**

In March, a patient, 55-year-old Kelli B. is left permanently disabled after an operation. By the end of the year, Duntsch's hospital privileges are revoked after multiple reports of malpractice.

**2016**

An extensive investigation into Duntsch's practices culminates in criminal charges. In the summer, he is charged with multiple counts of aggravated assault and injury to an elderly person.

Duntsch was able to obtain privileges at **4 different hospitals.**



# Learning Objectives

- Value the importance of medical staff credentialing
- Assimilate the requirements for compliant medical staff credentialing files
- Understand who must be granted privileges
- Describe a compliant peer review program







Medical Staff  
Credentialing is  
one of the **TOP 10**  
*most frequently* cited  
deficiencies on  
**any** type of survey

“The lawsuit filed by Rivers’ estate alleged that doctors should have performed an emergency tracheotomy, but **one of the doctors, who “did not have privileges to perform surgical procedures”** at Yorkville Endoscopy, had allegedly left the room to avoid getting into trouble.”  
*(Joan Rivers’ Death)*

In a frequently cited negligent credentialing case, an Illinois jury awarded the plaintiff nearly \$8 million dollars when the patient's foot had to be amputated due to damage caused by the **operating physician who had not completed his 12-month podiatric surgical residency and was not board certified.**



16 y/o patient died following surgery.  
Chief of Surgery, Chief of Staff, Medical Executive Committee  
reviewed and approved reappointment application.  
Court concluded that **hospital's negligence in evaluating  
the surgeon was a legal cause of patient's death.**  
*(Bell v. Sharp Cabrillo Hosp.)*

General surgeon performed whipple procedure and  
**had not been on the medical staff for 10 years.**  
*(Hall v. Jennie Edmundson Memorial Hospital)*

# Credentialing

## The Definition

Process of **obtaining**,  
**assessing**, and **verifying**  
the qualifications of  
a licensed independent  
practitioner



# Regulatory Requirements

## Condition § 416.45 Medical Staff

**The medical staff of the ASC must be accountable to the governing body.**

**416.45(a) Standard:** Membership and Clinical Privileges

**416.45(b) Standard:** Reappraisals

**416.45(c) Standard:** Other Practitioners



# Why??

- To **protect** patients and peers
- To **protect** the ASC
- To **avoid** litigation
- To **confirm** practitioners are qualified and competent
- To be **compliant** with CMS and Accrediting Organizations
- To be **compliant** with State regulations (if state licensed)



# Medical Staff Bylaws

- Defines who can apply for privileges
- Defines requirements for acceptance into medical staff for initial appointment and reappointment
- Outlines responsibility of medical staff
- Defines categories of appointments (active, courtesy, etc.)
- Defines approval process
- Defines fair hearing process in case of denial or suspension/limitation



# Got Privileges?

## MEDICAL STAFF

Surgeons  
Anesthesia  
Providers  
(MD, CRNA)



## ALLIED HEALTH PROFESSIONALS

PA, NP, RNFA

# The Credentialing Process

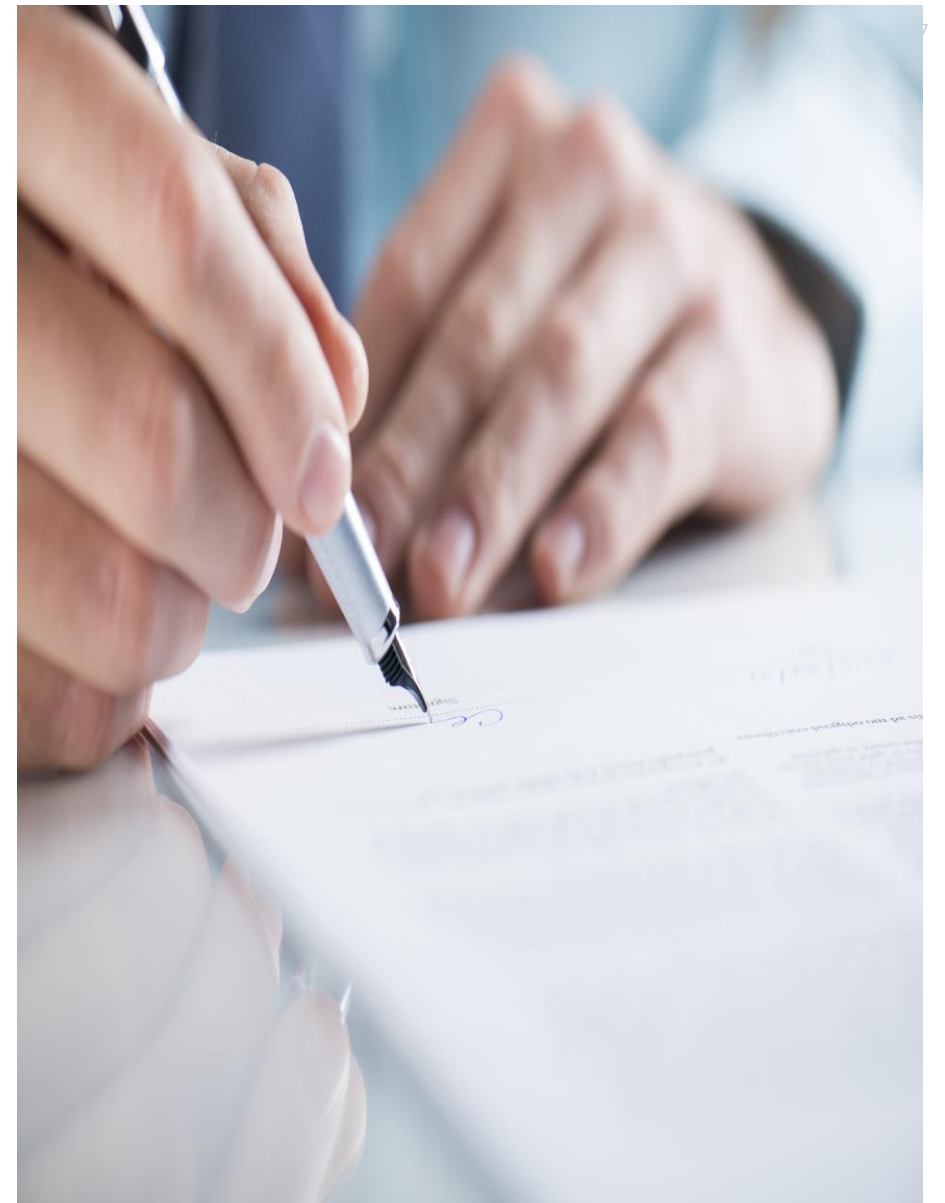




# Application Packet Contents

1 Application

2 Liability Questionnaire



# Submitted with Application

- CV
- Peer Reference List
- Authorization for Release of Information
- Signed statement attesting to the correctness of the application
- Driver's License
- Request for Medical Staff Appointment
- Privilege Request Form
- State Medical License
- State CDS, if applicable
- DEA Permit
- Malpractice Face Sheet
- BLS/ACLS/PALS, as applicable per facility policy

# Acknowledgements for Signature

- 1 Medical Staff Bylaws
- 2 Quality Management Peer Review Agreement

# Verification of Application



**Primary Source Verification**



**Credentials Verification  
Organization (CVO)**



# Verification of Application



## Primary Source Verification

- Used for verification of licensure, certification, education and training, hospital affiliations, sanctions
- Occurs with the original source of information
- Verification must be in writing
- Communication modes:
  - Direct correspondence via letter
  - Online verification
  - Telephone verification

# Verification of Application



## Credentials Verification Organization ***CVO Provides verification only!***

- Maintains accreditation with NCQA or meets specific criteria determined by the facility's Governing Body and accrediting organization
- Execute a written agreement that clearly delegates activities and the process
- Annually evaluate the services of the CVO

# Case Law Example

*Johnson v. Misericordia Community Hospital*

Patient suffered **permanent damage and paralysis of leg**, as a result of surgery.

Johnson **sued the physician and then went after the facility**, claiming negligence for failing to properly verify the physician's credentials.



# Case Law Example

*Johnson v. Misericordia Community Hospital*

**The surgeon** answered on his application that he had never “**been suspended, diminished, revoked, or not renewed**”.

He also failed to answer any of the questions pertaining to his malpractice insurance and stated that he had requested privileges only for those surgical procedures in which he was qualified by certification.



# Case Law Example

*Johnson v. Misericordia Community Hospital*

**The facility did not verify** the information on the application. If they did, they would have found that the surgeon had experienced denial and restriction of his privileges, as well as never having been granted privileges at the hospital he listed in his application.





# Case Law Example

*Johnson v. Misericordia Community Hospital*

**If the facility had credentialed the surgeon appropriately,** it would have been revealed that other hospitals had a concern regarding his competency. In addition, if the facility would have verified medical malpractice information, they would have found that seven malpractice suits had been filed against the surgeon prior to his appointment date.





# Organization is KEY

- **Standardized**
- **Orderly**
- **Consistent**

# Statistics



- Application
- Copy of Driver's License
- Liability Questionnaire
- Questionnaire Explanations, *if applicable*
- Authorization for Release of Information
- CV

# Licenses / Certifications



State License & Verification  
Individual State Medical Board

DEA Permit & Verification

[apps.dea diversion.usdoj.gov/webforms2/  
spring/validationLogin](https://apps.dea diversion.usdoj.gov/webforms2/spring/validationLogin)

CDS Registration & Verification,  
*if applicable, State specific*

Malpractice Insurance Face Sheet

# Licenses / Certifications



AMA or AOA Profile

[profiles.ama-assn.org/amaprofiles/  
aoaprofiles.org/signin](https://profiles.ama-assn.org/amaprofiles/aoaprofiles.org/signin)

Board Certification Verification  
(AMA Profile)

[abms.org/board-certification/verify-certification](https://abms.org/board-certification/verify-certification)

National Practitioner's Data Bank (NPDB)  
Response

[npdb-hipdb.hrsa.gov  
hcorg/howToSubmitAQuery.jsp](https://npdb-hipdb.hrsa.gov/hcorg/howToSubmitAQuery.jsp)

OIG Exclusion Report

[exclusions.oig.hhs.gov](https://exclusions.oig.hhs.gov)

BLS/ACLS/PALS *as applicable*



# Case Law Example

*Larson v. WaseMiller*

Patient had gastric bypass surgery that did not go well.

Sued two physicians who operated.



# Case Law Example

*Larson v. WaseMiller*

The complaint was amended to include the hospital after finding out that one of the physicians had been the subject of 10 prior medical malpractice claims or lawsuits and had struggled to obtain medical malpractice insurance. He had also been disciplined and failed his board certification three times before passing.



# Case Law Example

*Larson v. WaseMiller*

Hospital was found at fault in the claim of negligent credentialing and negligent hiring, because negligence could be shown based on what was known or should have been known at the time of the credentialing decision.



# Case Law Example

*Larson v. WaseMiller*

The hospital did not meet its duty of due care to perform the credentialing process to grant staff privileges to the physician.

Result was a \$7 million verdict against the hospital for the manner in which it credentialed a physician.



# State Specific

Always check your State  
for specific requirements!



## California

- 805 Report  
[mbc.ca.gov/LicenseVerificationSystem/](http://mbc.ca.gov/LicenseVerificationSystem/)
- Medicaid State Exclusion Database Report  
[files.medi-cal.ca.gov/pubsdoco/SandILanding.asp](http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp)

## Arkansas

- Requires use of Centralized Credentials Verification Service (CCVS)



# Verification

- Verification of Hospital/  
Surgery Center Privileges
- Peer References
- TB Attestation and Documentation



# Case Law Example

*Kadlec Medical Center v. Lakeview Anesthesia Associates*

Dr. Berry was terminated by Lakeview Anesthesia Associates, for reporting to work in an impaired condition.

His termination letter was signed by four physicians all corroborating the cause, saying that he put patients at “significant risk”.



# Case Law Example

## *Kadlec Medical Center v. Lakeview Anesthesia Associates*

Dr. Berry was granted privileges at Kadlec Medical Center. During the credentialing process, the peer references received did not disclose his impairments, in fact they sang his praises – “I have worked with closely with Dr. Berry for the past four years. He is an excellent clinical with a pleasant personality. I am sure he will be an asset to your anesthesia service”.

Lakeview Medical Center also sent a letter back to Kadlec, after request, that gave dates on staff, but not information regarding his impairment or termination from his group.



# Case Law Example

## *Kadlec Medical Center v. Lakeview Anesthesia Associates*

After a routine tubal ligation procedure, Dr. Berry removed a patient's breathing tube too early, and she suffered a heart attack and massive brain damage. This resulted in a multimillion-dollar lawsuit against the hospital.

Kadlec first learned that Dr. Berry had been terminated by his anesthesia group during discovery for this case.



# Approval

- Request for Medical Staff Appointment
- Privilege Request
- Review by Outside Physician (for single MD owner)
- Correspondence
- Medical Staff Bylaws Acknowledgement





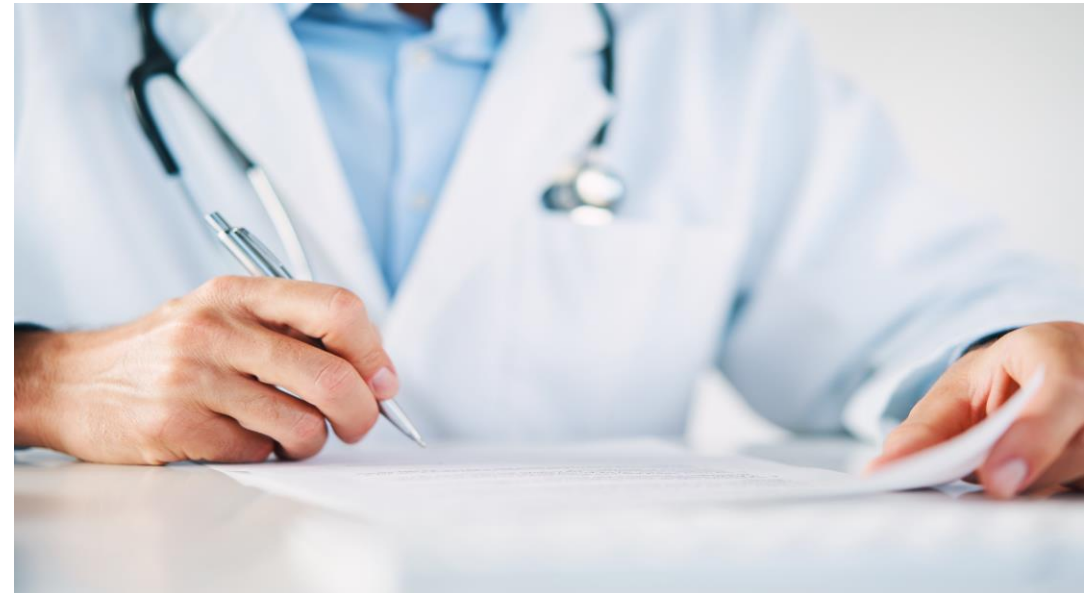
# Education

- Orientation Checklist
- Education Documentation, if applicable



# Miscellaneous

- Other Miscellaneous Documentation
- Quality Management Peer Review Agreement



# File Review

- Does the information on the application match the verifications?
- Are there lapses in work? If so, are there any additional items that should be asked?
- Are there any questions about malpractice cases settled against the practitioner?
- Have there been any issues related to suspension of license or other professional credentials?



# File Review

- Do peer references demonstrate competence for new applicants?
- Are any red flags raised on the NPDB query?
- For one owner/one practitioner ASCs, arrangements must be made for an outside peer to review the credentials.



# Governing Body Approval

- Governing Body provides final approval
- Must be documented in meeting minutes
- Dates matter
- Notify practitioner in writing of their appointment
- Maintain current documentation for entire appointment period



# Peer Review Program

- All members of the medical staff are required and consent to participate in peer review
  - condition of medical staff membership
- Quarterly random peer review – number of records determined by facility policy
  - take into consideration size and scope of the facility)
- All infections and complications are peer reviewed, in addition to quarterly random peer review
- Solo surgeon owners must have outside physician to conduct peer review





# Surgeon Peer Review Form

## MEDICAL STAFF REAPPOINTMENT PROFILE

Page 1 of 1

Applicant: \_\_\_\_\_ Specialty: \_\_\_\_\_

Current Staff Category: \_\_\_\_\_ Period from \_\_\_\_\_ to \_\_\_\_\_

### Verifications & Medical Records

State License Current ☐ Yes ☐ No      Specialty Board Status Current ☐ Yes ☐ No  
DEA Registration Current ☐ Yes ☐ No      Liability Coverage Adequate & Current ☐ Yes ☐ No

### Privileges at Local Hospital/Surgery Center ☐ Yes ☐ No

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_ Status: \_\_\_\_\_

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_ Status: \_\_\_\_\_

### Peer Review ☐ Peer Review was taken into consideration upon reappointment

Cases Performed \_\_\_\_\_ Cases Peer Reviewed \_\_\_\_\_ Infections \_\_\_\_\_  
Complications \_\_\_\_\_ Transfers \_\_\_\_\_

### Medical Staff & Committee Participation ☐ Satisfactory ☐ Unsatisfactory

### Medical Records Completion Timely and Accurate ☐ Satisfactory ☐ Unsatisfactory

### Disciplinary Action (Since Last Appointment) ☐ Yes ☐ No

Date	Summary Of Action Taken	Outcome

### Reappointment Recommendation

- ☐ Recommendation withheld. Insufficient information related to competency on file due to low activity.
- ☐ Recommend reappointment. Profiles reviewed & no significant trends or patterns identified.
- ☐ Recommend reappointment denied. Profiles reviewed & trends/patterns or other problems identified.

### Comments:

\_\_\_\_\_  
Medical Advisory Committee

\_\_\_\_\_  
Date

☐ APPOINTED AS REQUESTED    ☐ APPOINTED WITH RESTRICTIONS    ☐ DENIED

# Reappointment

## Every 2 to 3 years

- Practitioner makes request for reappointment
- Shortened application form, requests for documents
- No need to re-verify education and training
- **MUST** take peer review into consideration



# Medical Staff Reappointment Profile

## MEDICAL STAFF REAPPOINTMENT PROFILE

Page 1 of 1

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### Comments:

Medical Advisory Committee \_\_\_\_\_ Date \_\_\_\_\_

☐ APPOINTED AS REQUESTED    ☐ APPOINTED WITH RESTRICTIONS    ☐ DENIED

Governing Body \_\_\_\_\_ Date \_\_\_\_\_

# Allied Health Professionals



- Similarly credentialed
- Some things not applicable
- Specific Privilege Request Form
- Supervising Physician
- Require annual competency testing

# Challenges

- Adherence to process, established in bylaws
- Use of peer review in reappointment process
- Maintaining current documents
- Ensure privilege request forms match Approved Procedure List







A giant  
*paper shuffle*  
that requires  
great **attention**  
**to detail**



# Summary

- Specific regulations from State, CMS and accreditation organizations
- Ensure someone is delegated responsibility and oversight
- Appointment/Reappointment must be approved by Governing Body
- **Dates matter**





***Remember...***

Medical Staff  
Credentialing is  
one of the **TOP 10**  
*most frequently* cited  
deficiencies on  
any type of survey

***Don't let it happen to you!***

# Thank you

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