Woodruff Leadership Academy Project: One Emory Unified Appointment Process

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Introduction: In today's financial climate, the Woodruff Health Sciences Center needs solutions that streamline existing processes and create efficiencies without requiring up-front costs. We believe that our One Emory Unified Appointment Process is one such solution which can reduce risk across our healthcare enterprise, saving us money over time, while bringing our many vital and unique Emory Hospitals together under one simplified Emory Healthcare (EHC) System Credentials Committee process.

The Centers for Medicare & Medicaid Services (CMS) requires healthcare organizations that participate in federally funded healthcare programs to comply with the health and safety guidelines set forth in the Conditions of Participation (CoPs). Section 482.22 of the CoPs requires hospitals to have an organized medical staff that is responsible for the quality of the care provided to patients. It also requires that the medical staff conduct periodic appraisals of its members and examine the credentials of all eligible candidates for medical staff membership. They must then make recommendations to the governing body on the appointment of these candidates, in accordance with state law and the medical staff's bylaws, rules, and regulations. This periodic appraisal and examination of the credentials of eligible candidates is conducted through the credentialing and privileging process.

Credentialing is the act of verifying that the applicant is who he/she claims to be, is properly licensed, has appropriate malpractice coverage, and meets the minimum requirements established by the hospital to be on the Medical Staff or granted a scope of practice. The information collected during this process is verified with the *primary source*, or the educational and training institutions, hospitals, and employers, certifying bodies, government entities, and licensing agencies who are the original source, or an agent of the original source, of the information.

Privileging occurs once credentialing is complete and is the process of determining that the hospital is equipped and staffed to offer the treatment in question, the applicant has the training and experience required to competently deliver the treatment, and that the applicant meets the minimum requirements established by the hospital to safely carry out the requested privileges. There may be variation in how privileging decisions are made from institution to institution. Privileging decisions at larger hospitals are developed by Medical Staff Leaders and are presented to Credentials Committees, who review the assessments and submit their recommendations to their Medical Executive Committees (MEC) for recommendation to their Governing Body for final approval. In smaller hospitals, the MEC may carry out all the credentialing and privileging tasks before making recommendations to their Governing Body. In organizations that are a part of a multi-facility system, each hospital or facility may retain its own Credentials Committee, or they may share one Committee that makes recommendations for the system.

Although non-compliance with CoPs can lead to fines, increased reporting requirements and, ultimately, exclusion from federal payer programs, the standards set a floor for performance and are not overly prescriptive. Currently, there are multiple independent Credentials Committees across Emory Healthcare, each with different standards and processes leading to inefficiency and duplication of work for providers and administration, as well as increased risk for the Emory Healthcare Network. Our project aims to advocate for the adoption of an Emory Healthcare (EHC) System Credentials Committee covering Emory Johns Creek, Emory Decatur, Emory Hillandale, Emory Long Term Acute Care, Emory Saint Joseph's, Emory University and Emory University Midtown Hospitals, The Emory Clinic, and our Ambulatory Surgery Centers. This will invariably minimize risk and maximize efficiency across the Emory facilities.
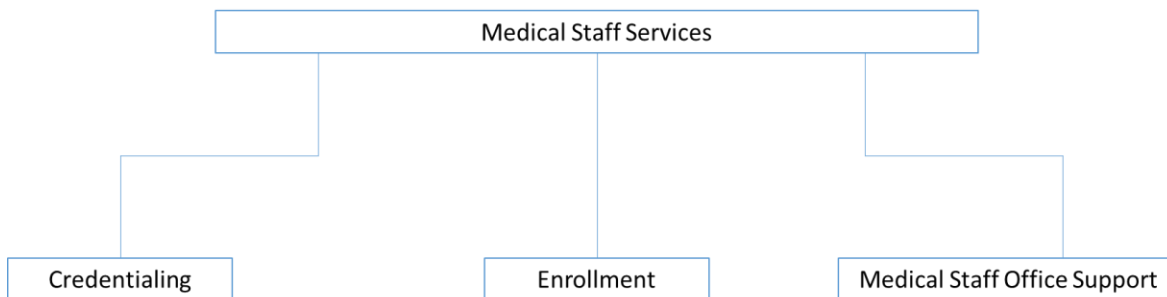
Importance:

Credentials Committees, although not required by statute or regulation, are considered one of the two most important Medical Staff Committees as they carry out the most intensive evaluation of initial and reappointment applications for medical staff membership and/or requests for clinical privileges. Given the nature of its work, it is also the Medical Staff Committee that creates the most risk for hospitals and health systems given the important patient safety role it plays as a gatekeeper to practicing within a facility. A breakdown or failure in the Credentials Committee process can lead to the appointment of a provider or a grant of clinical privileges that results in patient harm and accompanying financial damages if sued for negligent credentialing. Maintaining separate Credentials Committees within EHC increases this risk by making it difficult to standardize processes. This lack of standardization leads to increased variation in the privileging process. We have seen this repeatedly play out across our committees as different information is presented to different committees, for the same provider, raising the risk of the committees inappropriately reaching disparate decisions.

Finally, there is the issue of waste. The Medical Staff Offices (MSOs) play a critical role, reviewing provider files and analyzing and interpreting the information gathered by the Centralized Verification Office (CVO) to identify concerns. Red flags, including gaps in education, training or work history, malpractice suits, substance abuse, substandard care, unprofessional conduct and/or a mismatch in previous experience vs. privileges requested, are highlighted and shared with the Chief of Service (COS) when the file is routed to them for their review. This is an incredibly important and detail-oriented step in the privileging process. That said, any time a provider's file is reviewed by more than one MSO, structural waste occurs. Under our current process, every MSO supporting a facility where a provider has privileges currently conducts their own independent review of the provider's file and routes it to their respective COS. Additional data to address the concern is collected in the silo of the individual institution without transparency across facilities within Emory for the same provider. This duplicative and variable process is repeated for example with interval review of privileges, when providers holding privileges at multiple facilities request to modify or add additional privileges, or when Advanced Practice Providers change or add additional supervising physicians.

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Background:

There are over 8,000 credentialed providers within EHC, with 6,200 of those holding privileges to care for patients in at least one of our 11 hospitals, 7 Ambulatory Surgery Centers (ASCs), or The Emory Clinic (TEC). For more than 15 years, EHC has had Credentialing, Managed Care and Government Enrollment, and MSO support combined into a single department (Medical Staff Services). This structure utilizes a CVO to send and collect a single application to credential our providers for privileges and appointment within our Joint Commission accredited hospitals, ASCs, and clinics. This CVO allows us to use the same application and primary source verifications to enroll our employed providers with government payers and our employed and our non-employed, ACO affiliated providers, with our contracted managed care payers under our delegated credentialing agreements. This structure is efficient, and the reporting accountability to a single Senior Leader helps to reduce the competing priorities and discrepancies that could occur if these tasks were spread across three separate departments.

On the other hand, we see opportunities for improvement in our Medical Staff operations. We have five MSO teams that support our hospitals, clinics, and ASCs. We have focused our efforts over the last several years on standardizing our Bylaws, Credentials, and Medical Staff Governance documents across our hospitals, and we now have 7 of our 11 hospitals on standardized documents. The four remaining hospitals will adopt the standardized documents later this spring. TEC's Bylaws, Credentials, and Medical Staff Governance documents are being updated and will closely mirror the hospitals. We have not yet addressed system or consolidated Medical Staff Committees. Save for a few exceptions, each of our MSOs currently reviews files released from the CVO, routes them to the relevant COS for their facility and prepares them for review by their respective Credentials, MECs, and Expedited Committees. Beyond the inefficiencies this creates in the MSOs, it also creates an opportunity for variation in the provider review process across the hospitals and leads to frustration among providers and COSs given the redundant "asks" from different facilities within the system when questions arise regarding the file.

Adopting a system Credentials Committee covering all our hospitals, ASCs and Clinics is achievable in the short term but this process is not without challenges. These challenges include guaranteeing adequate representation from each facility on the committee without becoming too large as to be unwieldly, obtaining agreement on a standard file review process, and ensuring our respective MECs trust the system committee and do not turn into de-facto Credentials Committees.

Outreach Data: We spoke with internal stakeholders regarding their experience with our current state, and they have confirmed that our current process is not appreciated by our providers. Our subjective interviews included our Chief Medical Officers, Chief Quality Officers, and the Division Director for the Department of Cardiology. The consensus from the internal stakeholders was that the current state is equivalent to structural waste. They also agreed that the variation in the information being presented to the different committees for the same providers is hard to reconcile and risks divergent decisions across facilities. In addition, several examples were shared of the provider dissatisfaction the current structure creates related to the "multiple requests for additional information" providers receive when questions arise with their file.

We also surveyed health systems comprised of separately licensed hospitals and clinics to assess their Medical Staff Committee structure. Unfortunately, our survey received a single response, but it was informative, as the respondent, Essentia Health, does use a System Credentials Committee.
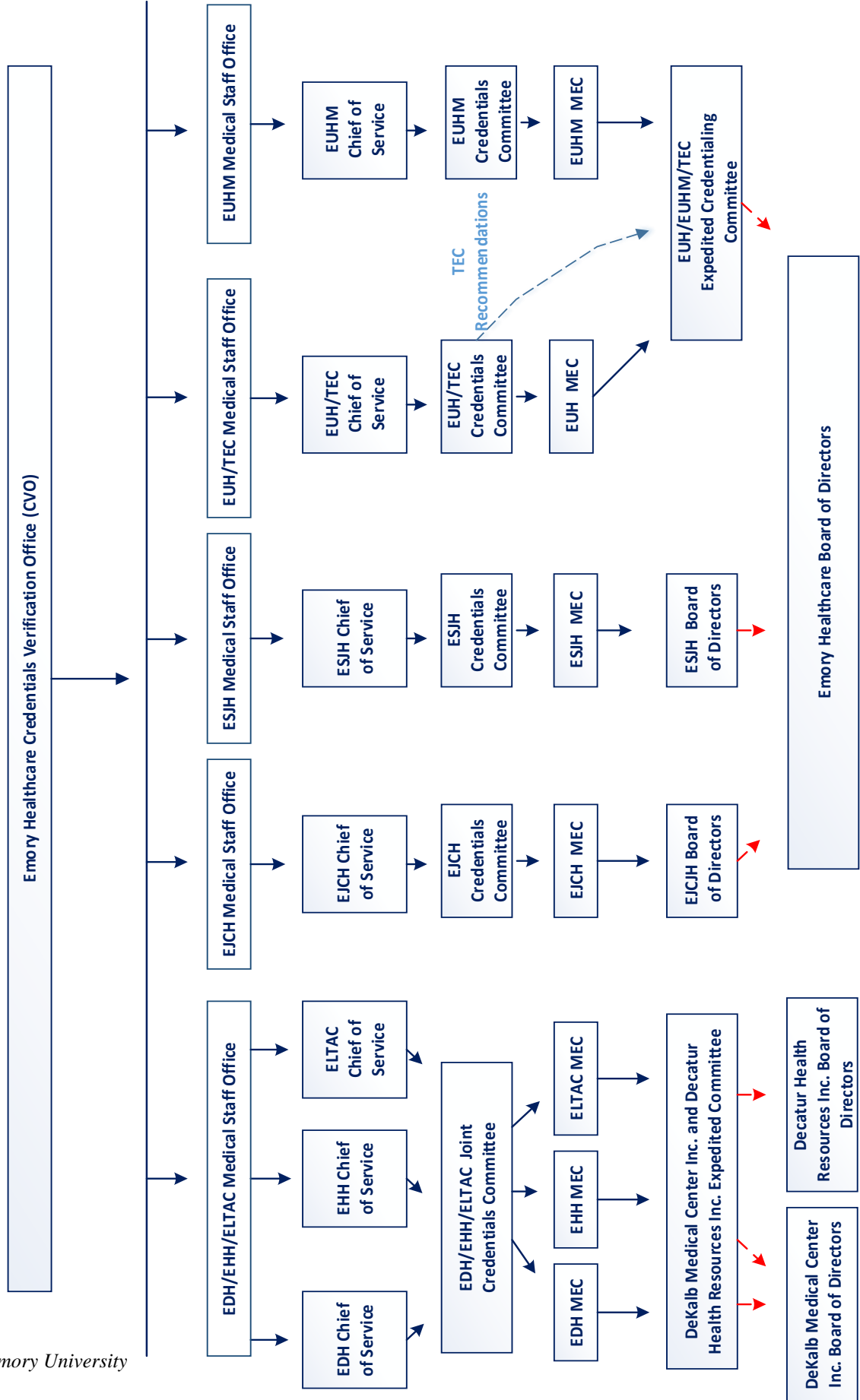
Essentia Health- Overview					
Employees	**Physicians & APPs**	**Hospitals**	**Clinics**	**Members on System Credentials Committee**	**Representatives from Each Hospital**
15,000	**2,220**	**14**	**78**	**25**	**1**

Essentia Health has pursued this process with great results. Essentia Health has 14 hospitals, 78 clinics and approximately one-third of the privileged providers we have at EHC. The system desired to adopt a System Credentials Committee to save time and resources while improving the efficiency and accuracy of the privileging process. They confirmed that the adoption of the system committee achieved the desired results, although not without encountering several challenges, including the local Credentials Committees' perception that they were losing their autonomy. Essentia overcame these challenges by focusing on the time savings, reduction in overall meeting time, and the improved efficiencies a move to a System Credentials Committee would achieve.

In summary, our Outreach Data confirmed that our existing process has a negative perception amongst our system leadership. Additionally, our outreach to a system which has adopted a similar process has confirmed that such a change is possible and achieves our desired results. Accordingly, our data suggest that we will be able to generate momentum for change to a System Credentials Committee.

ONEUP

One Emory *Unified* Appointment Process

Here, we outline the existing workflow. As you can see, after collection of the data from the Credentials Verification Office, a file enters multiple parallel reviews by multiple Medical Staff Offices (MSOs), Chiefs of Service (COSs) and Credentials Committees, leading to waste and creating the potential for variation, risk, and provider frustration.

Emory Healthcare Credentials Verification Office (CVO)

EUHM Medical Staff Office → **EUHM Chief of Service** → **EUHM Credentials Committee** → **EUHM MEC** → **EUH/EUHM/TEC Expedited Credentialing Committee**

EUH/TEC Medical Staff Office → **EUH/TEC Chief of Service** → **EUH/TEC Credentials Committee** → **EUH MEC**

TEC Recommendations

ESJH Medical Staff Office → **ESJH Chief of Service** → **ESJH Credentials Committee** → **ESJH MEC** → **ESJH Board of Directors**

EJCH Medical Staff Office → **EJCH Chief of Service** → **EJCH Credentials Committee** → **EJCH MEC** → **EJCJH Board of Directors**

Emory Healthcare Board of Directors

EDH/EHH/ELTAC Medical Staff Office
- **ELTAC Chief of Service**
- **EHH Chief of Service**
- **EDH Chief of Service**

→ **EDH/EHH/ELTAC Joint Credentials Committee** →
- **ELTAC MEC**
- **EHH MEC**
- **EDH MEC**

→ **DeKalb Medical Center Inc. and Decatur Health Resources Inc. Expedited Committee**

Decatur Health Resources Inc. Board of Directors

DeKalb Medical Center Inc. Board of Directors

ROI Data:

There were 6,200 privileged providers served by our five MSOs, with 833 providers adding an EHC facility in calendar year 2022. Fifty-nine percent (59%) of these providers hold privileges at multiple facilities and thus are served by multiple MSOs.

# of Providers Currently Served By:	
5 Medical Staff Offices	398 providers
4 Medical Staff Offices	386 providers
3 Medical Staff Offices	882 providers
2 Medical Staff Offices	1,973 providers
1 Medical Staff Office	2,561 providers
Total	**6,200 providers**

In 2022, the five MSOs conducted 977 duplicative or wasteful reviews for 833 initial applicants in calendar year 2022.

Initial Appointments- Calendar Year 2022

# Providers Appointed By:		# of Duplicative MSO Audits Under Current Structure (# of MSOs Currently Reviewing File x # of Providers) - # of Providers
5 MSOs	87	348
4 MSOs	60	180
3 MSOs	105	210
2 MSOs	239	239
1 MSO	342	0
Total	**833**	**977**

Excluding the 833 newly appointed providers appointed in 2022, the Hospitals, Clinic, and ASCs had 5,367 providers that were on staff prior to 2022. Providers are credentialed and privileged for two-year terms at EHC, in accordance with the Rules and Regulations of the State of Georgia. Given this biennial review, we estimate half of our existing providers, or 2,684 providers, would have experienced the existing recredentialing process, being subject to individual MSO and Credentials Committee review in 2022. This would have resulted in 2,267 unnecessary, or wasteful reviews for reappointing providers, as shown below.

Reappointments- Calendar Year 2022

# Providers Reappointed By:		# of Duplicative MSO Audits Under Current Structure (# of MSOs Currently Reviewing File x # of Providers) - # of Providers
5 MSOs	112	448
4 MSOs	133	399
3 MSOs	336	672
2 MSOs	748	748
1 MSO	939	0
Total	**2,268**	**2,267**

In summary, there were **3244** duplicative or wasteful reviews conducted in calendar year 2022 due to having separate MSO and Credentials Committee review processes. It takes our MSOs on average 43 minutes to review a non-complicated provider's file and compile the packet for COS review. This means the MSOs spent 2,325 hours
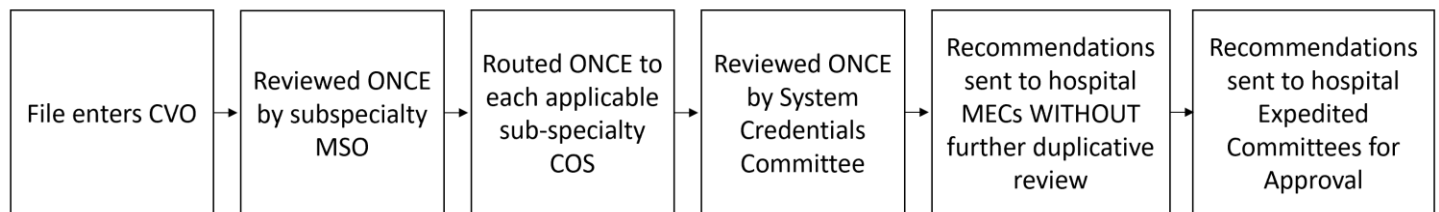
(about 3 months) on duplicative, wasteful reviews. Viewed another way, this is equivalent to each of our 5 MSOs having a team member spend slightly more than one day per week every week of the year on non-value adding, duplicative, wasteful, and unnecessary work. Removing this waste from the process has the potential to hasten the provider appointment process, which will have a direct impact on our system's financial health. In addition, the operational efficiencies gained in the MSOs will allow us to:

1) refocus some of the team member's efforts on departmental work that is not being addressed at this time or is being performed by temporary, contracted staff members,
2) take on additional duties within the system, or
3) over time, reduce our overhead costs by not backfilling vacancies when we lose team members through attrition.

Recommendations:

1) EHC should transition from entity-specific Medical Staff Credentials Committees to a System Credentials Committee covering EJCH, EDH/EHH/ELTAC, ESJH, EUH, EUHM, TEC and our ASCs starting January 2024. With thoughtful inclusion of representation from each of these entities and intentional cross-pollination of members between the System Credentials Committee and the individual-entity MECs, we can ensure the committee is viewed by all as the entities' "Credentials Committee."

2) The system should strive to reduce the legal risk inherently involved in the Credentialing and Medical Staff Appointment and privileging process by adopting a single standard for how applicants are reviewed by the Chiefs of Service or designee, what "red flags" are reviewed and what information is collected from providers when red flags are present.

3) With the adoption of the System Credentials Committee, the Medical Staff Offices should move away from each office reviewing all providers seeking an appointment or privileges at their facility and instead should be realigned to focus on certain specialties, evenly divided between each of the facilities. Under this model, the Medical Staff Office responsible for a particular specialty would review all applicants within that specialty, regardless of where the provider is privileged or seeking privileges. The MSOs would then route the file to the applicable Chiefs of Service at each facility for their review, so they could prepare their recommendation to the System Credentials Committee. This will have the effect of streamlining the workflow by decreasing the variation in specialties each office addresses, and removing duplicative, non-value-added reviews from the system and a not-so-insignificant amount of work from each of the Medical Staff Offices. These changes can improve throughput and free up resources to take on additional duties. At the same time, this model would leave a Medical Staff Office presence at each of our facilities to support the Medical Staff and Medical Staff Operations.

File enters CVO → Reviewed ONCE by subspecialty MSO → Routed ONCE to each applicable sub-specialty COS → Reviewed ONCE by System Credentials Committee → Recommendations sent to hospital MECs WITHOUT further duplicative review → Recommendations sent to hospital Expedited Committees for Approval

Conclusions:

Emory Healthcare has made great strides over the last several years in its adoption of system approaches to what traditionally had been entity-specific processes, and opportunities remain to do the same within our Medical Staff Operations. Adopting a System Credentials Committee is a no-cost initiative with the potential to reduce credentialing risk within the system, improve provider satisfaction, and improve credentialing and privileging throughput.