NAMSS 2021 Roundtable

Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring

September 9, 2021

Introduction

NAMSS' seventh-annual Roundtable, *Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring*, explored the origins and rationale for two-year practitioner reappointment cycles and their overlap with continuous monitoring.

Held virtually for the first time, NAMSS' 2021 Roundtable brought credentialing stakeholders together to establish a consensus-based pathway for improved practitioner-reappointment and continuous monitoring processes.

> *Practitioner Reappointment:* Re-evaluates a practitioner's qualifications/current competency to provide care of services in or for a healthcare organization after they have been appointed to the Medical or Advance Practice Professional Staff.
>
> *Continuous Monitoring/Ongoing Professional Practice Evaluation (OPPE):* Evaluates professional performance to monitor professional competency, identify areas for a practitioner's possible performance improvement, use objective data in decisions regarding continuance of practice privilege.

The Roundtable discussion included hospital, practitioner, payer, accrediting body, and government perspectives on practitioner reappointment and continuous monitoring processes, separately, and in relation to one another.

The Roundtable also featured a panel discussion to present the practitioner (American Medical Association – Organized Medical Staff Section (AMA-OMSS)), hospital system (Centura Health), and accrediting body (The Joint Commission) perspectives on current and ideal processes for practitioner assessment. Mike Dugan, Federation of State Medical Board's (FSMB) Chief Operating Officer, moderated the discussion, which highlighted the challenges of tracking, monitoring, and assessing quality and competency in accordance with various institutional, state, and federal requirements.

The panel discussion honed in on the need for nimbleness alongside the evolving healthcare landscape and the importance of standardizing realistic and sustainable best practices for practitioner assessment. Factors hindering standardization are embedded in processes and requirements that are often duplicative, outdated, and unnecessary.

The lack of general understanding for why certain processes are required—and how to change them—hinders a system's ability to adapt alongside changing needs and technologies. In seeking to understand the *why* for a recommendation that serves as the basis for many state and requirements, much of the Roundtable discussion centered on the origins of the Centers for Medicare and Medicaid Service's (CMS) recommendation for a 24-month practitioner-reappointment cycle.

History of CMS' 24-Month Practitioner Reappointment Recommendation

The origins of CMS' recommendation for a 24-month reappointment cycle is not well known. Earliest references to this recommendation appear in 42 USC 11135 (Part of the Health Care Quality Improvement Act of 1986.

> *TITLE 42 - THE PUBLIC HEALTH AND WELFARE CHAPTER 117 - ENCOURAGING GOOD FAITH PROFESSIONAL REVIEW ACTIVITIES*
>
> *SUBCHAPTER II - REPORTING OF INFORMATION*
>
> *Sec. 11135. Duty of hospitals to obtain information*
>
> *(a) In general - It is the duty of each hospital to request from the Secretary (or the agency designated under section 11134(b) of this title); on and after the date information is first required to be reported under section 11134(a) of this title)*
>
> *(1) at the time a physician or licensed health care practitioner applies to be on the medical staff (courtesy or otherwise) of, or for clinical privileges at, the hospital, information reported under this subchapter concerning the physician or practitioner, and*
>
> *2) once every 2 years information reported under this subchapter concerning any physician or such practitioner who is on the medical staff (courtesy or otherwise) of, or has been granted clinical privileges at, the hospital. A hospital may request such information at other times.*

While not required, many facilities, as well as accrediting bodies, use CMS recommendations to set policy, and thus, many require a 24-month reappointment scheduled. Without a comprehensive understanding of the rationale for CMS' 24-month reappointment recommendation, there is compliance-related hesitancy for revising policy against a recommendation, even if such revisions would improve processes. Roundtable discussions noted that while this recommendation is a requirement for many accrediting bodies, states, and institutions, it is not a universal mandate. Accrediting body, DNV, and the National Committee for Quality Assurance, both operate on three-year reappointment schedules.

In ensuring due diligence, many systems opt to over-assess, rather than remove, redundant assessment steps. This over-compensation, however, can compromise comprehensive and precise evaluations, especially in facilities with limited personnel and bandwidth.

In her opening remarks, NAMSS 2021 President, Aimee Woolley-Randall, described the time and resources that Medical Service Professionals (MSPs) devote to simultaneously reappoint practitioners every 24 months—*a process that can take six months*—and continuously monitor practitioner competency. Both reappointment and continuous monitoring evaluate practitioner competency—and share similar processes and measures. The overlap creates administrative duplication, stretches resources, and prevents MSPs from working at the top of their scopes.

In the spirit of identifying and reducing redundancy, the NAMSS' Roundtable presentation examined the unique and shared attributes of both reappointment and continuous monitoring. The ensuing discussion considered the merit and feasibility of extending reappointment to a three-year cycle to streamline medical staff processes and enable hospitals to enhance continuous monitoring practices. Roundtable attendees recognized the critical role MSPs play in ensuring practitioner competency and patient safety, as well as their role in realizing effective and positive change.

Ahead of the 2021 Roundtable, NAMSS issued a position statement supporting a three-year practitioner reappointment cycle and standardized best practices for continuous monitoring.

NAMSS Position Statement on Practitioner Reappointment and Continuous Monitoring

NAMSS Supports a Three-Year Reappointment Cycle for Licensed Practitioners

NAMSS supports revising regulatory and accreditation policies to extend the reappointment cycle for licensed independent practitioners* (credentialed practitioners) from two years to three years. A three-year practitioner-reappointment cycle would align with health plans' re-credentialing schedules and enable medical services professionals (MSPs) to more effectively perform ongoing professional practice evaluation (OPPE) on credentialed and privileged practitioners.

OPPE and the practitioner-reappointment process requires similar quality assessments, which creates redundancies that hinder effective practitioner evaluation (Appendix A). These similarities require MSPs to perform the same evaluations on the same practitioner for both reappointment and OPPE—almost simultaneously. Extending reappointment to three years would enable MSPs to focus on OPPE between reappointment cycles and more readily take action on performance concerns that OPPE discovers.

A three-year reappointment cycle would also reduce the burdens that overlapping evaluations have on practitioners, the costs health systems incur from practitioner evaluation, and the amount of time MSPs spend performing redundant administrative tasks. To enable *Tomorrow's MSP*, NAMSS supports systematic changes that reduce these unnecessary costs, redundancies, and inefficiencies so MSPs can use their training to focus exclusively on assessing practitioner performance and clinical privileges, competency, and quality—components that are critical to ensuring patient safety.

**Practitioner is any individual who receives clinical privilege and/or membership by the Governing Board, including, but not limited to, Medical Staff members and Advance-Practice Professionals.*

NAMSS Practitioner-Reappointment Position Statement – Appendix A		
Two-Year Reappointment	**OPPE and Practitioner Monitoring**	**Three-Year Reappointment (In Addition to OPPE & Practitioner Monitoring)**
License Verification	License Expiration & Status Query	Practitioner application (verifies information, answers all questions, attests application is true and complete).
DEA Verification	DEA Expiration & Status Query	Peer References (If OPPE determines)
State-Controlled Certificate Verification	State-Controlled Certificate Expiration, Status Query	Hospital affiliation reference and/or NAMSS PASS, primary hospital's quality data, if practitioner volume resides at that hospital.
Board-Certification Verification	Board-Certification Expiration, Status Query	NPDB (Continuous Query)
OIG/SAM Query	OIG/SAM Query	• Practitioner reviews privileges; may request/withdrawal privileges. • Data showing competence, experience, & training privilege requirements. • MSO determines if practitioner can exercise privileges with/out accommodations. • Includes: application questions, department-chair recommendation; peer reference, MEC recommendation.
Practitioner application (verifies information, answers all requested questions, attests application is true and complete).	Practitioner to notify MSO of status changes, malpractice claims, actions, investigations, etc. (MSO Bylaws)	Review MSO category to MSO bylaws requirements (Membership).
Peer References (If OPPE determines)	Peer references acceptable if quality data is unavailable.	OPPE-collection reports reviewed, added to practitioner's file for considering reappointment/assessing competence to exercise granted privileges.
Hospital Affiliation Reference and/or NAMSS PASS, Primary Hospital's Quality Data, if practitioner's volume resides at that hospital.	NAMSS PASS or NPDB Continuous Query	Review no-volume practitioners, Board recommendation on continuing membership and/or privileges.
NPDB (Continuous Query)	NPDB Query (Continuous Query)	
Malpractice Insurance Coverage Verification	Malpractice Insurance Coverage Expiration & Status Change	
• Practitioner reviews privileges; may request/withdrawal privileges. • Data showing competence, experience, training privilege requirements. • MSO determines if practitioner can exercise clinical privileges with/out accommodations. • Includes: application questions, Chair & MEC recommendations; peer reference.	Clinical Privilege Criteria (monitored through volume data every six-nine months)	
Review MSO category to MSO bylaws requirements (Membership).	N/A	
Review OPPE-collection reports. Add to practitioner's file for considering reappointment/assessing competence to exercise granted privileges.	Review Department/Specialty Data Elements with expected performance parameters. Data Elements may include: • Peer-review cases • Informational letters • Professionalism concerns • Patient complaints; patient-satisfaction • Complication rate • Infection rate • Unplanned return to surgery rate • Blood use • Data reported to relevant registries • Compliance with evidence-based protocols • Average length of stay • Readmissions • Compliance with medical record criteria	
Application (practitioner verifies information, answers all questions, and attests application is true and complete).	Identify no-volume practitioners. OPPE continues; other conditions added to reappointment, clinical privileges (proctoring, retrospective review, co-admission).	

Problems Resulting from Current Process

Practitioner reappointment and continuous monitoring overlap and are resource-heavy processes, which prevent MSPs from focusing on the quality analyses they perform to help ensure practitioner competency. Because reappointment can take six months to complete, the 24-month reappointment cycle means that MSPs perform reappointment and continuous monitoring almost simultaneously.

The frequency of the process and the amount of resources that both evaluations require means that reappointment takes up a significant portion of MSPs' time and focus. The dual processes also require practitioners' time and attention, which can result in practitioner disengagement and a general lack of appreciation for institutional review processes.

A grave challenge of practitioner credentialing is that one data oversight can put lives at risk. Reappointment is remarkably similar to the process MSPs use to initially credential a practitioner. Performing this assessment for each practitioner, every year and a half, requires facilities to perform duplicative, resource-intense tasks. This overlap can result in a time-strapped medical staff service office that does not have the bandwidth to perform comprehensive gap analysis.

Challenges to Changing Current Process

There are no best-practice standards for OPPE, and no standard threshold for triggering a focused professional practice evaluation—the process for evaluating a practitioner who demonstrates a lack of competency. The lack of uniformity of data elements and processes used for continuous monitoring give cause for some accrediting bodies to maintain a 24-month reappointment cycle.

Even with such standards, Roundtable participants acknowledged that OPPE is just one element of evaluating performance and not solely adequate to measure competency, especially because data elements that measure individual performance are difficult to tease out of data sets. Participants cited the need for practitioner-attribution algorithms to capture meaningful outcomes data to enhance OPPE across the board. Successful metrics, algorithms, and standards include education, training, and an overall awareness of the purpose for each so practitioners, MSPs, and other entities can appreciate and work toward these elements.

Roundtable participants also noted conflicts between a facility's governing body and medical staff as an impingement to transparent and streamlined processes for reporting practitioner actions. Such conflicts can lead to lengthy deliberations and even lawsuits that ultimately suppress mechanisms for reporting concerning practitioner actions.

Elements Needed to Change Current Process

A sustainable solution must find the right balance to measure practitioner competency without overregulating practitioners. Such a solution may be a framework rather than a mandate, which would accommodate diversity among facility processes while providing enough universal guidance to help all facilities improve their processes for measuring competency.

Uniform standardization is essential to ensuring that nothing falls through the cracks. Identifying standard, attainable, and effective standards that are applicable to all facilities—large and small—is critical to enhancing continuous monitoring. Such standards, backed by evidence-base measures that drive performance, would help enhance continuous monitoring to enable greater time between reappointments. They would also allow for greater OPPE consistency across facilities, which would help strengthen the case for lengthening reappointment timelines and relying more on continuous monitoring.

In addition to measuring competencies, effective standards would measure improvements in practitioner behavior and encourage medical schools and facilities to provide comprehensive behavioral protocol training, overcome reporting suppression—competency and behavioral, and guide effective behavioral training among by facilities and medical schools.

Roundtable participants also cited the National Practitioner Data Bank (NPDB) as a critical resource in competency tracking. The NPDB's continuous query feature provides facilities updated information on their enrolled practitioners via email within 24 hours of a new NPDB report. The continuous query feature is essential; manual queries can see an average of 15-month delays. Continuous query is free, easy to use, and already a resource that many MSPs value. Already an essential part of monitoring, NPDB's continuous query should be a part of any future standards for OPPE.

Roundtable participants also noted that governing body and medical staff representation on each other's boards could help foster cohesive, transparent, and productive relationships between both bodies. This cohesive relationship can help both bodies come to agreements on actionable OPPE reappointment elements. It can also help establish and implement changes to practitioner reappointment and continuous monitoring processes to help streamline competency assessment.

Proposed Pilot

Enabling facilities that perform optimal continuous monitoring to move to a three-year reappointment cycle may incentivize additional focus on OPPE processes. A pilot to allow facilities with optimal OPPE processes to conduct reappointment every three years could help incentivize facilities to adopt standards to enhance their continuous monitoring processes. Several Roundtable participants voiced interest and support in such a pilot.

New Factors to Consider

COVID-19 and telehealth demands continue to challenge the current system and the way facilities measure practitioner competency. Any framework for an improved measurement structure must embrace telehealth, workforce challenges, locum tenum factors, and overall hospital bandwidth.

The continuing pandemic creates a sense of urgency for more efficient and streamlined competency processes. Even in its aftermath, COVID-19 has changed hospital processes for public health emergencies and workforce structures. Equipping personnel with the resources and protocols that they need for optimal performance is essential to a robust, high-performing healthcare facility.

While the practitioner credentialing process cannot change overnight, the industry must become more nimble so it can proactively identify and address industry changes that affect practitioner practice and competencies. MSPs experience credentialing inefficiencies first-hand and are best equipped to identify and implement technologies and practices that will streamline and improve the practitioner credentialing.

2021 NAMSS Roundtable Participants

NAMSS would like to thank the following industry partners for participating in its 2021 Roundtable:

- *Accreditation Council for Graduate Medical Education (ACGME)*
- *American Board of Medical Specialties (ABMS)*
- *American Hospital Association (AHA)*
- *American Medical Association - Organized Medical Staff Services (AMA-OMSS)*
- *Centers for Medicare and Medicaid Services (CMS)*

- *Federation of State Medical Boards (FSMB)*
- *Health Resources & Services Administration (HRSA)*
- *ACHC – Healthcare Facilities Accreditation Program (HFAP)*
- *The Joint Commission (TJC)*
- *Medical Group Management Association (MGMA)*
- *Centura Health*

NAMSS Roundtable Background

NAMSS began its Roundtable Series in 2014 to generate consensus for practitioner-credentialing standards. Subsequent Roundtables have addressed specific and broad credentialing pain points, identified credentialing gaps and shortfalls, and discussed innovations for modernizing credentialing.

The past six NAMSS Roundtables have helped institute a series of changes to credentialing, privileging, and licensure processes. These meetings have helped establish:

- The Ideal Credentialing Standards for Facility Credentialing (2014)
- The Essential Common Elements for Payer Credentialing (2015)
- The Data Elements for the Model Credentialing Application (2016)
- The Verification of Graduate Medical Education Training (VGMET) Form (2016).

Between 2017 and 2019, NAMSS focused Roundtable topics on big-picture technology concepts that could either influence, or potentially transform, healthcare credentialing. In preparation for positive technological disruptions, NAMSS also sought to influence and implement changes that would enable Medical Service Professionals (MSP) to focus on quality assessments—and less on duplicative tasks that the current system requires.

Modernizing the credentialing process is critical to this effort. NAMSS anticipates and welcomes changes brought on by standardized, open-sourced technologies, and continues to prepare its members for Tomorrow's MSP with that concept in mind.

The COVID-19 pandemic has exasperated many inefficiencies and pain points within the practitioner and privileging processes. As we return to gathering—virtually—in a COVID world, we again seek the why, how, and the way forward for processes that affect workflow, practitioner onboarding, and resource allocation.

2021 Roundtable Discussion

Panelist Questions

- From your perspectives, which parts of the practitioner-credentialing process are working, and which parts are not?
- In an ideal world, what changes would you make to practitioner-reappointment and continuous-monitoring processes?
- What changes to current continuous monitoring standards could better reflect practitioner competency?
- Would extending the practitioner-reappointment cycle and enhancing continuous monitoring improve patient safety?
- Given what you have seen in the past few years, and to prepare the healthcare system for the future, what changes need to be made now?

General Discussion Questions

- What changes in the healthcare landscape have made extending practitioner reappointment more or less compelling?
- How has COVID-19 affected the healthcare system's ability to perform practitioner reappointment and continuous monitoring?
- What are the advantages and disadvantages of a three-year reappointment cycle?
- What are the barriers to revising policy, regulations, and standards for reappointment and continuous monitoring?
- What changes can be made now to reduce practitioner-reappointment and continuous-monitoring overlap?
- What are quality personnel's and MSPs' distinct roles in measuring competency?
- How do we establish and implement best practices for specialty-based ongoing monitoring?
- What is attainable for revising practitioner reappointment to three years and standardizing continuous monitoring?
- What organizations need to be engaged to make appropriate revisions?

Next Steps

Roundtable participants agreed to a series of next steps in evaluating and revising practitioner reappointment and continuous monitoring processes.

- Understand the origins and context for CMS' 24-month reappointment recommendation.
- Identify and develop a framework of universal standards for OPPE that consider telehealth and evolving workforce models.
- Develop a framework for a pilot that enables facilities that conduct successful OPPE to move to a three-year reappointment cycle.
- Educate practitioners and medical staffs on the standards, measures, and protocol for competency assessment.
- Strengthen partnerships with key stakeholders, such as those attending the 2021 Roundtable and all accrediting bodies.
- Continue to assess MSPs' role and develop educational programs to address knowledge and training gaps as their role evolves.

NAMSS' Government Relations team will continue to work with NAMSS leadership, Board of Directors, and partner with Roundtable participants to help develop and implement standardized elements, and practices that will enable improved practitioner assessment structures.

NAMSS thanks all of the 2021 Roundtable participants and looks forward to new and continued collaboration to create a more efficient and effective practitioner credentialing process. Please contact Molly Giammarco, NAMSS Senior Manager, Government Relations (mgiammarco@namss.org) with any questions about this report, the NAMSS Roundtable Series, or NAMSS government relations efforts.