



NAMSS 2022 Roundtable
Standardizing Quality: Best Practices for Measuring Practitioner Competency
September 8, 2022

Introduction

NAMSS' eighth-annual Roundtable, *Standardizing Quality: Best Practices for Measuring Practitioner Competency*, sought to identify—and find solutions to—systematic roadblocks, inconsistencies, and limitations that impede organizations from developing and executing best practices in practitioner assessment. NAMSS identified this topic as a result of its 2021 Roundtable, [*Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring*](#), where participants cited inconsistent continuous monitoring and quality-assessment practices as a barrier to extending practitioner-reappointment cycles.

In its virtual format, NAMSS' 2022 Roundtable brought credentialing stakeholders together from across the country to discuss the status of practitioner assessment, as well as how the above challenges can put both practitioners and patients at risk—and impede healthcare innovation overall.

The NAMSS 2022 Roundtable objectives were to:

1. Identify inconsistencies, problems, and successes in quality measurement
2. Discuss feasible approaches for implementing change in current processes
3. Identify best practice quality measures that can be implemented widely and ultimately standardized.

NAMSS' Role in Quality Assessment

NAMSS represents medical services professionals (MSPs) who oversee practitioner credentialing, privileging, and continuous monitoring processes. MSPs are a critical part of quality programs because they provide unique process and outcomes perspectives into initial and continuous monitoring. Inefficient and ineffective practitioner quality-assessment can effect practitioner well-being and growth, organizational culture, and personnel bandwidth. As quality assessment becomes more critical and complex, MSPs continue to play a vital role in identifying best practices in measuring quality that all healthcare organizations can implement.

Roundtable Discussion

Practitioner quality is an expansive subject. Through the Roundtable's panel presentation and general discussion, participants addressed a subset of this theme by focusing on the challenges and shortfalls in current practitioner-assessment processes. These challenges and shortfalls can prevent comprehensive reviews, inhibit learning opportunities, and stress organizational resources—making them a focal point for consensus-based reform. Participants discussed the importance of aligning practitioner-assessment processes with organizational culture, capturing appropriate data for measurement, and engaging practitioners to develop and implement effective quality protocols within their organizations.

The Roundtable discussion centered upon a series of themes that collectively demonstrate the complexities, roadblocks, and inconsistencies associated with quality assessment, as well as recommendations for improving organizations' processes.

- **Quality Assessment is Challenging**

Healthcare organizations are structurally, financially, and demographically diverse, and take different approaches to quality assessment. While this happens organically, factors such as size, resources, and culture can lead to process inconsistencies. The lack of uniformity in applying initial and continuous monitoring across organizations, for example, causes inconsistencies and breakdowns in quality assessment, which impedes systematic improvements. Inconsistent evaluations across organizations make it difficult to not only benchmark data, but also to implement changes that would create more effective assessment practices.

Changes in healthcare delivery, such as increases in physician-employment models, telemedicine utilization, and EHR mandates create a challenging landscape for organizations and accreditors alike. The public health emergency brought on by COVID-19 resulted in a unique set of complexities and disruptions that further affected quality-assessment processes. The resulting social distancing and remote-work models, compounded by strains upon healthcare organizations, created disconnects among organizations' staffs, disrupted existing wellness programs, and prevented accrediting bodies from performing in-person evaluations.

In coexisting with COVID-19, the healthcare industry is navigating through new territory of fostering culture among an often isolated or remote workforce, making wellness resources more accessible, assessing quality against the pandemic backdrop, and developing a plan for accumulated data.

- **Quality Assessment is only as Good as the Tools used to Measure it**

While data alone is not scarce, the lack of standardized practitioner data makes quality assessment challenging. The scarcity of benchmarked qualitative data limits the extent to which practitioners can be assessed for their work within their subspecialties, leading to limited or incomplete assessments, as well as missed opportunities for peer learning.

For optimal assessment and learning, healthcare entities need to make data more informative. For example, HCAHPS data, if used properly, could provide qualitative, patient-sourced data that could help paint a more comprehensive picture of a practitioner. Other sources exist that are either untapped or inaccessible for quality assessment and learning.

Data challenges also arise from resource limitations and inconsistent regulations. Many organizations do not have the infrastructure to expand or restructure their quality processes. While federal regulations provide some standardization, varying state regulations (e.g. peer-review requirements) prevent process convergence, which make national standards difficult to establish. The lack of aggregate data and national benchmarks thus prevent many organizations from optimally measuring quality.

EHRs are also an underutilized data source for quality assessment and information exchange. While they have the ability to glean data on the organization and practitioner levels, their lack of interoperability prevent EHRs from contributing to quality assessment. EHRs have,

for example, the ability to export data into registries, but existing silos prevent this exchange. Enabling practitioners to use these data to convey their performance records to affiliated hospitals could help standardize quality assessment across organizations. Such an open and robust information exchange would help all organizations—and would allow larger health systems to assist smaller systems in capturing practitioner data.

- **A Team-Based Approach to Quality is Optimal**

Similar to patient care, quality assessment requires a team-based approach to achieve ideal outcomes. Practitioners want to provide high-quality care and help patients achieve desired results, but need an established pathway that reflects their contributions. Identifying measures to assess quality needs to be a thoughtful, data- and consensus-driven, and risk-adjusted process to ensure buy-in and engagement from all parties—especially practitioners.

Silos result in miscommunications and misunderstandings, as well as practitioner disconnects. A quality-assessment protocol that does not prioritize communication, wellness, or culture can create a punitive environment rather than one of learning, development, and growth.

- **Culture and Wellness Affect Quality**

While culture cannot necessarily change an environment, it can change the way individuals respond to one. Culture influences practitioner-behavior assessment and is critical to a successful quality program. Developing processes to improve or strengthen a culture and refining processes to protect culture take time, consensus, and communication.

Quality assessment should measure performance and behavior in a safe and productive setting that encourages growth, camaraderie, and culture. It should not come at the expense of providing quality care or quality time with patients. Its development and implementation should be a transparent, consensus-driven process that involves all relevant parties. Further, it is important that all parties within an organization receive information on the purpose of a process or decision. Medical staff leaders, who are typically the most knowledgeable and familiar with quality assessment, are likely the best personnel to spearhead these communications.

Organizations that penalize rather than educate and encourage create an environment that discourages practitioners from admitting or discussing mistakes. Such a setting inhibits teaching opportunities for all. Roundtable participants discussed the importance of encouraging spontaneous learning through teaching moments as well as structured continuous learning opportunities (e.g. grand rounds). Participants also noted teaching hospitals as an example for quality assessment because they encourage learning through their educational emphasis in morbidity and mortality discussions.

Measurement in general should take a balanced approach. Roundtable participants cited value-based purchasing as an example of how an overemphasis on certain measurements can overlook qualitative attributes that better capture practitioner performance. Similarly, tying money-based penalties with performance can unjustly penalize practitioners (e.g. tying penalties to readmissions, which are often outside practitioners' controls).

Wellness plays a critical role in developing a healthy organizational culture and should be a priority in achieving a strong quality-assessment process. While COVID-19 disrupted many organizations' wellness programs, the resulting isolation, pressures, burnout, and health risks heighten the need for such programming. Quality assessment should encourage a safe and open space to discuss mistakes, teaching moments, and disagreements.

A healthcare organization needs to be deliberate in creating this space for discourse. Without such a space, organizations may not be psychologically safe places to be open and honest.

Roundtable Take-Aways

Change is hard, especially with limited standardization and stretched resources. Healthcare organizations face financial challenges and intense strain overall, which limits what they can devote to quality and wellness initiatives. Actions and efforts pursued today, however, can help facilitate necessary change, even if gradual. The following items are actions, concepts, and opportunities mentioned during the Roundtable.

- **Involve Practitioners:** Work with practitioners to design and implement quality-assessment processes, as well as identify indicators that ensure robust measurements across specialties. To help develop and foster an enriching quality program and culture, organizations should engage with practitioners to enhance quality processes and encourage their participation.

One opportunity for practitioners to do so is to engage with on-site surveyors on what they see other organizations using for quality assessment. Similarly, organizations should embrace patient-safety groups and provide a forum for open discussion that includes practitioners.

- **Help Technology become a Tool for Quality:** Engage EHR vendors, HIMSS, similar non-profit entities, and other software companies to help increase interoperability and make EHR outputs more useful to organizations and practitioners.
- **Focus on Organizational Culture and Wellness:** Determine what needs to be enhanced or changed by looking inward to current protocols, as well as outward to other organizations or models. Involve practitioners in designing and implementing quality assessment, as well as identifying measures that ensure robust assessment across specialties.
- **Engage Regulators, Accreditors, and EHR Vendors:** Work with entities that can make a difference. Standardization, through CMS Conditions of Participation, accrediting organization requirements, and legislation can facilitate consistencies and efficiencies (e.g. EHR interoperability), enabling more uniformity and continuous data exchange.
- **Embrace Opportunities to Change (even if they require upfront resources):** Prepare for short-term costs and disruptions that often accompany long-term benefits of systematic change. Allowing upfront costs to overshadow these benefits can result in missed opportunities and long-term costs.

The Joint Commission and the Accreditation Commission for Health Care, for example, recently extended their reappointment requirement to three years. DNV also allows its

organizations to reappoint practitioners every three years. While revising reappointment processes requires upfront resources, organizations will benefit in the long term. Their medical staffs will undergo fewer evaluations, enabling MSPs to focus more on continuous monitoring and privileging.

- **Look for Existing Models:** Find examples of consensus-driven resources that provide a foundation for specific healthcare personnel topics.
- **Continue the Discussion:** Continue to work with NAMSS, Roundtable attendees, and other relevant parties to identify attainable priorities within quality.

Conclusion and Next Steps

NAMSS' stakeholder and government relations team looks forward to working with NAMSS' Board of Directors and Roundtable participants to help develop and implement standardized elements and practices that will improve practitioner-assessment processes. NAMSS stands by as a resource for achieving the initiatives discussed during the Roundtable and looks to Roundtable participants as partners in these efforts.

NAMSS thanks all of the 2022 Roundtable participants and looks forward to new and continued collaboration to create more comprehensive and effective quality-assessment processes.

Please contact Molly Ford, NAMSS Senior Manager, Government Relations (mford@namss.org) with any questions about this report, the NAMSS Roundtable Series, or NAMSS government relations efforts.

Appendices

Appendix A: 2022 NAMSS Roundtable Participants

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

- American Board of Medical Specialties (ABMS)
- Accreditation Commission for Healthcare (ACHC)
- Accreditation Council for Graduate Medical Education (ACGME)
- American Hospital Association (AHA)
- American Medical Association - Organized Medical Staff Services (AMA-OMSS)
- Centers for Medicare and Medicaid Services (CMS)
- DNV
- Federation of State Medical Boards (FSMB)
- Health Resources & Services Administration (HRSA)
- Medical Group Management Association (MGMA)
- The Joint Commission (TJC)

NAMSS would like to thank its 2022 Roundtable Panel Participants

- Tom Granatir (ABMS)
- Mark Smith, MD, MBA, FACS, FACHE, CPHQ (Independent Sr. Healthcare Consultant)
- Michel Callahan, JD (Katten, Muchin, Rosenman, LLP)
- Moderator: Brian Betner, JD (Hall, Render, Killian, Heath & Lyman, P.C.),

Appendix B: Resources Mentioned During the Roundtable

- Wellness Resources and Models
 - AMA and the American College of Surgeons repositories
 - Vanderbilt University Resources
 - The Center for Professional Health
 - The Center for Patient and Professional Advocacy
 - Virginia Mason Institute (practitioner burnout).
- Quality Programs and Models
 - NAMSS *Quality Toolkit for MSPs*
 - CMS' annual Quality Conference
 - CMS' Open Provider Forum (first Friday of each month)
- Information Sources
 - AMA Ambassador Program, Morning Brief, and Weekly update
 - AHA's Public Health Commission
 - AHRQ's resource libraries
 - CMS' Office of Clinical Engagement
 - The National Quality Forum
 - NAMSS *Common Application for Credentialing*
 - NAMSS-ATA (American-Telemedicine Association) *Credentialing by Proxy Guidebook*