

Negligent Credentialing – How Can Risk Management Help

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What is Negligent Credentialing?

Respondeat Superior Doctrine –
“Let the Master Answer”

Patients have a right to expect the hospital has taken adequate steps to ensure the competency of the healthcare providers they allow to work there.



A 2012 Illinois case illustrates the high stakes of professional credentialing and privileging:

- Podiatrist performs surgery on a diabetic patient's foot and an infection led to amputation
- Jury awarded an \$8 Million dollar settlement
- The Podiatrist settled for \$900K
- The hospital was found to have vicarious liability and awarded the injured patient \$7.7 Million

The reason? The Podiatrist was allowed to maintain surgical privileges even though he did not meet the established credentialing requirements for postgraduate and board certification.



Professional Credentialing History in the U.S.

- 1751
 - Benjamin Franklin founded Philadelphia Hospital in 1751
 - Rigorous evaluation of competency (demonstrated)
 - Professional Licensure
- Today
 - Numerous training programs and specialties
 - Not all healthcare providers are created equally
 - Trust but Verify - for all



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Credentialing vs Privileging

Credentialing

A comprehensive examination through review of documents and other means to validate the competency of a healthcare provider who is considered an independent provider.

Privileging

Authorization given by a governing body to a healthcare provider to treat certain conditions and/or perform medical procedures on patients.

Both processes are critical to ensuring high quality and patient safety, accreditation, adherence to state and federal laws and to avoid fraud and abuse in billing. The reputation of an organization is highly dependent on its Organized Medical Staff and how well these processes are managed.



Who Performs These Functions?

- Delegated function by the Board to the Organized Medical Staff
 - Medical Staff Office
 - VPMA
 - Commercial Credentials Verification Organization (CVO)
 - Other Delegated Arrangements
- ‘Credentialing’ Focuses on Document Gathering and Review/Evaluation.
- Decision-making cannot be delegated. It is the responsibility of the Medical Staff to conduct a thorough review of the collected information and make a recommendation.
- Only the Governing Board can grant appointment



How Often?

- Initial Appointment
 - Prescribed Application Form / Standardized in Many States
 - Must be complete
 - No privileges unless a complete application is verified
 - Initial appointment can be for any length of time but no more than two years
- Reappointment
 - Privileges expire at the end of an appointment.
 - Re-verification of current competency
- Privilege Request/Scope Change
- Ongoing Surveillance of Dynamic Credentials



Verification from Sources

- Primary Source Verification
 - Information received directly from the original issuing entity.
- Equivalent Sources
 - Entities who are approved to verify data through the primary source. These sources can vary by state and accrediting organizations.
- Secondary Sources
 - Verification that is done from another facility through a review of primary sourced documentation by another entity. Unacceptable form of validation for many data elements. Used in other circumstances when all other options to obtain the information have been exhausted.



Industry Standards

- Verification of Identity
 - Government Issued Photo Identification (Request to see the original)
- Education and Training
 - Directly from the Medical School
 - All Training programs (including medical school, internship, residency, fellowship)
 - ECFMG
 - All gaps must be explained
- Military Service
 - DD214 or NPRC



Industry Standards

- Professional Licensure
 - All states
 - FSMB
 - NPBD
- DEA and State DPS
 - DEA, NTIS, State DPS
- Board Certification
 - Certification Boards or ABMS, ABPS, AOA



Industry Standards

- Practice History and Affiliations with other Healthcare Entities (all entities)
 - Complete and Comprehensive work history (dates of service)
 - At least 5 years
 - Directly from Hospitals or Employer
 - NAMSS PASS®
- Criminal Background Checks
 - Mandatory in some states
- Sanctions – Excluded Providers
 - Federal, State
 - Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE)



Industry Standards

- Ability to Perform – Health/Mental Status
 - Attestation, Physical Assessment
- National Practitioner Data Bank (NPDB)
 - Mandatory Query at time of privileging
 - Sanctions, criminal convictions, civil judgments, malpractice history
- Malpractice Insurance (and claims history)
 - Coverage History
 - Open Cases
 - Current Certificate



Industry Standards

- Procedure logs
 - Signed by Residency Director
- Peer Evaluations (References)
 - Past two years
- Phone Interviews (ask about where else the physician may have practiced)
 - Any issues with clinical documentation (impacts billing, quality scores)
 - Inquire about behavior (promotes just culture, safe work environment)
- Use of Pre-Application Process
 - Screens out applicants who do not meet minimum requirements established by the Medical Staff



Pitfalls / Challenges

- Prior Work History
- Basic letters of endorsement
- Relationship of Peer References (family, colleagues)
- Unexplained gaps in practice or training, malpractice coverage
- Short Tenures at healthcare organizations – Many practice moves
- Core Privileges
- Pressure by Physician Group or even Hospital Administration



Risk Assessment



- Create Checklist of Best Practices
- Read the Bylaws and Medical Staff Governance Documents
- Who Oversees the Collection of Credentials Documents?
(CPMSM or CPCS)





Risk Assessment

- Interview Department Chairs, Credentials Committee Chair about process
- Periodic Assessment
 - Medical Staff Office Turnover
 - New Credentialing Vendor
- Attend Accreditation Surveys when Medical Staff Standards are Assessed
- Medical Staff Leaders Oriented/Educated on the Credentialing Standards



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Great! We have a fully credentialed and competent physician on our staff. . . .

Now what?





Ongoing Competency

In 2007, the Joint Commission integrated six general competences into the Credentialing & Privileging processes and set expectations for *continuous* evaluation of practitioner's performance.

- Patient Care
- Medical/Clinical Knowledge
- Practice-based Learning & Improvement
- Interpersonal & Communication Skills
- Professionalism
- Systems Based Practice



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Key Players for Success

- Ongoing Competency Key Players
 - Provider
 - Medical Staff Leadership
 - Hospital Leadership
 - Bylaws, Rules & Regulations and Policies & Procedures
 - Education, Training and Resources



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FPPE

- Focused Professional Practice Evaluation
 - Process whereby the organization evaluates the privilege-specific competence of the practitioner who does not have documented evidence of competency performing the requested privilege(s) at the organization.
 - This process may also be used when a question arises regarding a currently privileged practitioner's ability to provide safe, high quality patient care.



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FPPE

- Focused Professional Practice Evaluation
 - Consistently Applied
 - Time Limited
 - Used for Newly Appointed Physicians
 - New Procedures
 - Triggered from Ongoing Review (Peer Review)
 - Low Volume – High Risk Procedures
 - Returning Physicians from Leave of Absence
 - Defined by the Medical Staff Policies



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FPPE

- Defined time period (Typically less than 12 months)
- Proctoring
- Retrospective Review of Patient Records
- Reports (ALOS, Mortality, Infection Rates)
- Department Chair (or Designee) Evaluates
- Continue FPPE or move to OPPE



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Conduct Risk Management Assessment

- Need to collaborate on providers privileges to reduce risk
- Privileges – case logs reflective of privileges requested
 - Proctoring
 - Retrospective Review of Patient Records
- Hospital's identified risk assessment privileges
- Current or past hospital affiliations restriction of membership and/or privileges
 - Contact the MSO



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OPPE

- Ongoing Professional Practice Evaluation
 - Applies to all credentialed members of the Medical Staff/ Consistent Implementation
 - Requires data – provided by multiple departments
 - Ongoing Monitoring and defined intervals
 - Medical Staff must evaluate and act upon identified trends or reported concerns regarding a privileged practitioner's clinical practice and/or competence (Joint Commission MS Standards)



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What to Look for

- Consistent Implementation
- Data is Provided in the Six ACGME Core Competencies
- FPPE/OPPE Reports are evaluated at specified intervals
- Medical Staff Leadership Reviews and Recommends to Medical Executive Committee/Peer Review Committee
- Corrective Actions are taken to ensure patient safety
- Documentation of OPPE is filed in the Physician's Quality/Peer Review File



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Conduct Risk Management Assessment

- Need to collaborate on providers privileges to reduce risk
- Privileges – identified concerns regarding privileges requested
 - Proctoring
 - Retrospective Review of Patient Records
- Hospital's identified risk assessment privileges
- Coordination with MSO of provider's next
 - OPPE review
 - Reappointment



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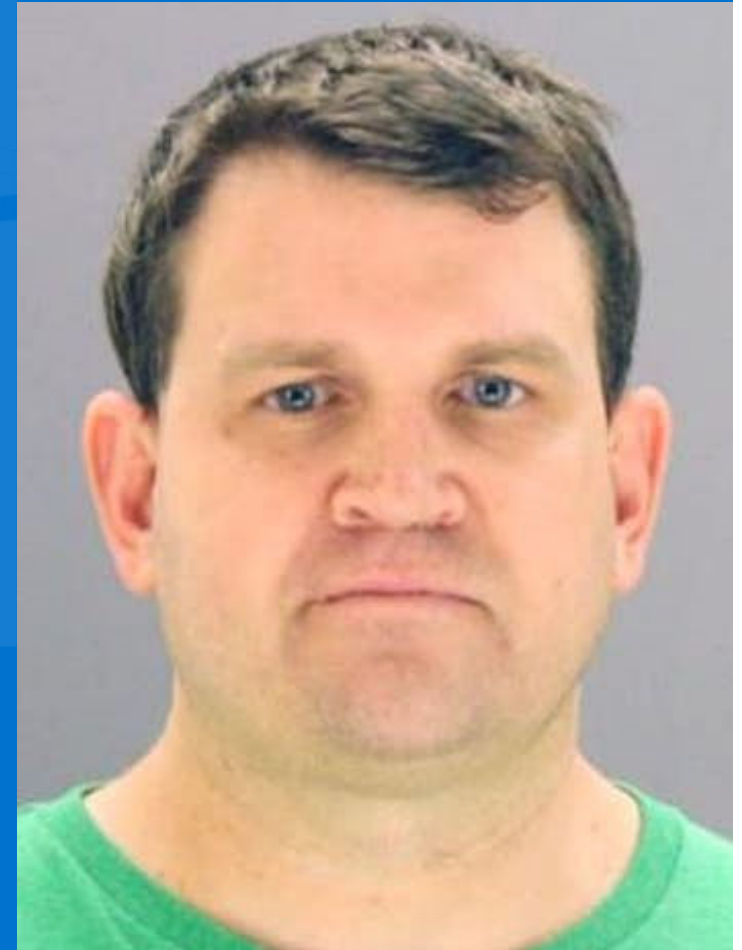


Dr. Christopher Duntsch (AKA Dr. Death)

You Tube:

News story on Christopher
Duntsch

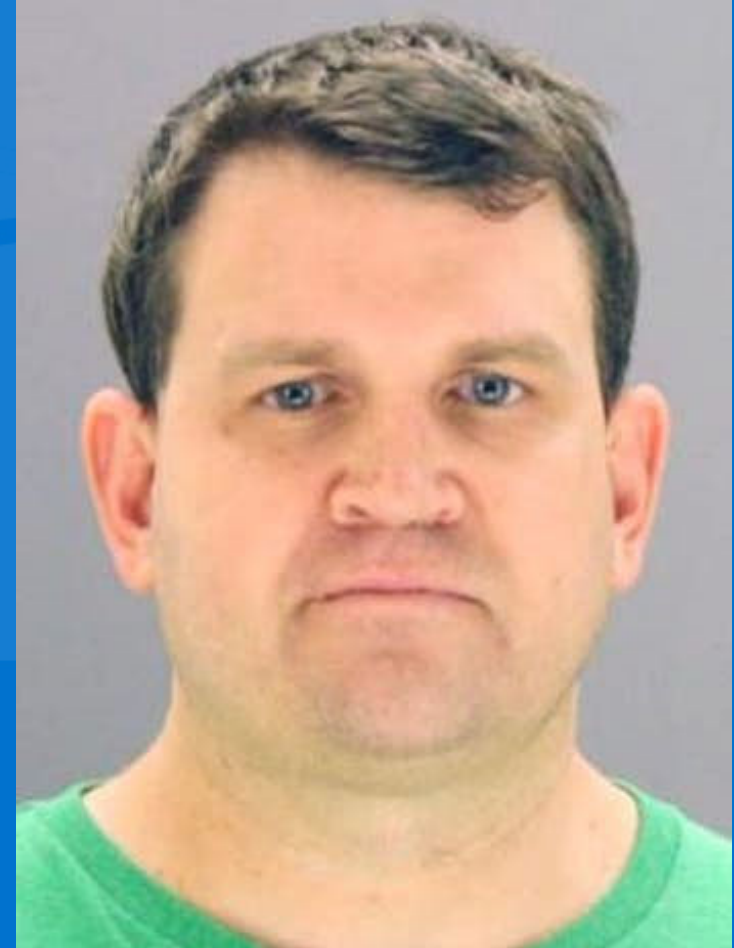
<https://clicktime.symantec.com/3UvSGCymLVfPUfAM1W8ZRYM7Vc?u=https%3A%2F%2Fwww.youtube.com%2Fwatch%3Fv%3DDaN-D2iDYvw>





Dr. Christopher Duntsch (AKA Dr. Death)

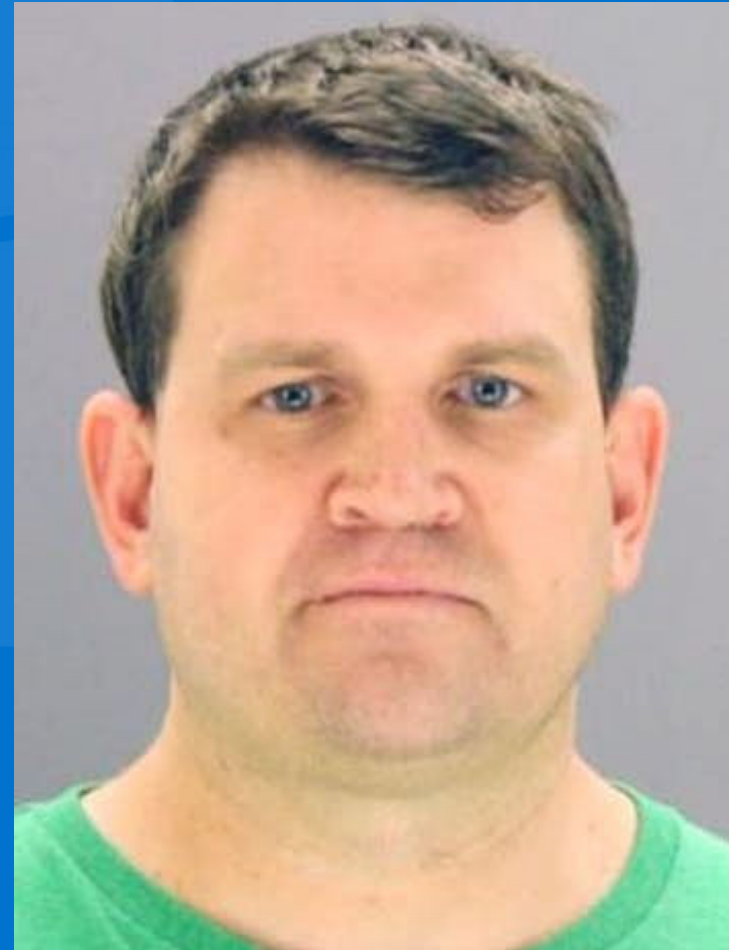
- Email reveals him mentioning wanting to become a cold blooded killer in December 2011
- Operates on childhood friend that loses more than two liters of blood during the cervical fusion surgery
- Accused of injuring more than 30 patients in a short period of time
- Doctors who watched Duntsch perform surgery or went in behind him to repair his mistakes reported grabbing instruments away from him and filing complaints about him to little avail





Dr. Christopher Duntsch (AKA Dr. Death)

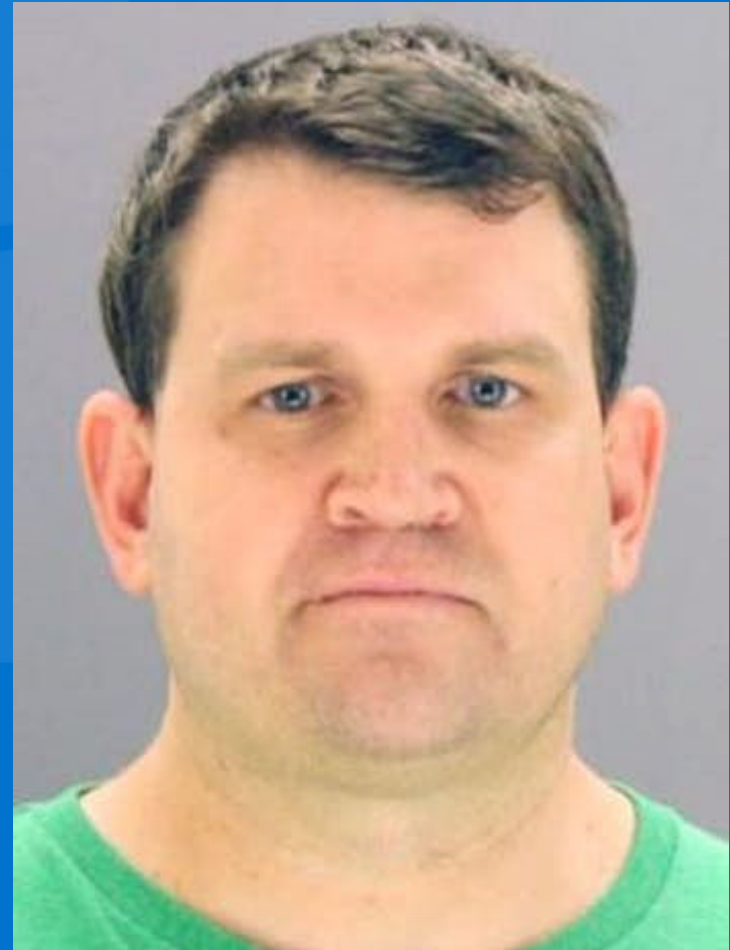
- One operation resulted in a lost of a half-gallon of blood and the full use of legs; the doctor that attempted to reverse the damage admitted Duntsch had “done virtually everything wrong”; an implant that should have been on a bone was found in a muscle and a screw had been drilled into her spinal cavity
- A patient that died within hours of surgery after Dr. Duntsch drilled through a blood vessel





Dr. Christopher Duntsch (AKA Dr. Death)

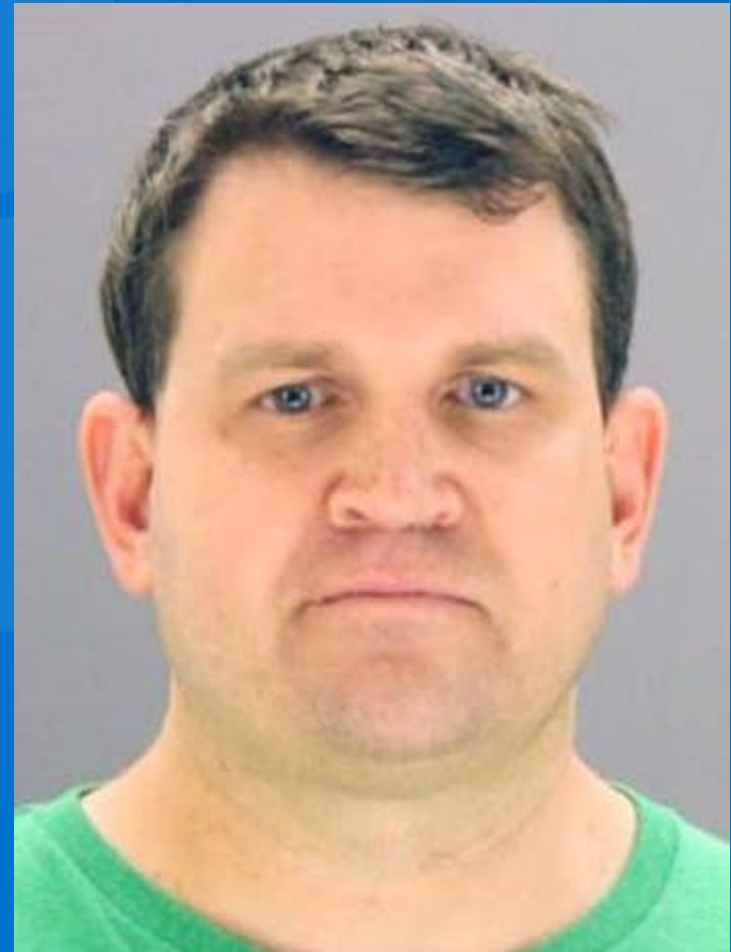
- Disc removal and fusion surgery resulted in a brainstem stroke that left the patient brain dead
- Removed bone from an area that wasn't required "by any clinical or anatomical standards"
- Left a sponge inside the patient





Dr. Christopher Duntsch (AKA Dr. Death)

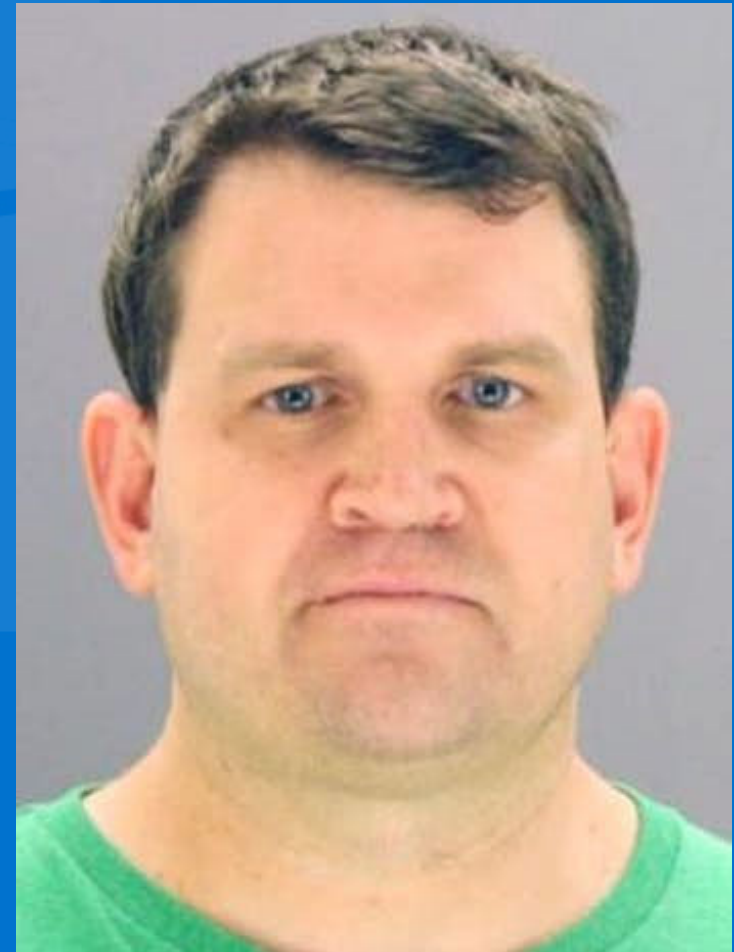
- Dr. Death, a six-episode podcast from Wondery and Journalist Laura Beil, a former Dallas Morning News reporter, explores the life of Christopher Duntsch, who a colleague once referred to as a sociopath and a "clear and present danger" to patients.
- Duntsch, who bounced around hospitals in North Texas, was arrested in July 2015 in Colorado, about a year and a half after his medical license was revoked. He was jailed in Dallas County on five counts of aggravated assault causing serious bodily injury and one count of injury to a child, elderly or disabled person.





Dr. Christopher Duntsch (AKA Dr. Death)

- In December 2013, Duntsch's state medical license was revoked.
- In 2017, Duntsch was sentenced to life in prison. He will be eligible for parole in 2045 when he is 74.





References

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Questions

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