Greeley

Privileging of Low Volume/No Volume Practitioners

Background:

Changes occurring in hospitals and medical staff practices today increasingly challenge hospitals with how best to address practitioners who have little or no clinical care volume in the hospital (hereinafter referred to as low volume/no volume practitioners). The forces driving these changes are powerful and growing, including:

- Rapid growth of hospitalist programs
- Outpatient settings offering better practitioner productivity with fewer hassles
- Physicians seeking enhanced revenues from provider owned outpatient facilities
- Technological advances expanding the minimally invasive procedures that can safely be performed in outpatient settings
- Increasing numbers of practitioners seeking a better balance for their professional and personal lives
- Active efforts to reduce or avoid ED call responsibilities

These forces are creating an ever growing number of practitioners who practice in the community yet have little or no practice at the hospital. Some of these practitioners still want to maintain a relationship with the hospital and its medical staff while others do not. Sometimes a practitioner's interest in clinical privileges is driven solely by the requirement insurance companies and managed care plans have that practitioners on their panels maintain hospital clinical privileges. Yet even this requirement is going by the wayside in a growing number of markets.

Regulatory bodies are placing greater emphasis on linking privileges with demonstrated current competency. At the same time, the increasing number of non-hospital based practitioners creates a challenge for maintaining effective and productive relationships between these practitioners and the hospital in order to support the hospital's mission, vision and strategic plan.

Together, these changes make it critical for hospitals to achieve the following three goals:

1. Meet legal and regulatory requirements;
2. Ensure all practitioners are only granted privileges for which they have demonstrated current competence; and
3. Build and maintain strategic relationships between the hospital and practitioners who rarely or never practice within the organization.

This low volume/no volume practitioner policy is designed to provide guidance to the medical staff, management, and governing board of [HOSPITAL] in pursuing these goals.

Strategically it is important that hospitals and medical staffs separate membership from clinical privileges. Many hospitals and medical staffs have medical staff categories allowing the practitioner to maintain a relationship with the hospital without the granting of clinical privileges. Please note that design of membership categories should be done carefully and thoughtfully. Developing and adopting a low volume/no volume practitioner policy is not

intended to replace this process. However, discussion of this policy might cause some medical staffs to adopt a simpler, more rational approach to medical staff categories.

Policy

It is the policy of [HOSPITAL] to grant practitioners clinical privileges only based upon evidence of current competence. It is also the policy of [HOSPITAL] to encourage and develop collaborative, mutually beneficial relationships with low volume/no volume practitioners that support the hospital's mission, vision and strategic plan.

Procedure

1. In order to provide clear guidance to the medical staff, management, and governing board in addressing issues related to low volume/no volume practitioners, the board will maintain a strategic medical staff development plan that is updated at least every [one to two] years. This plan will support productive, collaborative relationships between [HOSPITAL] and low volume/no volume practitioners to fulfill the hospital's mission, vision, and strategic plan.

2. In considering applications/reapplications for low volume/no volume practitioners, the medical staff and governing board will separate decisions related to privileges from decisions related to medical staff membership.

    - Privileges are granted based upon the degree to which the practitioner meets the criteria for privileges requested, including evidence of current competence.
    - Appointment of a practitioner to a specific medical staff membership category will be made consistent with the medical staff bylaws and the medical staff's desire to enfranchise practitioners who fulfill an important strategic role and support the mission of the medical staff and the hospital.

3. Low volume/no volume practitioners fall into different types based upon the nature and location of their practice. Verifications are obtained in accordance with the hospital's credentialing policy. Since there is insufficient internal performance data for low volume/no volume practitioners, this information must be gained from external sources. The table below identifies the competency data that will be gathered and the source(s).

Clinical activity	Evidence of competency
Active inpatient practice at one or more other institutions	• NPDB • Professional liability actions • Sanctions • Peer references • Peer review results at other inpatient institutions (*if available)
Active practice at an ambulatory facility (e.g. ASC, endoscopy suite), but with little or no inpatient activity)	• NPDB • Professional liability actions • Sanctions • Peer references

	• Peer review results at ambulatory facilities (*if available)
Active outpatient practice (e.g. physician office or clinic), but with little or no inpatient activity	• NPDB • Professional liability actions • Sanctions • Peer references • Peer review results (*if available)
Active practice elsewhere, but who provides necessary clinical services (e.g. locum tenens or consultants)	• NPDB • Professional liability actions • Sanctions • Peer references • Peer review results at other inpatient institutions (*if available)
Little or no recent clinical practice due to a LOA and who wish to return to practice (e.g. a practitioner returning to practice after family and medical leave - FMLA)	See hospital policy on reentry

4. The applicant must meet the hospital and the medical staff's eligibility criteria in order for the application to be processed.

5. The applicant has the burden to produce adequate information to establish current competence for requested privileges. If information is not provided that is needed to assess current competency for specific privileges, the practitioner's request for those privileges will be considered incomplete and will not be processed.

* If peer review results or performance data is not available, options for obtaining competency information include appointing an outside expert to review the practitioner's patient records and collecting performance data through external competency reports such as a healthplan's quality profile or "report card" for the practitioner.