

Ambulatory Care Program:
**The Who, What,
When, and Where's**
of Credentialing and Privileging

Note that this was originally documented as three-part series of blogs on credentialing and privileging provided basic definitions, tips on how to develop a process, and finally, tips on how to implement your organization's process. This series was provided to help you find the most efficient way to respond to what many consider one of the most challenging standards of The Joint Commission. We hope you have found these tips useful, and will keep them handy as you prepare for your next survey, or as you consider Joint Commission accreditation.

WHO?

An "LIP" is a licensed independent practitioner, defined as an individual, as permitted by law and regulation, and also by the organization, to provide care and services without direction or supervision within the scope of the individual's license and consistent with the privileges granted by the organization. Each state has different laws defining who can practice without supervision. For example, nurse practitioners are licensed in 17 states as "independent practitioners" or, LIP's; for the remaining states, they are licensed as practicing "under supervision of an LIP." Bottom line: check your state for which professions are licensed to practice independently.

WHAT?

Credentialing is the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization. Credentials are documented evidence of licensure, education, training, experience, or other qualifications. Examples of credentials are a certificate, letter, or experience that qualifies somebody to do something. They can be a letter, badge, or other official identification that confirms somebody's position or status. Your organization obtains primary source verification of the LIP's education, training, certificates and licensure from the primary source, and maintains the file of information.

OR, your organization can employ/have an agreement for a Credentials Verification Organization – commonly called a "CVO" – obtain the primary source verification for you. A CVO is defined as any organization that provides information on an individual's professional credentials. An organization that bases a decision in part on information obtained from a CVO should have confidence in the completeness, accuracy, and timeliness of the information.

Privileging is the process whereby the specific scope and content of the patient care services (that is clinical privileges) are authorized for a healthcare practitioner by a health care organization, based on an evaluation of the individual's credentials and performance. A 'privilege' is defined as an advantage, right, or benefit that is not available to everyone; the rights and advantages enjoyed by a relatively small group of people, usually as a result of education and experience.

WHEN?

Practitioners are credentialed and privileged – that is, your organization verifies the qualifications, education and license – upon hire and every two years (except Illinois, which is every three years). Privileges are granted by the governance of the organization after evaluation of the education and training the provider has presented. Privileges allow the LIPs to perform, or give the care treatment and services requested by the organization to their patients.

WHERE?

Privileges are specific to services provided at the location, e.g., primary care, surgery, diagnostics, etc. The elements are the facility, equipment, qualified staff, and financial resources. Privileges can only be granted by the organization for services that are performed in the environment or the organization's location/building.

For example: a physician could have many skills that may be performed in a hospital environment, such as cardiac catheterization. The same physician could have patients in your ambulatory care environment – although he/she is able to do a cardiac catheterization, your ambulatory care setting does not have the facility or equipment to support the privilege of performing this procedure. The privilege offered to the physician might be to remove sutures from the procedure, assessment of patient status or other 'office based' procedures.

Simply said: credentialing verifies the education and training – which allows your organization to grant privileges to a licensed independent provider to perform in your ambulatory environment.

The multiple credentialing and privileging tasks for ambulatory care organizations are found in standard HR.02.01.03. The process is needed when the provider is licensed to provide care WITHOUT supervision. For example, a licensed physician is able to practice/provide care, treatment or services WITHOUT supervision – by law. An RN/LPN is licensed to provide care WITH supervision, within the regulations of their license. States differ on which different professions can practice with or without supervision. For example Registered Nurse Practitioners, in 17 states, are licensed as WITHOUT supervision, and in the rest of the states, WITH supervision. Individual state's laws and regulations can be found in each state's official website.

TIP- The primary source verification of relevant training can be obtained by using one of the “Designated Equivalent Sources”, which are outlined in HR.02.01.03 EP 3 CAMAC 2014 edition. They are sources that are approved by The Joint Commission to provide Primary Source Verification for education and training.

Below is a list of tasks/requirements to ensure that your patients are receiving care from credentialed individuals who are privileged by your organization to practice without supervision.

1. Define the scope of the care your organization is providing.
2. Identify which practitioners are considered licensed independent practitioners (LIP), who will then be required to be credentialed and/or privileged. Check your individual state law and regulations – your state “practice act” defines whether the license allows the profession to “practice independently” or “may practice with supervision.”
3. Identify the scope of practice for each type of LIP in accordance with your law and regulation. Scope is the term for the task/privilege the LIP will be providing to your patients.
4. Define the qualifications, (based on your scope of care, or the services you are providing) that the LIP must possess to be privileged to practice in your facility. Simply said, what qualifications do you want the LIP to have in order to provide care in your organization? For example:
 - Education, training and experience
 - Specialty areas of practice
 - Board certification, etc.

Note that The Joint Commission does not require any defined qualification; your organization determines what is required. The qualifications need to be specific to the privilege being granted for safe, competent patient care.

5. Each practitioner needs to formally request privileges to provide specific care or treatments. Methods include:
 - Use of a formal application
 - Letter of request
 - Conversation with the medical director who documents the request
6. Obtain required credentialing information for credentialing core criteria: Current license, including all actions against the license:
 - Primary source verification (PSV) of relevant education, training and experience
 - Current competence (letters from practitioners personally acquainted with the applicant's performance)
 - Querying (asking for/requesting formally) the National Practitioner Data Bank (NPDB) for sanctions against the LIP's license

7. **NEXT** Transfer information from the organization that has done the primary source verification, to your files

8. Verify any organization-specific requirements such as:
 - Board Certification, if required
 - DEA (Drug Enforcement Administration) certification with expiration date
 - Current malpractice insurance and expiration

9. Obtain a written statement from the licensed independent practitioner covering:
 - Any existing health problems that could affect his/her ability to perform requested privileges. (Does not have to be a physical – can be simply a statement. Your organization decides. For example, consider ADA – Americans with Disabilities Act)
 - Challenges to licensure or registration
 - Any voluntary or involuntary relinquishment of license or registration
 - Voluntary and involuntary termination of medical staff membership at another organization
 - Any voluntary or involuntary limitation, reduction, or loss of clinical privileges
 - Any professional liability actions that resulted in a final judgment against the applicant.

10. Medical director assesses the information to determine if it meets the required qualifications.

11. The medical director obtains formal approval from the appropriate leaders (governing body, administrator, medical director – your organization determines your governance, and rules and regulations of your organization) with a recommendation to the governing body to privilege an individual to practice in the facility.

This can be documented in governing body meeting minutes, but remember to document which privileges are granted, the appointment or privileging time period not to exceed 2 years.

12. Notify the practitioner in writing of the decision.

13. Document and maintain evidence of the appointment in the practitioner's credentials file.

14. Develop a system to keep the information which is subject to change – such as licensure, DEA certification, and board certification – current.

While this may seem to be a very intimidating list, it is all necessary to properly credential and privilege your LIP's to ensure safe provision of LIP/unsupervised care, treatment and services. It takes a very organized person to keep all information in order and then follow up with re-privileging every two years. The credentialing of education/training is only updated if the LIP has attended additional training, or earned additional credentials or a revision and addition of a privilege.

More tips:

- Know the basics – understand the concept of credentialing (obtaining, verifying and assessing the qualifications of a practitioner) and privileging (granting the qualified provider authorization to provide care, treatment and services).
- Organization leadership: ensure that all resources are available to provide competent providers, and have medical staff leaders to guide the definition of scope of practice for each type of LIP who will be required to be credentialed and privileged or denied.
- Human Resources: provide sufficient staff, who are competent, are given enough time, tools, and an environment to support complete data collection and assessment.
- Develop organization process to review and evaluate the current credentialing and privileging information to grant initial, renewed, or revised privileges every two years.
- Be organized! Have files and storage capabilities for all primary source data, updated licenses, peer reviews, etc. All components of the requirements can be found in the CAMAC, Section II. Licensed Independent Practitioners (HR.02.01.03 – HR.02.04.01).
- Monitor and evaluate the collection of information and reporting to medical leadership in a timely manner to ensure that all LIP's are renewed before the 2 year cycle expires. If a provider is not privileged, he/she cannot practice – simply said: they cannot take care of patients unless they are currently licensed and privileged.
- Analyze and assess your process and collect data and make improvements based on data. A proactive analysis of the work flow often is very helpful to be sure that the process is working. If you find that you are doing too many work-a-rounds, go back and assess your entire process.

THE SURVEY

What to expect.....how to be prepared!

The Survey Activity Guide is a great resource and provides the “curriculum” and expectations of all onsite survey activities related to credentialing and privileging.

The purpose of the Competency Session during the survey is to:

- Learn about your competence assessment process for LIPs and other credentialed practitioners (Nurse Practitioners, Physician Assistants, etc.)
- Learn about your orientation, education and training process as it relates to LIP’s and other credentialed practitioners
- Learn about your Credentialing and Privileging process in general

Survey Session - general information

- Lasts 30 to 60 minutes
- Includes the following attendees: Surveyor, staff responsible for HR processes; staff responsible for credentialing and privileging
- File review to demonstrate maintenance of competency records
- Surveyors identify specific LIPs (and staff) whose files they would like to review
- Although chosen randomly, selection often includes LIPs who were involved in tracers, or leadership of organization

For more questions regarding credentialing and privileging, or any other questions regarding standards compliance, please submit an online question or call 630-792-5900, option 3. Have your health care organization (HCO) ID handy.

