

Medical Staff Briefing

Pioneering efficient team structures in medical staff services

by Dom Nicastro

Terry Wilson, BS, CPMSM, CPCS, director of the medical staff services department at Flagler Hospital in St. Augustine, Florida, knows full well the role of leaders in medical staff services is both pivotal and challenging. Managing a team efficiently, adapting to ongoing changes, and ensuring the highest standards of care and service are paramount.

Wilson draws on her extensive experience and innovative leadership approach in what she calls a demanding yet rewarding role. **MSB** caught up with her to discuss strategies for team management, process improvement, fostering a supportive work environment, navigating complex credentialing processes, and maintaining a balance between professional demands and personal well-being.

Comprehensive team structure and role specialization

Wilson's approach to team structure in the medical staff services department is to be as efficient as possible while providing expertise. By having her team members specialize in specific departments, such as cardiology or pediatrics, she ensures that each area receives focused attention from an expert well versed in its unique requirements.

Wilson's team is currently a trio. This team, under Wilson's direction, is strategically structured for efficiency and specialization. While a former medical staff specialist—a jack-of-all-trades that handled daily operational tasks—has left, the remaining members are focused on credentialing.

The team is spearheaded by Wilson, the director, supported by a lead credentialing specialist, who oversees the entire credentialing operation, and another credentialing specialist. They've adopted a departmental division of labor, allowing each member to concentrate on specific medical fields, thus fostering a deep specialization and understanding of the nuances within each area.

"We divide our workload pretty much," Wilson says. "I'm the management piece, and then they divide it by departments. We like it that way because you really get to specialize. A cardiology department is so unique, and they have so many different subspecialties and delineation of privileges. And instead of having everybody with their hands in the pot, I have one person who does only cardiology. ... So, they know everything that's going on with their particular specialties."

This system, which contrasts with the team's former practice of dividing tasks by appointments and reappointments, caters to the management of approximately 670 providers. Wilson believes in the intrinsic motivation of her team, attributing their success to the innate drive of each member to perform well and meet deadlines.

Creating a supportive and open work environment

Wilson emphasizes the importance of a supportive work environment, especially in high-stress jobs. She suggests creating a safe atmosphere behind closed doors where staff can freely express frustrations and challenges. This open-door policy for emotional expression and venting, balanced with a strict code of professionalism in public interactions, establishes a work environment that respects both the emotional well-being of the staff and the professional standards of the workplace, she says.

"I think it's really a matter of keeping a relaxed atmosphere in the office when there are no physicians present," Wilson says. "It's a safe atmosphere behind our closed doors. But once obviously a physician or anybody else walks in our office, we are on stage, we're 100% professional."

Having a safe spot when the doors are closed to be human with each other is critical, she says.

"We all have emotions and feelings, and we get angry, and we have bad days and we can just talk it out and know that we're there for each other," Wilson says. "That's the key to keeping all of us sane because we all need it. There are times when even I need somebody to vent to, and it's good to know that the team has my back."

Navigating process improvements and change management

In addition to ensuring the well-being of employees, there is credentialing work to be done. One of the big changes in that work came in the transition from a two-year to a three-year provider reappointment process, a move approved by The Joint Commission. It's now been a full year with the new reappointment cycle.

In Wilson's department, this marked a significant example of the chance for effective change management. However, it was not too intense; Wilson describes the move as a relatively straightforward process that was well received and beneficial.

"That one was, to me—and maybe I'm just really too simplistic here—a relatively easy change," Wilson says. "It was easy to get it approved and put into effect. We just did it in a way [where] there's no downside to it at all. The first step was to get the bylaws changed after we obviously got the buy-in of the medical staff leadership."

However, she also acknowledges the nuances and potential oversights, such as updating related bylaws requirements. Wilson's experience demonstrates the importance of anticipating and addressing the ripple effects of any process change. This insight is particularly relevant for leaders in the medical field, where procedural changes can have wide-reaching implications.

"I think the only thing that caught up with me is we changed the bylaws to say you can have a three-year reappointment but then forgot that in the bylaws, there are other things attached to that reappointment," Wilson says.

For example, if 10 CMEs were required every year under a two-year reappointment cycle, the bylaws might have been written saying that 20 CMEs were needed at reappointment. Now with a three-year cycle, 30 CMEs are needed at reappointment.

"That's an example of something that initially fell through the cracks," Wilson says. "So we're just picking up those little, teeny pieces that we didn't think about initially. But the actual process of implementing a three-year reappointment was easy. We love it. And we're also looking forward to that third year down the line. When you stop and think about it, you're not going to have any reappointments one year in the near future. I can't imagine what that's going to be like."

Addressing credentialing challenges with proactive strategies

Wilson's discussion about the challenges of keeping up with credentialing, particularly with focused professional practice evaluations (FPPE), sheds light on common issues faced in medical staff services. The latest venture for her team is getting all its outstanding FPPEs for new privileges caught up.

"That's where we had a number of providers who weren't considered new anymore, but they've been on FPPE for a while," Wilson says. These providers are still on FPPE not "because they didn't do their cases; we just never had the time to run them completely through the process. So that's been our main focus over the last few months of 2023, and we'll continue it on into 2024."

Wilson says the only providers with FPPEs hanging should be the truly new applicants—those who have been on staff three to six months and whom her team hasn't evaluated yet.

"Right now we are working on some providers who have been on staff for up to two years," she says. "So we've got a little bit of work to go to finish it. But that's our number one goal."

Streamlining forms that need to be completed is one way to cut down on that FPPE backlog. "When we gave it to the evaluator, it wasn't a terribly laborious job for them to do," Wilson says.

Next, Wilson talked to all the chiefs in the departments and got them on board. "Bottom line is if somebody has been on staff here for two years, and the chief works with them every day, they don't have to pull 20 charts and review everything; they know what their associate's doing," she says. "So a lot of them don't require a lot of historical evaluation."

Wilson's team members also went after the low-hanging fruit. For example, her staff will send requests in mass to a specific director of a department and ask if they can evaluate 25 people on six core privileges.

"So we get the ones in bulk, the [ones that are] the easiest, and then we start working our way up the chain," she says.

Turnaround on new applications

One area Wilson and her team members pride themselves on is maintaining an excellent turnaround time on new applications. The goal is to have everything done and ready within 30 business days.

"I will tell you that almost all of them are to the chief within two weeks. Our turnaround time is phenomenal," she says. "I have single-digit days. And I mean thorough, entire 100% credentialing, primary source references from every place that we need them. It's amazing. And half of that is due to the software availability, with what they've done with the system. And from our perspective, we decided to attack them more aggressively, meaning we might have waited a week after we sent out our initial requests, and if we didn't get these, we would send out a second request after just a few days instead of waiting a week or so."

The key is to stay on top of them "without being obnoxious," Wilson says. "We've really worked on that. And we will continue to work on that. I'd like to be able to say we'll get all of our files down to a two-week turnaround. But we must concentrate on what we can do without sacrificing quality of work, naturally."

Emphasizing work-life balance and flexibility

Wilson recognizes the importance of work-life balance and the need for flexibility in the workplace. Her approach includes allowing remote work during emergencies while extolling the benefits of on-site collaboration. In general, the team is entirely on-site.

Wilson acknowledges the realities of working in a high-pressure environment and the need for adaptability in work arrangements.

"And we like it better that way," Wilson says, referring to the entire team being on-site. "To me, it's so much easier to get your work done. First of all, you're in a controlled environment. So that helps a lot; you don't have your distractions like the front doorbell ringing. You're in a controlled environment, but you have each other there and you can bounce ideas off of each other, get your questions answered right away instead of waiting for a text or an email or a phone call. So we actually all prefer to be here on campus. But it is nice to have the availability to work at home."

Building trust and maintaining integrity

A critical aspect of Wilson's leadership style is her emphasis on building trust with both her team and the physicians with whom they work. She advises new credentialing managers to earn trust through consistent, honest interactions and unbiased decision-making. This trust is foundational for effective leadership in medical staff services.

"The one piece of advice I've always given anybody is you've got to earn trust from your physician leaders," Wilson says. "And you do that by example, and over a period of time, you have to get them to trust that what you say is accurate and you're not biased in any way. You're there as resource and fact finder. You've got to be honest, truthful, and gain that trust."

She also advises against speaking ill of anyone, and says, "You don't go to Dr. A and start talking about Dr. B. You never know who's connected to who."

On the topic of management, treat your own staff the same way you would treat the medical staff: fairly and equitably. You have to do the same things for everybody, according to Wilson.

This all ties back into making your office a safe place. "A provider or employee needs to feel comfortable to come in and say, 'Look, this isn't working for me' or, 'I'm having trouble or I don't like this' without retribution," she says. Doing this will help providers and employees trust that your decisions are fair, even if they don't like the outcomes.

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