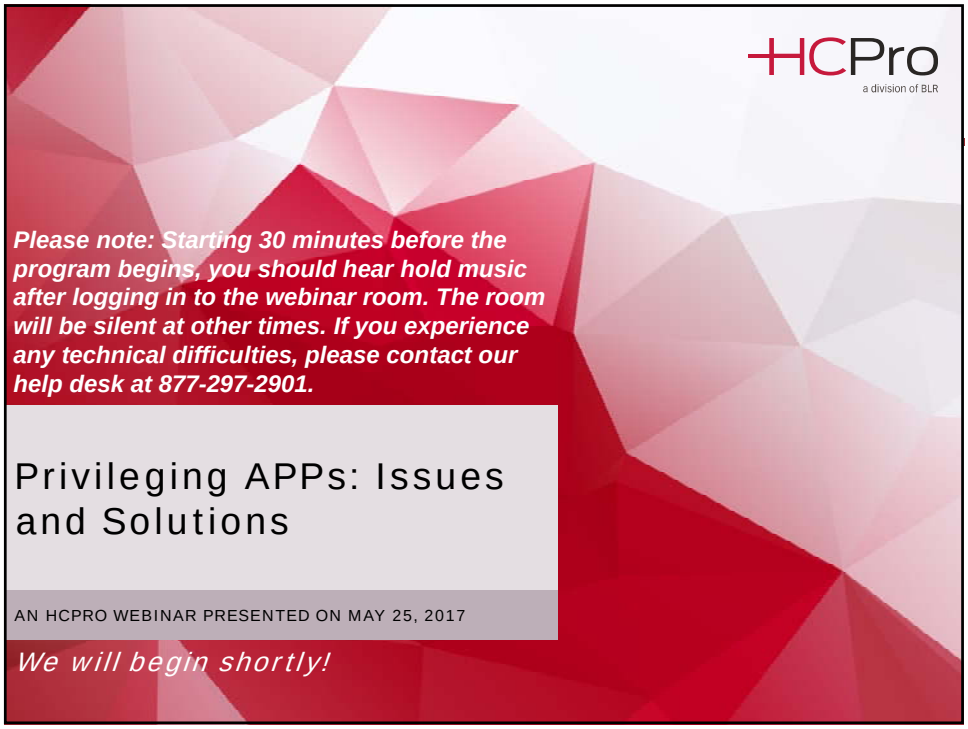
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Privileging APPs: Issues and Solutions
AN HCPRO WEBINAR PRESENTED ON MAY 25, 2017
We will begin shortly!


HCPro
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Privileging APPs: Issues and Solutions
AN HCPRO WEBINAR PRESENTED ON MAY 25, 2017

Presented By

Carol S. Cairns, CPMSM, CPCS, has participated in the development of the medical services profession for more than 40 years. In 1996, she founded PRO-CON, a consulting firm specializing in credentialing, privileging, medical staff organization operations, and survey preparation. A recognized expert in the field, Cairns is an advisory consultant and frequent presenter with The Greeley Company in Danvers, Massachusetts, a faculty member with the National Association Medical Staff Services (NAMSS) since 1990, a frequent presenter at numerous state and national seminars on credentialing and privileging, and an advisor to healthcare attorneys, including providing expert witness testimony (since 1997). She is also the author of multiple books and articles for HCPro, including *Verify and Comply: Credentialing and Medical Staff Standards Crosswalk,* now in its 6th edition.

In addition to the many healthcare clients Carol has advised, she has also collaborated with the following organizations on a variety of projects and/or presentations: TJC, HFAP, ABMS, NCQA, HCPro, NAMSS, and the AMA.

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Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Identify the requirements of CMS and the accreditors for delineating privileges for advanced practice professionals (APP)
  - Highlight privileging issues unique to APPs
  - Identify resources available for APP delineation of privileges (DOP)
  - Discuss problematic issues related to competence assessment
  - Focus on how to respond to increasing requests to expand APP privileges

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APP Challenge # 1
Who Must Be Privileged?

5

- Who must be credentialed?
- Who must be privileged?
- Who must be authorized to provide care?

6

What Do the Regulators & Accreditors Require?

- CMS requires all licensed independent practitioners (LIP), physician assistants (PA) and advanced practice registered nurses (APRN) who are providing a medical level of care to be privileged.
- All the accrediting agencies have the same requirements.

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Who Are the Accreditors?

- The Joint Commission (TJC)
- Healthcare Facilitates Accreditation Program (HFAP)
- DNV GL (Det Norske Veritas – Global)
- Center for Improvement in Healthcare Quality (CIHQ)

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Take Note

- APRNs are LIPs in some states
- PAs are not LIPs in any state

9

Also Note

- These standards apply to hospital-employed PAs and APRNs as well!

10

Isn't the Term "AHP" Confusing? What Does it Mean?

- What can we do to make it less confusing?

11

Rename Them!

- Privileged AHPs → Advanced practice professionals (APPs)
- Non-privileged AHPs → Clinical assistants (CAs)

12

What/Who Are Advanced Practice Professionals?

- Advanced practice registered nurses
  - Certified nurse anesthetists
  - Certified nurse midwives
  - Nurse practitioners
  - Clinical nurse specialists
- Physician assistants

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What/Who Are Advanced Practice Professionals? *(cont'd)*

- May include additional healthcare professionals defined by the organization as requiring the privileging process
  - Psychologists
  - Other healthcare professionals providing complex care (i.e., advanced practice level)

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One Additional Issue to Consider: CMS Privileging Requirements

- CMS Condition of Participation(COP) §482.51(a)(4) – Surgical privileges must be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical service must maintain a roster of practitioners specifying the surgical privileges of each practitioner.

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CMS Privileging Requirements *(cont'd)*

- CMS relies upon the definition of surgery developed by the American College of Surgeons to determine whether or not a procedure constitutes surgery and is subject to this *CoP:*
  - Surgery is performed for the purpose of structurally altering the human body by the incision or destruction of tissues… Surgery is the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. **The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated** by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system . . .

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CMS Privileging Requirements *(cont'd)*

- Thus, individuals performing these functions need privileges through the medical staff process

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Regulators & Accreditors Require

- Initial credentialing components as outlined in medical staff standards:
  - Identical to physicians

    AND
  - Obtain and review collaborative/supervisory agreement

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APP Challenge # 2
Privileging

19

Privileging Issues Unique to APPs

- Levels of collaboration and/or supervision clearly defined
- Clear delineation of clinical privileges
  - Core
  - Specialty-specific
- Application of criteria from physician privilege forms to APPs
- Expansion of privileges for APPs

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Resources for APP DOPs

- Professional associations
- HCPro
- CAP2 (Center for Advancing Provider Practices — Vizient Data Services)
- Consultants
- Software vendors
- Network with others
  - System
  - Community
  - MSPs

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APP Challenge # 3
Competence Assessment

22

Demonstrated Current Competence

- Initial request for privileges
- Evaluation of care provided
  - Comprehensive clinical evaluation
  - Evidence of provision of care (case log)

23

Ongoing Performance Monitoring & Supervision

- Medical staff:
  - Performance monitoring (PM)
  - Ongoing professional practice evaluation (OPPE)
  - Focused professional practice evaluation (FPPE)

24

Performance Monitoring / OPPE

- Routine monitoring of current competency for privileged practitioners (peer review)
- Applies to APPs privileged through the medical staff process

25

Issue: Availability of Data!

- Availability of data specific to APPs
- Difficulty in accurate attribution
- Inadequate privileging forms/criteria
- Competency measurements not defined
- Competency not individually assessed

26

Possible Solutions

- Determine what IT & Health Information Management (HIM) coding options are available for tracking activity
- Create guidelines for IT & HIM attribution (attending physician vs. APP)
- Require APP to maintain an activity log (may match physician sponsor in some instances)
- Enlist the assistance of APP disciplines in development of methods to evaluate competence
- Engage an APP interdisciplinary committee in performance monitoring/FPPE/OPPE

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APP Interdisciplinary Committee: An Idea Whose Time Has Come?

- Functions:
  - Provide subject matter expertise
  - Create criteria-based privileging forms
  - Evaluate competence
  - Educate colleagues
- Reporting structure

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APP Interdisciplinary Committee: Composition

- Medical staff representative(s)
- APPs
- Vice president of medical affairs
- Director/Manager medical services
- Human resources
- Nursing
- Other ancillary services (also, PRN)
- Program medical director

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Polling Question # 1

- Do you have an APP Interdisciplinary Committee?

__% Yes
__% No

If you answered **YES** to this question, please use the chat feature on the webinar platform to write in and let us know what you find to be the most valuable feature of your APP Interdisciplinary Committee.

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Effective OPPE =

Systematic Measurement
+
Systematic Evaluation
+
Systematic Follow-Through

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To Match Privileges with Demonstrated Competency We Need …

- Agreed-upon definition of practitioner competence
- Practitioner-specific performance metrics for each dimension of competence that consensus agrees reflect competence in that dimension
- Targets for each metric
- Resources to measure and report the agreed-upon performance metrics
- Feedback report aggregating the results

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Today's Definition of Practitioner Competence

- The General Competencies (ACGME / ABMS / TJC/ HFAP)
  - Patient care
  - Medical/clinical knowledge
  - Practice-based learning and improvement
  - Interpersonal and communication skills
  - Professionalism
  - Systems-based practice

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FPPE
Focused Professional Practice Evaluation

Required by:

TJC & HFAP

34

FPPE Plan: New Applicant

- What to monitor?
- How to monitor?
- How much to monitor?
- Who should monitor?
- How to schedule?

35

FPPE Plan: Reappointment

- Limited use here, as OPPE should provide bulk of data for reappointment decisions
- Uses
  - A new privilege is requested
  - OPPE data suggest potential problem
  - A method to evaluate low-volume provider

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Sample FPPE Plan for a Nurse-Midwife

Skill being evaluated	Activity being evaluated	Method for evaluating activity
Cognitive skills	Manage midwifery elements of (n) moderate-risk cases after consultation with physician	Retrospective review
	[Manage midwifery elements of (n) high-risk cases after consultation with physician]	Prospective review
Procedural skills	Deliver (n) patient(s) and manage (n) infant(s) at delivery	Concurrent proctoring
	Perform (n) amniotomy procedures	Concurrent proctoring
	Perform (n) episiotomy and repair procedures	Concurrent proctoring or retrospective review
	Perform (n) vacuum extractions	Concurrent proctoring

Projected time frame: within 90 days of being granted clinical privileges

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Lessons Learned: What Works?

- Develop overall policy before developing individual FPPE criteria
- Make guidelines reasonable and attainable
- Do not overuse labor-intensive FPPE methods such as concurrent proctoring
- Build in ability to shorten or lengthen the FPPE process as the situation requires

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Lessons Learned: What Works?

- Recognize the difference between evaluating cognitive versus procedural competency
- Develop an approach to conflict of interest in the FPPE policy
- Proactively decide who can evaluate the APP
  - A peer with the same privileges?
  - Physician? Podiatrists?
  - The supervising/collaborating physician?

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Now, on to a New Issue…

Will advanced practice professionals (APPs) be allowed to learn new skills at your organization? If so, what methodology will be used?

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APP Challenge # 4
Expanding Scopes of Practice

41

Polling Question #2

- Have you had APPs expand their scope of practice without the authority to do so? In other words, in your organization have APPs gotten training from their supervising/collaborating physician without being approved to do so?

__ % Yes
__ % No

42

Case Study

Dr. Blocked Aorta has requested permission to train his PA to do vein harvesting.

He states the PA has excellent surgical technique.

Thus, this procedure would fall under the PA's current privileges for surgical assisting.

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Case Study *(cont'd)*

- The department chair (newly diligent about following policy) consulted the medical staff services department and learned there was no related policy.
  - Review of the PA's performance did not indicate any competency issues -- although PAs were not included in the OPPE process
  - The PA was currently approved for "surgical assisting"
  - State licensure allowed any delegated activity to be performed if the surgeon was privileged for the procedure

44

Case Study *(cont'd)*

- Therefore, the surgery chair has recommended to the Credentials Committee that the PA be allowed to train for this procedure under direct supervision of Dr. Aorta
- What should the Credentials Committee do? What factors should be considered?

45

Do the regulatory or accreditation bodies provide guidance on how to expand the role of APPs?

NO!

46

Should Your Organization Move Forward on This Issue?

First, answer three simple diagnostic questions!

- Does your organization adequately address the expanding skills or scope of practice of APPs?
- Are APPs allowed to expand privileges through on-site training?
- Have APPs expanded their scope of privileges without authorization (i.e., “scope creep”)?

47

Before Developing a Policy, Can You Answer “YES” to These Questions?

- Does the organization’s current culture support “training up” of APPs?
  - Governing body
  - Medical staff
- Does the hospital’s liability carrier allow “training up?”
- If “training up” is permitted, will patient consent be obtained?

48

If you answered "YES" to all three questions

Develop a policy!

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Policy Goals

- Protect patients
- Protect hospital
- Protect APP and physician sponsor
- Create process to expand skills of APPs
- Permit physicians to fully utilize APPs' skills

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Policy Development: What Should You Consider?

- What authorization process will be used to allow APPs to expand knowledge and/or skills?
  - Medical staff privileging process to include governing body approval
- What type of privileges should be considered?
  - Privileging under direct supervision – clearly defined

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Policy Development: What Should You Consider?

- Will temporary privileges be granted to allow the "train up" process to proceed?
  - Not recommended
- What criteria must the APP meet prior to applying for permission to expand privileges under direct supervision?
  - Currently meets eligibility criteria for privileges held
  - No issues identified
    - Clinical competence
    - Professional conduct

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Policy Development: What Should You Consider?

- What if the APP requests privileges that previously have been granted only to physicians?
  - Establish moratorium
  - Determine through medical staff recommendation to governing body whether privilege will be extended to non-physicians
  - If "yes," create eligibility criteria for APPs
  - Consider the APP request

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Policy Development: What Should You Consider?

- What will be the procedure to request "train up" privileges?
  - Written request from APP and collaborating/supervising physician
    - Specific procedure(s) requested
    - Name of preceptor(s)
    - Anticipated length of training
    - Competency measurement criteria
    - Patient population (as appropriate)

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Policy Development: What Should You Consider?

- Will there be a time limit to complete the training and establish competency?
  - If so, who determines the time limit?
- What method will be used to obtain patient consent?

55

Policy Development: What Should You Consider?

- What will be the process when an APP and supervising physician are approved for “train up” privileges?
  - Clear communication including expectations
    - APP applicant
    - Supervising physician
    - Nursing and ancillary services staff

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Policy Development: What Should You Consider?

- How does the APP request privileges without direct supervision?
  - Complete the training period
  - Collaborating physician confirms competence
  - Eligibility criteria met for requested privilege
  - Request submitted through normal medical staff channels
    - Medical staff recommends
    - Governing body approves
    - FPPE begins (TJC & HFAP requirement)

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How would you like a sample policy and privilege form?

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Sample Policy and Privilege Form

- Expansion ("Train Up") of Privileges for Advanced Practice Professionals (APP) -Exhibit A
- Nurse Practitioner in Orthopedic Surgery – Exhibit B

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XYZ Medical Center

NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ORTHOPEDIC SURGERY

Name: _____ Page 3

Effective From ____/____/_____ To ____/____/_____

QUALIFICATIONS FOR NURSE PRACTITIONER (NP) CORE PRIVILEGES

Education and training	*Completion of a master's, post-master's, or doctorate from a nurse practitioner program accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN)*
Certification	*Current certification by the American Nurses Credentialing Center or an equivalent body is required for initial applicants and reapplicants.*
Licensure	*Current active licensure to practice as an advanced practice registered nurse in the nurse practitioner category in the State of [state name] is required for initial applicants and reapplicants.*
Required current experience - initial	***General Core:*** *Demonstrated current competence and provision of care, treatment, or services, to at least [n] patients in the past 12 months or completion of master's /post masters degree program in the past 12 months. Experience must correlate to requested privileges.* ***Orthopedic Surgery with Direct Supervision: As for general core.*** ***Orthopedic Surgery without Direct Supervision:*** **1. [Current certification as an Orthopaedic Nurse Practitioner (ONP-C) by the Orthopaedic Nursing Certification Board (ONCB)], and demonstrated current competence and provision of care, treatment, or services, to at least [n] orthopedic patients in the past 12 months. Experience must correlate to the orthopedic privileges requested.OR** **2. Demonstrated current competence and provision of care, treatment, or services, to at least [n] orthopedic patients in the past 12 months. Experience must correlate to the orthopedic privileges requested.**
Required current experience – renewal	*An adequate volume of experience ([n] orthopedic patients) for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.*
Ability to perform (health status)	*Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.*

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CORE PRIVILEGES — NURSE PRACTITIONER (NP) - GENERAL

☐ **Requested** Assess, diagnose, monitor, promote health and protection from disease, and manage patients within age group of patients seen by collaborating/supervising physician including the development of treatment plans and health counseling. Nurse practitioners [may/may not] admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. General core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform history and physical
- Apply, remove, and change dressings and bandages
- Counsel and instruct patients, families, and caregivers as appropriate
- Direct care as specified by medical staff approved protocols
- Implement therapeutic intervention for specific conditions when appropriate
- Initiate appropriate referrals
- Make daily rounds on hospitalized patients
- Make preoperative and postoperative teaching visits with patients
- Order and initial interpretation of diagnostic testing and therapeutic modalities such as routine laboratory tests, medications, hemodynamic monitoring, treatments, IV fluids and electrolytes, EMG, electrocardiogram, and radiologic examinations including arthrogram, ultrasound, CT, MRI, and bone scan studies, etc.
- Perform venous punctures for blood sampling, cultures, and IV catheterization
- Record progress notes
- Dictate discharge summaries

CORE PRIVILEGES — NURSE PRACTITIONER (NP) — ORTHOPEDIC SURGERY

☐ Requested With Direct Supervision	☐ Requested Without Direct Supervision

Care for orthopedic patients within age group of patients seen by collaborating/ supervising physician to include assisting in surgery. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Administer digital block, regional anesthesia, isolated peripheral nerve anesthesia, field infiltrations of anesthetic solutions
- Apply braces, casts, splints, and other orthopedic appliances
- Assist in positioning patients in operating room; help with intraoperative care and post operative management
- Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the orthopedic surgeon
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Order, prescribe, dispense, and administer medication, orthosis, orthotics, braces, and other orthopedic devices as may be allowed by state legislation
- Perform compartment pressure measurements
- Perform diagnostic and therapeutic procedures such as, but not limited to:
  - aspirations and injections of joints, bursars, and cysts [determine core or non core]
  - closed reductions of fractures and dislocations

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  - injections of tendons, trigger point
  - bone graft harvesting [determine core or non core]
- Perform minor outpatient surgical procedures such as, but not limited to:
  - tendon repair
  - incision and drainage of superficial abscesses
  - wound closure and management
  - needle biopsy
  - percutaneous pinning of fractures
  - k-wire removal
  - hardware removal

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

ADMINISTRATION OF SEDATION AND ANALGESIA

☐ **Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists.

PERFORM ASPIRATIONS AND INJECTIONS OF JOINTS, BURSARS, AND CYSTS WITH DIRECT SUPERVISION

[***Criteria***: Initial applicants must qualify for and be granted core privileges as a NP.

Renewal of privilege: The performance of at least [n] aspirations or injections with direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

☐ **Requested**

PERFORM ASPIRATIONS AND INJECTIONS OF JOINTS, BURSARS, AND CYSTS WITHOUT DIRECT SUPERVISION

[***Criteria***: Initial applicants must qualify for and be granted core privileges as a NP. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training in the past 12 months with evidence of an adequate volume of aspirations or injections during training, or
2. Demonstrated current competence without direct supervision and the performance of at least [n] aspirations or injections in the past 12 months.

Renewal of privilege: The performance of at least [n] aspirations or injections without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

☐ **Requested**

BONE GRAFT HARVESTING WITH DIRECT SUPERVISION

[***Criteria***: Initial applicants must qualify for and be granted core privileges as a NP.

Renewal of privilege: The harvesting of at least [n] bone grafts with direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

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Questions & Answers

Carol S. Cairns, CPMSM, CPCS
President, PRO-CON
Advisory Consultant, The Greeley Company, Inc.

Submit a question:
Go to the chat pod located in the lower left corner of your screen. Type your question in the text box then click on the "Send" button.

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This concludes today's program.

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_____

attended

"Privileging APPs: Issues and Solutions"

a 90-minute webinar on
May 25, 2017

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