



BAPTIST HEALTH®

# Credentialing of Providers Focus Stroke

Physician MD, DO & Advanced Practice Providers APRN & PA



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# Credentialing & Privileging Process





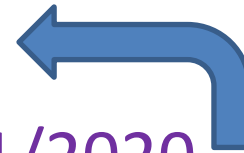
## Not Just a Checklist of Documents

- Stroke Program Leaders: Be able to speak to the following:
- Orientation and Training process for program
- Frequency of reappointment
- Length of FPPE (time or patients)
- Process to obtain new privileges (new procedure)
- Description of elevation of provider clinical concern including behavioral
- *Meet with your Medical Staff credentialing department and review a few providers.*



# License

- Primary Source Verification: At hire and at expiration:
- Example: *license is good for 3 years*  
Expires 10/1/2023  
Pull date/Verify date: prior to 10/1/2020



Some facilities use a vendor to verify license. Hand written verification is not normally accepted.



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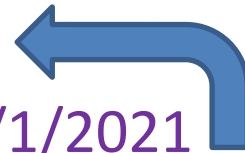
# U.S. Drug Enforcement Administration “DEA” license/number

- Primary Source Verification: (if prescribing controlled substances)

- Example: *license is good for 2 years*

Expires 10/1/2023

Source/pull/verify date: prior to 10/1/2021



- A DEA number is not the same as the **National Provider Identifier (NPI)**. The NPI is a unique identification number for covered health care providers and must be used and shared in the administrative and financial transactions adopted under HIPAA.



## To Verify a DEA Number

Example: AA0242622

- o Add the 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> numbers  
 $0 + 4 + 6 = 10$
- o Add the 2<sup>nd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> numbers then double the sum  
 $2 + 2 + 2 = 6 \times 2 = 12$
- o Add the two answers together  
 $10 + 12 = 22$
- o The resulting sum should have a digit that matches the last digit of the DEA number

# Board Certification

- (AMA) print out –with expiration date (Neurosurgery is 10 years)
- *OR*
- MOC (Maintenance of Certification) with date
- Examples:
  - Neurocritical care may be on their website for verification
  - Neuro IR- no board certification, CAST curriculum, documentation of fellowship, or facility required documentation (FPPE).
  - Neurology board certification
  - Pulmonary Critical Care board certification
  - Emergency board certification



# Appointment/Reappointment Letter(s)

- How often is reappointment? (2 years)
- Who signs/is responsible for reappointment?
- Facility Med Staff By-Laws
  
- **Example:** Letter with date of last reappointment usually signed by Department Chairman or CMO.



# Privileges

- Requirements
  - How are criteria for granting privileges determined and approved? (Med Staff policy?)
- Examples:
  - Licensure
  - Training
  - Evidence of current competency
  - Peer evaluations
  - Information from other organizations





# Example Stroke Privilege

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## Education Privilege - STROKE MEDICINE (Practicing Specialist gaining additional training)

**Minimum Training and Experience** A practicing specialist gaining additional training in the field of stroke medicine must have either an MD or DO degree. All physicians are expected to have completed an accredited residency and be board eligible or certified in neurology, emergency medicine or neurosurgery.

**Scope of Practice/Privileges** A physician must be skilled in the evaluation and treatment of medical disorders. Under the guidance of a Neurology or Emergency Medicine attending with expertise in stroke medicine, the physician will perform evaluations of patients with cerebrovascular disease. The stroke evaluation includes detailed performance of the general medical examination, neurologic history and examination, and interpretations of reports of radiologic and laboratory data. The physician must be able to: 1. develop provisional diagnoses and differential diagnoses, 2. decide on utilization of tests for further evaluation of the illness, 3. communicate a plan with the patient and/or caregiver and the referring physician, 4. review and interpret any additional ordered tests, 5. render a therapeutic plan.

**FPPE Monitoring Requirements for New Hire or Adding Privilege:** Minimum review of 5 charts per month by site medical director for a period of six months.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

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## Privileges (continued)

- **Core-** those procedures or privileges that any well-trained physician within a particular specialty or subspecialty should be competent to perform upon completion of postgraduate training. (ED APP privileged to give IV Thrombolytics?)
- **Specials-**
  - Sleep Medicine
  - EEG
  - Botox
  - Stroke





## Stroke Procedures (TCS & CSC)

- ***Neuroendovascular procedures***: minimally invasive, image guided procedures
  - embolization, for treatment of intracranial aneurysms, arteriovenous malformations, tumors, and
  - revascularization techniques, such as angioplasty and stent placement for atherosclerotic disease.
- ***Acute ischemic stroke intervention (AISI)***: percutaneous endovascular procedures
  - to treat ischemic stroke in adults/children: thrombectomy, aspiration, percutaneous transluminal angioplasty, and stent implantation, as well as super selective drug infusion.



# APRN/PA Privilege Stroke Example

- Writing orders for medications, tests, and procedures for acute stroke and daily rounding
- Interpreting tests and treatments (may include imaging)
- Performing history and physical/consult note
- Central line insertions
- Assisting with interventional or surgical procedures



# Additional privilege-based competencies

Privileges that require completion of a defined competency to continue to work at time of reappointment; defined by facility

- BLS
- NIHSS
- ACLS
- ENLS
- Sedation test



# Orientation/Training/Education/CME Stroke Specific Content

- Hospitalists, Residents, Fellows –focus on
- Onboarding-Orientation to Stroke documented
  - Algorithm(s)/Order set review
  - CPG review
  - IV thrombolytic review & recuse for complications
- CME for stroke
- Ongoing education/In-services for Stroke



# Ongoing Professional Practice Evaluation

- OPPE identifies professional practice trends that impact the quality and safety of care.
  - ED: Door to CT scan, Door to Needle, Documentation of Risks/Benefits discussed,
  - Hospitalist: Discharge on statin, antiplatelet, risk factor modification, Risk factor education
- A well-designed process supports early detection and response to performance issues that could negatively impact patient outcomes.





## OPPE details

- Qualitative Data

- Chart reviews
- Patient complaints
- Code of Conduct breaches
- Peer recommendations

- Quantitative Data

- Length of stay trends
- Post-procedure infection rates
- Compliance with medical staff rules, regulations, policies, etc.
- Documenting the minimum required elements of an H & P / update.
- Compliance quality measures-stroke measures



# Focused Professional Practice Evaluation

- (FPPE) medical staff evaluates the privilege-specific competence of the practitioner for all *new privileges*.
- This process may also be used when a question arises of a currently-privileged practitioner's ability to provide safe, high quality patient care.
- Qualitative & Quantitative Data mirrors OPPE for new privileges.

# File Review

- Providers to review prior to certification visit:
  - High risk procedures: surgeons, Interventionalists,
  - Providers likely to be identified during tracers (call/rounding schedule)
  - Provider who requested new privileges
  - Radiologist
  - Emergency, Anesthesia, Hospitalists
  - Medical Directors
  - APPs





## Telemedicine Providers

- Your facility Telestroke/neurology providers must be credentialed & privileged to do so. (Careful with phone consultation at time of discharge).
- Telestroke/neurology services provided by *vendor or third party* must have a contract specifying how they provide stroke care.
- *Best practices: Goals: Door to CT scan, Door to Needle, and quality issues included in the contract.*



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# Questions?

## Medical Credentialing

