



Tell Your Boss Takeaways from “**Qualified or Just Breathing: Current Competency and Other Privileging Challenges Created by the Demand for Healthcare Providers**”

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Thesis: The healthcare provider shortage combined with patient or community demand may lead to more instances where a MSP is asked/required/ pressured to "make a way" for candidates who do not meet credentialing and/or privileging requirements. MSPs must navigate the privileging and credentialing processes objectively and consistently for practitioners who are 'the exception to the rule', while at the same time making sure that patients are able to receive the care that they need in a timely manner through utilization of well-designed policies, considerations regarding waiving or modifying privileging criteria, and a review of approaches to facilitate gaps in practice through focused practice evaluations or other resources.

Learning Objective#1: Upon completion of this session, the participant will be able to describe the current national trends related to physician workforce shortages and how they are impacting credentialing and privileging.

Key points:

<ol style="list-style-type: none"> 1. The U.S. is facing a critical provider shortage of between 13,500 and 86,000 physicians by 2034. Contributing factors include an aging physician workforce and physicians choosing to leave practice due to burnout. 2. States are passing regulations to make pathways for International Medical Graduates and Medical School Graduates (without residency training) to practice. 3. These factors and others can present cases where hospitals are asking MSPs to 	<p>credential/privilege clinicians with special circumstances, including reentry after an extended absence, prior discipline, not board certified or other exceptions.</p> <ol style="list-style-type: none"> 4. Research says that time out of practice does impact retention of skills. Also, physician self-assessment is not always reliable; studies have found the worst accuracy in self-assessment is found among physicians who were the least skilled and who were the most confident.
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Learning Objective#2: Upon completion of this session, the participant will identify tools to address the unique challenges presented by practitioners who have a gap in patient care or in experience in specific procedures or services.

Key points:

<ol style="list-style-type: none"> 1. MSPs role is to promote patient safety through consistently applying processes as you support the medical staff in its evaluation of candidates for membership and privileges. 2. When flags arise in the credentialing process, ask questions and gather information, 	<p>process, and do not hesitate to speak up.</p> <ol style="list-style-type: none"> 3. If the applicant does not have recent clinical practice, consider alternate ways to demonstrate current clinical competence. 4. Waiver language allows the governing body to waive established criteria for hospital, community, or patient need.
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determine if applicant is needed and consider a waiver	
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Learning Objective#3: Upon completion of this session, the participant will understand how to effectively use credentialing and privileging processes to support reentry consistently and safely to practice.

Key points:

<p>1. When working with a candidate with special circumstances, the medical staff leadership/MSP can create a process to determine level of competence for specific scope of privileges.</p> <p>2. If the clinician does not demonstrate acceptable competence in all areas, grant privileges as appropriate and then create a clear plan of oversight and support until acceptable evidence is available to allow them additional privileges.</p> <p>3. Plan could include CME, proctoring, precepting, case reviews and other activities. It</p>	<p>should also indicate who is working with the physician to carry out the plan and who will determine the plan is successfully completed. This can be done under an enhanced FPPE process.</p> <p>4. Competence Assessment/Reentry Programs can be a valuable resource when outside expertise is needed. These programs provide a variety of evaluation options that can answer questions regarding current competence and provide expert educational guidance.</p>
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 Created by the Demand for Healthcare Providers

**CASES FOR
 SMALL GROUP
 DISCUSSION**





1

Case Study:
 Returning after an Absence
 Family Obligations



Obstetrician

- Obstetrician
- Left practice to raise young children (out 5 years)
- Recently took a one-week refresher course
- Hoping to have same privileges she had prior to leave



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2

Case Study:
 Resumption of Privileges



Robotic Surgery

- Surgeon in active practice
- Stopped performing robotic surgery 3 years ago
- Requesting to resume robotic surgery practice



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3

Case Study:
 Not Board Certified



General Surgeon

- 61-year-old General Surgeon in good standing
- Approximately 45 outpatient surgeries and 20 inpatient surgeries per month.
- Practice acquired by Hospital Physician Network; board certification required as part of the credentialing process
- Never passed boards; diagnosed with learning disability in processing speed



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4

Case Study:
 Reentry after retirement



Internist

- 64-year-old Internist
- Retired 2 years ago after long career in academic medical center
- Recruited by small hospital to provide care 2 weekends per month to give other providers a respite
- Misses patient care and wants to help out



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5

Case Study:
 Low/No Volume



Certified Nurse Midwife

- CNM out of practice for 1 year to care for a family member; cut back on practice prior to leaving
- Hired by hospital-based CNM practice; hospital has critical need for her to start work ASAP
- Gap in practicing is preventing her from being privileged due to no recent clinical activity



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