As more practitioners and newly-minted medical school graduates seek hospital-based employment, the need for quality credentialing grows. On top of this, as hospitals form more expansive networks and systems, small inefficiencies in individual credentialing processes compound and become increasingly disruptive at the network and system level.

Even the best hospital credentialing and privileging processes, when combined without a careful optimization strategy, can become Frankenstein-like. A monster with three arms can’t be agile, and the same applies to credentialing programs. Duplicative processes will slow the overall program down, engender frustration among practitioners and can become a significant financial drain.

“Healthcare entities often struggle due to a lack of experience, knowledge, resources or bandwidth to create effective policies and procedures for credentialing and onboarding activities,” says Sally Pelletier, CPMSM, CPCS, chief credentialing officer at the Greeley Company, a healthcare consulting and professional services firm. “But for healthcare organizations that do credentialing well, the positive results are substantial. They include reduced costs and risks, to both the patient and the institution, quicker performance and enhanced revenue, all centered on delivering safe, high-quality patient care,” she adds.

The Top 4 Credentialing Challenges Hospitals Face
The Greeley Company provides a full spectrum of credentialing and privileging services, including delegated credentialing, training and education, policy and procedure development and implementation, as well as outsourcing solutions. Given its offerings, the company has identified a handful of common challenges faced by its clients, which range from small, stand-alone hospitals to the largest health systems.

Inconsistency and lack of standardization

“Inefficient and inconsistent practices within the same organization can increase compliance and liability risk due to incomplete or erroneous processes, or disparate decisions,” Ms. Pelletier says.

Processes across health systems are often widely varied, which can compromise patient care and result in poor practitioner satisfaction. Without standardized best practices, hospitals risk acting on incomplete credential files, relying on poor-quality references, taking shortcuts and preferential “fast-track” management, Ms. Pelletier says.

Lack of standardization is a red flag for a credentialing system that seeks or desires optimization because it does not provide a consistent foundation on which to build more integrated processes, according to credentialing expert Amy Niehaus, CPMSM, CPCS, MBA, a Greeley consultant.

Organizational culture

According to Ms. Pelletier, additional roadblocks to successful credentialing include cultural barriers, such as the lack of effective leadership or change management techniques needed to achieve the buy-in for the necessary transformation. A culture of adhering to policies and procedures will help achieve and sustain success.

Redundant or poorly-allocated resources

Duplicative manual paperwork and processes can be inefficient and cumbersome. This can be caused by insufficient or poorly-distributed resources, including a lack of centralized data or shortage of trained and experienced medical services professionals who possess the competencies and skills required to effectively manage the processes.

When data systems don’t talk to each other within an organization, it breeds duplication and inefficiency, Ms. Niehaus says. Redundancy in the application process can frustrate physicians as well as other practitioners seeking credentialing. The crux of the centralization challenge, according to Ms. Niehaus, is many hospitals and health systems must simultaneously maintain current processes while laying the groundwork for future streamlined processes.

Lengthy turnaround times

This is one of the easiest pain points to identify. If it is taking more than 21 days to get a file through the primary source verification process, something is not right. “With most leading credentialing processes, files can really be completed in 21 days or less if things are streamlined,” says Ms. Niehaus. “We’ve worked with clients who are consistently achieving a 15 to 18 day timeframe for the verification process, which greatly reduces the overall credentialing process from start to finish, including the review, recommendation and final decision.”

Not only do lengthy turnaround times test the patience of practitioners, but they make credentialing – a critical quality process – become an obstacle to revenue.
Strategies to Optimize Credentialing From End-to-End

Luckily, there are ways to tame the beast.

The aforementioned four challenges can be met with standardization, centralization and end-to-end integration, resulting in optimal application turnaround time and improved outcomes, according to The Greeley Company.

Here are the four most important focal points hospitals and health systems should build their credentialing optimization strategy upon.

1. Standardization. Healthcare organizations need standardized policies and procedures when credentialing and privileging practitioners. After clearly defining criteria with well-documented policies, processes must be applied consistently, according to Ms. Pelletier.

A culture of adherence can be created by helping medical services professionals really understand credentialing and privileging’s importance to quality patient care, according to Ms. Niehaus. Everyone — medical services professionals, medical staff leaders, the credentials committee and the board that makes the final decisions — must understand the details of the policies and procedures.

“Credentialing is the frontline defense. You have to make sure you have performed the due diligence and evaluated the history and competency of anyone that applies to join the organization and be granted privileges. They will be seeing patients, potentially your friends and relatives, and you want to ensure they receive the best possible care,” Ms. Niehaus says. “It’s not just pushing paper.”

2. Centralization. Ms. Niehaus suggests taking a step back to see if there are opportunities to reduce multiple applications or duplicative steps in the process. “Internally, you have a lot of control and many times, you will find the information needed can be consolidated down into one application,” she says.

The bulk of opportunity for centralization often lies in data processing. If data is not leveraged properly across the system, it can result in duplication and longer turnaround times.

Suboptimal utilization of credentialing software due to inadequate investment of the time and dollars necessary to establish a ‘single source of truth’ is a common roadblock to effective credentialing, according to Ms. Pelletier.

If hospitals have insufficient resources, one strategy to centralize medical staff services is by outsourcing them. This alternative, such as Greeley’s outsourcing solution Credence, can offer design, management and staffing of credentialing programs; application management; maintenance of the practitioner database; ongoing training and education; quality and compliance management; administrative support; and practitioner competency management—all in one place.

3. Integration. In the end, credentialing is one piece of a larger puzzle. A critical factor in optimizing credentialing and privileging programs is making sure they fit seamlessly within the recruitment and onboarding processes.

“We need to look at the beginning of these processes and ask, ‘Where does recruitment begin and how does that interface with credentialing and privileging?’” Ms. Niehaus says. “On the flip side, how does that connect to employed practitioner enrollment with payers? We need to look at the process from end to end,” she adds.

As hospitals identify how to standardize and centralize their credentialing processes, they must do so while keeping an eye on the bigger picture to make sure the process is better for the system as whole.

4. Delegation. For health systems that have achieved standardization, centralization and integration, the next opportunity for efficiency is attaining delegated credentialing from commercial third party payers. Establishing credentialing policies and procedures that are also compliant with the National Committee for Quality Assurance provides healthcare organizations with a mechanism to streamline their provider enrollment processes for employed practitioners. Delegation can greatly reduce the uncollectable accounts receivable that stems from delays incurred when payers repeat the credentialing process.

“Health plans and managed care organizations are also looking for ways to be more efficient, and delegating their credentialing process to qualified healthcare organizations makes it a win-win for both sides,” says Ms. Niehaus.

The Payoff

Credentialing improvements like standardization, centralization and integration can have a direct, positive impact on patient safety, quality of care, practitioner satisfaction and the bottom line.

The Greeley Company identifies the top benefits of optimizing the process as the following:

- Significant cost savings and improved ROI from greater efficiencies and economies of scale
- Expedited revenue as practitioners are processed quickly, authorized to practice and enrolled with payers
- Reduced pressure to grant temporary privileges that pose clinical and legal risk
- Practitioner and staff satisfaction as practitioners are authorized to practice more swiftly and with less paperwork

“Practitioner credentialing is really the frontline for patient safety and quality care, and having a good solid robust credentialing program supports the goals of every healthcare organization,” Ms. Niehaus says. “If you are doing it well, you are going to reap the benefits in quality of care, reduced costs and increased revenues.”

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Practical solutions to healthcare challenges.

The Greeley Company has a rich history of providing innovative consulting, education, credentialing management solutions, interim staffing, and external peer review to healthcare organizations nationwide. We focus on contemporary needs and challenges related to medical staff optimization & physician alignment; accreditation, regulatory compliance & quality; and credentialing & privileging.
Why is credentialing on the C-suite’s radar these days?

The considerable length of time it can take to credential and enroll practitioners in health care networks—thus enabling practitioners to provide and bill for services—is a frustrating issue for many health systems today. Credentialing improvements that are resulting in significant outcomes for top health systems include:

- Standardizing and/or centralizing credentialing and privileging functions to achieve greater efficiency and quality
- Integrating credentialing with practitioner recruitment and enrollment
- Leveraging data across the network
- Achieving delegated credentialing agreements with third-party payers

Transformations make a difference

Every day, The Greeley Company helps clients transform their credentialing to achieve:

- Optimal practitioner application turnaround time
- Significant cost savings and improved ROI from greater efficiencies and economies of scale
- Expedited revenue: Practitioners quickly processed, authorized to practice, and enrolled with payers means revenue in the door sooner
- Risk reduction: Efficient, high-quality application processing means less pressure to grant temporary privileges—and less clinical and legal risk
- Practitioner satisfaction: Less paperwork and delay combined with quick authorization to practice = happy practitioners

We invite you to download our free case study:

System-Wide Credentialing & Privileging Challenges and Opportunities

Contact Us

The Greeley Company would welcome the opportunity to discuss how you might leverage credentialing data across your organization, maximize efficiencies and economies of scale, and optimize turnaround times while improving physician satisfaction. Please call or email us or visit www.greeley.com to arrange to speak with a Greeley representative about your credentialing-related questions and challenges.

Our experience with Greeley has been very positive and of great value. Because of their expertise I’d like to describe them as ‘a medical staff office special forces team.’ They can enter a situation, identify quickly what needs to happen and turn it around much faster with less pain and produce a high quality product with minimal support of front line staff. Without hesitation I recommend Greeley if you have any need of a consultant working with medical staff issues.

—Susan Browning, MHA, RD, LDN, Director Medical Staff Services, Susquehanna Health, PA
The Greeley Company provides consulting and professional services to health systems and hospitals nationwide to meet contemporary needs and challenges and achieve meaningful changes.

We specialize in:
- Physician-hospital collaboration and alignment
- Clinical integration and transformation
- Accreditation and regulatory compliance
- Credentialing & privileging
- Optimization of processes, procedures, and practices.

Please contact us to discuss any questions or challenges you have and see how we might be able to help you achieve your goals.

Practical Solutions to Healthcare Challenges