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Rearchitecting The Medical Staff Services Department

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Well-structured, yet adaptable. Like a skyscraper that remains sturdy in high winds, one could say that is the goal for all healthcare organizations and the departments within. The medical staff services department is among them. While the functions performed by the medical staff services department are essential—from ensuring patient safety to managing risk—the departmental set up itself varies from institution to institution. Often, the department is organized and focused, following a carefully-crafted blueprint to meet new challenges. Other times, the department more resembles a house with additions built on over time—perhaps functioning but not necessarily well. These unstable structures—departments that have taken their present form through a series of ad hoc duty expansions and shifts—have done so without the benefit of true architecture.

Sally Pelletier, CPMSM, CPCS, an advisory consultant and chief credentialing officer with The Greeley Company, emphasizes the importance of having a medical staff services department that is well organized, with a culture of self-analysis and adaptation.

"This department is essential for key processes like credentialing, privileging, and competency management, with a direct tie-in to patient safety, revenue, cost, risk to the organization, and satisfaction level, which directly correlates to retention of practitioners," Pelletier says.

According to Pelletier, these departments may sometimes move from being highly functional to challenged, due to staff turnover, the addition of duties, or stresses related to large projects that impact day-to-day operations. This is where structure, in fact architecture, becomes increasingly important. "Any fully functioning department needs an architect to build an effective, efficient, sustainable structure, so that it doesn't fall down like a house of cards when you start piling other things on," Pelletier says.

This piling on, for example, happens through the M&A process. Hospitals and health systems are acquiring other systems and medical practices. Independent practitioners are becoming employees of health systems. In such cases, there is often a shift in the division of work both in the healthcare setting and at the medical staff services department level.

The complexity of the department's work multiplies with this growth. Each acquired or absorbed healthcare organization comes with differing sets of governance documents and bylaws. Each has its own unique credentialing platforms, and other business processes. The medical staff services department is responsible for piecing this together, to ensure that these aggregated organizations conform in a standardized and consistent manner. To top it off, medical staff services

departments are becoming more directly responsible for the quality process. Regulatory and accrediting bodies have various competency management requirements owned by the medical staff services department alone, or in collaboration with an organization's quality department.

With these factors considered, proper organization, in fact architecture, of this department is key to effectiveness, efficiency, and ultimately compliance.

Of course, this must all be achieved while on-going operations of the medical staff services department continue, such as granting temporary privileges, dealing with cases scheduled in the OR where special privileges may need to be granted, or managing continuing medical education.

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As such, the medical staff services department must be nimble on a daily basis, but also over the longer term.

"The influence of the organized medical staff is something that is waning, in some organizations where centers of excellence or service lines are more accountable," Pelletier says. "This shift is often not handled with a 'change management' sensibility. Without clear direction on reallocation of duties and accountability, many medical staff services departments find themselves on the defensive. Some become very dysfunctional because they just can't manage to day-to-day and take on, in an effective manner, whatever additional duties might be assigned to them, while still wondering about their roles in the functions they had last month. They need to understand the change that's going on in healthcare, how that healthcare is delivered, and how that's going to eventually impact the organization as a whole."

Pelletier sees a few medical staff services departments "that are sophisticated enough to have built-in accountability through performance metrics measures. They create specific criteria or indicators that they measure themselves against. They meet whatever targets that they've set for themselves and move on, ready for whatever comes next."

Pelletier believes the best way to inspire more medical staff services departments to that model is through strong support for the department from leadership—both in the form of cultural and monetary support.

Such support fuels all-important educational opportunities for the medical staff services department—attending conferences where they share information and best practices with their peers, receive training on appropriate software and upgrades, and gain better understanding of the department's various missions and potential new tasks.

Unfortunately, this awareness that change is needed, that a department must shift from reactive to proactive, is often only triggered when the organizational challenges come to the attention of someone in the healthcare organization's C-suite, Pelletier says.

"That could be the CEO, CFO, or COO, when they start to recognize that they're losing a great deal of money due to dysfunctions in medical staff services or credentialing," she says. "They may start to get tired of physicians complaining that they're filling out nine applications instead of one. Other departments may feel like the medical staff services department isn't working as a team to onboard practitioners in the most efficient manner for the organization. Or their attorney may say that the organization is at risk for negligent credentialing because the department isn't processing those credential files in a leading industry manner."

"WHETHER USING A WELL-ORGANIZED INTERNAL DEPARTMENT, OR EFFICIENT OUTSOURCED SERVICES, ARCHITECTING FOR THE FUTURE IS IMPERATIVE FOR A STRONG FOUNDATION."

If achieving medical staff services department transformation to cross-function consistency, service-level accountability and a sustainable realignment of work still proves elusive, outsourcing the department is another option.

The return on investment obtained through outsourcing these functions can be substantial. Previously broken processes that impact uncollectable accounts receivable and claim holds can be resolved by outsourcing the department. Speeding up onboarding, credentialing, and enrollment can help newly-hired physicians begin to bill for their services faster, bringing in thousands of dollars each day, when the organization has already begun paying that physician's salary and benefits.

To determine how much ROI an organization may expect to see by reducing turnaround time, The Greeley Company offers a **Revenue Impact Calculator**.

Also, outsourcing should come with a service-level agreement for credentialing target turnaround time. “We target 21 days, and we are very successful in routinely meeting a 13-to-15 day turnaround time for our clients,” Pelletier says. “We define turnaround time, for the purposes that we’re talking about, as receiving a complete application through completion of the verification process, when that file is ready for the first level of medical staff review.”

Outsourcing this department need not be a permanent solution, Pelletier says. “It may be that Greeley takes it on for a mutually agreed-upon period of time, probably two years or more, and then transition it back so that the organization is responsible for those functions. Or we can operate it for a longer term.”

Whether using a well-organized internal department, or efficient outsourced services, architecting for the future is imperative for a strong foundation. With careful vision, planning, and execution, the medical staff services department can stand on firm ground while it tackles the challenges it faces, no matter which way the wind blows in the changing healthcare climate.