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Privileging for New Technology and New Privileges

Balancing the Needs of Patients,
Physicians, and Hospitals

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With the rapid evolution of new technology, the declining reimbursement for physicians and hospitals, and the necessity to continually innovate and improve the quality of care, the pressure to institute new technology and introduce new privileges while keeping patients safe is a growing concern. But introducing new technology and new privileges carries risks:

- Will the new technology and privileges require changes to the facility's mission, vision, values, and processes?
- Will investing in new technology be cost-effective and add to the health and well-being of our community, or will it disrupt existing technologies, undermine referral networks, or overtax limited resources?
- And, most importantly, will the new technology's benefit to patients outweigh potential risks and even cause potential harm?

The challenge for healthcare leaders is in knowing how to handle these requests to ensure the successful implementation of the new privilege, device, and technology in a systematic way that balances the needs of patients with the needs of physicians and the healthcare organization. These steps include, but are not limited to:

- Analyzing the institution's mission, values, vision, and strategic plan to ensure that the new privilege/technology is consistent with overarching goals and objectives of the organization
- Evaluating the potential impact of the new privilege/technology on the financial well-being and operational processes of the organization to determine whether it should be part of the hospital's scope of service
- Appraising the potential impact of the new privilege/technology on the organized medical staff, potential privileging conflicts, exclusive contractual arrangements, and other significant political and economic issues
- Determining the investment that will be required in the potential infrastructure necessary to support this new privilege/technology and the impact upon existing staff and resources
- Developing eligibility criteria for practitioners who might be interested in applying for the new privilege/technology, taking into account existing economic/political relationships and the existence of exclusive arrangements
- Creating quality criteria to determine whether the privilege/technology is being utilized safely based upon external benchmarks and standards as well as the proctoring procedures necessary to ensure initial competence

POLICY

Too often there is a reactive rather than a proactive approach to privileging new privileges and new technology. Typically, the physician attends a conference, hears about a new procedure or technique, and returns to the hospital excited to introduce this new skill and potential revenue source without taking all of the other necessary factors into consideration. The medical staff and hospital should be prepared to encourage such requests, but in a manner that balances the needs of physicians with their potential patients and the organization as a whole.

Developing a standardized approach for determining whether the hospital will authorize a new technology or privilege is vital. If the hospital lacks a standard approach, it most likely has no method for carefully evaluating a

new privilege or technology successfully and safely. Establishing a policy and procedure allows healthcare leaders to consistently address potentially conflicting issues in a straightforward, rational, and organized way. The policy should take into account the **5Ps**: Our **P**olicy is to follow our **P**olicy. In the absence of a **P**olicy, our **P**olicy is to create a **P**olicy.

DOES NEW TECHNOLOGY ALWAYS REQUIRE NEW PRIVILEGES?

New procedures, techniques, and technology do not always require new privileges if the skills required are a natural extension of current competencies that have been previously authorized and properly assessed. How do you know if this is the case? A request for a “new” privilege may be considered an extension of an “existing” privilege if the “new privilege:”

- Is an extension of an existing knowledge, skill, and judgment
- Involves the same kind of equipment
- Has the same technical requirements
- Has a similar complication and management profile

If any of these comparisons is not the case, healthcare leaders might be faced with creating a new privilege with new eligibility criteria.

When a practitioner wants to use new technology, rigorous evaluation should take place. The requesting practitioner should be asked to provide the following:

- Rationale for the new procedure along with the potential cost benefit to physicians, patients, and the hospital
- A literature review of the safety, efficacy, and analysis of alternative treatments available
- Explanation of the infrastructure and cost of new equipment, staffing, training, etc., to support the new procedure/technology/process
- Documented experiences that other organizations have had with the new procedure/technology/process, including the privileging criteria and proctoring/quality oversight utilized to ensure competence and safety
- Analysis of political and economic challenges encountered when introducing the privileges elsewhere

Providing this information at the onset of the request allows healthcare leaders to more easily determine whether to consider the privilege/technology and to invest further time and resources into fully analyzing the request.

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KEY DECISIONS

The first decision when considering new technology or new privileges is to determine whether the proposed technology/ privilege is compatible with the organization's overarching mission and is consistent with its values, vision, and strategic plan. It should also be decided whether the technology/privilege should become part of the organization's scope of service. This requires an analysis by the credentials committee (or designated ad hoc sub committee), the medical executive committee (MEC), senior management, and finally, the governing board.

A best-practice approach to address this complex decision is to create a multidisciplinary Health Technology Assessment Committee (HTAC) made up of physician and hospital leaders to include:

- Physicians from relevant specialties/service lines (voting members)
- Senior managers, including the chief medical officer, chief financial officer, director of materials management, and director of supply chain management (nonvoting members)

Such a committee would be co-chaired by a physician and hospital leader and make recommendations to the credentials committee, MEC, and governing board. Criteria for which issues come before this committee could be determined based on cost or treatments that represent a new paradigm.

REVIEW

Once the hospital has decided it will provide the new privilege/technology, a subcommittee of the credentials committee should develop eligibility criteria to apply for this privilege to include the background, training, ability to safely practice, primary specialty(s) (which might be dependent on existing exclusive contract agreements or potential conflicts), and evidence of current clinical competence needed. Such recommended criteria should go through the credentials committee and MEC for discussion and modification (recusing those practitioners with potential conflicts of interest who may be interested in applying for the privilege) before final recommendation to the governing board.

APPROVAL

Once the criteria for appointment and reappointment have been approved, individual practitioners may apply for the privilege. After a practitioner has been approved to perform the new privilege, a systematic approach to review outcomes should be in place, including:

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- the method by which the individual will be initially proctored,
- the method by which the individual will be proctored if concerns are raised regarding competence at a later date,
- which performance metrics/targets will be created to assess clinical competence,
- how the practitioner and medical staff/hospital leaders will receive feedback of a practitioner's clinical performance, and
- how peer review will take place, and how the original criteria may be modified over time, based upon the findings of ongoing professional practice evaluation.

CONCLUSION

The increasing requests for new privileges, new technology, and new procedures is inevitable and a necessary part of the need to continually innovate and improve the healthcare services available to the community. What is paramount is that a systematic process is created to carefully evaluate the complex and often competing interests so that these new privileges can be introduced safely and prudently. A process to assess for scope of service, scope of privilege-through the careful consideration of the organization's mission, vision, and values-and the judicious crafting of appropriate eligibility criteria and competence assessment procedures will balance the needs of physicians, patients, and the healthcare organization and enable all parties to benefit from the rapid proliferation of innovative technology in a safe and efficacious manner.

The Greeley Company, a division of The Chartis Group, is a leader in healthcare consulting, education and interim staffing solutions, with unmatched experience in the areas of regulatory compliance, accreditation, bylaws and peer review, as well as credentialing and privileging. Greeley's mission is to help healthcare organizations improve efficiency, comply with regulations and standards, achieve practitioner engagement and alignment, and excel in delivering high-quality, cost-effective patient care. For more information, visit greeley.com.