OAMSS
OHIO ASSOCIATION
MEDICAL STAFF SERVICES



2022 FALL CONFERENCE

Friday, November 4, 2022
Renaissance Columbus Westerville Hotel, Westerville, Ohio 43082
614.882-6800

Lodging: A block of rooms has been reserved at the Renaissance Westerville from $159 per night. Reservations may be made by going to the following link: Book your group rate for OH Association of Medical Staff Services Fall NOV 2022; or by calling the hotel directly at 614.882.6800. Hotel reservations must be made by October 10, 2022! Cancellations must be made within 48 hours prior to arrival day.

Registration: The conference registration link is now active. To register, go to https://oamssohio.org/meetinginfo.php. Follow the link at the bottom of the page to register.

Photography: This event may be photographed, videotaped, or shared via social media or other promotional platform. Your attendance will indicate your consent for the use of such images, video and written consent about the event for educational and/or promotional purposes.

Continuing Education Units: This Conference has been approved by NAMSS for 7 CEUs.

TARGET AUDIENCE: Medical staff service professionals, provider enrollment, credentialing specialists, managed care administrators, medical staff leaders, quality improvement professionals, healthcare administrators and consultants.

DRESS CODE: Attire is business casual. Please dress in layers due to the variable room temperatures.

PAYMENT/REFUNDS: *Payment or proof of employer check request is required with your reservation. A refund of the registration fee will be made to registrants notifying OAMSS of cancellation by October 28, 2022 minus a $50 processing fee per person. No refunds will be issued after October 28, 2022, but you may substitute another person. There will be no refunds for no-shows. All refunds will be processed 4-6 weeks after the conference.*

WIFI: NETWORK: RENAISSANCE_CONFERENCE"
PASSWORD: November2022

Friday, November 4, 2022

7:30-8:00	Registration & Breakfast	
8-9:30 a	Joint Commission Update	Kim Obermeyer, MSN, RN, CON System Director, Accreditation & Regulatory Services Bon Secours Mercy Health
9:30-10:30a	Physician Assistant Update	Jen Garrett, Clinical Director, Department of PA Studies Mt. St. Joseph University
10:30-10:45	BREAK	Coffee, tea, and water will be provided (as well as any pastries left over from the morning breakfast)
10:45-12:00	OHIO STATE MEDICAL BOARD UPDATE	Jerica Stewart, Communications Officer State Medical Board of Ohio
12:00-1:00	Lunch and Business Meeting	
1:00-2:00	MEDICAL MARIJUANA	Beth Bolyard, Associate General Counsel Nationwide Children's Hospital
2:00-3:15	LEGAL UPDATE	Kim Parks, Esq/Steven Kleinman, Esq. Epstein, Becker, Green
3:15-3:30	BREAK	Light snacks and drinks will be provided
3:30-4:30	NAMSS UPDATE	Ropizah Ervin, CPCS, CPMSM NAMSS Director at Large
4:30	Prize Drawings/Adjournment	

Conference Objectives: At the completion of this conference, attendees will:

- **Identify new and changes to JC Standards, CMS and ODH applicable to MSPs**
- **Understand Ohio Laws governing the practice of Physician Assistants**
- **Have an update of current information related to the Ohio State Medical Board**
- **Understand current legislation related to Medical Marijuana**
- **Be provided with Legal information pertaining to policies, procedures and practices related to hospitals within the State of Ohio**
- **Be provided with current activities at NAMSS**

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OHIO ASSOCIATION MEDICAL STAFF SERVICES

FALL 2022 VENDOR FAIR EXHIBITORS

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Hardenbergh Group

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A very heartfelt Thank You to all our vendors!

modio

Introducing Modio Health

Modio Health was created because there was an opportunity for change. Founded in 2014, Modio provides solutions for healthcare organizations (HCOs) to be more efficient and to provide a path for providers to spend less time on red tape and more time focused on providing quality patient care.



Credentials Management, Simplified

OneView® enables hospital administrators, credentialing departments, group practices, and individual providers to share and access provider records through a cloud-based platform that greatly shortens credentialing times and reduces administrative effort. There's no need to hunt for credentialing information anymore; OneView® uses public services and primary source verification data to automatically gather provider details like NPI, DEA, FSMB, license numbers, education, and more. With OneView, keep your team in compliance while your providers focus on clinical care.

OneView® Features

Compliance Alerts

Utilize the power of Modio's technology to ensure your providers stay compliant with state and federal licensing bodies. Your dashboard will show who is in or out of compliance with the ABMS, DEA, and state licensure boards.

Pre-Populated Forms and Contracts

Send pre-populated documents for providers to electronically sign anytime. Benefits of custom form mapping include a substantial time savings filling out forms and elimination of transcription errors that can delay applications.

Provider Profiles

Modio's approach to provider profile management ensures that all needed documentation and information is kept on the platform.

Email Notifications

Quickly send custom email notifications to your team of providers and managers directly from the platform with the click of a button.

Workflow Management

Custom built workflows will help you track and manage your organizations processes.

Document Storage

Securely store any document type for each provider and access files from anywhere. Set permissions to control who is able to download or view specific documents.

The **OneView®** Advantage

Secure Cloud-based, real-time platform
Never worry about on-site implementations, outdated software, or losing any documents.

Remote Onboarding
Get your team up and running without ever having to enter the office with streamlined communication between your teams.

Virtual Implementations
Seamless migration from your previous software. No on-site visits means you're up and running right away.

Rapid Data Exchange
Ditch the spreadsheet, and effortlessly organize your documents in the cloud to view the same credentialing information team-wide. Digitize crucial credential information just once and access it anytime, anywhere, and with the ability to send to any other organization.

Free Virtual Trainings
Stay up to date on new product enhancements, get tips and tricks for better credentialing practices and become a OneView® expert with biweekly trainings.

CUSTOMER RATED KLAS REVIEWED

In the 2022 KLAS Credentialing Report, Modio received exceptional satisfaction ratings, including:

- 100% Avoids Nickel-and-Diming
- 98% Keeps All Promises
- 98% Would Buy Again
- 93% Part of Long-Term Plans

2022 KLAS Solution Comparison Report Card

	Culture	Loyalty	Operations	Product	Relationships	Value
Modio Health*	**A+**	**A+**	**A**	**A**	**A+**	**A**
ASM (MD-Staff)	B+	A	B+	A-	A-	A
Verity Stream (Echo)	D+	D+	C+	C	C	C
Verge Health	B+	A-	B	B	A-	B
Symplr	C+	B-	B-	C+	B-	C-
Verity Steam (MSOW*)	B-	C+	C	C	C	D-

According to the 2022 KLAS report, Credentialing: Modio was included as a vendor that serves mostly ambulatory customers. Visit klasresearch.com to read the full report. *These scores were included in the report as limited data or a component solution.

JOINT COMMISSION UPDATE

OAMSS

Accreditation Updates

Friday, November 4th, 2022

Kim Obermeyer MSN, RN, CON
System Director of Accreditation and Regulatory Services
Bon Secours Mercy Health

BON SECOURS MERCY HEALTH

1

Objectives

- Identify recent Med Staff trends and findings related to regulatory surveys
- Identify opportunities to improve compliance
- Identify readiness tools for Medical Staff Tracer

2

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2

Joint Commission & Medical Staff Standards

- Minimal changes to the MS Chapter in the last couple of years
- Hot MS topics to review in your organization include Telehealth, Tele psych, Hospital at Home, PHE & 1135 Waivers (PHE extended until 1/11/2023)
- Med Staff session remains a single session for triennial surveys. Reviewed during Med Staff session:
  - Appointment Date
  - Privileges requested, recommendations, and approvals (be able to evidence the board letter)
  - Verification of Identification (picture ID)
  - Current Licensure (PSV)
  - Training / Education (PSV)
  - Certifications, if required
  - National Practitioner Data Bank (NPDB)
  - Malpractice Insurance
  - Peer recommendations or other evidence of competency
  - Health Status / Attestation
  - FPPE/OPPE
  - CME
  - License or privileging issues

3

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3

Telemedicine

- 3 Options for privileging and credentialing LIPs who are caring for patients→
  - The originating site fully privileges and credentials the practitioner according to MS .06.01.03 – MS.06.01.13
  - The originating site privileges practitioners using credentialing information from the distant site (as long as the distant site is accredited by Joint Commission)
  - The originating site may choose to use the credentialing and privileging decision from the distant site to make a final decision
- Originating site = patient location
- Distant site = provider location



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Medical Staff and Credentialing System Tracer Session:

Who should attend?

- President of Medical Staff or equivalent position
- Medical Director/CMO/Chief of Staff
- Medical Staff Coordinator
- Chair of Credentialing Committee
- Scribe for notes

What policies should be available?

- Medical Staff Bylaws
- Policies, rules & regulations related to Bylaws
- Policies related to FPPE/OPPE **(Remember the 65% rule…)**

Any additional information needed:

- Review of medical staff approval of Radiology and Nuclear Medicine staff qualifications (of those who use equipment and administer procedures), training, functions, and responsibilities (MS.03.01.01, EP16 &17)
- Documentation of the medical staff approval of the current Dietary/Nutrition Manual (This may change with CMS review)
- Documentation of education of the medical staff related to:
  - Restraint and Seclusion management
  - Pain Assessment and Management
  - Antimicrobial Stewardship (beginning January 1, 2017)

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Example of MS Checklist for Bylaws

EP #	CONTENT	BYLAW LOCATION	YES	NO
12	Structure of Medical Staff			
13	Qualification for appointment to medical staff			
14	Process for privileging and re-privileging physicians or licensed practitioners			
15	Duties and privilege of each category (ex. Active, courtesy)			
16	Requirements for completing and documenting histories and physicals			
17	Who eligible to vote			
18	Process for selecting/electing/removing medical staff officer			
19	List of officer positions			
20	MEC function, size, composition, authority to delegate to MEC, or how authority removed			
21	Process for selecting/electing/removing MEC members			
22	MEC includes physicians and others as determined by med staff			
23	MEC acts on behalf of organized medical staff			
24	Process for adopting and amending bylaws			
11/25	Process for adopting and amending rules/regs/policies			
26	Process for credentialing/recredentialing LIP and other practitioners			
27	Process for appointment/reappointment to med staff membership			
28	Indications for automatic suspension of membership and privileges			
29	Indications for summary suspension of membership or clinical privileges			
30	Indications for recommending termination/suspension of med staff membership and/or termination/suspension/reduction of clinical privileges			
31	Process for auto suspension of membership or clinical privileges			
32	Process for summary suspension of membership or clinical privileges			
33	Process for recommending termination/suspension of membership and/or termination/suspension/reduction of clinical privileges			
34	Process for scheduling fair hearings/appeals; process for conducting fair hearings/appeals			
35	Composition of fair hearing committee			
36	Department Chair qualifications, roles, and responsibilities			
37	Multi hospital system with unified medical staff			
MS.03.01.01 EP6	Minimal content of the H&P			
MS.06.01.05 EP 11	Completed application for privileges are acted on within a time period specified in bylaws			

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Example of a tracer tool with frequently requested providers



File	Initials/ Specialty	Appt. Date	Verify ID	License PSV	Training PSV	NPDB	References	Health Status	FPPE/ OPPE	CME	License/ privilege issues?
Chief Anesthesiologist											
New generalist											
Renewing generalist											
New proceduralist											
Renewing proceduralist											
CRNA											
OB/Gyn											
Chief Radiologist											
Chief Psychiatrist											
Chief Nuclear Med											
ED physician (if not provided in another category)											
Moderate sedation privileges											
PA											
Nurse Practitioner											
Midwife											
Dietitian (if privileged to order therapeutic diets)											

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Focused Professional Practice Evaluation (FPPE)

Question	Answer
1. Are there any required components for design of the focused evaluation process?	1. Yes, you must predefine, and the process and the criteria required.
2. What is the distinction between performance criteria and triggers and are there any examples?	2 Performance criteria addresses issues affecting the provision of safe, quality care such as frequent readmissions, unnecessary diagnostic tests, or not following clinical practice guidelines. Triggers may be a single incident or evidence of trends such as sentinel event, infection rates, or a complaint
3. When is FPPE required?	3. FPPE is required… o when a practitioner requests a new privilege o when a practitioner's competence to perform a privilege is in question

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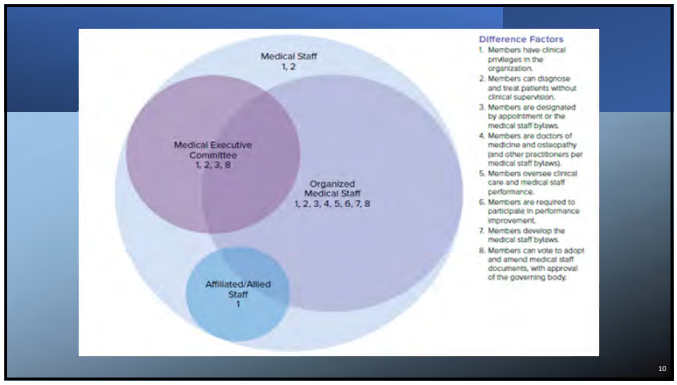
Ongoing Professional Practice Evaluation (OPPE)

Question	Answer
1. When is OPPE required?	1. Required for: o Maintaining existing privileges o Revising existing privileges o Revoking an existing privilege prior to or at the time of renewal
2. Are there any guidelines for collecting information for frequency and evaluation?	2. The frequency of OPPEs can be defined by the organized medical staff, but must occur more frequently than every 12 months
3. Can organizations use data from outside organizations in lieu of collecting their own data to accomplish the Ongoing Professional Practice Evaluation (OPPE)? Can outside data be used for low volume practitioners?	3. Any information received from another organization can only be used as supplemental information and not in lieu of collecting organization specific data or evaluating performance within the organization

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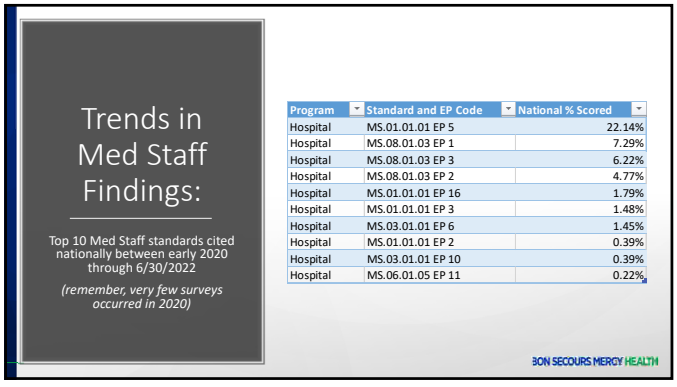
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Medical Staff
1, 2
Medical Executive Committee
1, 2, 3, 8
Organized Medical Staff
1, 2, 3, 4, 5, 6, 7, 8
Affiliated/Allied Staff
1
Difference Factors
1. Members have clinical privileges in the organization.
2. Members can diagnose and treat patients without clinical supervision.
3. Members are designated by appointment or the medical staff bylaws.
4. Members are doctors of medicine and osteopathy (and other practitioners per medical staff bylaws).
5. Members oversee clinical care and medical staff performance.
6. Members are required to participate in performance improvement.
7. Members develop the medical staff bylaws.
8. Members can vote to adopt and amend medical staff documents, with approval of the governing body.
10

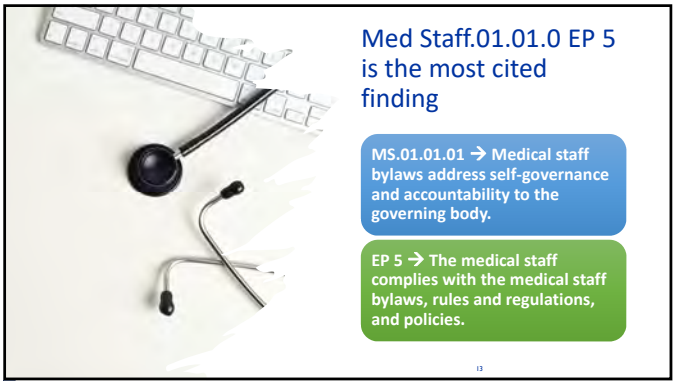
10


Top 10 Joint Commission Med Staff findings
11
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11


Trends in Med Staff Findings:
Top 10 Med Staff standards cited nationally between early 2020 through 6/30/2022
(remember, very few surveys occurred in 2020)
Program
Standard and EP Code
National % Scored
Hospital MS.01.01.01 EP 5 22.14%
Hospital MS.08.01.03 EP 1 7.29%
Hospital MS.08.01.03 EP 3 6.22%
Hospital MS.08.01.03 EP 2 4.77%
Hospital MS.01.01.01 EP 16 1.79%
Hospital MS.01.01.01 EP 3 1.48%
Hospital MS.03.01.01 EP 6 1.45%
Hospital MS.01.01.01 EP 2 0.39%
Hospital MS.03.01.01 EP 10 0.39%
Hospital MS.06.01.05 EP 11 0.22%
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Med Staff.01.01.0 EP 5 is the most cited finding

MS.01.01.01 → Medical staff bylaws address self-governance and accountability to the governing body.

EP 5 → The medical staff complies with the medical staff bylaws, rules and regulations, and policies.

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MS.01.01.01 EP 5 examples:

- During a tracer…it was noted that the **medical history and physical did not include medications.** The medical staff rules and regulations required that medications be included in the medical history and physical.
- During individual patient tracer… two of five records of patients who underwent surgery had pre-operative history and physical examination documents that **did not contain examination of the heart and lungs as required by the medical staff bylaws 2.2.12.**
- During review of multiple post procedure records, missing the following: **immediate or final post procedure notes immediately available as required by the Medical Staff By Laws.**
- In 2 of 3 labor and delivery patient records, the H&P **did not contain pertinent social and family history, review of systems (ROS), and a comprehensive Physical Exam (PE)** as required by Rules and Regulations, Medical records (p. 61).
- The History & Physical report did not include the requirements of the medical staff bylaws; the history of present illness and list of active problems **did not include the main medical problems for the patient**: prostate cancer and lung and bladder cancer metastases diagnoses.

§482.22 Condition of Participation: Medical Staff
TAG: A-0338

§482.22(a)(1)
TAG: A-0340

§482.22(b)(4)(ii)
TAG: A-0350

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MS.01.01.01 EP 5 examples continued:

- The history and physical examination of a patient who received sedation for an invasive procedure **did not include a review of systems**, an element required by the organization's Medical Staff Bylaws.
- During a record review, 2 out of 8 **discharge summaries reviewed were not completed within the organization's defined timeframe of 24 hours after discharge.** According to the Medical Staff Rules and Regulations, "Discharge summaries should be completed at the time of discharge or within 24 hours of discharge".
- PAPER / HANDWRITTEN History and Physical →
  - The procedural **paper-based history and physical did not contain all the required elements** as defined by the medical staff bylaws. The history, medications, allergies, and review of systems sections are incomplete. The medical staff bylaws require, "at a minimum, the history of present illness, medications, allergies, relevant past medical and surgical history, review of systems pertinent to care, and physical examination results as applicable to the procedure being performed."
  - During record review, a patient that underwent general anesthesia for an EGD had a **handwritten H&P that lacked these elements as required by the organizations policy Routine History and Physical**: Summary of psychological history, HEENT, Abdomen, course of action/treatment planned for patient.

§482.22 Condition of Participation: Medical Staff
TAG: A-0338

§482.22(a)(1)
TAG: A-0340

§482.22(b)(4)(ii)
TAG: A-0350

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Med Staff.08.01.03 EP 1 is the 2nd most cited finding (OPPE)

MS.08.01.03 → Ongoing professional practice evaluation is factored into the decision to maintain existing privilege(s), to revise existing privilege(s), or to revoke existing privilege prior to or at the time of renewal.

EP 1 → There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.

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MS.08.01.03 EP 1 examples:

- The hospital's process for ongoing professional practice review **did not include review of individual practitioner data by the medical staff more frequently than at one-year intervals as is required.** The data was reviewed on an annual basis, but this is too long an interval for an ongoing review.
- There was no clearly defined frequency for Ongoing Professional Practice Data to be reviewed and who was responsible for reviewing this data. Additionally, the **OPPE policy** spoke to the frequency of how often data should be available but did not address the frequency of the documented review.
- Staff who are beyond initial FPPE, did not have OPPE evaluated or reported by the medical staff for 1 ½ years. **This time frame reflects a periodic evaluation instead of an ongoing evaluation.**
- Half of the credential files reviewed had OPPE documentation **which did not meet the criteria set up through the medical staff OPPE process** which required data to be reviewed and evaluated every 6 months, not to exceed 9 months.
- During the review of credential files, it was observed that the files reviewed revealed the process was not ongoing as **OPPE was completed only at the time of reappointment.**

§482.22 Condition of Participation: Medical Staff

§482.22(a)(1)
TAG: A-0340

(1) The medical staff must periodically conduct appraisals of its members.

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MS.08.01.03 EP 1 examples continued:

- During review of Ongoing Professional Practice Evaluation (OPPE) in the Credentialing and Privileging (Medical Staff Session), it was noted that the **hospital's process did not differentiate physician measurements between and within specialties.** Specifically, the process of solely using Premier, a corporate requirement which evaluates claims data only, resulted in no difference in measurements reported between a cardiologist and an orthopedic surgeon. Additionally, while Premier was not used to assess radiologists, the hospital did not differentiate measurements between an interventional radiologist and a non-interventional radiologist.
- During the Medical Staff system tracer, it was observed that the **data collected on practitioners was limited to event-related performance.** As a result, the practitioner performance data was not reviewed, unless an event occurred or at the time of reappointment every two years.
- During the medical staff privileging and credentialing session, it was observed that the required privileging for an emergency department physician for moderate sedation was *"demonstrated current competence and evidence of successful performance of at least 5 deep sedation procedures with acceptable results…for the past 24 months…."* **The hospital could not provide any evidence that this requirement was performed.**

§482.22 Condition of Participation: Medical Staff

§482.22(a)(1)
TAG: A-0340

(1) The medical staff must periodically conduct appraisals of its members.

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Med Staff.08.01.03 EP 3 and EP 2 are cited frequently

- MS.08.01.03 EP 3 → The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).

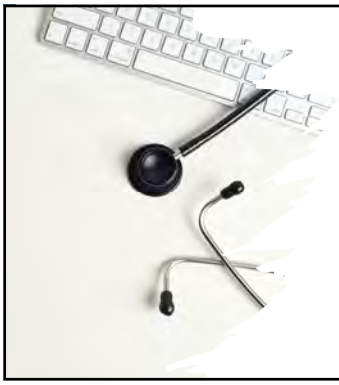
❖ During the Medical Staff system tracer, it was observed that the **data collected on practitioners was limited to event-related performance**. As a result, the practitioner performance data was not reviewed, unless an event occurred or at the time of reappointment every two years.

- MS.08.01.03 EP 2 → The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.

❖ In 3 of 3 credentialing files reviewed of **Allied Health Professionals**, there was **no evidence the HCO had defined the type of OPPE data to be collected** for the providers that had been granted privileges.

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MS.01.01.01 EP 16

MS.01.01.01 → Medical staff bylaws address self-governance and accountability to the governing body.

EP 16 → The medical history and physical examination are completed and documented by a physician, an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with state law and hospital policy

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MS.08.01.03 EP 1 examples:

- The **bylaws did not contain the minimum requirements for the pre-operative update to a history and physical performed on outpatients when the initial history and physical was done within 30 days of surgery, but prior to admission or the day of the procedure.** The bylaws required documentation of changes in condition **but did not require an examination.**

- Observed in the credentialing and privileging session, **5 out of 13 credential files reviewed had OPPE documentation which did not meet the criteria set up through the medical staff OPPE process** which required data to be reviewed and evaluated every 6 months, not to exceed 9 months. These findings were confirmed with the CMO.

- During the review of credential files, it was observed that the files reviewed revealed the process was not ongoing as **OPPE was completed only at the time of reappointment.** This was evident by 6 of 6 medical staff had recent data collected, but only a member of quality reviews that data, forwarding only "fall-outs" to the Department Chair.

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Recommended Medical Staff Activity or tracer to prepare for tracer session

- Review Medical Staff On-boarding education materials:
  - How is this documented?
  - What is included (by topic)?
- Review Medical Staff Annual Education offerings
  - How is this distributed and documented?
  - What is included (by topic)?
- Medical Staff File Review "Credentials File Review Tool"
  - Use SAG HAP page 81 to review Medical Staff Files (MDs, DOs, NPs, PAs, CRNAs…. and other LIPs and AHPs!!!)



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Recommended Medical Staff Activity or tracer to prepare for tracer session



- Medical Staff File Review "Credentials File Review Tool"
  - Use SAG HAP page 81 to review Medical Staff Files (MDs, DOs, NPs, PAs, CRNAs…. and other LIPs and AHPs!!!)
- See Survey Activity Guide (SAG) Hospital Accreditation Program on pages 37, 72-81
  - Provide Bylaws, Rules and Regulations, Policies for FPPE, OPPE, Radiology Job Description & approval dates, Dietary manual approval date, Antimicrobial Stewardship program materials, Emergency Management/Disaster Privilege materials.

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Joint Commission Updates: Fun Facts

- **65% of all RFI's cited are based solely on the organizations policy. Review your policies!!!**
- Immediate Threat to Life (ITL) was cited 23.3% of the time *(between 8-1-2021 thru 8-31-2022)*
- TJC is currently completing 1,100 surveys monthly, but creating an additional 500 surveys (Med Def surveys due to Conditional Level findings)
- **Continued Hybrid surveys: Clinical portion & EC/LS portion occurs in a different weeks (Benefits to this process)**

BON SECOURS MERCY HEALTH

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Joint Commission Updates: Fun Facts

- TJC Survey Goal is to be back on schedule by first of the year, 2023
- Past Due surveys – Will surveys occur 3 years from when the late survey date or when it was supposed to occur?
  - ❖ If you are behind a year, there is a possibility that your organization will be surveyed in 2 years. (Still within the 18-month window)
  - ❖ TJC is working to stagger 2023, 2024, 2025 surveys
  - ❖ Minimal surveys in 2023 (following 2020) is not sustainable

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Joint Commission Updates: Med Def Surveys

- There is potential for a Medicare deficiency survey due to one or more Condition Level Deficiencies.

This means a revisit by TJC surveyor(s) within 45 calendar days of the last day of survey to review specific standards that triggered the Condition Level Deficiency.

- ➢ EC / LS / IC standards most often trigger CMS condition level findings.
- ➢ 60% of sites will have conditional level findings
- ➢ Glucometer – if 1 glucometer is found with blood on the outside, it will automatically trigger a conditional level finding.

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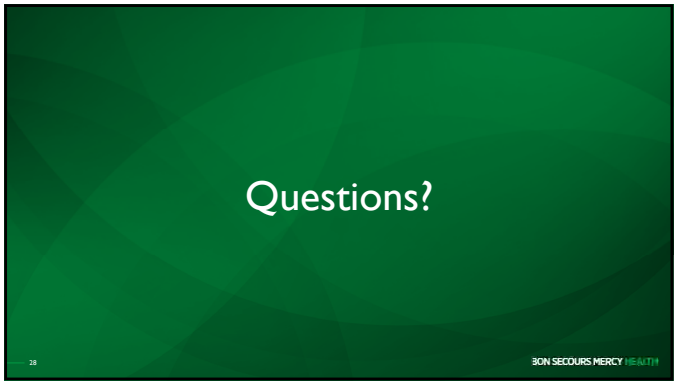
Joint Commission Updates: Clarification Process

NEW Clarification process:

- ❖ Findings as a result of a "lack of required documentation at the time of survey" are no longer eligible for the Clarification Process.
- ❖ Everything must be presented to the surveyor prior to the end of survey in order to be eligible to complete a 10-day clarification.
- ❖ 10 Day clarification is still available, but all evidence of compliance MUST be presented at the time of survey. If not available, it cannot be used to clarify the finding.

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File	Initials/ Specialty	Appt. Date	Verify ID	License PSV	Training PSV	NPDB	References	Health Status	FPPE/ OPPE	CME	License/ privilege issues?
Chief Anesthesiologist											
New generalist											
Renewing generalist											
New proceduralist											
Renewing proceduralist											
CRNA											
OB/Gyn											
Chief Radiologist											
Chief Psychiatrist											
Chief Nuclear Med											
ED physician											
Moderate sedation privileges											
PA											
Nurse Practitioner											
Midwife											
Dietitian											

MS.01.01.01 CHECKLIST

EP #	CONTENT	BYLAW LOCATION	YES	NO
12	Structure of Medical Staff			
13	Qualification for appointment to medical staff			
14	Process for privileging and re-privileging physicians or licensed practitioners			
15	Duties and privilege of each category (ex. Active, courtesy)			
16	Requirements for completing and documenting histories and physicals			
17	Who eligible to vote			
18	Process for selecting/electing/removing medical staff officer			
19	List of officer positions			
20	MEC function, size, composition, authority to delegate to MEC, or how authority removed			
21	Process for selecting/electing/removing MEC members			
22	MEC includes physicians and others as determined by med staff			
23	MEC acts on behalf of organized medical staff			
24	Process for adopting and amending bylaws			
11/25	Process for adopting and amending rules/regs/policies			
26	Process for credentialing/recredentialing LIP and other practitioners			
27	Process for appointment/reappointment to med staff membership			
28	Indications for automatic suspension of membership and privileges			
29	Indications for summary suspension of membership or clinical privileges			
30	Indications for recommending termination/suspension of med staff membership and/or termination/suspension/reduction of clinical privileges			
31	Process for auto suspension of membership or clinical privileges			
32	Process for summary suspension of membership or clinical privileges			
33	Process for recommending termination/suspension of membership and/or termination/suspension/reduction of clinical privileges			
34	Process for scheduling fair hearings/appeals; process for conducting fair hearings/appeals			
35	Composition of fair hearing committee			
36	Department Chair qualifications, roles, and responsibilities			
37	Multi hospital system with unified medical staff			
MS.03.01.01 EP6	Minimal content of the H&P			
MS.06.01.05 EP 11	Completed application for privileges are acted on within a time period specified in bylaws			

PHYSICIAN ASSISTANT UPDATE

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PA Update

Jen Garrett, MPAS, PA-C
Clinical Director
Mount St. Joseph University Physician Assistant Program

2

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Agenda…

- Introduction
- What is a PA?
- Current issues for PAs
  - Name change
  - Modern PA Practice Act/Optimal Team Practice
  - Postgraduate PA education

3

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Introduction…

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Jen Garrett, MPAS, PA-C

- Education
  - BS, Manchester College
  - BS, Butler University
  - MPAS, University of Nebraska
- Clinical experience
  - Oncology
  - Solid organ transplant
  - Gastroenterology
  - Primary Care
- PA education



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What is a PA?

6

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What is a PA?

PAs (physician associates/physician assistants) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care andtransforming health and wellness through patient-centered, team-based medical practice.

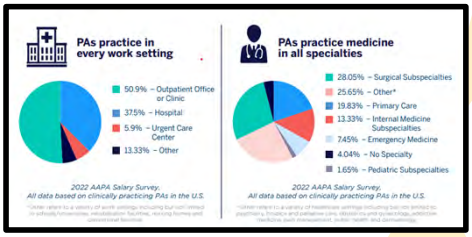
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EDUCATION BY THE NUMBERS

- **293** PA Programs in the U.S.
- **2,000** hours of clinical rotations
- Programs are **27 months or 3 academic years** (bachelor's degree is required for acceptance)
- Educated at **MASTER'S DEGREE** level

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MSJ PA Program



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CERTIFICATION & LICENSING

To obtain a license, PAs must:

- Graduate from an **accredited PA program**
- Pass a **certification exam**

To maintain their certification, PAs must complete:

- **100 hours** of continuing medical education (CME after every two years)
- A **recertification exam** every 10 years

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BEST JOBS U.S.News & WORLD REPORT 2022

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OH PA law…

STATUTE Ohio Revised Code Annotated Title 1, Chapter 1; Title 37, Chapter 3719;Title 47, Chapter 4730



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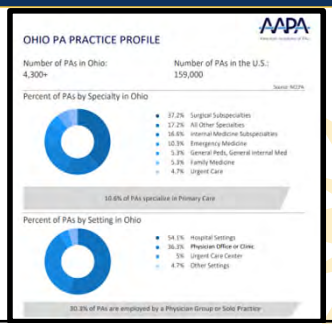
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OH PA law…

- Supervision agreement
- Delegation of a service
- Quality assurance process
- 500 hours on site supervision
- 12 hours of pharm CME every 2 years
- Narcotic prescribing

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Current issues for PAs…

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Name change

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Name change



- 2018
  - PA title change investigation initiated by AAPA
- 2019-2021
  - Surveys, discussions, focus groups, debates, proposals…
- May 2021
  - Profession changed to Physician Associate

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Name change

AAPA

- "The new title – physician associate – directly addresses the common misperception that PAs merely "assist" physicians. They do so much more!"

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Name change

- Physician assistant = Physician associate?



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Name change

- "PAs should continue to use "physician assistant" or "PA" as their official legal title in a professional capacity, particularly in clinical settings and with patients, until the jurisdiction governing their licensure and practice has formally adopted the title of "physician associate." AAPA's legal counsel, Foley & Lardner LLP, recommends that PAs refrain from representing themselves as "physician associates" at this time."

AAPA

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Name change…in OH



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Modern PA Practice Act and Optimal Team Practice

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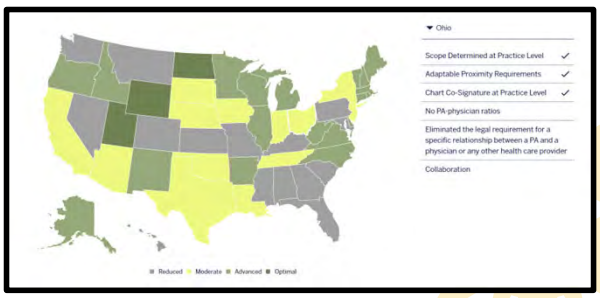
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Modern PA Practice Act

- 6 elements
  - Licensure as the regulatory term
  - Full prescriptive authority
  - Scope of practice determined at the practice level
  - Adaptable proximity requirements
  - Cosignature requirements determined at the practice level
  - Number of PAs a physician may collaborate with determined at the practice level

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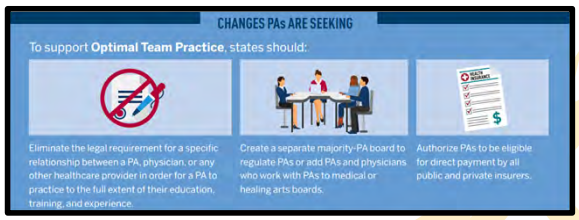
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Optimal team practice

- Optimal Team Practice occurs when PAs, physicians, and other healthcare professionals work together to provide quality care without burdensome administrative constraints.

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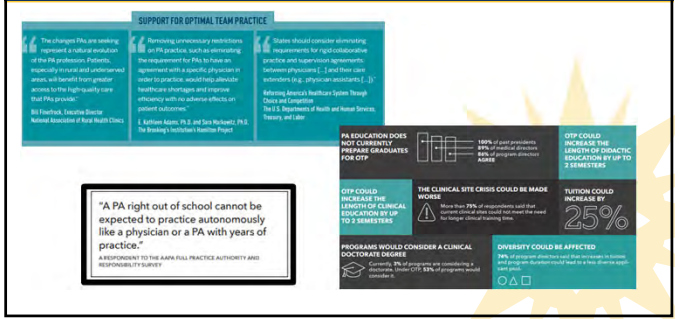
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Post graduate education

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Postgraduate PA education

- ARC-PA accreditation
  - 11 programs
- APPAP
  - ~100 programs

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State	Sponsoring Institution	Clinical Postgraduate Program Name	Current Accreditation Status	Accreditation Actions History	Date First Accredited	Next ARC-PA Review
CA	San Bernardino Medical Orthopaedics Group, Inc. (dba) Arrowhead Orthopaedics	Arrowhead Orthopaedic's PA Orthopaedic Surgery Fellowship	****Clinical Postgraduate Program	View	6/25/2021	Jun-24
GA	Emory Healthcare, Woodruff Health Science Center	Emory Critical Care Nurse Practitioner and Physician Assistant Residency Program	****Clinical Postgraduate Program	View	3/6/2021	Mar-24
IA	University of Iowa Hospitals and Clinics	University of Iowa Emergency Medicine Physician Assistant Residency Program	****Clinical Postgraduate Program	View	6/25/2021	Jun-24
MD	Johns Hopkins Hospital	The Johns Hopkins Hospital Postgraduate PA Surgical Residency	****Clinical Postgraduate Program	View	10/2/2021	Sep-24
NC	Duke University Medical Center	Duke Physician Assistant Surgical Residency Program	****Clinical Postgraduate Program	View	10/2/2021	Sep-24
NH	Dartmouth-Hitchcock Medical Center	Dartmouth-Hitchcock Critical Care Advanced Practice Provider Residency	****Clinical Postgraduate Program	View	10/2/2021	Sep-24
NH	Dartmouth-Hitchcock Medical Center	Cardiothoracic Physician Assistant Residency Program	****Clinical Postgraduate Program	View	6/25/2021	Jun-24
TX	MD Anderson Cancer Center	MD Anderson Cancer Center Postgraduate Physician Assistant Fellowship in Oncology	****Clinical Postgraduate Program	View	6/25/2022	Jun-25
TX	Texas Children's Hospital	Texas Children's Hospital Community Surgery Physician Assistant Fellowship	****Clinical Postgraduate Program	View	3/5/2022	Mar-25
TX	Texas Children's Hospital	Texas Children's Hospital Orthopedic Physician Assistant Fellowship	****Clinical Postgraduate Program	View	3/5/2022	Mar-25
TX	Texas Children's Hospital	Texas Children's Hospital Surgery Physician Assistant Fellowship	****Clinical Postgraduate Program	View	3/5/2022	Mar-25

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Postgraduate PA education

- >/= 1 year specialized education
- Stipend provided
- Improved job opportunity?
- Not required…

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NCCPA
Certification. Excellence.®

Certified PAs Who Completed a Postgraduate Training Program: Area of Training

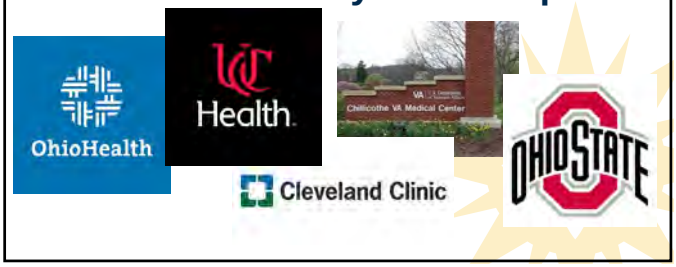
Area of Training	Number	Percent
Addiction medicine	14	0.2%
Anesthesiology	5	0.1%
Critical care medicine	279	4.8%
Dermatology	300	5.1%
Emergency medicine	1,360	23.6%
Family medicine/general practice	513	8.8%
Hospice and palliative medicine	6	0.1%
Hospital medicine	162	2.8%
Internal medicine - general practice	98	1.7%
Internal medicine - subspecialties	190	3.2%
Neurology	34	0.6%
Obstetrics and gynecology	82	1.4%
Occupational medicine	49	0.8%
Ophthalmology	4	0.1%
Otolaryngology	42	0.7%
Pain medicine	13	0.2%
Pathology	1	<0.1%
Pediatrics- general	69	1.2%
Pediatrics- subspecialties	172	2.9%
Physical medicine/rehabilitation	4	0.1%
Preventive medicine/public health	12	0.2%
Psychiatry	157	2.7%
Radiation oncology	1	<0.1%
Radiology	5	0.1%
Surgery- general	886	15.1%
Surgery- subspecialties	804	13.7%
Urology	15	0.3%
Other*	555	9.5%
TOTAL	5,851	100%

*Top "other" responses include: hepatology, aviation/aerospace medicine, integrative medicine and trauma.

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OH APP residency/fellowships



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- Ashland University
- Baldwin Wallace University
- Case Western Reserve University
- Cedarville University
- Kettering College
- Lake Erie College
- Marietta College
- Mercy College of Ohio
- Miami University
- Mount St. Joseph University
- Ohio Dominican University
- Ohio University
- University of Dayton
- University of Findlay
- University of Mount Union
- University of Toledo
- Ursuline College



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Thank you for your time and attention…

Jen Garrett, MPAS, PA-S
513-244-4385
Jen.Garrett@msj.edu

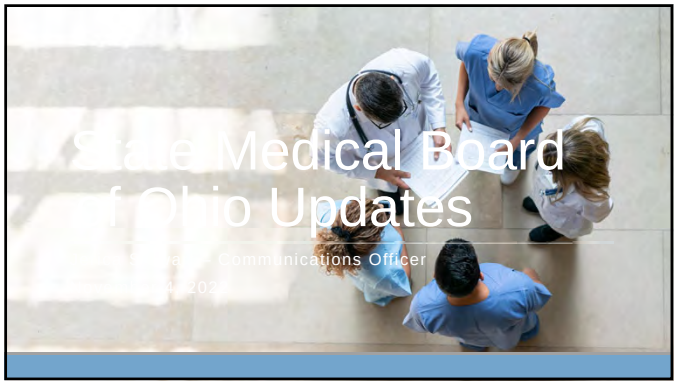
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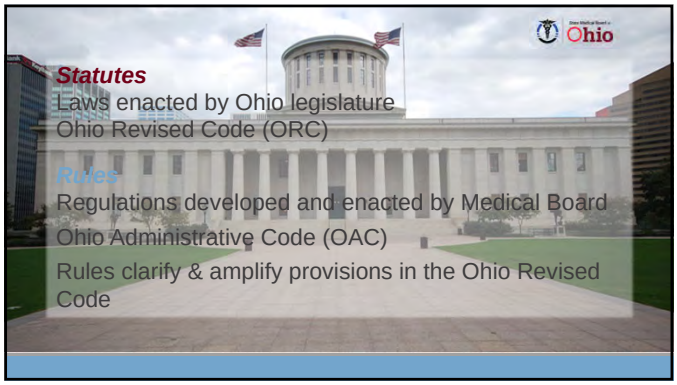


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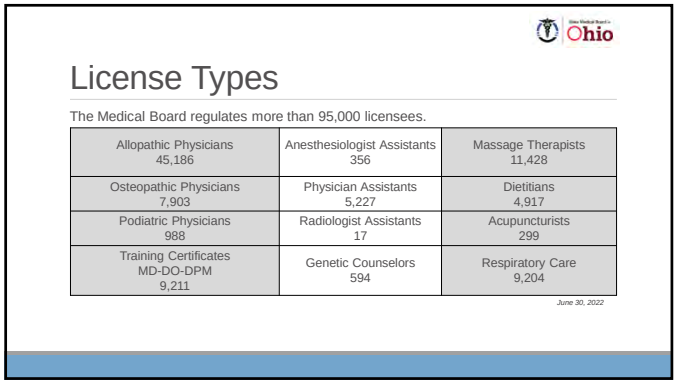
MEDICAL BOARD UPDATE


State Medical Board
of Ohio Updates
Communications Officer
2022

1


Ohio
Statutes
Laws enacted by Ohio legislature
Ohio Revised Code (ORC)
Rules
Regulations developed and enacted by Medical Board
Ohio Administrative Code (OAC)
Rules clarify & amplify provisions in the Ohio Revised Code

2


Ohio
License Types
The Medical Board regulates more than 95,000 licensees.
Allopathic Physicians 45,186
Anesthesiologist Assistants 356
Massage Therapists 11,428
Osteopathic Physicians 7,903
Physician Assistants 5,227
Dietitians 4,917
Podiatric Physicians 988
Radiologist Assistants 17
Acupuncturists 299
Training Certificates MD-DO-DPM 9,211
Genetic Counselors 594
Respiratory Care 9,204
June 30, 2022

3

Maintaining a License

Renewal

- Required every 2 years
- Licensed after 10/17/19 - based on date of issuance

Reinstatement

- Expired < 2 years
- Reinstatement fee incurred

Restoration

- Expired > 2 years
- Restoration fee incurred
- Background check required
- Board may require additional training or examination

4



Physician CME

50 Hours of Category 1 required

Renewals can be submitted within 180 days prior to the expiration date.

There is a system generated email at 90, 60 and 30 days prior to the expiration date.

5

Renewal Schedule

First initial of licensee's last name	Licensure expiration date	CME cycle
A-B	July 1 – odd years	7/1/2023
C-D	April 1 – odd years	4/1/2023
E-F-G	January 1- odd years	1/1/2023
H-I-J-K	October 1 even years	10/1/2024
L-M	July 1 – even years	7/1/2024
N-O-P-Q-R	April 1 – even years	4/1/2024
S	January 1 – even years	1/1/2024
T-U-V-W-X-Y-Z	October 1 – odd years	10/1/2023

6

Renewal Schedule

As a reminder, the renewal date for licenses issued **after 10/17/21** is based on the date of issuance.

For example: A license issued on November 20, 2020 will expire on November 20, 2022.

*Licenses that were extended during the pandemic are still on their original renewal schedule.

7

Physician Licensure Renewal Fees

$308.50	**Total renewal fee paid every two years**
$285.00	Supports Medical Board operations
$ 20.00	Supports the Physician Loan Repayment Program (PLRP) This is not a new fee. It is not an optional fee. Mandated by Ohio law, effective in 1996. Provides loan repayment assistance to physicians who commit to practice in underserved areas. Program managed by the Ohio Department of Health.
$ 3.50	eLicense transaction fee to support the operational and maintenance cost of the eLicense program - effective 7-1-2017

8

Board Meetings

The board has resumed in-person monthly meetings but continues to live stream on the State Medical Board of Ohio YouTube channel.

All recordings are posted to the YouTube channel.



youtube.com/c/StateMedicalBoardofOhio

9

Telemedicine Update

On March 23, 2022, Ohio's new telehealth law including R.C. 4743.09 became effective. This new telehealth law applies to physicians (MD, DO, DPM), physician assistants, dietitians, respiratory care professionals and genetic counselors.

The new law also allowed the Medical Board to extend its suspension of enforcement of the Board's current telehealth related rules while the Board amends or adopts new telehealth rules.

10



Rulemaking process for telehealth rules

- ☑Initial circulation – Done
- ☑CSI Review – Done
- ❑File proposed rules with Joint Committee on Agency Rule Review (JCARR) - Pending
- ❑Public hearing – opportunity for comments
- ❑JCARR hearing – opportunity for comments
- ❑Medical Board approval

11

To review proposed telehealth rules and follow their progress visit the website.



med.ohio.gov/Laws-Rules/Newly-Adopted-and-Proposed-Rules

12

One-bite Program

One-bite Program is a confidential program for the treatment of impaired licensees and applicants of the Medical Board - established in section 4731.251 of the Revised Code

It makes recovery a non-disciplinary program for initial incidents and self-reported impairment by licensees and applicants

To participate, licensees/applicants must meet all three requirements:

1. Diagnosed with substance use disorder and impaired in inability to practice
2. First-time participant in the program
3. No prior disciplinary action for substance use disorder or impairment by any licensing board in Ohio

13



One-bite Program

Ohio Physicians Health Program (OPHP) is the contracted monitoring organization.

Contact OPHP: (614) 841-9690 or info@ophp.org

Website: ophp.org

14

Confidential Monitoring Program

Mental or physical condition impacting ability to practice

Board Secretary & Supervising Member oversee agency investigation and enforcement processes.

Secretary & Supervising Member may determine that an individual being investigated, concerning a mental or physical illness, is appropriate for ongoing investigative observation and monitoring by the board rather than formal public disciplinary action.

Licensee signs a confidential participation agreement with the board.

15

Duty to Report

Licensees have a personal duty to report to the State Medical Board of Ohio when they believe an individual licensed by the Board has violated the Board's laws or rules including **sexual misconduct**, **impairment**, **practice below the minimal standards of care**, and **improper prescribing of controlled substances**.



Reports of misconduct to supervisors, law enforcement or health care system management do **NOT** fulfill the duty to report to the Board; failure to report could result in formal disciplinary action.

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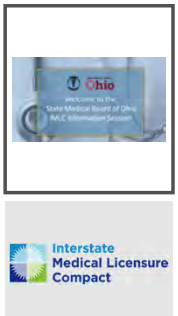
Duty to Report

All licensed physicians are required to complete one hour of continuing medical education on the topic of a licensee's duty to report misconduct each renewal period (OAC 4731-10-02).

The board's video and additional resources are available at med.ohio.gov/Duty-to-Report.



17



IMLC Update

The board began issuing licenses through the Compact on **August 2**.

You will find IMLC resources and updates at med.ohio.gov/IMLC.

18

IMLC Eligibility

Any physician (MD or DO) from a Compact state who meets the qualifications of the Compact is eligible for licensure in any other Compact state and responsible for obeying all statutory laws and administrative rules of the state. For a full list of eligibility requirements, visit imlcc.org.

Each physician is responsible for making a self-determination of eligibility prior to applying to participate in the Compact, and you must confirm that you understand the Compact rules.

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IMLC Cost

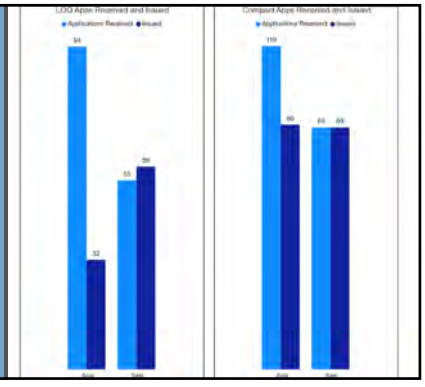
The cost to participate in the Compact is $700.00 PLUS the cost of a license(s) in each Compact state where a physician wants to practice. All fees are non-refundable.

Physicians should check their eligibility before applying. If they are found to be ineligible after starting the application process, the application fee will not be refunded.

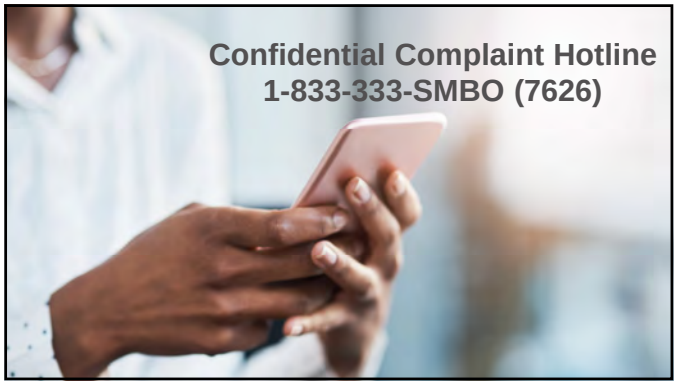
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New IMLC License Applications Received & Issued

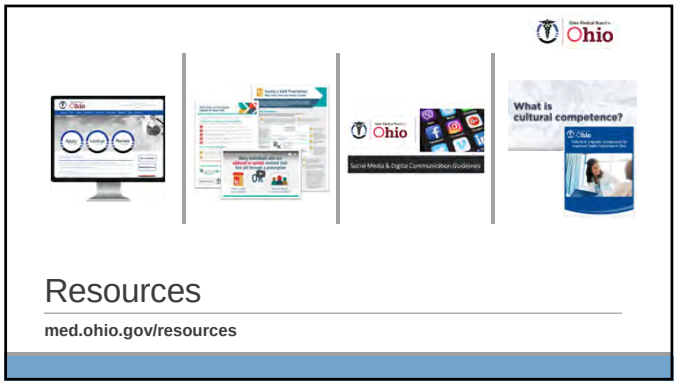
As of September 2022



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Confidential Complaint Hotline
1-833-333-SMBO (7626)

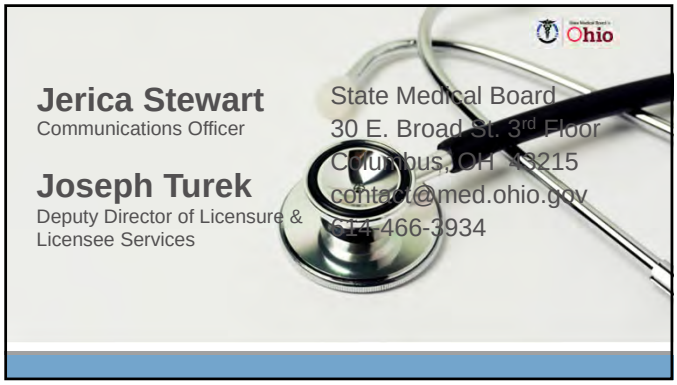
22


Ohio
What is cultural competence?
Resources
med.ohio.gov/resources

23


Questions?

24


Ohio
Jerica Stewart
Communications Officer
Joseph Turek
Deputy Director of Licensure & Licensee Services
State Medical Board
30 E. Broad St. 3rd Floor
Columbus, OH 43215
contact@med.ohio.gov
614-466-3934

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OH MEDICAL MARIJUANA PROGRAM

Ohio Medical Marijuana Program

OAMSS
OHIO ASSOCIATION MEDICAL STAFF SERVICES

1

I have no conflicts of interest regarding this presentation.

Disclaimers

I am not providing legal advice during this presentation.

2

How to obtain medical marijuana in Ohio

See a Certified Physician

- Visit a certified physician to confirm one of the **25** medical conditions that qualify for medical marijuana and create profile in the **Ohio Medical Marijuana Control Program (OMMCP)** Patient & Caregiver Registry.
  - Establish and maintain a bona fide physician-patient relationship
  - Visit required at least 1x/year – in-person or telehealth
- Certified physicians have access to the Patient Registry and will submit their recommendations for a patient to receive medical marijuana.
  - Can recommend up to a **90-day** supply of medical marijuana with **3** refills (totaling up to 360-day supply if appropriate for the patient).

3

How to obtain medical marijuana in Ohio

Patient Registration

- Once Certified Physician has entered a patient or caregiver in the Patient & Caregiver Registry, the patient/caregiver will need to create a login and complete an application in the Patient & Caregiver Registry.
- Annual cost of a medical marijuana registration is $50 for patients and $25 for caregivers.
  - Patients who qualify for indigent or veteran status may be eligible for fee reductions.

4

How to obtain medical marijuana in Ohio

Dispensing of Medical Marijuana

- After receiving a Patient & Caregiver Registry card, patients/caregivers may purchase medical marijuana from an Ohio dispensary licensed by the State of Ohio Board of Pharmacy.
- Only patients with an active recommendation, an active registry card, and their associated government-issued ID can purchase medical marijuana.
- **Dispensary staff will counsel on the appropriate type and dose of product for the qualifying condition.**
- Patients have **2** 45-day fill periods based on patient's current, active recommendation – *cannot possess more than 90-day supply*

5

Current OMMCP Numbers

August 2022
(reported 10/5/22)

Patients

- 568,633 recommendations to patients
- 302,508 registered patients
  - 18,860 Patients with Veteran Status
  - 20,261 Patients with Indigent Status
  - 1,171 Patients with a Terminal Diagnosis
- **161,988** Patients with both an active registration and an active recommendation
- 31,277 registered caregivers
- 278,902 Unique patients who purchased medical marijuana (as reported to OARRS by licensed dispensaries)

Physicians

- **647** Certificates of Recommendation issues to physician licensees

6

Current OMMCP Numbers
August 2022
(reported 10/5/22)

Dispensaries
- 58 Certificates of Operation
- 71 Provisional Dispensary Licenses

Sales Figures (as of 10/2/2022)
- 120,292 lbs. of plant material
- 11,112,902 units of manufactured product
- **$1 billion in product sales**
- 7,735,902 total receipts
- Plant Sales Average - $23.58 per 1/10oz
- Plant Sales Average - $8.33 per gram
- Manufactured Sales Average - $36.02 per unit

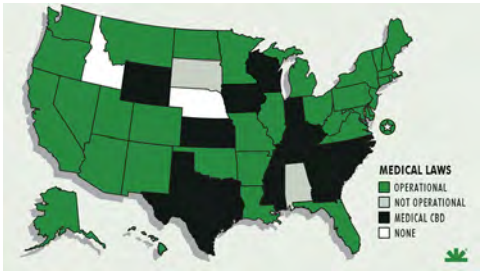
7

Last Updated: October 2022

****Disclaimer:** This information is provided for educational purposes only and not as legal advice or opinion.

- Approved forms authorized in Ohio: oils, tinctures, plants material, edibles, lotions, creams and patches
- CBD oil can be made with or without THC

  CBD Oil in Ohio derived from legal Hemp (up to 0.3% THC)



*Please consult Ohio laws and rules for medical marijuana and hemp

8

Risks

- Medical marijuana is legal in **39** states + Washington DC - majority of hospitals are still hesitant to permit on hospital premises and do not encourage their physicians to recommend due to federal law.
- DOJ has not prosecuted medical marijuana cases since 2016, *but*

  (1) Hospitals are still at risk to lose their license, federal funding, and subject to regulatory actions,

  (2) Certified physicians are subject to heightened scrutiny and may face reprimand actions by the State Medical Board, and

  (3) Both hospitals and certified physicians may expose themselves to additional medical malpractice claims.

9

Hospital Risks

- **Hospital policies**
  - Possession and/or use on-site
  - Medical Staff/Credentialing – Malpractice Insurance
  - HR
- CSA/DEA and FDA continued classification as Schedule I
- CMS – CoPs require compliance with all state and federal laws
- TJC requires hospitals to "safely control medications brought into the hospital by patients and their families."

10

Physician Risks

- Certified physicians are subject to heightened scrutiny and may face reprimand actions by the state medical board or DEA
- Increase in actions by state medical boards
  - AZ: suspensions, written reprimands and civil penalties
  - CA: license revocation, suspensions and extended probation
  - CO: license revocation, suspensions, extended probation and criminal charges/convictions based on state law
  - MA: DEA disciplinary actions
  - ME: written reprimands and civil penalties
  - NJ: suspensions
  - NY: criminal charges/convictions based on state law

11

4731-32-03 "Standard of Care"

- Recommendation by certified physician is made within accepted "standard of care"
  - adequate basis for recommendation – "for good cause"
  - reasonably informed with research and information available
- Bona fide physician-patient relationship
  (Visit required at least 1x/year – in-person or telehealth)
  - appropriate exam & evaluation
  - acceptable documentation
- Certified Physician **not** recommending specific product or dispensary

12


Questions?
Thank you!
OAMSS
OHIO ASSOCIATION
MEDICAL STAFF SERVICES

13

LEGAL UPDATE

EPSTEIN BECKER GREEN

DID YOU KNOW? LEGAL UPDATE

OAMSS Conference

November 2022

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•1

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Medicare Conditions of Participation & Accreditation

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•2

Medicare Conditions of Participation: True or False



Separately Medicare-certified acute care hospitals may share the same medical staff?

Critical access hospitals may be part of a unified medical staff?

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•3

Pending changes to Critical Access Hospital Conditions of Participation



CMS issued proposed changes to the Critical Access Hospital (CAH) Conditions of Participation (CoPs) in July.

See Federal Register/Vol. 87, No. 128/Wednesday, July 6, 2022/Proposed Rules.

Comment period ended August 29, 2022.

•4

When effective, will permit CAH in a Multi-Facility System to:

1. Have a unified and integrated Medical Staff.
2. Have a unified and integrated Quality Assessment & Performance Improvement Program.
3. Have a unified and integrated Infection Prevention, Control, and Antibiotic Stewardship Program.

•5

Accreditation – True or False



There is focus by ACHC on privileging surgical assistants?

There is focus by TJC related to insufficient information in the Medical Staff Rules (or policy) related to the content of the H&P?

•6

Accreditation – True or False



TJC permits a three (3) year appointment/privilege period? DNV? ACHC?

The TJC standards regarding granting disaster privileges have changed?

•7

Recent Medical Staff Cases of Interest

•8

What would you do?



If a medical resident alleges sexual harassment by his/her program director?

•9

Aguiluz v. University of Texas Health Science Center



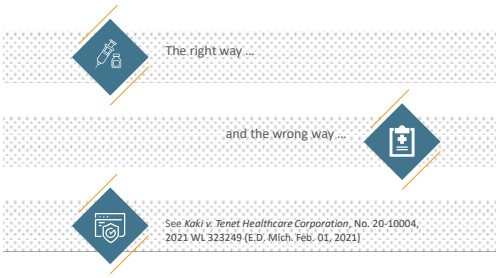
Case takeaways:

- Evaluate & address by persons knowledgeable of both Title VII and Title IX.
- Such individuals should also have sufficient authority to develop and impose an appropriate corrective action plan that ensures the resident will continue to receive all required elements of the educational program and the same benefits and opportunities that are available to other residents in the program.

See Aguiluz v. University of Texas Health Science Center at San Antonio, No. 5-19-CV-01356-FB-RBF, 2021 WL 148057 (W.D. Tex. Jan. 15, 2021)

•10

Should you inform hospital staff when a provider loses privileges?



•11

Kaki v. Tenet Healthcare Corporation (*continued*)



Case takeaways:

- Adverse employment actions should be treated as confidential to the extent allowed by law. Disclosure should be limited to individuals who need the information to perform their job duties or as may be allowed pursuant to an authorization.
- Governing boards should proceed with caution when taking an adverse privileging action that is inconsistent with the recommendation of the medical staff and ensure that there is sufficient documentation to support the necessity of the action for the furtherance of quality health care.

•12

Does this type of language matter?

- Applicant agrees that if an Adverse recommendation or action is made/taken with respect to his/her Medical Staff appointment and/or Privileges, the applicant will exhaust the administrative remedies afforded by the Bylaws and Fair Hearing Policy before resorting to formal legal action.
- A Practitioner must exhaust the remedies afforded by the Medical Staff governing documents before resorting to any form of legal action.



•13

Sujan v. Corona Regional Medical Center

Case takeaways:

- Counsel for the hospital or medical staff should be consulted prior to any professional review action and any time a summary suspension is imposed.
- Medical Staff documents should require exhaustion of administrative remedies for all claims arising from peer review activities or professional review actions, including claims of bad faith, to allow the opportunity to correct improper actions before they result in litigation.

See Sujan v. Corona Regional Medical Center, Inc., No. E071217, 2021 WL 855110 (Cal. Ct. App. Mar. 8, 2021)



•14

True or False

- Evidence of a provider's prior malpractice cases is admissible in negligent credentialing cases?



•15

Rieder v. Segal

Case takeaways:

- The facts of this case serve as a reminder to take physician health issues seriously and to follow up on them appropriately.
- Hospitals should be aware that evidence of a provider's prior malpractice cases may be admissible in negligent credentialing cases.

See Rieder v. Segal, No. 19-0767, 2021 WL 1936057 (Iowa May 14, 2021)



•16

Does a physician's resignation:



•17

Owens v. The Oregon Clinic



Case takeaways:

- Make sure that a physician knows when he/she is "under investigation."
- Do your Medical Staff documents address when a formal investigation commences?

See Owens v. The Oregon Clinic, P.C., No: 3:22-cv-488-SI. (D. Or. Aug. 29, 2022)

•18

True or False

- Is a "for cause" FPPE reportable to the National Practitioner Data Bank and, if so, when?



•19

Investigative Journalism: Don't Become the Next Headline

* Don't ignore red flags * Take complaints/concerns seriously * Follow the appropriate Medical Staff process set forth in your Medical Staff documents * Ask for help before you take action.

•20

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State Medical Board of Ohio

•21

Interstate Medical Licensure Compact Update

Voluntary, expedited pathway to state licensure for physicians (MD or DO) who want to practice medicine in multiple states.

There is no "compact license" or nationally recognized medical license. Medical license is still issued by the individual states.

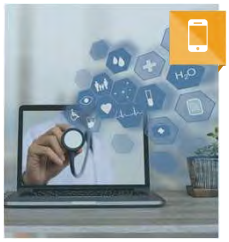


Physician compact eligibility requirements/information available on SMBO website.

SMBO began process of issuing licenses through the Compact on August 2nd.

•22

Does the Compact require a change to Medical Staff documents?



Is this language sufficient?

- Hold a current, valid license issued by the State of Ohio to practice medicine.
- Whenever a Practitioner's license is suspended by the applicable licensing entity, the Practitioner's Medical Staff appointment and Privileges shall be automatically suspended.
- Whenever a Practitioner's license to practice is revoked by the applicable licensing entity, his/her Medical Staff appointment and Privileges shall be automatically terminated.

•23

Status of Select House Bills

H.B. 196/Surgical Assistants/SMBO



H.B. 318/Anesthesiologist Assistants/SMBO

•24

H.B. 318 – Anesthesiologist Assistant (AA)



- Would repeal the current requirement that AAs practice only in a:
  - Hospital
  - ASF
- Would repeal the current requirement of "enhanced supervision" during the first four (4) years of AA practice.
- Retains the requirement that an AA practice under the direct supervision and in the immediate presence of an anesthesiologist and in accordance with a written practice protocol adopted by the AA's supervising anesthesiologist.
- Expands scope of practice.

•25

H.B. 196– Surgical Assistants (SA)



- Would require surgical assistants to be licensed through the SMBO.
  - Exception to SA licensure requirement: physicians, podiatrists, PAs, LPNs, RNs, and APRNs.
- Bill specifies the activities a SA may engage in during surgery under the supervision of a physician.

•26

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Ohio Board of Nursing

•27

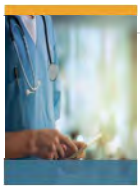
Nurse Licensure Compact



- Ohio has joined the Nurse Licensure Compact (NLC) effective January 1, 2023.
- The Compact allows RNs and LPNs to practice in other Compact states if they are issued a multistate license by the nurse's home state (primary state of residence).
- RN/LPN Compact eligibility requirements/information available on OBN website (Multistate Licensure tab)

•28

Fact or Fiction



Can an employer require its employed RNs to hold an Ohio RN license instead of (or in addition to) a multistate license?

Can an out-of-state APRN practice in Ohio under a multistate license?

•29

Impact of NLC on Medical Staff documents

Have and maintain a current, valid license issued by the State of Ohio to practice his/her respective profession … **[Does this work? Yes or No?]**

- Definition section
- Baseline qualification section
- Provisions regarding grounds for automatic suspension/automatic termination
- Temporary, disaster, telemedicine provisions, *etc.*
- Applications, *etc.*



•30

H.B. 496 - Midwives

- Regulates the practice of:
  - Certified Midwives (CM)
  - Certified Professional Midwives (CPM)
- Would require CMs and CPMs to be licensed by the OBN to practice in Ohio.
- Specifies the activities in which CMs and CPMs may engage.
- Establishes conditions on the provision of midwifery services.

•31



•32

Presented by



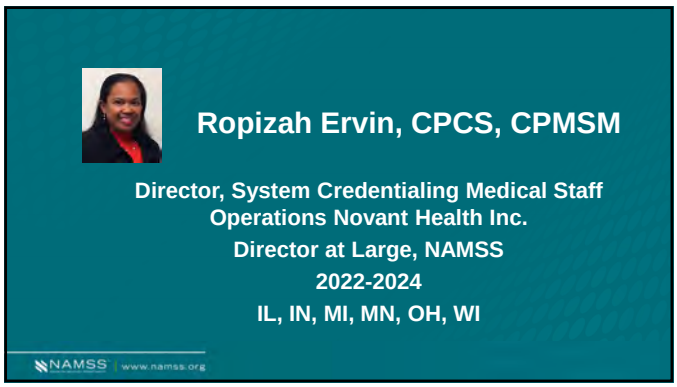
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NAMSS DIRECTOR AT LARGE UPDATE


Ropizah Ervin, CPCS, CPMSM
Director, System Credentialing Medical Staff Operations Novant Health Inc.
Director at Large, NAMSS
2022-2024
IL, IN, MI, MN, OH, WI
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1


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EDUCATION. ADVOCACY. PATIENT SAFETY.

2


CONGRATULATIONS OAMSS!!
88 Certified!
39 Year Anniversary!
Newly Certified – Summer!
Melissa Scott, CPCS
Kimberly Smith, CPMSM
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3

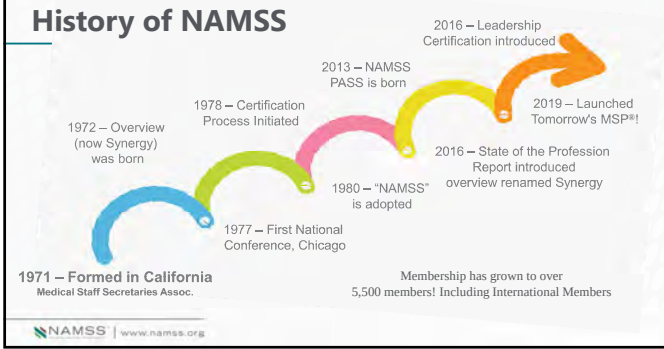
Learning Objectives

1. Describe the history of NAMSS, strategic initiatives and impact on the industry.
2. Identify elements of the NAMSS Leadership and Volunteer Pathways to better support the profession.
3. Discuss verification benchmarks and grassroots efforts NAMSS is supporting to improve credentialing efficiencies.

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4

History of NAMSS



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5

What NAMSS does for MSPs?

Serve as the voice of the profession, advocating on behalf of MSPs across the nation

Leadership Development Workgroup

Leadership Certification

Tomorrow's MSP® Campaign

Diversity, Equity & Inclusion Task Force

Annual Roundtable

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6

Leadership Development Work Group

Chair: Gina M. Mortensen, BS, CPMSM, CPCS, RHIT, FMSP
Vice-Chair: Diana (Di) Hall, CPCS, CPMSM, FMSP

Goals:

- Identify future NAMSS leaders
- Build a pipeline/database of potential volunteer leaders
- Mentor potential candidates for Board of Director and Committee roles



https://www.namss.org/About/Volunteer-Leaders/Leadership-Development-Work-Group

7

Leadership Selection Committee

Focused on:

- Training
- Vetting Future Leaders
- Approved NAMSS Principles of Leadership
- Overseeing NAMSS Hall of Fame program
- Overseeing Fellow Designation

8

Leadership Certificate Program

- Launched in 2016
- Combination of online modules and live workshop
- Ideal Participants:
  - CPCS® and/or CPMSM® certification
  - Minimum five years of experience in the industry
  - Title of “Manager” or above
- FREE Introduction course – 1.0 CE
- *Online modules must be completed prior to live workshop participation



9

NAMSS Leadership Career Path

Element	Entry Level	Experienced	Leadership
Experience	•0 – 4 Years	•5-14 Years	•15 and above
Education	•Associates or Undergraduate Degree	•Undergraduate Degree	•Masters or Doctorate Level
Certifications	•CPCS®	•CPCS® and/or CPMSM®	•CPCS® and CPMSM® and other healthcare related certifcations (Quality, Risk Management)
Training/Ongoing Education	•Medical Services Professional Education	•NAMSS Leadership Institute •Education on Accreditation/Regulations •Patient Safety and Quality •Risk Management •Six Sigma •Budgets •Finance •Legal •Leadership	•Participate in NAMSS Virtual Round Table
Skills, Knowledge and Responsibilities	•Credentialing •Meeting Preparation	•Liaison between Administration and Medical Staff Leaders •Supervision of Employees •Meetings Management •Education and Training of Staff •Onboarding Process •Meets Regulation and Accreditation Standards •Quality and Peer Review •Leadership	•Governance and Org Structure •Human Resources •Finance •Collaborate with Legal Counsel •Healthcare Technology and •Information Management •Quality and Performance Improvement •Laws and Regulation •Professionalism and Ethics •Healthcare Industry •Team Development •Vision •Contract Management •Business Planning

10

NAMSS Leadership Career Path (Continued)

Element	Entry Level	Experienced	Leadership
Skills, Knowledge and Responsibilities (Continued)			•Marketing •Compliance •Recruitment •Service Line Development •Project Management •Shared Services •Affiliation Agreement – Medical Institutions, Corporate Responsibilities •Product Development •Culture Change
Servant Leadership	•Volunteer in Community •Volunteer in Local Chapter or State Association	•Volunteer in Local Chapter, State Association and National Association Medical Staff Services	•Volunteer in Healthcare Related Associations and Community Services
Professional Contributions	•Local Chapter Medical Staff Services Newsletter •Medical Staff Newsletter	•State or national medical staff services publication or web content •Editor of Newsletter •Peer Review Publications •Book Contributor •Serve as an Expert Witness •Presentations for Professional and/or Healthcare Organizations	•Serve on National Healthcare Related Interest Groups •National Association Medical Staff Services Publication and/or other Healthcare Organizations •Fellow designation in NAMSS and/or related professional organizations

11

Volunteering with NAMSS

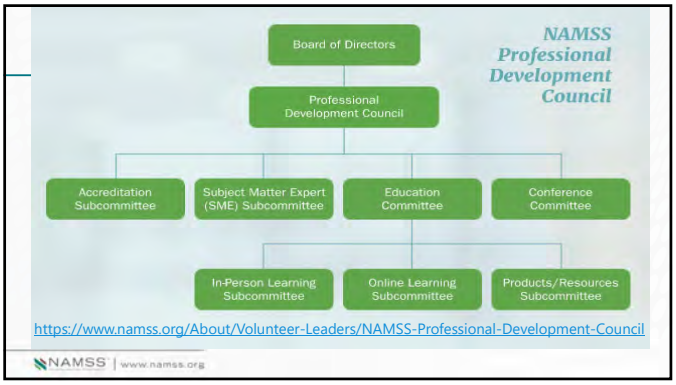
- Board Nomination/ Application process
- Committees
  - Audit and Finance
  - Certification Commission
  - Ethics Committee
  - Membership Committee
  - Leadership Selection Committee
  - NAMSS Liaisons to the Board of Directors (Bylaws & Industry) call for volunteers for 2023 is now closed
  - Past Presidents
- NAMSS Volunteer Registry was due 4/25



https://www.namss.org/About/Volunteer-Leaders
https://www.namss.org/About/Volunteer-Registry

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Professional Development Council (PDC)

Chair: Aimee Woolley-Randall, BA, CPCS, CPMSM, MHA, FMSP

- Accreditation Subcommittee
- Subject Matter Expert (SME) Subcommittee
- Conference Committee
- Education Committee
  - In-Person Learning Subcommittee
  - Online Learning Subcommittee
  - Products/Resources Subcommittee

https://www.namss.org/About/Volunteer-Leaders/NAMSS-Professional-Development-Council

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NAMSS Volunteer Path

	Entry Level	Intermediate	Advanced
Support of Medical Staff Services	Joins State/Local Association Joins NAMSS Becomes a NAMSS Volunteer Promotes value of NAMSS to non-member Attends State/Local Association Meetings Volunteers to be on State/Local Association Team	Establishes formal mentor relationships with novice MSPs Supports NAMSS	Advanced support of the professional occurs through achievement of credentials, publishing/research, MSS advocacy, education and NAMSS services and leadership.
	Entry Level	**Intermediate**	**Advanced**
Credentials	Prepares for and achieves CPCS and/or CPMSM Actively promotes NAMSS to other MSPs	Contributes potential CPCS/CPMSM exam questions or serves on Task Force regarding credentials	Serves on Certification Task Force or Committee

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NAMSS Volunteer Path (cont.)

	Entry Level	Intermediate	Advanced
Publishing and Research	Contribute to NAMSS E-News Submits articles for State/Local Association Newsletter Assists with management of State/Local Association website Serves on State/Local Association or Communication Team	Published in Synergy Published in another Peer reviewed journal	Published research that advances the profession Author/Editor of healthcare text/resource
	Entry Level	**Intermediate**	**Advanced**
Medical Staff Services Advocacy	Responds to call for input from NAMSS Responds to requests for support for State/Local Association advocacy efforts	Leads/coordinates State/Local level advocacy efforts	Leads/coordinates NAMSS advocacy efforts

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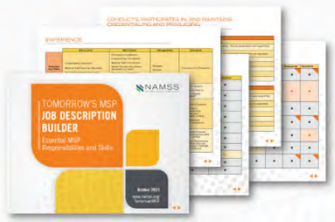
NAMSS Volunteer Path (cont.)

	Entry Level	Intermediate	Advanced
Education	Attends NAMSS Annual Conference Attends State/Local educational events Assists with conference planning for State/Local Begins enrolling in NAMSS Leadership Development	Presenter at State/Local association conferences Presenter at other national-level conference Serves on NAMSS Conference Committee Continues NAMSS Leadership Development Training	Presenter for NAMSS educational event Named to NAMSS Speaker Bureau Listed as approved faculty for "NAMSS educational programs. Completed NAMSS Leadership Development Training
	Entry Level	**Intermediate**	**Advanced**
Association Service and Leadership	Services on State/Local Association team Services on NAMSS standing team or task team Services as State/Local association board member	Serves as an officer for the State/Local Association Serves as a NAMSS Committee member	Serves as Chair of NAMSS Committee Serves on NAMSS Board of Directors Services as NAMSS Officer

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Defining Tomorrow's MSP®: The Future of the Medical Services Profession Report





https://www.namss.org/Advocacy/Tomorrows-MSP

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Tomorrow's MSP®



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Diversity, Equity & Inclusion Task Force

- Chair: Pearl N Williams, MSA, CPMSM
- Goals:
  - Ensure that NAMSS embodies all facets of diversity (inclusiveness, mutual respect, multiple perspectives, and equitable opportunities) so that all members, irrespective of race, ethnicity, nationality, cultural background, sexual orientation, gender identity, religion, age, income, physical and mental ability have equal opportunity to participate in NAMSS and thrive in the Medical Services Profession.

https://www.namss.org/About/Volunteer-Leaders/Diversity-Equity-Inclusion-Task-Force



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NAMSS Annual Roundtable

- Collaboration between NAMSS leaders and industry partners
  - 2017 Roundtable topic – Building Blocks for the Future
  - 2018 Roundtable topic – The Future of Digital Credentialing
  - 2019 Roundtable topic – Credentialing for Tomorrow
  - 2020 Roundtable – canceled due to COVID-19
  - 2021 Roundtable – ***Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring***



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What NAMSS does for MSPs?

Provide educational and professional development opportunities that meet the ever changing health care environment we navigate through today

Ideal Credentialing Standards
Credentialing Data Dictionary
Credentialing by Proxy Guide
Certifications
Recertification online
Virtual Conference

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Ideal Credentialing Standards

Hospital Credentialing

1. Proof of Identity
2. Education and Post Graduate Training
3. Military service information
4. Professional licensure held in all states
5. DEA registration and state DPS certification
6. Board certification status
7. Practitioner Affiliation and work history
8. Criminal Background Check
9. Federal and State sanction checks
10. NPDB
11. Health status
12. Professional liability carriers and certificates
13. Peer references

Payer Credentialing

1. Proof of Identity
2. Highest level of training
3. Professional licensure held in all states
4. DEA registration and state DPS certification
5. Affiliation history
6. Work history
7. Federal and State sanction checks
8. Credentialing application
9. Malpractice claims history
10. Evidence of professional liability insurance

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Credentialing Data Dictionary

- Released in 2019 as a set of best practices regarding the data elements to be collected during the credentialing process.
- Can serve as a companion to **NAMSS' Ideal Credentialing Standards**
- The Data Dictionary provides a short title for each data point, as well as an expanded description and explanatory notes if necessary.



- The data points are separated into sections, much like one would see on a formal application for privileges. This list includes essential elements from the FSMB Uniform Licensure Application, the CAQH ProView Application, various state applications, and NAMSS' own internal model application standards.

https://www.namss.org/Advocacy/Credentialing-Data-Dictionary

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NAMSS-ATA Credentialing by Proxy Guide

Credentialing by Proxy Guide – Telemedicine
Joint Work Group with American Telemedicine Association (ATA)

- Glossary of Terms
- The Existing Credentialing Process
- Current Laws & Regulations
- Setting Up a Credentialing by Proxy Program
- Overcoming Hurdles



https://www.namss.org/Advocacy/NAMSS-ATA-Credentialing-by-Proxy-Guide

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CERTIFICATION

Currently
3,500+ CPCS® Certificants
1,600+ CPMSM® Certificants

- Multiple Choice Exam – 3 options
- Practice Exam
- Official results follow within six weeks of the closing of the testing window
- Certification is for 3 years
- Recertification required every 3 years





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CERTIFICATION

Why?

- More than 27% of current certificants received a salary increase as a result of their certification by NAMSS.
- By achieving your CPCS® designation, you gain confidence and demonstrate professional competence in the application of your knowledge.
- CPCS® certificants cite recognition and respect from peers and supervisors as a top value of certification.





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CERTIFICATION







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Certification Eligibility

Certified Provider Credentialing Specialist (CPCS®)

- Currently employed in the medical services profession for at least the past 12 months AND three years experience in the medical services profession within the past 5 years
- 150 Questions, 3 hours
- Recertification every 3 years
- 30 CEUs (of which 15 NAMSS approved)

Certified Provider Medical Services Manager (CPMSM®)

- Currently employed in the medical services profession for at least the past 12 months AND five years of experience in the past eight years*
- 175 Questions, 4 hours
- Recertification every 3 years
- 30 CEUs (of which 15 NAMSS approved)

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Certification

Online Certification Applications



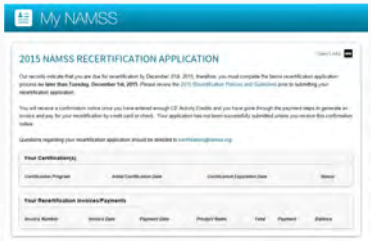
CPCS® Application: https://www.namss.org/Certification/CPCS
CPMSM® Application: https://www.namss.org/Certification/CPMSM

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Certification

www.namss.org/recertification

Online Re-Certification Applications



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Certification

2022 Dates and Deadlines

Spring Testing Period **(CLOSED)**

Application Deadline – Friday, January 14, 2022

Testing Period – Saturday, March 5 through Saturday, March 26, 2022

Summer Testing Period **(CLOSED)**

Application Deadline – Friday, April 22, 2022

Testing Period – Saturday, June 18 through Saturday, July 9, 2022

Fall Testing Period **(CLOSED)**

Application Deadline – Friday, July 29, 2022

Testing Period –Saturday, September 24 through Saturday, October 15, 2022

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https://www.namss.org/Certification/Exam-Information/Dates-and-Deadlines

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2022 Education Calendar

January
- Leadership Certificate Program (Virtual)

March (In-Person – New Orleans)
- CPCS® Prep
- CPMSM® Prep
- Cred 101

April
- Cred 201 (Virtual)

May
- CPCS® Prep(Virtual)

June
- CPMSM® Prep (Virtual)
- CPCS® Prep (Virtual)

July
- CPCS® Prep (Virtual)

August
- Credentialing 101 (Virtual)

September (In-Person – Nashville)
- CPCS® Prep
- CPMSM® Prep
- Cred 201
- Leadership Certificate Program

November
- CPCS® Prep (Virtual)

https://www.namss.org/Education/Program-Calendar

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NAMSS Fellow Designation

- Created in 2016
- Recognizes the pinnacle of achievement and acknowledgment for the medical services professional, recognizing a career MSP who has made outstanding contributions to the profession through service as a leader, mentor, and educator.
- Total Fellows as of 2022: **44**
- Applications will be open from May through July

https://www.namss.org/Membership/NAMSS-Fellows

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NAMSS Healthcare Hall of Fame

- Created in 2016
- Honors MSPs who have demonstrated enthusiasm, passion, dedication and commitment to the profession
- Nominations taken annually every February/March
- A maximum of 3 honorees will be inducted into the Hall of Fame annually
- Applications will be open from January through March

https://www.namss.org/Membership/NAMSS-Hall-of-Fame

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NAMSS Current Strategic Initiatives

- Collaboration between NAMSS leaders and industry partners
  https://www.namss.org/Advocacy/MSP-Resources
  - **Toolkit** –*Quality Assessment Hospital*
  - **Standard Occupational Classification (SOC) Taskforce**: Obtain a classification code for MSPs with Dept of Labor's Bureau of Labor Statistics
  - **2021 Roundtable** – *Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring*
  - **2022 Roundtable** *September 8, 2022 – Standardizing Quality: Best Practices for Measuring Practitioner Competency*



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Benefits of NAMSS Membership: Scholarships & Awards

NAMSS members are eligible to apply for the following scholarships and awards:

Scholarships **normally due by end of July!**

- Charlotte Cochrane Scholarship
- NAMSS Annual Conference or State/Local Annual Conference Scholarship
- Leadership Development Scholarship
- Other Continuing Education Scholarship





Awards

- Leadership Award
- Golden Key Award
- Joan Covell-Carpenter Award
- ICON Award

https://www.namss.org/Membership/Scholarships-Awards

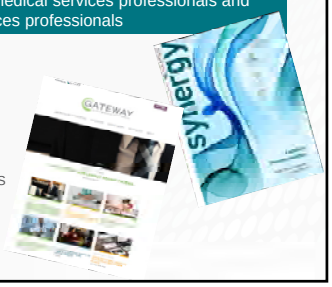
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What NAMSS does for MSPs?

Inform and connect the network of medical services professionals and credentialing services professionals

- QUARTERLY Industry Journal *Synergy*
- MONTHLY NAMSS Gateway
- NAMSS PASS was launched in 2013
- Discounted Webinars & Conferences
- LIVE FREE WEBINARS!
- Mentoring Program
- Directory of NAMSS Members
- Member Surveys & Resources
- Access to the Job Board - Positions Across the US
- Discussion Forums
- Marketing Materials



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Member Dashboard?

https://www.namss.org/Membership/Member-Dashboard

- **Member Directory**
- **Mentorship Program**
- **Synergy Articles**
- ***Upcoming Feature – Discussion Forum***

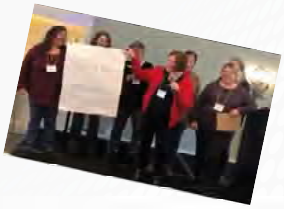
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What NAMSS does for MSPs?

Support state affiliates and associations on the local level

Partnering with State Leadership
In 1989, state presidents came together at the first State President's Educational Retreat.
This has continued annually, going virtual in 2021 and 2022.



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Your Link to MSPs From Across the Nation

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More Networking Opportunities

Like Us on Facebook!
www.facebook.com/namssnational

Subscribe to the NAMSS Discussion Forum!
Visit the Forum directly here, or at https://www.namss.org/Membership/Member-Resources

Visit the NAMSS website for the Gateway Hub:
https://www.namssgateway.org/

Follow us on Twitter
https://twitter.com/NAMSS_News

Join our LinkedIn Group
https://www.linkedin.com/company/namss---national-association-medical-staff-services

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NAMSS Will Continue to…



- Serve as the voice of the profession, advocating on behalf of MSPs across the nation
- Provide educational and professional development opportunities that meet the ever changing health care environment we navigate through today
- Support state affiliates and associations on the local level
- Inform and connect the network of medical services professionals and credentialing services professionals

But we will be doing this in ways that create the most value and help members be the most successful in their ever changing and challenging health care roles!

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BIG CHANGES

- New NAMSS Education Zone – online user-friendly, intuitive learning center
- Updates occurred with NAMSS.org week of May 16th
  - ACTION: ACTIVATE a new NAMSS.org Account (email with unique link)

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NAMSS 47th Educational Conference & Exhibition

Save the Date!

NAMSS 47th Educational Conference & Exhibition
Orlando, FL
Sunday, September 10 – Wednesday, September 13, 2023

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Questions?

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