CREDENTIALING, PRIVILEGING AND ADVERSE CLINCAL ACTIONS, A 30,000 FT VIEW

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Disclaimer*

The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense nor the U.S. Government

AGENDA

1. Defense Health Agency Background

2. Credentialing and Privileging

3. Adverse clinical actions/due process

BUT FIRST….

“MEME WARS”

DEFENSE HEALTH AGENCY (DHA)

DEFENSE HEALTH AGENCY

Section 731 NDAA 2013 Established DHA

- to assume responsibility of shared services, functions and activities of the Military Health System (MHS)

Section 702 NDAA 2017 “Concerning Reform of Administration of the Defense Health Agency and Military Health System”

- Transition and implementation to be complete NLT 1 Oct 21 (all MTFs under ADC of DHA)

NDAA 2019 directed Army Medical Research Material Command (MRMC) to fall under ADC of DHA NLT 1 Oct 22 (NDAA 20)

DEFENSE HEALTH AGENCY

10 U.S.C. 1073c – "Administration of Defense Health Agency and military medical treatment facilities"

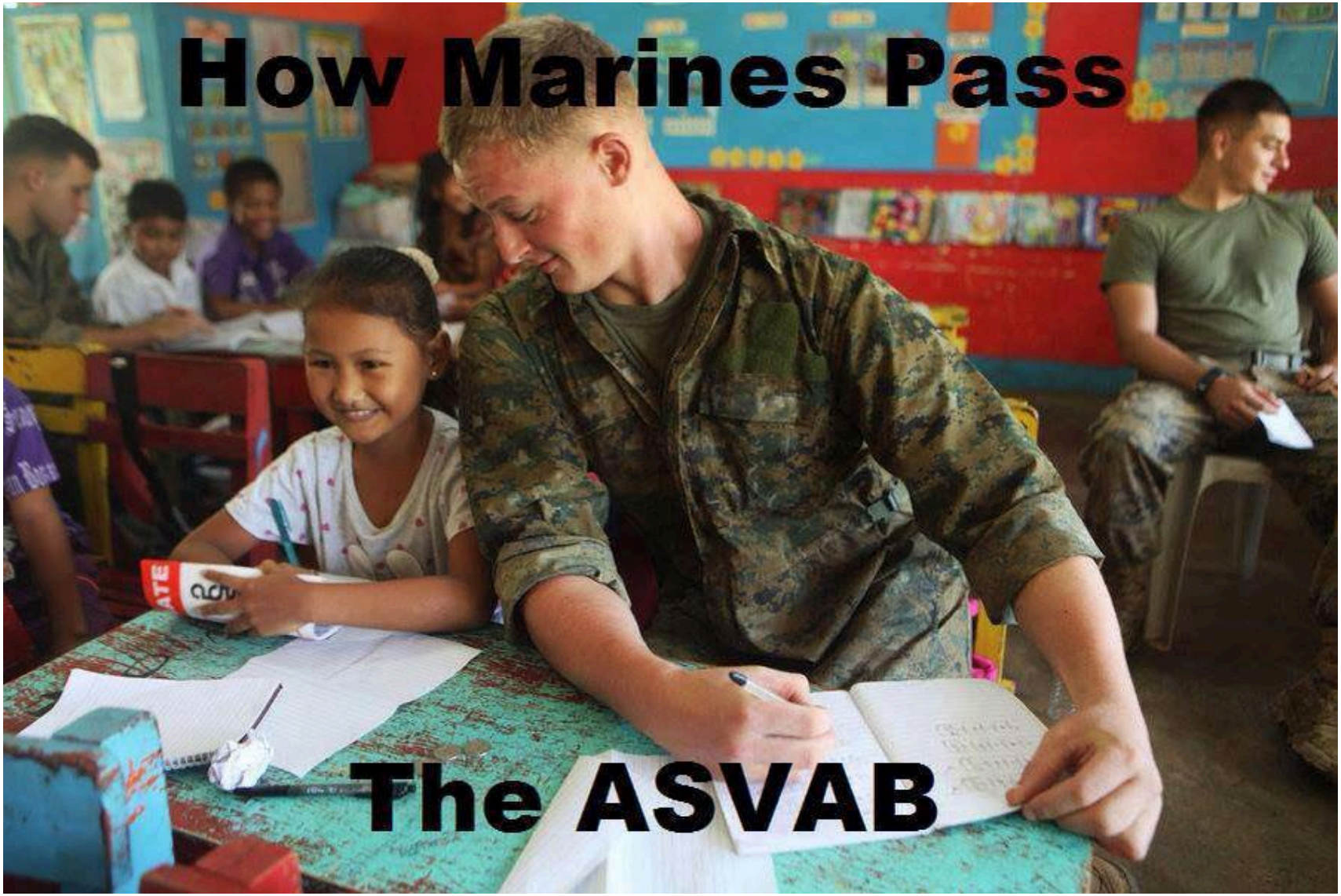
Director, DHA responsible for administration of each MTF:

1. delivery of health care
2. **management of privileging, scope of practice**
3. budget
4. IT
5. supply/equip
6. MILCON

DEFENSE HEALTH AGENCY

DoDD 5136.13 “Defense Health Agency” - Implementing Reg of 10 USC 1073c

- Sets forth responsibilities of Director, coordination with secretaries of MILDEPs
- Director, DHA exercises A/D/C of MTF/Market Directors
- MTF directors are “dual-hatted” as director for DHA and commander for MILDEP
- Delegated authority to: enter into support/training agreements, mutual aid agreements, contracts…

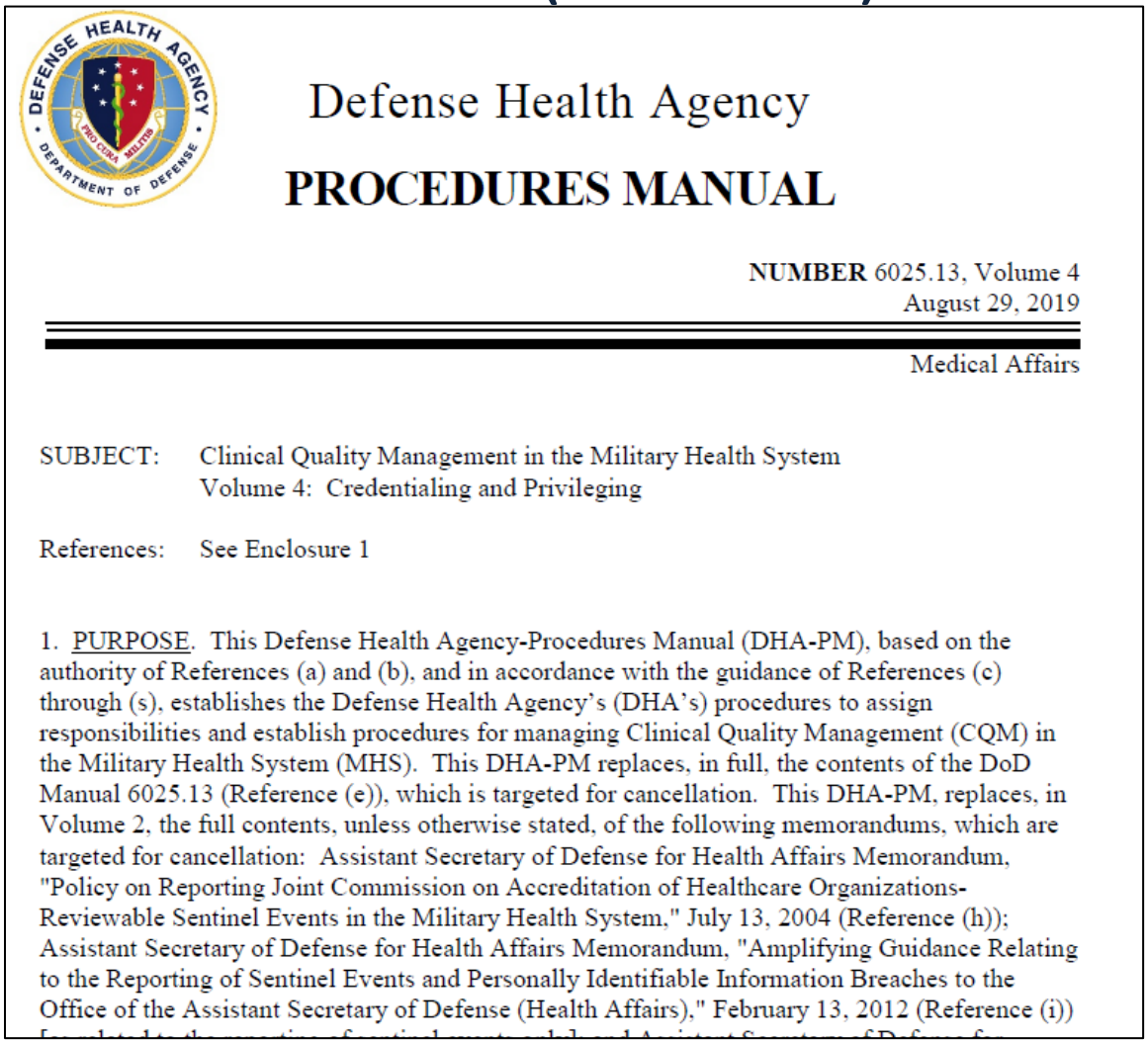

How Marines Pass
The ASVAB

CREDENTIALING AND PRIVILEGING IN THE DHA

Brief Overview

CREDENTIALING AND PRIVILEGING

DHA Procedurals Manual (DHA-PM) 6025.13, Vol 4



Defense Health Agency

PROCEDURES MANUAL

NUMBER 6025.13, Volume 4
August 29, 2019

Medical Affairs

SUBJECT: Clinical Quality Management in the Military Health System
Volume 4: Credentialing and Privileging

References: See Enclosure 1

1. PURPOSE. This Defense Health Agency-Procedures Manual (DHA-PM), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (s), establishes the Defense Health Agency's (DHA's) procedures to assign responsibilities and establish procedures for managing Clinical Quality Management (CQM) in the Military Health System (MHS). This DHA-PM replaces, in full, the contents of the DoD Manual 6025.13 (Reference (e)), which is targeted for cancellation. This DHA-PM, replaces, in Volume 2, the full contents, unless otherwise stated, of the following memorandums, which are targeted for cancellation: Assistant Secretary of Defense for Health Affairs Memorandum, "Policy on Reporting Joint Commission on Accreditation of Healthcare Organizations-Reviewable Sentinel Events in the Military Health System," July 13, 2004 (Reference (h)); Assistant Secretary of Defense for Health Affairs Memorandum, "Amplifying Guidance Relating to the Reporting of Sentinel Events and Personally Identifiable Information Breaches to the Office of the Assistant Secretary of Defense (Health Affairs)," February 13, 2012 (Reference (i))

DHA-PM 6025.13, Vol. 4

Privileging Authority (PA) – Director, DHA (also Report Authority)

- Delegable to MTF directors

MTF Chief of Medical Staff/CMO – principal exec staff advisor to the PA concerning HCP; oversight of professional staff mgt and practice review; can immediately suspend privileges/practice; ensure CQM procedures are followed; advises on ODE issues arise

Medical Staff Professional/Medical Staff Manager – fka credentials manager. Reports to CMO; technical advisor to PA, CC

DHA-PM 6025.13, Vol. 4

Types of Privileges:

1. Regular – not to exceed 24 mos. Initial requires FPPE.

2. Supervised – education req. but lack licensure, experience. Proctor required. 100% co-signature

3. Temporary – emergency when full creds review cannot be done. 30 day limit

4. Disaster – when EMP activated and clinical support beyond org's resources. 30 day intervals

CREDENTIALING PROCESS

1. Provider submits application and required credentials

2. Credentials office completes collection of credentials and verification reqs.

3. Quality Review (admin/clinical leader level then to CC)

4. Privileging Authority review


SEE THAT?
THATS THE OCEAN, GO OVER THERE

CLINICAL ADVERSE ACTIONS

* And Other adjudicated actions

CLINICAL ADVERSE ACTIONS

Governed by DHA-PM 6025.13, Vol. 3 “Healthcare Risk Management”

include the electronic medical record, databases such as the Joint Centralized Credentials Quality Assurance System (JCCQAS), and the Joint Patient Safety Reporting, data visualization and report tools on CarePoint (a SharePoint platform), and more.

8. RELEASABILITY. **Cleared for public release**. This DHA-PM is available on the Internet from the Health.mil site at: http://www.health.mil/dhapublications.

9. EFFECTIVE DATE. This DHA-PM:

a. Is effective on October 01, 2019.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date, in accordance with Reference (c).

CLINCAL ADVERSE ACTIONS

Purpose – protect patient safety, preserve quality/safety of healthcare, protect integrity of MHS, protect rights of provider, timely resolution of isues and timely reporting

- Not a disciplinary tool!

-Concerns for suspected misconduct, impairment, incompetence, or conduct related to delivery of HC that adversely/can affect health or welfare of patient or staff member are basis for clinical adverse action.

CLINCAL ADVERSE ACTIONS

-Conduct that violates local, state or federal law, UCMJ, civil judgment against HCP, when related to delivery of health care may be basis for reporting to NPDB or state licensure

-Military leadership may determine a personnel admin action against provider is required concurrent, during, or following clinical adverse action processing

CLINICAL ADVERSE ACTIONS

- PCS, resignation, etc. in lieu of CAA no permitted
- May not voluntarily surrender privileges/practice in lieu of investigation for concerns. Any such surrender is reportable to NPDB
- If separate from or end affiliation with MHS while in SS or CAA process may request, in writing, to continue due process
- Can waive right to further due process. Upon completion of QAI and CC recommendation, PA will notify of final decision. No appeal.

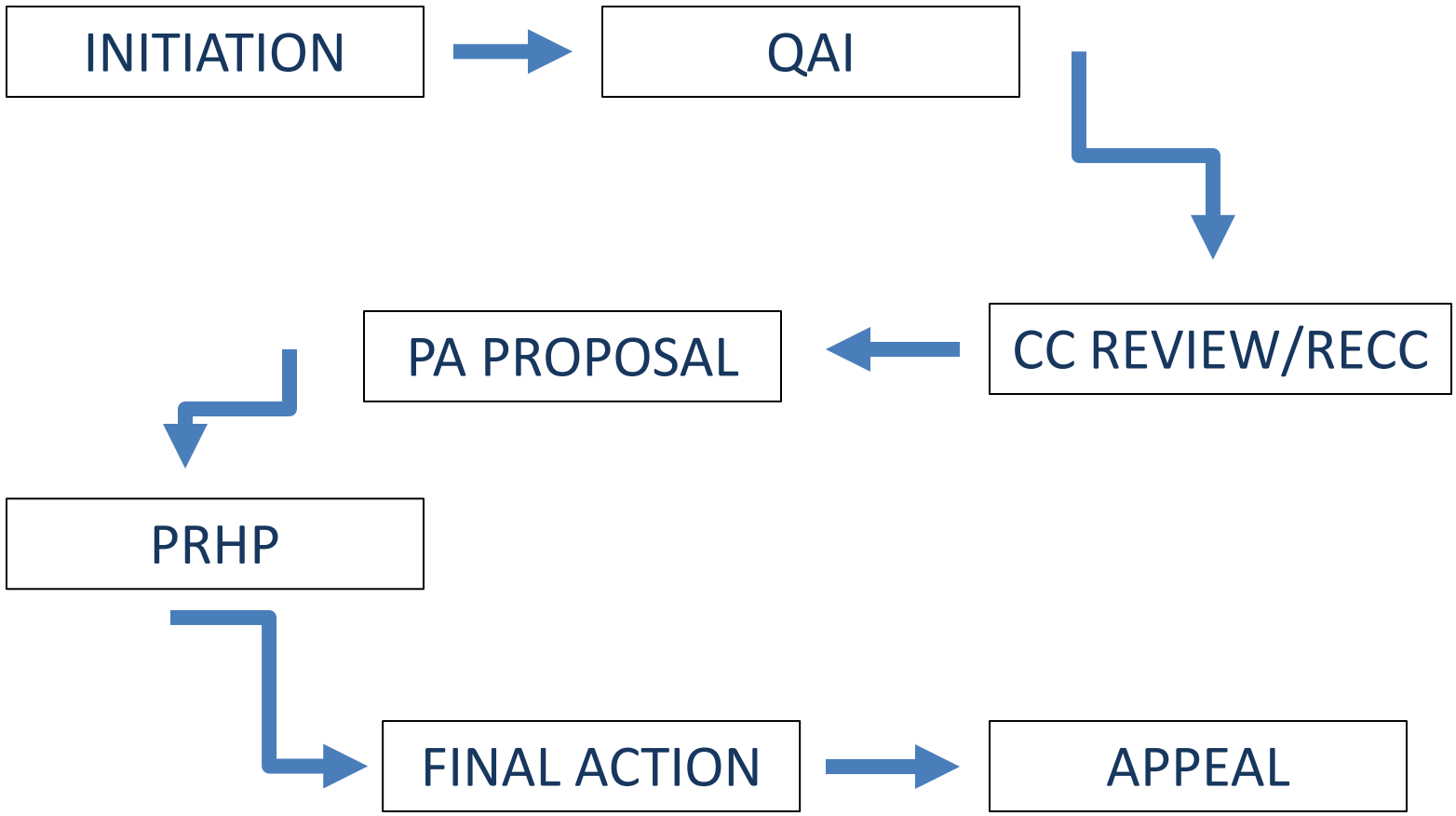
CLINICAL ADVERSE ACTIONS

- If privileges expire during SS, no renewal action until completion of due process. Non-affected privileges may renew

- Concurrent criminal/admin investigations may be initiated. CAA may be extended until completion

- Provider may not use CAA to challenge finding of guilt for criminal conviction. If conviction successfully appealed, PA must review CAA. May still warrant action

CLINICAL ADVERSE ACTIONS-PROCESS



CLINICAL ADVERSE ACTIONS

Initiation – concerns regarding suspected misconduct, impairment, incompetence, or any conduct that adversely affects, or could affect, health/welfare of patient or staff member.

- remains in effect while QAI conducted
- Reported to NPDB if longer than 30 days
- Notice in writing on day of suspension. In person, cert. mail, or email w/ read receipt
- Must acknowledge on memo or witness indicates refusal to sign acknowledgment
- Approved ODE suspended

CLINICAL ADVERSE ACTIONS

Quality Assurance Investigation (QAI) – examine any suspected misconduct, impairment, incompetence, or conduct that adversely affects, or could affect health/welfare of patient or staff

- Must be appropriate clinical peer (may reach to other MTFs)

- "Clinical peer" = HCP with generally similar privileges, practice, clinical specialty and level of training

- QAIO must be disinterested w/ no personal or professional conflict of interest

CLINICAL ADVERSE ACTIONS

QAI REPORT – Must contain

- Prelim statement w/ education, training, clinical specialty, experience of QAIO, scope of investigation, any difficulties completing
- Summary of education, training, clinical specialty and experience of HCP investigated
- Separate statement for each allegation reciting relevant facts and analysis of evidence
- All relevant docs
- Witness statements/interviews summarized
- Conclusion for each allegation
- Recommendation (reinstate/reinstate w/ FPPE; restriction; reduction; revocation; denial

CLINICAL ADVERSE ACTIONS

- Report reviewed by legal
- QAIR sent to HRM.
- HRM redacts and provides report, in person preferred, to HCP
- HCP notified 15 days to submit written statement to CCF
- Statement, if any, and report sent to CC

CLINICAL ADVERSE ACTIONS

Credentials Committee Function – Must review QAI and make recommendation to PA.

- If privileged provider, minimum of 3 privileged providers, 1 must be peer ("similar privileges and clinical specialty, level of training and **experience**")

- non-privileged provider, 3 non-privileged, 1 peer with similar practice.

- May use providers outside MTF if needed and majority of CC is from PA's staff

- No right to attend**

- CC submits written action recommendation to PA w/in 10 days

CLINICAL ADVERSE ACTIONS

Credentials Committee Function – personnel who may not participate:

- direct supervisor or subordinate
- QAIO
- person with relevant testimony
- person who participated in other proceedings (C-M)
- anyone who reviewed individual's actions

CLINICAL ADVERSE ACTIONS

Privileging Authority Proposed Action:

- Written notification to provider of proposed decision w/in 10 days following receipt of CC recommendation
- Case reviewed for legal sufficiency
- Not bound by CC recommendation – but if different written justification included
- If proposal is to deny, restrict, reduce, or revoke, written notice must include advice of right of PRH and appellate rights
- Given redacted QAI report, no encls and CC memo. No deliberative process documents

CLINICAL ADVERSE ACTIONS

Peer Review Hearing Panel

- 30 days to request PRH
- If waived, right to appeal also waived
- If no request received in time, PRH and appeal rights waived
- Notice to HCP at least 30 days before
- HCP and PA should confer to agree to date
- Notice must include right to be represented; right to call witnesses, names of witnesses and access to all information that will be presented
- May request delays

CLINICAL ADVERSE ACTIONS

Peer Review Hearing Panel – Composition

- Privileged HCP: minimum 3 voting privileged HCP. Majority will be peer (similar privileges, clinical specialty/practice, training and experience)
- Non-privileged HCP: minimum 3 non-privileged HCP, majority will be peer w/ similar practice, training and experience)
- CC members and those not permitted to be on CC cannot be on PRHP
- If HCP is civilian, at least one member should be civilian

CLINICAL ADVERSE ACTIONS

Peer Review Hearing Panel

- HCP may challenge any voting peer for cause. Mere knowledge of facts not enough
- Chairperson rules on challenge to member, PA rules on challenge to chair
- Legal advisor appointed.* All members are appointed and chair identified by PA
- Legal advisor ensures due process. Cannot have provided advice to PA. Can rule on procedural and evidentiary matters
- Other non-voting members may be appointed to present evidence (akin to Recorder of admin board)

CLINICAL ADVERSE ACTIONS

Peer Review Hearing

- Must be a verbatim record made. Completed NLT 30 days
- Closed and confidential
- Admin hearing – evidence rules do not apply. Relevance standard. Preponderance standard of proof
- PRHP can call witnesses.
- No new allegations. Only matters reviewed by QAI/CCF

CLINICAL ADVERSE ACTIONS

Peer Review Hearing

- PRHP deliberates off the record
- Makes findings to each allegation – may not deviate
- Not bound by PA recommendation
- Provide written report with rationale signed by all
- Requires majority vote - no abstentions permitted
- Record = verbatim transcript, CCF findings/rec memo, input from HCP, medical records, QAIR and other relevant docs.
- Record to be given to HCP w/in 30 calendar days of PRH
- HCP has 10 days to submit written statement of exceptions and corrections

CLINICAL ADVERSE ACTIONS

Peer Review Hearing – PA Decision

- After legal review, decision to be made w/in 10 days
- Limited to PRHP record, but not bound by the recommendations. If different, must include rationale
- Written notification to HCP. If adverse, notice to HCP that action may be reportable to NPDB/State of Licensure/other regulatory agencies
- Notice of appeal rights to DHA
- Decision is effective immediately

CLINICAL ADVERSE ACTIONS

Appeal Rights

- If waiving right to appeal, Final decision sent to Report Authority (DHA)
- RA makes final decision then reports as appropriate
- HCP submit written appeal to PA NLT 10 days from receipt of decision; Decision stays in effect
- PA has 14 days to decide. If denied, complete record is sent to DHA for appeals review process
- DHA arranges for clinical peer review of the request
- RA can overturn, uphold, modify decision. If more severe, sent back to PA for add'l due process
- If military, service SG recieves report

CLINICAL ADVERSE ACTIONS

Due Process Timelines

"While it is important that timelines reflected in this manual are met, no rights will accrue to the benefit of an affected individual, in an otherwise proper action, based solely on the organization's failure to meet such time limits…There is no remedy for a breach of these timelines that does not deny the individual the meaningful opportunity to be heard."


MEANWHILE...
Navy Memes.com
IN THE ARMY...
Mymemes.biz

MISC. PROVISIONS

Criminal Convictions – Judicial and NJP UCMJ actions (State/local) are reportable when related to delivery of healthcare or service

- When related to delivery of health care, or could negatively affect provision of healthcare, include, but not limited to,
  - Fraud involving application/renewal of privileges/practice
  - Theft (gov't or personal pty)
  - Drug offenses (use, possession, distro, diversion, etc)
  - Reporting to duty or performing clinical duties (or on-call) while under influence

MISC. PROVISIONS

Criminal Convictions – Cont'd

- Alcohol or drug abuse
- Acts of sexual abuse, assault, harassment or exploitation
- Engagement of sex act or other inappropriate relationship with a patient that violates professional boundaries
- Assault of patients or staff or engagement in threatening behavior
- Other acts or omissions for which the HCP is formally disciplined

MISC. PROVISIONS

Adverse Personnel Actions (military)– Any action resulting in separation, reduction in grade, involuntary MOS reclass, or other admin action where due process is given. Ex. – GOMOR

Adverse Personnel Actions (civilian) – Any adverse action IAW 5 USC 7501-7515 (adverse actions) is reportable. Susp >14 days, removal (behavior), CILG. Furlough w/o pay, reduction, removal based on performance and resignation in lieu of are not reportable unless related to delivery of healthcare

- Notice to provider being reported to RA. RA decides whether to report. 14 days to provide matters before action is sent to RA.


10 YEARS INTO
DD214 AND CHILL

Questions


DILBERT SCOTT ADAMS
THIS CONCLUDES MY PRESENTATION. ARE THERE ANY QUESTIONS?
HOW DO I GET THE BOREDOM OUT OF MY HEAD?!!
THE FUNNY THING IS THAT I'LL LIST THIS ON MY ANNUAL ACCOMPLISHMENTS.
AIR! I NEED AIR!!!