System-Wide Medical Staff Integration:

Simplifying Administrative Requirements to Benefit Patients, Physicians and Systems

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The COVID-19 crisis has brought physicians and staff together like never before — disrupting historical silos, boundaries and divisions — all to meet patient needs. Physicians have been quickly privileged to work in different facilities, advanced practice providers (APPs) and nurses have been deployed across locations, and novel care settings have been set up to treat COVID patients and keep non-COVID patients safe.

Note: For purposes of this article, medical staff integration is defined as the development of common medical staff governance documentation, integrated credentialing, standardized peer review and a single source of data.

The benefits of working in a more integrated model have been significant for physicians, patients and systems. An organized, system-wide medical staff, practicing under consistent bylaws, rules and regulations, can provide health systems with significant flexibility while mitigating risk, reducing costs and minimizing lost time and associated revenue. For physicians, greater uniformity across facilities means less administrative work, fewer "asks" and higher overall satisfaction; for patients, higher levels of integration allow for a more consistent care experience delivered where needed most. Additional benefits include enabling system-wide quality improvement and improved management of clinical variation, as well as opportunities for service rationalization and program consolidation, which can all improve quality, enhance efficiency and reduce expense.

As provider organizations prepare for a changed future — one which may include multiple surges to come — health systems must make it easier for medical staff to effectively deliver care across the system, without unnecessary barriers, bureaucracy or costs. Doing so will not only maintain the advantages of flexibility for physicians and patients, but also contribute to cost savings and revenue enhancement essential to rebuilding margins.

Symptoms of Incomplete Medical Staff Integration

Many health systems have struggled to build consensus among their medical staffs around the need and changes required for greater administrative uniformity. Physician concerns around loss of autonomy and local control, as well as inadequate appreciation for the cultural and change management required, have often limited progress. As a result, systems have maintained legacy medical staff models and administrative processes at significant expense to physicians, patients and the system:

Increased Costs

- Duplication of staff, processes and resources
- Multiple subscriptions/software licenses
- Fewer opportunities for clinical variation management, service rationalization or program consolidation

Physician Dissatisfaction

- Lengthy, cumbersome credentialing processes impacting the physician's livelihood
- Multiple applications to complete within the system
- Redundant processes and multiple "asks" from different facilities within the same system

Heightened Compliance Risk

- Lack of standardization leading to increased variance and risk
- Multiple accrediting agencies across the system

Lost Revenue

- Inefficient privileging leading to delayed patient scheduling and loss of associated revenue
- Delays in payor enrollment causing delayed reimbursement and increased accounts receivable write offs
- Decreased ability to obtain delegation with payors

Reduced Quality

- More clinical variation resulting in reduced quality outcomes
- Less convenience and flexibility for patients

For many provider organizations and individual practitioners, the COVID-19 crisis has brought into focus the need for administrative simplification and system flexibility. As rules and policies have been rapidly modified in response to the crisis, physicians and staff have experienced first-hand the value to their practice and their patients of increased integration. There is a new openness to change and appreciation for the many potential benefits of "systemness"; organizations should build upon this progress to realize improvements in financial, clinical and service performance.

Benefits of Medical Staff Integration: Three Client Success Stories

System-Wide Credentialing Assessment

A 12-hospital Midwestern health system realized $3 million+ in cost savings and lost revenue reduction after implementing a medical staff integration initiative focused on consolidating credentialing and onboarding services, aggressively negotiating delegated credentialing arrangements with all payors, reducing write-offs due to credentialing issues, and moving from 41- to 28-day turnaround time (TAT) for application processing.

$3 MILLION in realized savings in first **NINE MONTHS** of implementation

Consolidated Medical Staff Services Department

A five-hospital Southwestern health system with four medical staffs transitioned to a consolidated medical staff services department and in-house credentialing to capture the value of "systemness" while preserving appropriate local variation, autonomy and control.

Application Turnaround Time (TAT) reduced from **85** to **17** **DAYS**

Centralized Credentialing Service

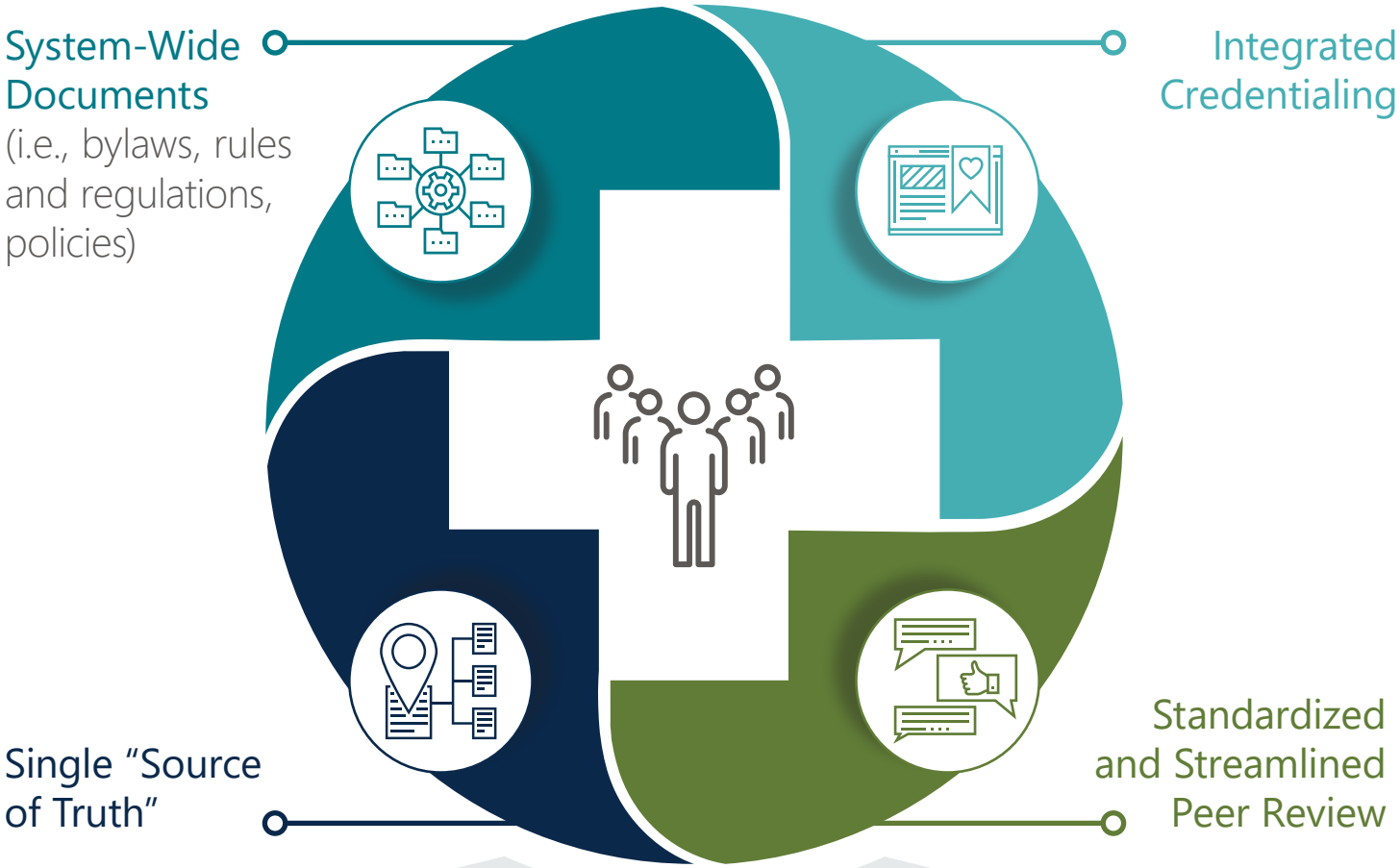
A large national health system with 89 hospitals identified $23 million in savings opportunity through building a unified credentialing service designed with physician participation across the system.

Targeted **23** **MILLION** in savings

An Approach for Medical Staff Integration

The framework below outlines four key components that can help health systems increase agility, effectiveness and cost efficiency in their medical staff functions:

Key Components of Effective Medical Staff Integration



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System-Wide Documents (Bylaws, Rules and Regulations, Policies)

When systems move toward aligned medical staff governance documents, they see increased physician engagement and participation in decision-making around compliance and quality, as well as improved patient experience. Bylaws are the medical staff's "constitution" outlining critical information, such as qualifications for membership, governance structure, and processes around credentialing, privileging, corrective action and fair hearing. Rules and regulations operationalize the bylaws and specify procedures and requirements. By creating consistency within these documents, leadership can ease an already burdened medical staff as they work within different hospitals across the system and decrease the amount of required administrative oversight.

Integrated Credentialing

Integrated credentialing, privileging and medical staff services department operations allows systems to improve patient care and physician satisfaction, decrease costs and credentialing turn-around time, and reduce duplication and lost revenue. It is also a notable plus in recruiting and onboarding, allowing organizations to shorten the overall privileging and appointment process from a lengthy 4 to 6 months, to a far more efficient 45 to 60 days — a significant value to the individual practitioner and the system. This can be achieved through a combination of standardizing policies, procedures and forms, and centralizing certain operations, such as application management/processing, verifications, management of practitioner expirables, and synchronization of reappointment cycles and provider enrollment.

Forming a system-wide credentialing committee further allows systems to reduce duplication of effort and establish consistent processes and standards for membership qualifications and competency criteria, thereby avoiding conflicting recommendations and potential conflict within the system. Once integrated credentialing is well defined and functional, the organization can more easily seek delegation from health plans, resulting in more rapid contract activation and earlier initiation of revenue streams.

POTENTIAL **LOST REVENUE** DUE TO INEFFICIENT CREDENTIALING

Consider a high-revenue-producing specialty such as Orthopedics — a one-week delay in scheduling patients due to inefficient credentialing may result in **$65,000/week in lost revenue.*** *(Assumes the new physician is fully booked.)*

Standardized and Streamlined Peer Review

A key component of system-wide peer review processes is consistent quality metrics and standards across all institutions. This creates more efficient and objective data gathering, measurement and assessment — with less subjective case review — resulting in a fairer process and the opportunity to identify best practices within the system. Uniform standards lead to more consistent high-quality performance throughout the system, increased potential payment in a pay-for-performance environment and decreased risk exposure. Additionally, standardized peer review typically means fewer peer review committees and fewer meetings that physicians must attend, allowing for improved productivity and utilization of physicians and quality staff.

Single "Source of Truth"

Databases used to support the credentialing and privileging function are often poorly configured/implemented or populated with incorrect data about the practitioners. Since a primary focus of integrated credentialing operations is data collection, data entry and dissemination of results, there is an imperative to create a single "source of truth" that yields excellent data integrity. The information contained within the credentialing database — the single "source of truth" — can be exported and utilized to drive other business applications such as referral services, contracting, claims processing and billing functions, eliminating duplication of effort in other departments. Additionally, use of a single database can assist in the elimination of reconciliation problems and ensure that quality information is shared in a manner that supports standardized and streamlined peer review processes.

Communication, Education, Culture

Moving down the path toward greater medical staff integration requires change in the way physicians across different institutions have historically communicated and interacted with each other. In many organizations, there may be "battle scars" from previous attempts to unify processes or practices. Building on recent advances and actively engaging physicians in decision-making and the change process is key to furthering trust and alignment. As physicians from across the organization participate in the process to establish common documents, processes, functions and training, they will begin to build a system-wide language and culture that is more aligned with present-day demands. Early education around the new model, and ongoing communication and education including interaction through collaborative projects, will support continued medical staff engagement and day-to-day execution.

The COVID-19 crisis has pushed physicians and other healthcare providers to work in different hospitals and care settings and to acknowledge the benefits to their patients and their practice of being part of a broader system. As one medical staff leader commented, "This crisis has made us a system." By cultivating this collaborative spirit, and taking steps toward increased integration, medical staffs can continue building on what has already begun and improve how the system works together.

Advancing Medical Staff Integration in Your Organization

Breaking down historical silos and organizational obstacles is not easy, but the opportunity to improve patient and provider satisfaction, system flexibility and financial position is significant. Health system leadership should take a fresh look at medical staff guidelines, policies and procedures and determine if there are opportunities for greater integration across the system. In our current environment, some organizations may focus on simplifying credentialing across the system for immediate impact, while others look to establish consistent, system-wide medical staff guidelines, policies and procedures.

Regardless of where you start, engaging physician and administrative leadership from all facilities early in the process is key. A clearly articulated vision for the future and value proposition that lays out the benefits of greater "systemness" for each facility, individual providers and their patients is critical to gaining the buy-in and support needed for change. The current crisis has demonstrated what it means to act as a system — the ability to deliver seamless, consistent care where it is most needed. A more integrated system can lead to a more robust response to the immediate crisis, more effective management of everyday responsibilities and a more thoughtful and efficient approach to addressing future challenges. Now is the time for health systems to build on recent advancements by removing barriers and making it easier for providers to deliver superior care and services to their patients and the broader community.

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About The Greeley Company

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

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