

  A CHARTIS COMPANY

Boosting practitioner performance: Key trends and opportunities

Monthly webinar series

March 20, 2025

 The webinar will start at the top of the hour.

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MONTHLY INSIGHTS
Webinar schedule & topics

THE 3RD THURSDAY OF EVERY MONTH:
10AM Pacific, 1PM Eastern

MARCH
Boosting practitioner performance:
Key trends and opportunities

APRIL
Coping with CMS surveys:
Practical advice from the trenches

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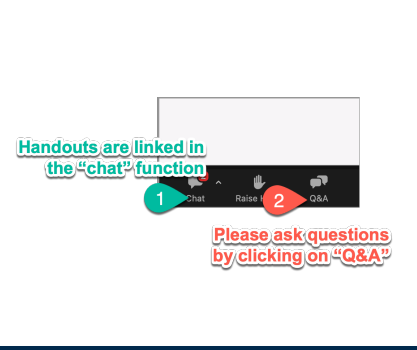
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Navigating the Zoom interface

Handouts:
Check the chat function for copies of the slides for note taking and any other handouts.

Questions and comments:
Please participate in the discussion by asking question through the Q&A function during the webinar. There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments. Any questions not answered during the webinar will be addressed in a follow-up email or posting.

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Handouts are linked in the "chat" function

Please ask questions by clicking on "Q&A"

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Past webinars available for streaming GREELEY.COM 4

Greeley A CHARTIS COMPANY

- Coping with CMS surveys: Practical advice from the trenches
- Boosting practitioner performance: Key trends and opportunities
- PSSM is here: The what, when, and how of CMS' new Patient Safety Structural Measures

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Healthcare challenges are not siloed. *Neither are we.* 5

Chartis has **six lines of business** that together craft **singular solutions**.

- 1000+ Professionals
- Mission: to materially improve healthcare
- Ranked Best Overall Management Consulting Firm by KLAS
- Chartis acquires Greeley in 2019
- Greeley brand brought back in 2024 to cover Medical Staff Services Related Offerings and now part of Clinical Transformation

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High Reliability Care **UNPARALLELED BREADTH AND DEPTH** 6

Our clients are all striving toward the same goal of providing safe, high-quality care—something that's becoming even more important with the many distractions and disruptions in healthcare today. We help clients achieve their organizational reliability, quality, and safety goals, leading to results in areas that matter most—improved care outcomes, staff engagement, operational stability, and total cost of care, enhanced reputation, and better patient experience.

High Reliability Organization (HRO)	Clinical Compliance, Regulatory, and Physical Environment Solutions	Bylaws, Rules and Regulations, and Peer Review	External Peer Review
<ul style="list-style-type: none"> High reliability organizational design and infrastructure Quality, Value, and Performance Improvement Quality ratings and rankings optimization Patient safety / harm reduction / safety and reliability culture Adverse event response and remediation / RCA High fidelity measurement / Clinical Documentation Integrity (CDI) Care Facilitation 	<ul style="list-style-type: none"> Adverse event response Adverse action regulatory response and remediation Accrediting body readiness assessment Regulatory readiness rehearsal / mock surveys Life safety and environment of care assessment Policy simplification Infection prevention program 	<ul style="list-style-type: none"> Bylaws and rules and regulations assessment and redesign Peer review assessment and redesign Medical staff / medical director structure and governance Credentialing, OPPE 	<ul style="list-style-type: none"> Physician/advanced practice professional external peer review Focused Professional Practice Evaluation (FPPE) Ongoing case review in support of OPPE/FPPE Medical necessity reviews Patient safety/carequality case reviews
MEMBERSHIP AND PROFESSIONAL EDUCATION SERVICES			

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Greeley
A CHARTIS COMPANY

We are a partner to healthcare organizations nationwide, helping to advance patient safety and clinical quality for the past 30+ years. We help healthcare providers achieve top-tier clinical performance through:

- Medical Staff Services Optimization
- Education Solutions
- Greeley Interim Staffing

Integration with other best-in-class consulting services offered by Chartis


Greeley | 888.749.3054 | greeley@chartis.com

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Today's discussion

We'll explore how the organized medical staff and the medical staff services department can partner to effectively employ proven strategies to manage practitioner performance.



Marcji Adams
Associate Partner, Clinical Transformation
Chartis



Sally Pettelino, CFMSEM, CPCSS
Chief Credentialing Officer, Greeley

“
Keeping up with change, planning for tomorrow

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Today's agenda

Describe the value of the MSSD

Establish best practices for credentialing and privileging

Define expectations of the medical staff

Identify potential pain points and risk

Questions should be posted in the webinar interface throughout the presentation.
We will respond to any unanswered questions in writing following the webinar.

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Foundational overview
Highlighting the basics

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QUESTION:
Who is responsible for the quality of care (including conduct) at your healthcare organization?

The Board *However, individuals are responsible for their own actions*

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QUESTION:
What does the board know about the quality of medical care?

Not a lot *So, the board assigns responsibility for monitoring and improving the quality of care to the medical staff and management*

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The Greeley/Chartis performance pyramid

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How do we define "performance"?

There are six (6) general competencies that are evaluated to look at the whole picture for "performance."

- Patient care
- Medical knowledge
- Practice based learning and improvement
- Systems based practice
- Professionalism
- Interpersonal skills and communication

The six competencies are consistent with the ACGME and Joint Commission

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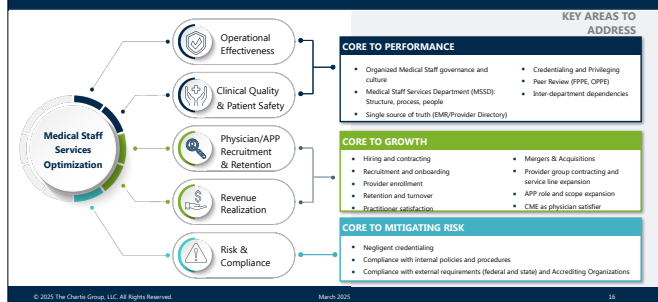
The value of the Medical Staff Services department

Positively impact practitioner performance

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Medical Staff Services is one of the greatest untapped assets significantly impacting performance, growth, and risk

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Untapping the value of your Medical Staff Services

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Goal
Provide a compliant and effective **STRUCTURE** to inform the right **PROCESSES**, that are conducted by skilled and trained **PEOPLE** enabled with the right **TECHNOLOGY**

COMPLIANCE & RISK	
1 Structure <p>MS Bylaws, Policies, Privileging, and Guiding Documents that are contemporary, support alignment and integration and establish compliant practices</p>	2 Processes <p>Improvement through procedures that operationalize objectives that consider interdependencies and impress KPIs while optimizing technology</p>
3 People <ul style="list-style-type: none">Appropriate, skilled staff and effective management of resourcesAccountable Physician LeadershipEnhanced communication and alignment	4 Technology <ul style="list-style-type: none">Fully leverage enhanced technology for data collection, tracking, and reportingSingle source of truthPaperless

MSSD
responsibilities
specific to
credentialing

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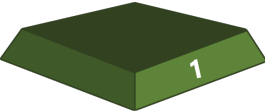
- A resource to the Medical Staff in fulfilling its responsibilities
- Orientation, guidance, and mentoring for Medical Staff leaders in the credentialing process
- Shepherding a credentials file from start to finish
- Supporting "Step 1" of credentialing (establish policies and procedures)
- Primary responsibility for "Step 2" of credentialing (collect, verify, and summarize information)
- Be a good steward of hospital's resources

Best practices
for credentialing and privileging

Setting the organization up for success
related to practitioner performance

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The Greeley/Chartis Performance Pyramid



Appoint Excellent Practitioners

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CREDENTIALING PRINCIPLE #6

FOLLOW THE FIVE P'S:

Our Policy is to follow our Policy.
In the absence of a Policy,
our Policy is to create a Policy.

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Best practices
for credentialing
and privileging

Is your application:

- Comprehensive and yet clear and concise?
- Compliant with regulatory and/or accreditation requirements?
- Reflective of best practices?
 - Does your authorization and release statement contain appropriate verbiage?

Do the medical staff governance documents define:

- When an application is considered "incomplete"?
- When an application is considered "verified"?

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Best practices
for credentialing
and privileging

Risk stratify the application:

CATEGORY 1:

Clean applicants without "red flags"

CATEGORY 2:

Applicants with issues that require further evaluation

Note that it is important to document the basis of your recommendations

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Best practices
for credentialing
and privileging

Periodic audits of compliance and documentation (self-assessment or external review)

- Internal: 100% review with standardized checklist
- External: Periodic sampling review
 - Other system hospitals
 - Professional liability carrier (risk reduction assessments)
 - Reciprocal arrangements
 - Outside agency

Adequate education and training of:

- Credentialing staff
- Physician leaders/committee members
- Senior management
- Board

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Credentialing principle #11



Treat like practitioners
in a like manner (5 P's)

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*Practicing
but not
perfect*

Academic discipline
during recent training

Medical Board
disciplinary action

Does not meet threshold
eligibility criteria
(not board certified)

Rumors of
disruptive behavior

Cannot provide sufficient proof
of recent competence

No volume

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*Practicing
but not
perfect*

Academic discipline
during recent training

Physician was dismissed from his
first training program for performance
issues and then completed
a different residency program.

Medical Board
disciplinary action

Does not meet threshold
eligibility criteria
(not board certified)

Rumors of
disruptive behavior

Cannot provide sufficient proof
of recent competence

No volume

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Practicing but not perfect

Academic discipline during recent training	Medical Board disciplinary action Physician with history of recent licensing board action; remediation completed.
Does not meet threshold eligibility criteria (not board certified)	Rumors of disruptive behavior
Cannot provide sufficient proof of recent competence	No volume

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Practicing but not perfect

Academic discipline during recent training	Medical Board disciplinary action
Does not meet threshold eligibility criteria (not board certified) A small hospital desperately needs pediatric coverage. Internist was boarded in IM/Peds 7 years ago and is not currently board certified in pediatrics.	Rumors of disruptive behavior
Cannot provide sufficient proof of recent competence	No volume

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Practicing but not perfect

Academic discipline during recent training	Medical Board disciplinary action
Does not meet threshold eligibility criteria (not board certified)	Rumors of disruptive behavior OB/GYN needed at hospital; prior facility will not provide information and there are rumors that she was asked to leave due to disruptive behavior.
Cannot provide sufficient proof of recent competence	No volume

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Practicing but not perfect

 Academic discipline during recent training	 Medical Board disciplinary action
 Does not meet threshold eligibility criteria (not board certified)	 Rumors of disruptive behavior
 Cannot provide sufficient proof of recent competence An internist in outpatient practice for 3 years; new employer requires him to provide inpatient care	 No volume

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Practicing but not perfect

 Academic discipline during recent training	 Medical Board disciplinary action
 Does not meet threshold eligibility criteria (not board certified)	 Rumors of disruptive behavior
 Cannot provide sufficient proof of recent competence	 No volume Surgeon in an administrative position for 5 years who wants to rejoin her practice group at your facility.

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When flags arise in credentialing process



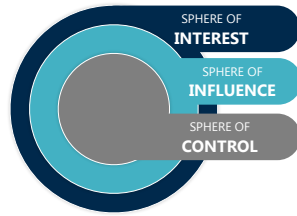
- Ask questions and gather information
 - Ask applicant for additional information
 - Send follow-up questions to appropriate entities (e.g., residency, peer review committee, peer evaluators)
 - If out of practice, gather more data
- Analyze application for threshold eligibility – is there anything else?
- Determine if the applicant is needed and consider waiver process
 - Use waiver process appropriately and consistently
- Identify ways to support the applicant as they come on staff
- Do not hesitate to speak up when necessary

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What can you *influence*?

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- Well trained, effective physician leaders
- Well designed, efficient, and consistently followed governance documents and policies and procedures
- Effective, efficient processes (OPPE, FPPE, case review, indicator and target design, etc.)
- Effective, efficient tools (privilege delineation forms, feedback reports, etc.)
- Medical staff culture of measurement, excellence, and accountability



Expectations of the medical staff

Communication considerations that impact practitioner performance

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POLL QUESTION:

How are performance expectations communicated to your medical staff?
This poll is anonymous, so be honest!

Not sure?

Medical staff receive copies of bylaws and policies during onboarding.

Medical staff find out the expectations when they do something wrong.

We have a formal onboarding process that reviews all of the medical staff performance expectations with new practitioners.

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Performance expectations of the medical staff

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Communicating performance expectations

What should be communicated to the medical staff?

- The hospital Standards of Conduct
- Medical Staff Code of Conduct (if applicable)
- Medical Staff Accountability Policy
- Initial Focused Professional Practice Evaluation (FPPE) process and requirements (may be department/specialty-specific)
- Department/Specialty-Specific Ongoing Professional Practice Evaluation (OPPE) metrics
- Policies regarding sharing peer-protected information (e.g., between sister-hospitals, between the medical group and the hospital, etc.)

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Communicating performance expectations

Methods of sharing expectations with the medical staff:

- Initial appointment
- Employment agreement (collaboration with HR and Legal)
- Orientation
- Completion of Initial FPPE
- Reappointment

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Communicating performance expectations

Other ideas for general communication:

- TV/monitors in high-traffic areas for medical staff
- Newsletters
- Department meetings
- Medical staff meetings
- Scorecards

Do you have a suggestion? Please share in the chat!

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Measuring performance and providing feedback

Once expectations are set and communicated, the only way to achieve and maintain buy-in is to follow through.



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Identifying potential pain points and risk

Proactively addressing obstacles that impact practitioner performance

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POLL QUESTION:

IDENTIFYING POTENTIAL PAIN POINTS AND RISK

What is your organization's greatest obstacle that impacts practitioner performance?

1 Data - cannot collect it efficiently, issues with attribution, do not have the resources/expertise to gather meaningful data.

2 Variability - there is variability or a lack of transparency with dealing with performance issues. Some Department Chairs or leaders do not want to deal with addressing performance issues. Employed medical staff are dealt with differently than independent medical staff.

3 Hostage Situation - the hospital cannot afford to lose certain medical staff so performance issues (including conduct) are not addressed.

Select all that apply

Horizontal lines for handwritten notes on slide 43.

Identifying potential pain points and risk

Does everyone know what "base" they are playing (i.e., do the medical staff leaders, medical staff committees, HR (if there are employed medical staff) and the board understand their roles in managing practitioner performance)?



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DEFINING ROLES AND RESPONSIBILITIES

Policies and tools

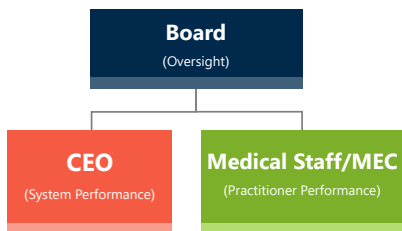
Medical staff leaders, HR, CMO/VPMA, Legal, and other key stakeholders should develop a policy, objective criteria, an algorithm, etc. to define roles and responsibilities when addressing practitioner performance.

Topics for consideration could include:

- When does HR get involved? Only with employed practitioners? What about allegations of harassment or a hostile work environment?
- What are your organization's "red-rules?"
- Who is qualified to conduct an investigation? Is training needed for some topics?
- What objective criteria can be developed to remove some of the variability?
- Where are records retained and what department is providing administrative support?

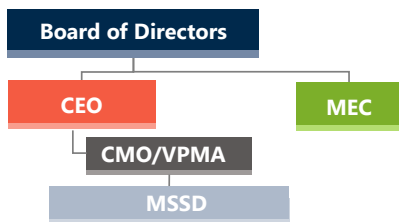
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Defining roles and responsibilities



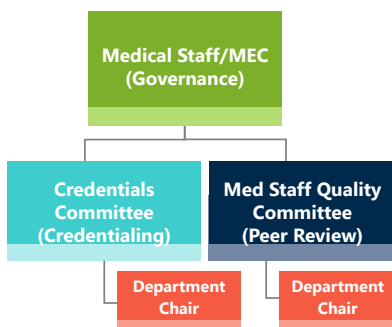
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DEFINING ROLES AND RESPONSIBILITIES CMO/VPMA and MSSD



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DEFINING ROLES AND RESPONSIBILITIES Medical Staff functions



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DEFINING ROLES AND RESPONSIBILITIES





Medical Staff leaders

If medical staff leadership positions, such as department chairs, president of the medical staff, and vice president of the medical staff were posted with a job description and duties on LinkedIn, do you think there would be the same level of interest compared to an election?









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Department Chair responsibilities

-  Recommend criteria for privileges for all specialties assigned to the department
-  Review credentials files and recommend action on all initial appointments and reappointments for practitioners assigned to the department
-  Review and recommend action on all requests for privileges from practitioners assigned to the department
-  Oversee and improve (i.e., manage) the quality of care and professional conduct of individuals granted privileges and assigned to that department

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Credentials committee or MEC responsibilities

-  Develop, recommend, and implement policies and procedures to continuously improve all credentialing and privileging activities
-  Recommend criteria for all privileges for each specialty that goes through the medical staff credentialing process (including new technology) after reviewing recommendations from the relevant department chair(s)
-  Rate credentials files and recommend action on all initial appointments and reappointments after reviewing recommendations from the appropriate department chair(s)
-  Recommend action on all requests for privileges after reviewing the recommendation of the department chair
-  Reconcile differences between departments regarding criteria for cross-specialty privileges
-  Recommend the process for establishing practitioner competency for all newly granted privileges based on recommendations of the department chairs (FPPE)

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— Questions/concerns? —



— Thank *you* —