



Make Your MSSD a Performance Powerhouse

Optimize and Right-Size to Manage
Better and Generate Revenue



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Over the past several years, leading healthcare organizations have been reprioritizing the Medical Staff Services Department's (MSSD) core functions with increasing levels of accountability. And now that demands on the MSSD have evolved, ensuring their success requires that MSSDs evolve accordingly.

Ready or Not, Change Is Here

The solid line that once connected the MSSD to the CMO, VPMA, or perhaps quality on the organization chart now sometimes points to leaders in finance, HR, operations, and even marketing. And some departments are reporting or transitioning certain key functions to a more centralized corporate structure focused on standardization and onboarding practitioners more quickly.

While the evolution of medical staff services has been positive for the profession and for organizations, it can be overwhelming for new leaders who are not medical services professionals (MSPs). They may not have prior experience in the department, yet they have been called upon to chart the department's course. In fact, it can be overwhelming even for seasoned MSSD leaders, given the amount of change happening across the industry.

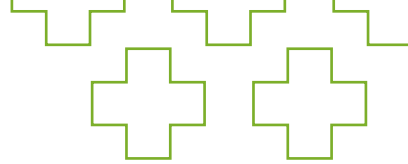
As they try to answer questions about how many full-time employees (FTEs) to staff or what metrics they should use, these new leaders are learning that there are no easy answers and there's no one-size-fits-all approach.

It's Time to Learn, Listen, and Leverage

Today's MSSDs have moved far beyond their clerical origins and are now viewed as critical to hospital revenue, patient safety, and key drivers of practitioner satisfaction. As a result, MSSDs are facing increasing pressure to tighten operations and streamline credentialing, privileging, and enrollment processes while maintaining quality.

Teams that can process credentialing and enrollment applications more efficiently enable physicians and advanced practice professionals to earn more quickly and reduce claims write-offs.

So what should a new MSSD leader focus on to optimize staff roles and processes? **First, learn, listen, and leverage.**



LEARN: Ask Questions to Learn About Current Processes

As you immerse yourself in department activity, ask questions to further your understanding. But remember, you don't have to take on everything alone (and you shouldn't).

- The automation piece of credentialing is critical to a department's success. Consider seeking external training on credentialing, privileging, and payer enrollment, and make sure to consider how you'll optimize software.
- It is important to understand compliance requirements from CMS and accreditation agencies. Reach out for help and have a healthcare attorney on speed dial.
- Establish a collaborative relationship with the quality department. If you've been lucky enough to take over a highly effective department that meets the KPIs shared in the graphic on page 4, it's a good idea to spend extra time learning how to keep things on track.

LISTEN: Ask Questions to Gather Input for Improving Efficiency

Whether someone is a senior MSP or a hospital executive assigned to oversee medical staff services, there are a few questions to consider that will lead to efficiency.

WHO IS RESPONSIBLE FOR WHAT?

As departments focus on providing timely, efficient, and quality credentialing and privileging, they should update staff roles and duties with current priorities.

WHY DO SOME TASKS EXTEND BEYOND CORE FUNCTIONS?

Ask questions to determine if certain tasks can be eliminated because they are non-value-added or if further automation is possible. As more and more practitioners become employed, clerical duties, such as ordering lab coats and badges, stocking the lounge, and assigning parking spaces can be reassigned to a more appropriate department, such as HR, operations, or facilities.

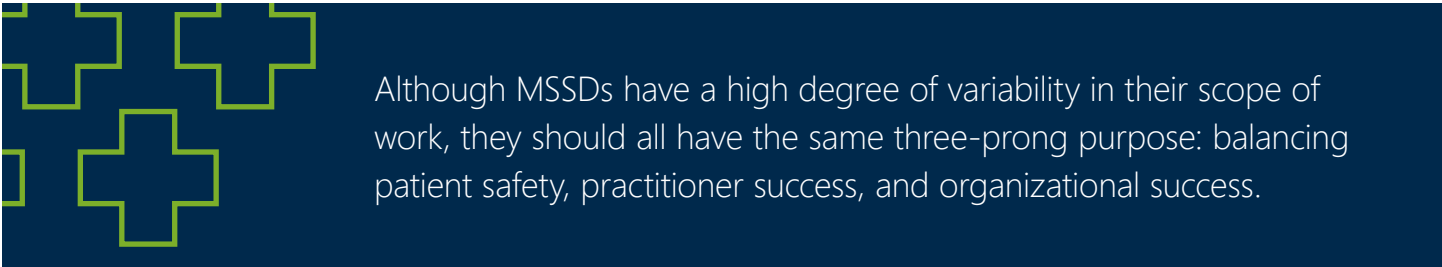
WHO ATTENDS WHAT MEETINGS AND WHY?

Junior staff members who are accountable for productivity results should spend no more than 10% of their time in meetings. Some meetings should be reassigned to departments that employ the true content experts, such as pharmacy and therapeutics, instead of having an individual from medical staff services manage the meeting and take minutes.

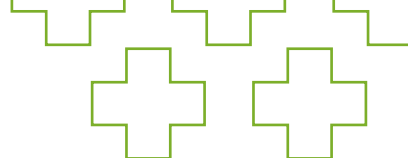
LEVERAGE: Ask Questions to Enable Future Flexibility

Give yourself the gift of flexibility. MSSDs need leverage to prioritize activities appropriately.

- Department duties vary widely, so MSSDs are wise to avoid assigning a specific number of FTEs per application or practitioner. Instead, look at application turnaround times and what it takes to keep an optimized process running. Compare average monthly volumes for initial applications, reappointments, enrollments, and reenrollments with actual monthly volumes to arrive at a number.
- Flex up with interim staff during volume change events or when monthly or seasonal volumes are 10%-15% above average. You may need to increase staff during a merger or acquisition, when clearing backlogs, if there is a software upgrade, or to accommodate a new class of residents that are now applying to your staff, for instance.
- Understand the value of outsourcing, particularly as you assess the strengths and weaknesses of the department. Outsourcing can offer numerous benefits for the department, particularly if a new leader has little to no MSSD experience or if the department is experiencing chronic problems, such as compliance or liability issues, slow application processing times, or high staff turnover.



Although MSSDs have a high degree of variability in their scope of work, they should all have the same three-prong purpose: balancing patient safety, practitioner success, and organizational success.

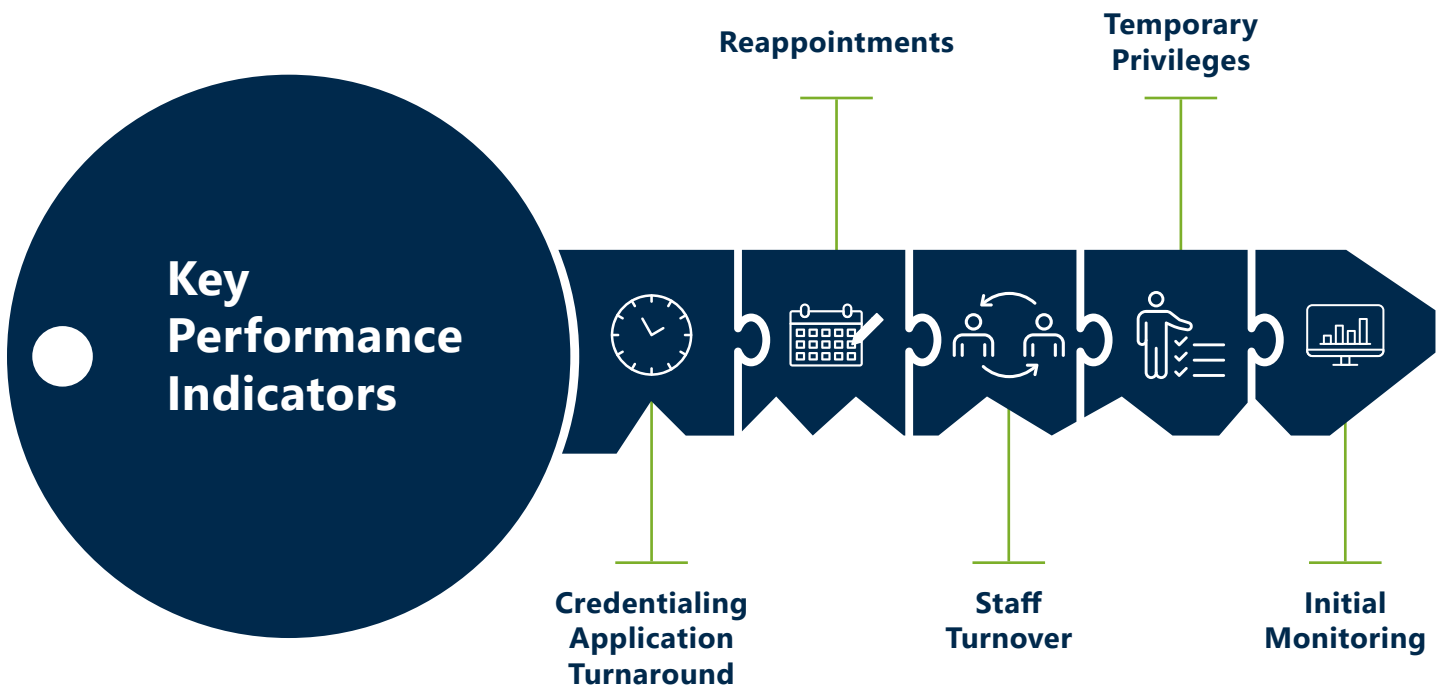


The Power of Numbers

A clear set of metrics is vital for measuring the efficiency of an MSSD's core functions. Although MSSDs have a high degree of variability in their scope of work, they should all have the same three-prong purpose: balancing patient safety, practitioner success, and organizational success.

This means incorporating industry best practices while ensuring compliance with policies and regulatory/ accreditor requirements for credentialing and privileging and payers for enrollment. MSSDs must focus on helping the organization grow revenue and avoid unnecessary losses, and they must ensure practitioners are satisfied with the credentialing, privileging, and onboarding process.

To these points, the following KPIs tie directly to compliance, provider satisfaction, and revenue, or are indicators of challenges that must be addressed.



Key Performance Indicators



STAFF TURNOVER

High staff turnover contributes to a myriad of problems, including noncompliance, information errors, practitioner dissatisfaction, and slow turnaround time for credentialing applications. It's generally a sign of MSSD dysfunction, ineffectiveness, or inadequate resources. Outdated processes, poor workflow, and lack of automation are to blame. Dissatisfied practitioners or bogged-down processes will lead to unhappy staff and can lead to legal and compliance troubles. For comparative purposes, pre-pandemic support staff turnover was about 10%.



CREDENTIALING APPLICATION TURNAROUND

This critical metric affects both a practitioner's ability to earn a living and the organization's revenue. It should take, at most, 45 days to process an application—and ideally a lot less. If the department is chronically over this number, it may be a sign of constant crisis management or burdensome non-value-added tasks. A 21-day application turnaround time is healthy, but fully optimized MSSDs can routinely achieve turnaround times as low as 14 days.



TEMPORARY PRIVILEGES

Abuse or overuse of practitioners' temporary privileges can lead to noncompliance and increased risk. Utilize temporary privileging judiciously, especially in MSSDs that are under intense pressure to resolve application turnaround time problems. While policies allow for temporary privileges, they should be the exception, not the rule, as they carry more risk and ultimately create more administrative work, taking time away from busy medical staff leaders.



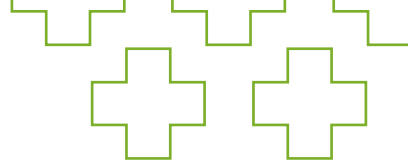
REAPPOINTMENTS

Watch for medical staff bylaws with onerous components that don't add any value. For example, some organizations may require initial one-year appointments for new practitioners instead of the up to two-year period that most accreditors require. The MSSD ends up administering a full reappointment that is not required by any accreditor, taking precious time and resources away from more valuable functions.



INITIAL MONITORING

Noncompliance may also occur when focused professional practice evaluations don't happen in a timely manner. The slowdown is a likely indicator that the function is under-resourced, the process has been constructed to be overly complicated, other things are taking priority, or that there are deeper problems with peer review, such as an ineffective routine monitoring process.



Making Your MSSD a Performance Powerhouse

Today's MSSD is evolving toward a future where its core functions form the powerhouse of hospital performance. As an MSSD leader, you play a vital role in transforming your MSSD.

SIX PRACTICES SUCCESSFUL MSSD LEADERS EMPLOY:

- Define and focus on clear core functions for their departments
- Identify key metrics and drive activity to align
- Have an adaptive and strategic approach to right-sizing FTEs
- Embrace and optimize technology and automation
- Engage in activities that support the success of the whole organization
- Implement a culture that enables success through support and training

Evolved, successful MSSDs are empowering practitioners and staff, positioning the hospital as an engine for revenue generation, and always preparing for what's next.

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