CQUENSYS

EXPERT INSIGHTS

PART 1 OF 4

FROM

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INTRODUCTION BY

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Cassie is an expert in the field of Master Data Management (MDM) and Provider Credentialing in Healthcare. She is the recipient of the 2018 HCPro Credentialing Resource Center Case Study Award for Medical Staff Professionals excellence.

A dual-certified professional, Cassie brings over 16 years of experience working in multi-state Medical Staff Credentialing, Payor Enrollment, and Master Data Management.

At Cquensys, we empower health systems automate workflows, implement enterprise-wide credentialing applications, and harmonize data to a single source of truth. As the world of healthcare continues to evolve, we help medical staff offices navigate the challenges of keeping up with rapidly changing requirements and evolving demands.

We cover the entire spectrum of Credentialing-specific services, including:

- Strategy Development & Product Evaluation
- Project Management
- Workflow Automation & Implementation
- Data Migration & Expert-level Data Cleansing
- Medical Staff Service and Payor Enrollment Staffing

Our experts also help guide the implementation of enterprise-wide data management programs across various domains, like healthcare and finance.

In this edition of 'Expert Insights,' it gives me great pleasure to introduce and interview an industry expert in the field of Healthcare Master Data Management (MDM) and Provider Credentialing– Cassie Kana Carter, CPMSM, CPCS.

Commonly Overlooked Issues in Credentialing During Data Migration

Are you moving to a new credentialing application, consolidating technologies, or developing an enterprise-wide Source-of-Truth?

The last thing any organization wants to do is to complete lengthy data migrations and then find outstanding and pending activities that staff find hard to manage. Particularly amidst keeping regular operations afloat, and implementing the new requirements brought about by the data migration.

After all, there is significant work involved in a large-scale data migration project, including:

- Identifying criteria to meet the needs of all stakeholders who rely on the data found in a credentialing application(s)
- Developing a Request for Proposal or RFP to select the right partners
- Reviewing the vast amounts of credentialing software products in the market to find the best fit
- Implementation
- Communication and training for all stakeholders and relevant teams regarding the newly implemented platform(s), and
- Sunsetting legacy products responsibly to retain valuable data.

Before you start a new enterprise-wide data migration project, please consider the following.

Have the right subject matter expertise on hand

If you have already selected a credentialing vendor, they will most likely assign a project manager to help facilitate some aspects.

While this resource will be of some assistance, they will seldom be dedicated exclusively to a specific organization's needs.

You will have to supplement the knowledge gap through experienced internal resources or request external subject matter expertise.

This step is a direct and essential contributor to your project's success.

Be aware of areas commonly overlooked during data migrations

Often, there are data differences left to reconcile after migrations are complete. Several tables, often considered "low-priority" at first, may be left incomplete – and the impact is felt by the staff in the trenches, navigating the aftermath.

Have you been able to develop a plan to address these issues?

The following are examples of areas most overlooked during migrations. Keep an eye out for them as you and your team execute the migration.

1 Hospital affiliation tables

The credentialing process includes a vital step to create master record tables for high-priority categories such as provider degrees or specialties.

Frequently, information about hospital affiliations is considered not worth the time it takes to develop master records – mainly since these tables often contain thousands of records – *by last count, there are 6146 hospitals and 9280 ambulatory surgery centers in the United States.*

Not doing an upfront fuzzy matching of identical items in multiple hospital affiliation tables, however, can lead to several issues down the line.

During the credentialing process, your teams will have to choose between multiple similar choices when entering data constantly. This will not only lead to irregularities in naming conventions but also lost time when trying to find the right primary source verification information.

Based on my experience with front-line credentialers across the nation, I provide standard table suggestions for health systems to pay attention to during data migration.

2 University tables

With university tables, you may face the same issues as with hospital affiliations. These may include missing primary source verification information and duplicate entries.

Recently, ***I had to help clean a table with over 300 entries for a single university*** due to three migrations and previously unchecked table access.

The negative effects run downstream as well.

- People often forget that when providers log in to fill out re-credentialing applications, they have to list their education, hospitals, and other simple elements – creating separate versions of the same data.

  This is considered 'dirty data' and a reflection on your health system.

- Credentialing databases may become the one 'Source of Truth' - the one data "well" from which other divisions might draw from to display on public-facing web directories that list providers' educational backgrounds.

  In short, the adage rings true;
  Trash in = Trash out.

Here's an example of 7 university entries for the same oncology fellowship when data is merged without being cleaned, or if tables do not have data standards in place.

University of Texas at Houston GME - Oncology	MD Anderson Dept of Oncology Fellowship
UT Houston at MD Anderson	UT Health Science Center at Houston
UT Houston HSC Fellowship ATTN Oncology	University of Texas at Houston Medical School - Oncology Fellowships
Univ of Tex @ MD Anderson Oncology Division	

3 Insurance or medical malpractice tables

Insurance and medical malpractice tables offer the same issues as hospital affiliation and university tables, plus a few more.

For example, the company ACORD, is often misclassified as being an insurance company. In reality, they develop standardized documents. However, since their name is the header for half of the malpractice face sheets that health systems receive, they are mistakenly added as "ACORD Actual Insurance Name," or with other such errors. An expert with hands-on experience with facilitating large-scale data migration efforts could quickly identify and help avoid such issues.

4 Expertise or Specialty

This category refers to a provider's practicing specialty at their current facility. This must not be confused with the board certification specialty category.

This data is frequently shared with multiple locations, so data cleansing before migration is essential. Otherwise, for a cardiologist, for example, you may end up with 'Cardiology,' 'Cardio,' 'Cardiovascular,' and, 'Cardiovascular Diseases,' as different options for the exact same specialty.

In some credentialing applications, these values are shared with the payor enrollment module tables as well, which means the payor rosters will be adversely impacted.

Unfortunately, the negative impact of this may not be felt for a few months after the data merge; say, when your CMO wants a quick update on the total number of cardiologists on staff, and that becomes a challenge due to the naming variances.

Bonus Feature!

Ensure acute care facilities are assigning provider expertise by facility if they aren't already doing it.

This is because a provider could be practicing as an interventional cardiologist at a trauma hospital, and a regular cardiologist at a critical access hospital. Similarly, a nurse practitioner could be practicing in radiology at one location and pediatrics in another.

More and more functions are dependent on a provider's practicing specialty.

These complexities are why practicing specialties must not be tracked by board certifications.

Web Directories, Referral Management Services, Payors, Healthcare Integrated Networks, and Regulatory agencies all require a provider's specialty be defined by 'practicing'.

5 Document Type Codes and Descriptions

Have you ever seen images or documents, for example, a Malpractice Face Sheet categorized as 'Malpractice,' 'Malpractice Insurance,' 'COI,' "'Mal,' or another description? Multiple descriptions for the same document?

Many Credentialing applications do not have the ability to merge document names. So when 'Document Type Codes' and 'Descriptions' are not determined before records are migrated or merged in from legacy sources, this type of issue arises.

The names of documents are also tied in to processes built in the system, so your initial credentialing process may ask you to scan in 'Med Mal,' but your recredentialing process may refer to the same document as 'Malpractice.'

Without standardization, it becomes very difficult to remember where a document is supposed to go; especially for new employees. It is also extremely difficult to find items during an audit.

We hope you enjoyed these tips. These power-packed insights represent part 1 in a four-part series.

Stay tuned for more expert insights from Cassie and Cquensys.