



CQUENSYS INSIGHTS

Purpose-Driven Innovation in Credentialing



Introduction

by Lenny George, CEO Cquensys

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.**

Cassie is the recipient of the 2018 HCPro Credentialing Resource Center Case Study Award for Medical Staff Professionals excellence. She is a dual-certified professional with over 16 years of experience working in areas of multi-state Medical Staff Credentialing, Payor Enrollment and Credentialing, and Master Data Management.

Purpose-Driven Innovation

Q&A with

Cassie Kana Carter,
CPMSM, CPCS



Cassie, you've worked with healthcare organizations of all sizes and some of the brightest medical staff professionals across the country. What are your observations about the top opportunities to streamline workflows?

The biggest opportunities that still exist all boil down to **the need to streamline data.**

In many health systems, data silos are still commonly found, and they are often the cause of many inefficiencies. For example, several teams within the same organization end up collecting overlapping information, which leads to a substantial amount of rework. If all departments involved in the credentialing process - recruiters, clinical administrators, human resources, contracting, payor enrollment, and medical staff credentialing - used a single data flow, the entire system benefits.

In your experience, how have teams succeeded in making the shift to a streamlined data system?

The key is to connect processes efficiently.

The first step to doing so is for all key stakeholders to map the current state of data flow through the organization.

With so many moving parts and complexities, it is valuable to leverage consultants who bring real-world insights from having led "the shift" successfully in the past, understand Six Sigma principles, and are intimately familiar with the world of Provider Data Management. This type of expert acts as a neutral mediator and engages all aspects of the onboarding or initial/reappointment processes - from recruitment to provisioning access to the EMR or Electronic Medical Records system, and downstream third-party applications.

The overarching aim is to simplify the entire Credentialing process, ultimately for an optimal provider experience.

With this in mind, all job titles should be checked upon entrance. The onboarding workshop process for new providers is most effectively done in person. This way, participants can complete the work in a shorter duration of time, build lasting connections with their counterparts from across the organization, and trust that the organization is working towards common goals. These include the reduction of cycle times, removal of redundancies, and implementation of cost-saving techniques.

Organizing these in-person workshops for providers is well worth the planning and coordinating efforts, even if it takes months of planning in advance. It requires the support of senior leaders, and staff from each area or department should be present to make it successful.

Depending on the size of the teams, the entire workshop can be run smoothly and successfully in a single day when guided by a mediator experienced in credentialing.

In larger organizations that operate in multiple states, offer robust enterprise-wide programs, or manage programs at a regional or local level, the workshops may take up to a maximum of three days.

Next, there is a deliberate methodology used to review the process maps and identify pathways for a phased implementation.

Sponsors help guide the planning and delivery of each subsequent phase. The above workflow is fundamental for the enterprise to gain an in-depth understanding of the many components required to get the provider to the patient's bedside in the shortest time possible. It is also a great vehicle to open visibility to other essential needs that teams involved in credentialing have requested over the years.

What is an often-overlooked area that is an easy opportunity?

There are benefits in Minimum Criteria & NPDB Query Data.

Recruiting in Health Systems, even in independently-owned practices, is a workflow that needs streamlining.

Recruiters are vital to the system, have a tough job with several challenges, are excellent at cold-call sales, and are often the first impression of your organization to providers.

However, recruiting teams, understandably, do not have the necessary depth of knowledge about credentialing or privileging criteria. As a result, quite often, provider candidates are brought into the pipeline without confirmation of whether minimum qualifications, such as board certifications or case counts, have been met. In such instances, organizations lose time and revenue in recruitment and lost patient care opportunities.

What can be done to help recruiting teams and improve first impressions to providers?

We need to support our recruiting teams.

Teaching them about credentialing and privileging is essential to help them improve the overall quality of their interactions with provider candidates. Equip them with a simple breakdown of the minimum criteria that each provider type that they recruit for is expected to meet. It saves a lot of time.

I also recommend you instruct recruiting teams to ask providers to submit a National Practitioner Data Bank (NPDB) self-query along with their Curriculum Vitae. It costs a provider less than five dollars to generate the request, and will show the recruiter if the provider has licensure actions, lost privileges at a hospital, paid malpractice claims, and much more. This is a great way to screen applicants upfront.

BONUS TIP!

Ideally, with the provider's permission, recruiters can provide the NPDB self-query to the MSO or Medical Staff Offices. This way, since NPDB self-queries list all hospitals that have queried the provider, the MSO can reconcile the query with the 'Medical Staff Initial Appointment' Application to see if any hospital affiliations were left off.

Thank you for sharing your expert advice, Cassie. Any final suggestions for health systems looking to optimize their credentialing process?

I recommend that health systems offer read-only access to credentialing databases for relevant teams.

Each department has a separate set of requirements during the credentialing and onboarding process. Clinic directors require current licensing and ACLS expiration dates, and trauma facilities have directors who need Board Certification and Continuing Medication Education information. Administrative personnel require contact information for providers, marketing teams require basic contact information, and more.

Without access to the right data, organizations waste a considerable amount of time searching for the right data sources that have this information. Even worse, sometimes, these teams have to turn to information found on the internet, hoping it is current and valid. There is a better way.



There is a lot of sensitive data contained in credentialing databases. How would you go about granting so many people access?

One method, as mentioned earlier, is to set up and enable 'read-only' or 'view-only' modes based on user roles, features that are now available in most modern-day credentialing applications.

Generic roles can be designed for groups of individuals who need to validate basic information. These teams will be restricted from viewing sensitive data, personal identifiers, peer review content, and other data elements. These 'View-only' or 'read-only' (RO) permissions should be audited regularly at intervals agreed upon by credentialing leaders.

Contact your local teams who manage and assign access to applications across your organization, because this process can often be integrated and automated to grant, review, audit, and deny access to individuals as required.

Overall, in the long-term, allowing RO access can ensure the entire enterprise uses the same data, can transition to a self-service mode, reduce overall wait times, and ultimately remove the added administrative burden from the credentialing teams.



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