



NOV 22 2004

TO: Charles W. Grim, D.D.S., M.H.S.A.
Director
Indian Health Service

FROM: *David M. Lardy*
Joseph E. Vengrin
Deputy Inspector General for Audit Services

SUBJECT: Credentialing and Privileging Practices at Lawton Indian Hospital
(A-06-04-00037)

The attached final report provides the results of our audit entitled "Credentialing and Privileging Practices at Lawton Indian Hospital." At the request of the Indian Health Service (IHS), we reviewed the credentialing and privileging practices at eight IHS-funded hospitals. In February 2004, the Office of Inspector General alerted you to problems with credentialing and privileging at several of these hospitals, including the Lawton Indian Hospital in Lawton, OK (Lawton Hospital).

The objective of our audit was to determine whether Lawton Hospital had completed the credentialing and privileging reviews for its medical practitioners.

Lawton Hospital did not routinely complete required credentialing and privileging reviews for its practitioners. The credentialing and privileging reviews are generally required by industry-wide standards and specifically by IHS Circular 95-16.

For the 34 practitioners we reviewed, the hospital did not:

- verify the credentials for 11, or 32 percent, before the practitioners provided patient care; or
- ensure that 25, or 74 percent, had current privileges, with lapsed periods ranging from 3 days to 4 years.

Lawton Hospital's management had not ensured that the credentialing and privileging review processes received the necessary level of priority in terms of management attention and other resources. As a result, the hospital's management could not assert its full assurance that its practitioners had the appropriate qualifications and authorizations to provide patient care.

We recommend that IHS ensure that Lawton Hospital:

1. establishes controls to complete credentialing and privileging reviews in a timely manner, such as a computerized credentialing system to track and monitor the status of its practitioners;
2. assigns a sufficient number of staff to adequately perform the credentialing and privileging processes before the practitioners provide patient care; and
3. provides sufficient training to staff assigned to perform the credentialing and privileging processes.

In its written comments, IHS agreed with these recommendations and stated that such actions were underway or complete. The IHS comments are included as an appendix to the report.

If you have any questions or comments about this report, please do not hesitate to call me, or have your staff call Peter J. Koenig, Acting Assistant Inspector General for Grants and Internal Activities, at (202) 619-3191, or e-mail him at Peter.Koenig@oig.hhs.gov. Please refer to report number A-06-04-00037 in all correspondence.

Attachment

cc: Jeanelle Raybon
Director, Program Integrity and Ethics
Indian Health Service

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**CREDENTIALING AND PRIVILEGING
PRACTICES AT LAWTON INDIAN
HOSPITAL**



NOVEMBER 2004
A-06-04-00037

Office of Inspector General

<http://oig.hhs.gov>

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The designation of financial or management practices as questionable or a recommendation for the disallowance of costs incurred or claimed, as well as other conclusions and recommendations in this report, represent the findings and opinions of the HHS/OIG/OAS. Authorized officials of the HHS divisions will make final determination on these matters.



EXECUTIVE SUMMARY

BACKGROUND

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is the principal Federal health care provider and health advocate for 1.6 million American Indians and Alaska Natives. This report addresses credentialing and privileging issues at the Lawton Indian Hospital (Lawton Hospital), located in Lawton, OK. Lawton Hospital is one of eight hospitals that we reviewed at IHS's request following media reports in 2002 questioning medical staff appointments made by IHS-funded facilities.

Lawton Hospital uses a process to screen and verify applicants for medical staff membership that is known in the medical community as credentialing and privileging. The Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), which has accredited all IHS-operated hospitals, provides standards for and evaluates the adequacy of credentialing and privileging processes. Credentialing consists of verifying education, training, and license documents and contacting recent employers to determine an applicant's qualifications, competence, and skills. Privileging identifies the scope of a practitioner's expertise and what the individual will be authorized to do at a facility. Failure to meet the Joint Commission standards in these areas could jeopardize a hospital's accreditation.

OBJECTIVE

The objective of our audit was to determine whether Lawton Hospital had completed the credentialing and privileging reviews for its medical practitioners.

SUMMARY OF FINDINGS

Lawton Hospital did not routinely complete required credentialing and privileging reviews for its practitioners. The credentialing and privileging reviews are generally required by industry-wide standards and specifically by IHS Circular 95-16.

For the 34 practitioners we reviewed, the hospital did not:

- verify the credentials for 11, or 32 percent, before the practitioners provided patient care; or
- ensure that 25, or 74 percent, had current privileges, with lapsed periods ranging from 3 days to 4 years.

Lawton Hospital's management had not ensured that the credentialing and privileging review processes received the necessary level of priority in terms of management attention and other resources. As a result, the hospital's management could not assert its

full assurance that its practitioners had the appropriate qualifications and authorizations to provide patient care.

RECOMMENDATIONS

We recommend that IHS ensure that Lawton Hospital:

1. establishes controls to complete credentialing and privileging reviews in a timely manner, such as a computerized credentialing system to track and monitor the status of its practitioners,
2. assigns a sufficient number of staff to adequately perform the credentialing and privileging processes before the practitioners provide patient care, and
3. provides sufficient training to staff assigned to perform the credentialing and privileging processes.

AGENCY COMMENTS

In its written response to our draft report, IHS agreed with all recommendations and stated that such actions were underway or complete. The complete text of the IHS response is included in the appendix.

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INTRODUCTION

BACKGROUND

IHS Request for Office of Inspector General To Examine Credentialing and Privileging

Following negative media reports in 2002 raising questions about the quality of medical practitioners at Indian hospitals, IHS requested the Office of Inspector General to review the adequacy of credentialing and privileging practices at IHS-funded hospitals.

IHS Provision of Health Care

Through its network of 49 hospitals and other smaller facilities, IHS funds health care for more than 1.6 million Native Americans and Alaska Natives. These facilities are managed and operated directly by IHS or by tribes under self-governance agreements with IHS.

Lawton Hospital, which IHS directly operates, is located in Lawton, OK. It has 45 beds and a staff of 27 physicians who attend more than 400 newborn deliveries a year and perform nearly as many surgical procedures. The hospital provides a wide range of services, including general surgery, obstetrics and gynecology, internal medicine, pediatrics, dentistry, optometry, and audiology.

The Credentialing and Privileging Process

In the health care field, credentialing and privileging are two components of a broader quality assurance and risk management process that all facilities undertake to ensure high-quality care. During credentialing, hospital management evaluates and verifies the training and experience of practitioners to determine their current competence and skills. During privileging, hospital management determines whether a practitioner is qualified to perform specific medical functions at a particular facility. A wide range of practitioners are typically subjected to this process, including physicians, physician assistants, nurses, and dentists.

Joint Commission on Accreditation of Healthcare Organizations

All IHS hospitals, including Lawton Hospital, have earned Joint Commission accreditation. IHS Circular No. 97-01 requires all IHS health care facilities to be accredited and considers the Joint Commission to be the most broadly recognized accrediting body in health care. To earn and maintain Joint Commission accreditation, an organization must undergo an onsite survey every 3 years. During the onsite survey, the Joint Commission assesses compliance with standards that it has developed for a wide range of health care operations, including those for credentialing and privileging. Failure to demonstrate satisfactory compliance with Joint Commission standards could result in

accreditation denial, thereby potentially disqualifying a hospital from participating in and receiving payment from the Medicare and Medicaid programs.

OBJECTIVE, SCOPE, AND METHODOLOGY

Objective

The objective of our audit was to determine whether Lawton Hospital had completed the credentialing and privileging reviews for its medical practitioners.

Scope

We selected Lawton Hospital for review because it is one of only two IHS-operated hospitals still under the Oklahoma City Area Governing Board's approval authority for credentialing. We also selected Lawton Hospital based on the results of its Joint Commission survey review done in July 2000.

To accomplish our objective, we selected 34 practitioners for review to ensure a representative selection of health disciplines. We made our selections from practitioners who provided patient care during the period January 2000 through December 2002. At the time of our review, Lawton Hospital had 27 practitioners on its medical staff. We performed our audit work at Lawton Hospital in Lawton, OK.

Methodology

To perform our audit, we:

- interviewed Lawton Hospital management officials;
- reviewed practitioner files to determine whether the hospital verified credentials and granted privileges to practitioners in accordance with Joint Commission standards and IHS requirements; and
- issued a draft report to IHS on September 20, 2004.

We conducted our audit in accordance with generally accepted government auditing standards.

FINDINGS AND RECOMMENDATIONS

CREDENTIALING AND PRIVILEGING REVIEWS FOR PRACTITIONERS

Lawton Hospital did not routinely complete required credentialing and privileging reviews for its practitioners. The credentialing and privileging reviews are generally required by industry-wide standards and specifically by IHS Circular 95-16. For the 34 practitioners we reviewed, the hospital did not:

- verify the credentials for 11, or 32 percent, before the practitioners provided patient care; or
- ensure that 25, or 74 percent, had current privileges, with lapsed periods ranging from 3 days to 4 years.

Lawton Hospital’s management had not ensured that the credentialing and privileging review processes received the necessary level of priority in terms of management attention and other resources. As a result, the hospital’s management could not assert its full assurance that its practitioners had the appropriate qualifications and authorizations to provide patient care.

Requirements for Credentialing and Privilege Granting

Consistent with Joint Commission standards, IHS Circular 95-16 requires hospital management to follow a standardized process for a credentials review and the granting of clinical privileges. IHS Circular Appendix 95-16-A requires agency-operated hospitals such as Lawton Hospital to have a credentialing and privileging process that is separate and distinct from the employment process and to complete the process before medical staff members provide patient care.

For credentialing, IHS Circular 95-16, Section 4, requires that “all individuals, who are eligible for membership on the medical staff, must have a documented, current review of their medical staff credentials. This includes individuals who provide direct, independent, and unsupervised patient care services in IHS facilities”

During the course of a credentials review, IHS must verify an applicant’s information through the use of correspondence, phone calls, or State licensing board computer printouts. To illustrate, IHS Circular 95-16, Section (5)(A), requires verification of:

- Licensure—All applicants must hold an active and unrestricted State license. The term “unrestricted” means that there are no special considerations, periods of monitoring, or probation associated with the license that restrict or inhibit the ability of the practitioner to provide patient care. The status of all licensure must be verified with the appropriate State bodies. (IHS Circular 95-16, Section (5)(A), and Joint Commission standards at MS.5.4.3)

According to the Chief Medical Officer for the IHS Oklahoma Area Office, a practitioner with any restrictions on a medical license should not be hired.

- References—All applicants must provide a minimum of two letters of reference from persons who can attest to the applicant’s professional judgment, competence, and character. A hospital official must speak with the practitioner’s references to verify clinical competence. (IHS Circular 95-16, Section (5)(A), and Joint Commission standards at MS.5.4.3)

For privileging, IHS Circular 95-16, Section 5(D), states that “clinical privileges are granted after careful review and consideration of an applicant’s credentials . . .[and] . . . must reflect the training, experience, and qualifications of the applicant as they relate to the staffing, facilities, and capabilities of the [medical facility].”

IHS’s credentialing and privileging process, as outlined in IHS Circular Appendix 95-16-A, consists of the following steps:

- Step 1. A practitioner completes applications for medical staff membership and clinical privileges. (The practitioner must sign and date both applications.)
- Step 2. After the applications are returned to the medical facility, an appropriate person, such as the credentialing coordinator, reviews them for completeness and verifies the credentialing information.
- Step 3. The clinical director at the medical facility reviews both applications for completeness and determines whether the applicant has requested privileges that the facility can support or requires.
- Step 4. The clinical director reviews the applications and any additional information with the medical staff executive committee. This committee recommends the applications for medical staff membership to be accepted or rejected and determines which of the requested clinical privileges should be granted.
- Step 5. The service unit director at the medical facility reviews the appropriateness of the recommendations from the medical staff executive committee and sends the recommendations to the governing board of the service unit.
- Step 6. The governing board reviews the applications and grants or denies the staff membership and/or privileges in writing.

IHS Circular Appendix 95-16-A requires the credentialing and privileging process to be completed before a practitioner’s entry on duty. However, a medical facility may grant temporary privileges to a new practitioner while he/she is undergoing the credentialing process. Temporary privileges allow practitioners to provide patient care at a medical facility while their credentials and privileges are verified and approved. According to the Joint Commission, temporary privileges may not be granted to (1) practitioners undergoing reappointment unless an important patient care need is documented and (2) new practitioners undergoing initial appointment who do not have primary-source verification of current licensure and competence.

Inadequate Credentialing and Privileging Reviews for Practitioners

Lawton Hospital did not routinely complete required credentialing or privileging reviews for its practitioners. For the 34 practitioners we reviewed, we found at least 1 lapse in

credentialing or privileging for 27, or 79 percent. For the 34 practitioners, Lawton Hospital did not:

- verify the credentials for 11, or 32 percent, before the practitioners provided patient care; or
- ensure that 25, or 74 percent, had current privileges, with lapsed periods ranging from 3 days to 4 years.

Credentialing

Of the 11 practitioners who did not have their credentials verified:

- One practitioner had no record of any credentialing work performed for his contract period, April 23-27, 2001. The hospital's current credentialing clerk (hired full-time for that position in October 2001) was unaware that this practitioner had provided medical services at the hospital and did not know why the practitioner was not credentialed.
- Seven practitioners did not have all State medical licensure verified at their appointment date. Hospital officials verified State licensure for five of these seven practitioners as much as 1 year before or 7 months after the practitioners' appointment date. The remaining two practitioners had at least one State medical license that was not verified as of the end of our fieldwork.
- One practitioner did not have professional references documented on his application, and we could not determine if any references were ever contacted to attest to the applicant's professional judgment, competence, and character.
- Two practitioners had more than one credentialing item not verified. These practitioners did not have all of their State medical licensure verified or references verified to assess their professional judgment, competence, and character.

Privileging

Of the 34 practitioners reviewed, 25, or 74 percent, had provided patient care without privileges for periods ranging from 3 days to 4 years. The hospital's privileging lapses appeared in some cases to be a longstanding situation. Seven of the 25 practitioners worked without privileges for a year or more. Three of these seven worked without privileges from 2 to 4 years. The hospital granted temporary privileges to six practitioners even though (1) there was no evidence of an important patient care need and (2) the hospital had not verified all credentialing work as required by the Joint Commission.

Lack of a System To Ensure That Practitioners Were Credentialed and Privileged Before Providing Patient Care

Lawton Hospital management had not established the necessary controls to ensure that practitioners' credentialing and privileging reviews were completed before practitioners provided patient care. To illustrate, eight practitioners provided patient care without privileges from 2 to 35 months before hospital officials recommended their privileges to the governing board for approval. Board officials were also responsible for lapses. For these eight practitioners, the board, located at the Oklahoma City Area Office, took from 2 to 25 months to approve or deny the recommendations.

Lapses in the privileging approval process were often unexplained. In one case, hospital officials took several months to respond to the board's request for additional information about a practitioner's credentials. In another case, the board returned files to the hospital when it appeared that the board could have obtained the information easily by phone and/or fax.

The governing board's timing lapses are consistent with an issue that the Joint Commission identified during its November 1999 survey of another IHS hospital within the board's jurisdiction. In that survey, the Joint Commission found the hospital's credentialing program to be in "partial compliance" because the board took more than 90 days to accept the hospital's recommendations.

In addition to the lapses in timely credentialing and privileging reviews, the hospital did not (1) assign a sufficient number of staff to perform the credentialing and privileging processes or (2) provide the training necessary for staff to appropriately complete the credentialing and privileging processes. Specifically:

- The hospital did not have a sufficient number of staff assigned to credential and privilege practitioners. A credentialing officer was not assigned on a full-time basis to the credentialing and privileging process until October 2001. Prior to October 2001, hospital staff were assigned only on a part-time basis. This contributed to credentialing and privileging lapses. To illustrate, hospital officials could not provide any evidence to support that one contract practitioner, hired in April 2001, had ever received a credentialing or privileging review.
- The hospital's credentialing coordinator was unaware of certain credentialing requirements. For example, the coordinator told us that practitioners' medical licenses were verified as they were renewed. However, as much as 2 years can pass between a license renewal and a practitioner's reappointment date. As a result, licenses were not always verified during a practitioner's reappointment process, as IHS policy requires.

Insufficient Assurance That Practitioners Had the Appropriate Qualifications and Authorizations To Provide Patient Care

A hospital with lapses in credentialing and privileging cannot assert its full assurance that its medical staff have the necessary qualifications and authorization to provide patient care. Two of the 11 practitioners who did not have all of their credentialing information verified at their appointment or reappointment date (outlined earlier in the report) should not have been allowed to provide patient care because they had restricted medical licenses.

One practitioner provided patient care for 13 months, from November 2001 through December 2002, with restricted medical licenses from three different States. The licenses from these States restricted the practitioner from practicing as an anesthesiologist. The restriction was based on the practitioner's inability to perform the required anesthesia procedures with appropriate skill or knowledge. Lawton Hospital officials were aware of the license restriction in November 2001 when they recommended the practitioner to the governing board for appointment. However, the governing board took 12 months to deny the appointment and remove the practitioner from the hospital's medical staff because of the license restriction.

Another practitioner provided patient care for 20 months, from September 2000 through May 2002, with a restricted medical license. The State of Ohio imposed probationary terms on the practitioner's medical license based on his admission of bipolar disorder, major depressive disorder, and attention deficit disorder. The probationary terms limited him to practice with appropriate treatment and monitoring. Lawton Hospital officials were aware of his probation when it was imposed in September 2000. However, Lawton Hospital never obtained governing board approval for the practitioner's appointment. There is no record that hospital officials ever followed up on the board's request for additional documentation to complete its assessment of the appointment.

The Chief Medical Officer for the IHS Oklahoma Area Office told us that the probationary terms imposed on the practitioner by the State restricted his license and that "he should never have been recommended for appointment by the service unit [Lawton Hospital]."

The practitioner went absent from the hospital without leave in late May 2002 and has not yet been found. In mid-May, he told a colleague that he was going to seek help for his mental problems. The practitioner never returned to work and was officially terminated by the end of July 2002.

RECOMMENDATIONS

We recommend that IHS ensure that Lawton Hospital:

1. establishes controls to complete credentialing and privileging reviews in a timely manner, such as a computerized credentialing system to track and monitor the status of its practitioners,
2. assigns a sufficient number of staff to adequately perform the credentialing and privileging processes before the practitioners provide patient care, and
3. provides sufficient training to staff assigned to perform the credentialing and privileging processes.

AGENCY COMMENTS

In its November 3, 2004, written response to our draft report, IHS agreed with all recommended corrective actions. The agency stated that Lawton Hospital had the following corrective actions underway or complete:

1. Lawton Hospital procured new credentialing software and planned to have it installed and the credentialing coordinator trained in its use by the end of November 2004.
2. A full-time equivalent position has been assigned to the medical staff to perform the credentialing and privileging processes. The Oklahoma City Area IHS Chief Medical Officer and Lawton Hospital officials will monitor and evaluate the credentialing coordinator's performance to ensure an effective credentialing and privileging program.
3. Lawton Hospital's credentialing coordinator attended a training seminar conducted by the Oklahoma City Area Office, and the Area Office continues to provide consultation on the credentialing and privileging process. The credentialing coordinator also attended a professional symposium in April 2004, and additional training is scheduled for 2005.

The complete text of IHS's response is included in the appendix.

APPENDIX



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20852

NOV - 3 2004

TO: Inspector General

FROM: Director

SUBJECT: Response to Draft Office of Inspector General Report [No. A-06-04-00037],
"Credentialing and Privileging Practices at Lawton Indian Hospital," Issued
September 20, 2004

The Indian Health Service (IHS) has reviewed the Office of Inspector General (OIG) draft audit report, "Credentialing and Privileging Practices at Lawton Indian Hospital," and agrees with all recommended corrective actions. The following are specific responses to each recommendation, including corrective actions that are currently underway or completed.

OIG Recommendation: "Assign a sufficient number of staff to adequately perform the credentialing and privileging processes before the practitioners provide patient care."

IHS Response: A Full-Time Equivalent (FTE) position has been assigned to the medical staff to perform the credentialing and privileging processes at the Lawton Service Unit (LSU), which includes the Anadarko Indian Health Center and the Carnegie Health Station. The Oklahoma City Area IHS (OCAIHS) Chief Medical Officer (CMO) and LSU staff will monitor/evaluate the performance of the credentials coordinator to ensure an effective credentialing and privileging program. This includes monitoring approximately 56 active practitioner files and processing approximately 20 appointment/reappointment actions per month.

OIG Recommendation: "Establish controls to complete credentialing and privileging reviews in a timely manner, such as a computerized credentialing system to track and monitor the status of its practitioners."

IHS Response: The LSU has procured credentialing software that will replace a computerized tickler system that is currently in place at the facility. Installation of the new software and training for the credentialing coordinator will be completed by the end of November 2004.

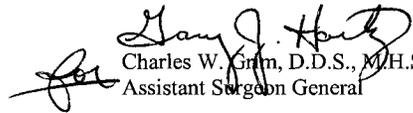
In addition, the LSU Clinical Director and Medical Executive Committee have implemented bi-monthly meetings with the Credentialing Committee. The OCAIHS CMO, acting on behalf of the OCAIHS Governing Board, will meet on-site with the Credentialing Committee to evaluate the reviews of completed credentials and initiate required actions. The CMO also monitors the implementation/effectiveness of the pre-employment screening process, the maintenance and sufficiency of credentialing files, and the use of temporary privileges for initial appointments.

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OIG Recommendation: "Provide sufficient training to staff assigned to perform the credentialing and privileging processes."

The OCAIHS conducted a training seminar in May 2003 for Area Office credentialing personnel that included the LSU credentialing coordinator. The coordinator also attended "The Credentialing Resource Center Symposium" in April 2004. Additional training will be provided as needed and will include "The Credentialing Leaders Seminar" in January 2005 and training on the new credentialing software. In addition, OCAIHS provides consultation services on matters related to the credentialing and privileging processes.

If you have any questions concerning this response, please contact Mr. Les Thomas, Management Analyst, IHS Management Policy and Internal Control Staff, at (301) 443-2650.


Charles W. Grimm, D.D.S., M.H.S.A.
Assistant Surgeon General