

The Accreditors' Vantage Point: Managing the Future

Organizations promoting healthcare quality have a special concern with credentialing. All three major accrediting organizations support UCD and applaud its efficiencies. They provided insight into how the credentialing process may change, and how the industry can meet these changes with further efficiencies.

URAC: Look Toward the Global Future in Healthcare



John DuMoulin, Vice President of Government Relations and Product Development

URAC is an independent, nonprofit organization that promotes continuous improvements in healthcare management through accreditation, education, and measurement. As such, URAC supports CAQH in its continued efforts to streamline the provider credentialing process.

- ▶ Organizations that use the most current version of the CAQH UCD are recognized as being in compliance with URAC standards.
- ▶ URAC believes that the introduction of UCD for provider credentialing has resulted in a number of important benefits, including data consolidation, enhanced data sharing, reduced error and redundancy, increased efficiency and less cost to each system stakeholder.
- ▶ URAC indicated it finds UCD to be limited in scope, especially in geographic terms. Though CAQH has come a long way in sharing credentialing data of physicians in the United States, little progress has been made on a global level.
- ▶ However, URAC views UCD as a platform for future growth not only for international data sharing but also in the areas of international outsourcing, expansion to other provider types and delivery systems, real-time data capture and reporting, more sophisticated links to state boards and enhanced verification of practitioner data.

Joint Commission: Quality of Credentialing Needs Continued Improvement



Robert Wise, MD, Vice President, Standards, Division of Standards and Survey Methods

An independent, not-for-profit organization, the Joint Commission works to improve the safety and quality of healthcare through accreditation and related services that support improved performance among healthcare organizations.

- ▶ The Joint Commission views the quality of the credentialing process as a major component in a valid privileging.
- ▶ Credentialing can be especially tricky in the areas of telemedicine and in granting privileging to practitioners for either first-time procedures or disaster service.
- ▶ Credentialing efforts need continued improvement for experienced practitioners in their current competencies working at other hospitals, at other healthcare organizations and in a valid peer-review process. More education and relevant training is also needed, especially for physicians practicing outside of their specialties.
- ▶ In the future, the Joint Commission looks toward the ability to compare credentials for physicians from different nations, rated training courses and access to physician outcomes through all sites of practice, including hospitals and ambulatory centers.

NCQA: Transparency, Information Sharing Key to Efficiencies



Kathleen C. Mudd, Vice President for Product Delivery, NCQA

The National Committee for Quality Assurance is a private, not-for-profit organization dedicated to improving healthcare quality through measurement, transparency and accountability.

NCQA considers CAQH's UCD initiative efforts an excellent example of how successful information sharing can be, as UCD brings uniformity to the widely varying credentialing process.

- ▶ To increase efficiencies, NCQA over the past few years has refined its standards by allowing a 36-month re-credentialing cycle, eliminating the re-credentialing site visit and the hospital privileges verification requirements, introducing an ongoing monitoring of sanctions and complaints standards, and allowing a 365-day time frame for attestation and application verification.
- ▶ Information gathering and sharing such as that facilitated by UCD is key to NCQA's new requirement for web-based physician and hospital directories. The requirement establishes a process for updating directories; an explanation of data element, source, frequency of validation, and limitations; search functionality; understandability and usefulness testing; and an alternative means of providing information to members without web access.
- ▶ NCQA remains concerned about cost and redundancies in credentialing, especially with increased demands for practitioner-specific performance information.
- ▶ NCQA believes the desire for large, easy-access networks may conflict with the ability to create quality networks.
- ▶ NCQA identified a number of activities used by organizations to reduce duplication of efforts associated with credentialing, including use of common credentialing applications, delegation of credentialing functions, improved information sharing and the alignment of credentialing cycles.
- ▶ Innovative ideas for the future include: continuous rather than periodic credentialing, alignment of accreditation, state and federal credentialing standards; and creation of a national credentialing entity.

HASC Endorsement Supports More Provider Use

In 2005, the Medical Group Management Association joined with the American Academy of Family Physicians (AAFP) and the American Health Information Management Association (AHIMA) to form the Healthcare Administrative Simplification Coalition (HASC), a public/private partnership of healthcare organizations committed to reducing the administrative costs and complexity of healthcare. HASC membership includes physicians, hospitals, employers, labor, government and health plans.

Proving the viability of UCD use industry wide, HASC has endorsed CAQH's work in reducing redundancies in credentialing. HASC puts the potential savings of simplifying credentialing as high as \$800 per physician per year. Other industry representatives at the summit said this figure could be much higher.

Future initiatives being considered include encouraging Medicare to use UCD. Working with employers also is an important HASC focus – educating employers that sticking with the industry-accepted standard will save them money and any tweaks to their own forms and systems will cost them money.