Credentialing and Privileging for Pharmacists: the What, How and Where

Brian Isetts, University of Minnesota College of Pharmacy
Jeff Rochon, Washington State Pharmacy Association
Robert Weber, Ohio State University Wexner Medical Ctr.

Disclosures

• Brian Isetts, Jeff Rochon, and Robert Weber declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Target Audience: Pharmacists
ACPE#: 0202-0000-16-021-L04-P
Activity Type: Knowledge-based

Learning Objectives

• Define credentialing and privileging for healthcare practitioners, including pharmacists.
• Discuss how credentialing and privileging processes for pharmacists are developed and implemented.
• Explain the benefits of credentialing and privileging programs to advancement of pharmacists' patient care delivery.
• Describe examples of pharmacist credentialing and privileging programs in the marketplace.

Self-Assessment Question 1

The purpose of a credentialing process is to:
A. Assure stakeholders that a pharmacist has competencies to provide services in a specific organization.
B. Document the business case for pharmacist integration in value-based healthcare delivery and financing.
C. Document that a pharmacist has the qualifications to provide a specific scope of services.
D. Ensure employers and payers that a pharmacist has met the conditions to bill for MTM services.
Self-Assessment Question 2
In Washington State, who is responsible for credentialing and privileging medical providers?
A. Credentialing and privileging are done solely by the health plans.
B. Credentialing is done by health plans and privileging is done by provider groups.
C. Credentialing is done by health plans or by provider groups through delegated agreement. Privileging is done by the health plans.
D. Credentialing is done by health plans or by provider groups through delegated agreement. Privileging is done by the provider groups or organizations such as ACO, HMO, MCO.

Self-Assessment Question 3
A critical factor in approving the pharmacist privileging program at Ohio State was:
A. Pharmacy leadership engagement with the medical staff in describing the value of the program for patient care.
B. An analysis that describes the efficiency and effectiveness of the program.
C. Acceptance by the nursing division of the program.
D. Both A and B above are correct.

Self-Assessment Question 4
In Minnesota, the credentialing of pharmacists to provide MTM is supported by:
A. A legislatively mandated MTM audit requirement.
B. A voluntary peer-support and mentoring network.
C. A CMS 1115 Medicaid Program Waiver.
D. A periodic competency assessment examination or approved re-certification continuing education program.

Program Agenda
• Overview of credentialing and privileging processes
• State of Washington exemplar presentation
• Ohio State University exemplar presentation
• State of Minnesota exemplar presentation
• Note: This program is one component of the Provider Status series at APhA-2016 that includes: Leadership Skills Development, Health Information Exchange, Value-based Cost Justification, and Billing Bootcamp

Definitions and Background
• Credentialing is a process that documents the attainment of qualifications to provide a scope of care expected
• Privileging is a process to assure competencies and experiences for specific services in an organization
• The Council on Credentialing in Pharmacy (CCP) was established in 1999 to guide the professions credentialing programs
• Supported by numerous pharmacy organizations
• Resources available at: http://www.pharmacycredentialing.org/

Credentialing & Privileging Relationships
• Are closely related processes
• May occur in coordination
• Both processes are designed to facilitate on-going quality improvement in individual performance using periodic peer-review
• Providers must be willing to participate in quality improvement processes, and welcome the opportunity for peer assessment and support
What is a Credential?
A credential is documented evidence of qualifications:
• Academic degrees, licensure, residency, fellowship, continuing education, board certification are examples
• A certificate is a document issued to an individual when achieving a predetermined performance level
• Credentialing is a voluntary formal process designating to the public that an individual has attained a requisite level of knowledge, skill & experience in a specialized area

What is Credentialing?
• Refers to one of two process:
  • First is a process of granting a credential designating that an individual has qualifications in a subject or area: a license to practice pharmacy, or granting board certification
  • Second is the process by which an organization obtains, verifies and assesses an individual’s qualifications to provide services: ranges from verifying a license in good standing, to complex processes for assessing experiences and preparation in specialized areas

Principles for Post-licensure Credentialing of Pharmacists
• Based on a demonstrated patient/societal need
• Established profession-wide through consensus
• Credentialing programs should be accredited
• Include measures to assess attainment of competencies
• Enable pharmacists to obtain patient care privileges
• Expect pharmacists to welcome peer-assessment of skills
• Encourage employers & payers to adopt credentialing and privileging to authorize patient care responsibilities

How are Individuals Credentialed?
• Process starts with – Application from an individual
  • Verification – creates an applicant’s credential file
    Internal process or external verification process
  • Analysis – review and evaluation of the file
  • Decision – applicant notification
• Ongoing monitoring, evaluation and improvement
• Re-credentialing process initiated by applicant

Figure 1: The Credentialing Process

Privileging
• A privilege is authorization granted by a facility or institution to render specific services, or to grant professional rights (pharmacokinetic dosing, lab tests, coagulation monitoring)
• Privileging is the process by which organizations authorize that individual to perform a specific scope of care within that facility
• Authority is granted based on establishing a person’s competence to provide services within a specific setting
• Clinical privileges are both person, and facility-specific
Examples of Pharmacist Programs

- Clinical pharmacists in hospitals
- Use of collaborative practice agreements in clinics
- Immunization programs
- Diabetes Educators
- Ambulatory specialty services
- Independent community pharmacy

Relationship to Reimbursement

- Public expectation of competence underscores the authority to obtain payment for services
- Quality improvement expectations hinge on willingness of providers to welcome peer-assessment and mentoring
- Alignment with value-based performance measures (e.g. HEDIS, PQRS, Star Ratings, ACO measures, etc.)
- Link to employer values and public reporting
- Conditions of participation include payer authority for auditing of care provided
- Should emulate medical credentialing (e.g. “resume-like” documentation), which is not skills assessment

Washington State Experience

Jeff Rochon, Pharm.D.

“The tipping point is that magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.”

—Malcolm Gladwell, The Tipping Point: How Little Things Can Make a Big Difference

SB 5557 Highlights: Pharmacists as Patient Care Providers

- Health plans recognize pharmacists as patient care providers for covered benefits.
- Health plans required to include adequate number of pharmacists in their participating provider networks.
- Includes services covered as essential health benefits requirements.
- Inclusion of pharmacies in health plans’ drug benefit networks do not satisfy new requirements.
- In short, pharmacists will be treated the same as other providers.

SB 5557 Highlights: Tiered Implementation Dates

<table>
<thead>
<tr>
<th>Year</th>
<th>Requirement</th>
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<tr>
<td>2016</td>
<td>Health carriers who delegate credentialing to health facilities must accept pharmacists employed or contracted by those facilities in their participating provider networks.</td>
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<tr>
<td>2017</td>
<td>Health facilities reimbursed for covered services based on negotiated contracts.</td>
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<tr>
<td>2017</td>
<td>Health carriers must accept pharmacists in their participating provider networks.</td>
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SB 5557 Highlights: Advisory Committee Process

- OIC designated a lead organization.
- Lead organization formed Advisory Committee.
- Advisory Committee developed best practice recommendations for standards on credentialing, privileging, billing and payment.
- Advisory Committee provided best practice recommendations to OIC and DOH by December 1, 2015.
- If needed, OIC and DOH develops rules based on recommendations.

Advisory Committee Work

- **INTENT:** to ensure that pharmacists will be regarded as any other provider, in accordance with relevant state law, as it relates to health plan billing, processing, and payment of claims for medical services that are provided.
- **SCOPE OF WORK:** recommend guidelines for payment-dependent interactions between health plans and pharmacists/provider organizations, i.e. Contracting, Credentialing, Utilization Review, and Coding/Billing/Reimbursement.

Advisory Committee Deliverables

Specific deliverables include:

- FAQ document
- Health Plan Policy Directives document
- Pharmacists and Other Provider Expectations document

FAQ Document

- **Document reflects industry information, gathered during a discovery process that offers understanding and context for the recommended Policy Directives and Expectations.**
- **Includes:**
  - Clarifications about SB 5557
  - Pharmacist's scope of practice, licensure requirements, training, education, and certifications
  - Collaborative Drug Therapy Agreements (CDTA)

FAQ: What are the currently recognized certifications a pharmacist can have?

- The Council on Credentialing in Pharmacy has developed and maintains a list of pharmacist certifications.
  - http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf
- Certifications continue to evolve, so the list is not complete, but it is fairly comprehensive of the majority of certifications for pharmacists.
- Currently there are no certifications available for many areas of pharmacy practice, e.g. reproductive health.
FAQ: Are pharmacists primary care providers or specialty care providers?
• For each of their benefit plans, the health plan (in with CMS and/or national mandates, e.g. ACA) will determine if a type of provider is to be designated as a primary care provider or a specialty care provider.

FAQ: Are there implications for patient co-pay?
• For the limited number of health plan products where a patient co-pay differential exists, that determination will establish whether the patient will have a primary care co-pay or a specialty care co-pay when visiting a provider of that type.
Explanatory Note:
1. When making a “visit” to a provider, the patient may have a co-pay, the amount of which is determined by whether the provider visited is Primary Care or Specialty Care.
2. The co-pay is related to the visit regardless of the number and type of services delivered during the visit.
3. The co-pay for an Emergency Room visit or a Hospital Admission visit is set regardless of the number and types of providers that will deliver services over the course of that ER or hospital visit.

FAQ: What are Credentialing and Privileging and how do they apply?
• Credentials include, but may not be limited to, Academics/Examination, Licensure, Internships/Residencies, Experience, Certifications, and Advanced Training that demonstrate qualification to provide a set of services.

FAQ: What are Credentialing and Privileging and how do they apply?
• Credentialing is the process used by health plans and provider organizations to gather and verify a defined set of provider credentials.
  – Direct credentialing is when a health plan or provider organization gathers and verifies the defined set of provider’s credentials, and this process can require multiple months.
  – Delegated credentialing is when a health plan has approved a provider organization’s process for defining, gathering and verifying a provider’s required set of credentials.

FAQ: What are Credentialing and Privileging and how do they apply?
• Privileging is the process used by provider organizations to determine which providers can provide which services within their organization and which credentials are required to provide those services.
• These providers may be employees of the organization or contracted by the organization.

FAQ: What are Credentialing and Privileging and how do they apply?
• As part of this privileging process, the credentials required of a provider, e.g. PA, ARNP, Pharmacist, may vary based on the specific services that a provider of that type delivers in the course of their work.
  – In other words, organizations may gather and verify different credentials of providers of a given type depending upon the services that the specific provider can/will deliver.
• The determination of which credentials are required for which services is made using evidence-based standards that are reviewed by the organization’s medical staff and which is an integral part of the quality assurance review process.
FAQ: What are Credentialing and Privileging and how do they apply?

• The application of credentialing and privileging depends upon the type of organization.
• Health plans ONLY credential providers, i.e. they do not privilege providers.
• For health plans, the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, to deliver services to that health plan’s members do not vary based on the specific services that a provider of that type delivers in the course of their work.

FAQ: What are Credentialing and Privileging and how do they apply?

• Provider organizations may credential only, or may credential AND privilege their providers.
• Examples of these organizations include but are not limited to hospitals, ambulatory surgery centers, and medical clinics.

FAQ: What are Credentialing and Privileging and how do they apply?

• For provider organizations that privilege their providers, the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, may vary based on the specific services that a provider of that type delivers in the course of their work.

FAQ: What are Credentialing and Privileging and how do they apply?

• When a provider organization performs ‘delegated credentialing’ on behalf of a health plan, the health plan approves the credentialing process already in place, which takes into account the health plan’s defined set of credentials as well as additional training and certification standards established within the provider organization.
• In other words, the credentials required by the provider organization must meet, and can exceed, the set of credentials required by the health plan.

FAQ: What are Credentialing and Privileging and how do they apply?

• Organizations that are both a provider organization AND a health plan, i.e. provide patient care and take on financial risk for providing care, may credential only, or may credential AND privilege their providers.
• Examples of these organizations include but are not limited to Accountable Care Organizations (ACO), Health Maintenance Organizations (HMO), and Managed Care Organizations (MCO).

• Similar to provider organizations, for these provider-health plan organizations the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, may vary based on the specific services that a provider of that type delivers in the course of their work.
• These organizations have a baseline set of credentials that apply to all providers of a given type AND they may have additional training and certification standards depending upon the services that the provider delivers.
Health Plan Policy Directives

- Identifies policy conditions/requirements that health plans will have in place to enable the billing and appropriate reimbursement of medical services provided by pharmacists.
  - Contracting
  - Credentialing
  - Utilization Management
  - Coding/Billing/Reimbursement

Health Plan Policy Directives

- Pharmacists will be credentialled either by:
  - A health plan contracted organization, such as a facility or medical clinic, that performs health plan approved credentialing activities and has been approved for delegated credentialing, or
  - By completing an individual credentialing approval process with each health plan.

As part of the credentialing process, every pharmacist must:
1. Demonstrate that they meet Washington State Pharmacy Licensure Requirements (RCW 18.64; WAC 246-861 and WAC 246-863)
   - Licensure Requirements
     | Licensure Requirements               |
     |-------------------------------------|
     | Licensure Application               |
     | State Licensure Application Form    |
     | Education                           |
     | Pharmacy Degree from an Accreditation Council for Pharmacy Education (ACPE) accredited pharmacy program |
     | Examination                         |
     | North American Pharmacy Licensure Examination |
     | Multi-state Jurisprudence Examination |
     | Training                            |
     | 1,500 hours of experiential training |
     | 7 hours of HIV training             |
     | Renewal                             |
     | 15 hours of continuing education annually |

2. Attest that all licensing requirements associated with services to be performed, including processes to obtain appropriate prescriptive authorization from healthcare provider(s) with independent prescriptive authority and/or appropriate CDTA(s), when applicable, have been/will be met.
   - Provide any/all CDTA identifier(s) that are on file with the PQAC.
3. Demonstrate that they have liability coverage at a minimum level established by the health plan, either independently or as part of a delegated or non-delegated group.

It is recognized that a pharmacist’s education and training required for licensure meets the competency requirements for health plan covered services that fall within a pharmacist’s scope of practice.

Similar to other provider types, as service requirements become more advanced health plans may, at their individual discretion, require pharmacists to have advanced training and/or certification in addition to licensure in order to be considered for and subsequently be extended contracts within that Plan’s network.

When considering advanced training and certification requirements, health plans will take into account existing industry standard guidelines or recommendations.

This requirement may not be used in a manner designed to exclude categories of providers unreasonably (WAC 284-43-205(2)).

Health Plans are not required to guarantee that any specific licensed pharmacist will be included in their network.
Health Plan Policy Directives

• Delegated credentialing organizations must meet the credentialing requirements set by the health plan.
• However, provider organization and provider-health plan organizations may put in place, as part of their privileging process, additional certification and/or training requirements for their employed and/or contracted providers.

Provider Expectations

• Lists and briefly describes the expectations and/or requirements that will need to be met by pharmacists, other providers, and other stakeholders in order to operationalize, within their respective organizations, the reimbursement of pharmacist-provided services.
  – Applicability
  – Contracting
  – Credentialing
  – Privileging
  – Utilization Management
  – Coding/Billing/Reimbursement

Provider Expectations

Delegated Credentialing

• Existing delegated credentialing agreements may be updated to include requirements associated with the credentialing of pharmacist.
• Similar to other provider types within that organization, pharmacists who provide direct patient care will need to be individually credentialed by the contracted organization.
• Health systems and clinics may need to implement additional education/training program for their credentialing staff in order to credential pharmacists.
• Pharmacies with a credentialing program in place that meets health plan delegation requirements will be eligible to apply for delegated credentialing.

Provider Expectations

Direct Credentialing

• Pharmacists that work in organizations without a delegated credentialing agreement with the health plan will need to be credentialed directly by the health plan in order to bill for services.
• Pharmacists need to contact each health plan to inquire about their process. The process, which is the same that applies to all providers, can typically be found by doing an Internet search with the words ‘health-plan-name credentialing’.
  (Contracting and credentialing are typically an integrated process.)
• Multiple months should be allowed for completing this process.

Key Issues

For a given type of provider, e.g. pharmacists, do the credentialing requirements of a health plan vary depending upon the services to be provided by that pharmacist, i.e. is credentialing service-specific? NO

Examples

• For health plans, the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, to deliver services to that health plan’s members do not vary based on the specific services that a provider of that type delivers in the course of their work.
Example

For organizations that are both a provider organization AND a health plan i.e. provide patient care and take on financial risk for providing care

- the defined set of credentials gathered and verified for a provider, e.g. PA, ARNP, Pharmacist, may vary based on the specific services that a provider of that type delivers in the course of their work.
- Similar to provider organizations, these organizations have a baseline set of credentials that apply to all providers of a given type AND they may have additional training and certification standards depending upon the services that the provider delivers.

Key Issues

Might health plans change credentialing requirements over time for all providers of a given type (including pharmacists)? YES

- Health plans may, at some point in the future, require additional certifications and/or advanced training in order for pharmacists to be credentialed.
  - They may require advanced certifications for all pharmacists or may define different types of pharmacists and vary credentialing requirements by type. This practice will not be uniquely directed towards pharmacists as health plans manage all provider types in this manner.
  - Based upon discussion with stakeholder health plans there are no intentions, at least for the foreseeable future, to change credentialing requirements for pharmacists from those that are outlined in the Policy Directives document.

WSPA Implementation Workgroups

- Credentialing and Privileging
- Billing, Coding, Contracts, Documentation
- Technology and Communication
- Outcomes and Research

Credentialing and Privileging

- **Scope**
  - Determine best practices and tools for credentialing and privileging pharmacists.
- **Potential Tasks**
  - Develop credential tools or best practices for pharmacists.
  - Compare and contrast provider credential requirements.
  - Identify and review existing national guidelines.
  - Provide guidance on privileging pharmacists in different settings.
  - Identify gaps in education or training that hinders obtaining credentials.

Summary of Direct Credentialing Application

- Complete Washington State Practitioner Application
  - 13 pages. Includes:
    - Personal information,
    - Practice Information,
    - Professional Licensure, Registrations, Certifications
    - Education and Training
    - Affiliations
    - Work History
    - Peer References
    - Liability Coverage
    - Attestations
  - Submit to ProviderSource or health plan specific portal
  - Wait…. Process can take months.

Quick Summary of Delegated Credentialing Process

- Complete WPA of hospital specific application
- Submit to Medical Staff Office
- MSO works with health plan to submit credentials based on delegated credentialing agreement terms.
- Usually much faster that direct credentialing process
- Limited to providers work within the specific hospital or clinic.
- Note: Medical Staff Office Bylaws may need be amended to recognize pharmacists as providers
Efforts to Standardize and Simplify Credentialing Processes

• 2016 Legislation with Washington State Medical Association
• SHB 2335 - Addressing health care provider credentialing
• Requires health care providers to submit credentialing applications to a single credentialing database and health carriers to accept and manage credentialing applications from the database.
• Requires health carriers to make a determination approving or denying a credentialing application with 15 days of receipt.
• If a health care provider submits an incomplete credentialing application, the health carrier must notify the health care provider of the incomplete application in writing no later than five days after receipt of the application. The notice must contain what is needed for the application to be complete.

Our Next Challenge is Adapting...

"Enjoying success requires the ability to adapt. Only by being open to change will you have a true opportunity to get the most from your talent”

-Nolan Ryan
Hall of Fame Baseball Player

Privileging at Ohio State University Wexner Medical Center (OSUWMC) - History

• 1,376 beds and 6 Centers of Excellence
• Developed clinical privileging in 2012 with a goal to advance pharmacy practice
  – Pharmacists should practice at the top of their license
  – Organization’s desire for efficiency of the medication use system
• Key partners
  – Pharmacists
  – Physicians/nurses
  – Hospital leadership
  – State Board of Pharmacy

Case study

A 66-year-old patient is prescribed intravenous vancomycin 1500 mg every 12 hours on August 10 by a physician. The patient’s SCr on the morning of August 10 is 2.3 mg/dL, peaking at 3.4 mg/dL on August 13. Trough vancomycin level is 25.1 mcg/mL on August 14. Renal sonography is normal, and serum electrolytes are normal. The generalist pharmacist adjusts the dosage to 1000 mg every 12 hours on August 14, orders levels and SCr. Resulting levels come back at 14.5 mcg/ml trough level, with recovery of the SCr and patient improvement.

Case study

A 65-year-old man presents to the emergency department with signs of an ischemic stroke and carotid stenosis. Initial examination reveals a patient in congestive heart failure with poor nutritional status. He is deemed a poor surgical candidate; he is stabilized in the neurologic intensive care unit and, 2 days later, ordered PN by the team. The specialist pharmacist adjusts the PN and consults with the dietitian resulting in effective transition to EN. All IV medications adjusted for oral consumption, and stress ulcer prophylaxis therapy modified. Pharmacist reports progress daily in the EMR. Physicians on the team describe the pharmacists’ care as “impeccable” in their daily progress note.
Case study

A 54-year-old man with stage III colon cancer is receiving adjuvant chemotherapy and develops a deep vein thrombosis. He is started on enoxaparin and transitioned to warfarin, with fluctuating INRs and multiple dosage adjustments due to his inability to understand his medication instructions. He is seen by the ambulatory clinic pharmacist, who adjusts the dosage and contacts the patient’s family daily to assure proper dosage of warfarin. INR variations at 3/wk; decreased to 1 per every 2 months after pharmacist involvement. Warfarin discontinued without incidence after 4 months – patient is well 3 years later.

Privileging at Ohio State University Wexner Medical Center (OSUWMC)

- Core and Optional Privileges
  - Minimum criteria for Core privileges – BS, Pharm.D., full and unrestricted Ohio license
  - Review semi-annual practice evaluations
  - Pass appropriate competency tests
- Examples of Criteria for Optional Ambulatory Privileges
  - Anticoagulation (AC) management
    - Pass AC exam; complete competency checklist
  - Diabetes education and management
    - Pass the certification for diabetes educators (CDE)
  - Hepatitis C medication management
    - Complete the hepatitis C medication written exam
  - Complete the objective competency checklist

Privileging at Ohio State University Wexner Medical Center (OSUWMC)

- Core and Optional Privileges – some “food for thought”
  - Minimum criteria for Core privileges – BCP, BCCOP, BCOP
- Examples of Criteria for Optional Inpatient Privileges
  - Modification and adjustment of parenteral nutrition
    - Pass PN exam; complete competency checklist
  - Modification and adjustment of C. difficile therapeutic management
  - Stress ulcer prophylaxis stewardship
    - PGY1, PGY2 residency or 10 years of experience or qualifying PGY2 residency preceptor
  - Medication order reconciliation upon patient transition to a different level of care
    - PGY1, PGY2 residency or 10 years of experience or qualifying PGY2 residency preceptor

Pharmacy practice model and privileges

- Generalist and specialist practice model
  - Generalists cover basic operational capabilities, while specialists assigned to teams

<table>
<thead>
<tr>
<th>Generalist activities</th>
<th>Specialist activities</th>
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<tbody>
<tr>
<td>Following prescriber initiation, monitor and adjust medications based on renal and hematologic function</td>
<td>Following prescriber initiated stress ulcer prophylaxis, modify or discontinue as appropriate</td>
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<tr>
<td>Modify pre-operative antimicrobial prophylaxis as appropriate in conjunction with the patient’s level of care</td>
<td>Following prescriber initiated PN, modify or discontinue as appropriate</td>
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<tr>
<td>Delete duplication therapy within the same therapeutic class when necessary</td>
<td>Assess and modify patient’s medication orders consistent with the patient’s level of care</td>
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<tr>
<td>Transition patients from IV to PO therapy as appropriate</td>
<td>Following prescriber diagnosis of C. difficile, and adjust treatment as needed</td>
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<tr>
<td>Following prescriber initiation, order appropriate laboratory tests to monitor therapy</td>
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Pharmacy practice model and privileges

- Ambulatory practice model
  - Specialists cover the outpatient medicine clinics

<table>
<thead>
<tr>
<th>Ambulatory specialists</th>
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<tr>
<td>Performs point of care testing for a variety of items (lipids, glucose)</td>
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<tr>
<td>Orders viral load studies for Hepatitis C (HepC) patients and adjusts therapy as needed</td>
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<tr>
<td>Assists in determining qualification for HepC medications</td>
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<tr>
<td>Conducts a complete medication history and removes unnecessary or duplicate medications</td>
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<tr>
<td>Orders chest x-ray and thyroid tests to determine effects of amiodarone therapy</td>
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<tr>
<td>Conducts treatment of smoking addiction</td>
</tr>
<tr>
<td>Reviews EKG with medical team to determine benefit of antiarrhythmic therapy</td>
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<tr>
<td>Refers patients to other providers if there are concerns (Ex: excessive anticoagulation)</td>
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Privileging at Ohio State University Wexner Medical Center (OSUWMC)

- Focused professional practice evaluation (FPPE)
  - Conducted after 6 months of initial privileges
  - Peer group reviews 10 cases per privilege
  - Privileges approved and subject to the ongoing PPE

- Ongoing professional practice evaluation (OPPE)
  - Peer group review of patient cases
  - Privileges renewed every 2 years by the medical staff
  - Any deficiencies are noted and a plan for improvement is implemented and reviewed by the supervising physician and the department chair

Outcomes measured

- Physician and pharmacist satisfaction
- Unsigned verbal orders
- Laboratory utilization, serum concentration measurements
- Time to therapeutic endpoints (antibiotics, anticoagulants, IV/PO ratios)
- Medication errors and adverse drug events

Lessons Learned

- Start early and stick to it – process takes a long time
- “Like fitting a square peg into a round hole”
- Enhanced level of responsibility and accountability - Privileging Raises the Bar
- Pharmacy director as a clinical leader is key to success
- Know your State Laws

Importance of Credentialing and Privileging

- Clinical standards
- Adaptation to changing healthcare climate
- Enhanced patient care and financial benefit for the organization
- Collaboration and synergy

Final Takeaways

- Takeaway #1
  - Practicing at the top of the pharmacy license is critical for pharmacy’s success
- Takeaway #2
  - All stakeholders need to engage in the privileging process to assure for role clarification
- Takeaway #3
  - Being an authorized provider by the medical staff (through privileging) places a high level of accountability/responsibility on a pharmacist
- Takeaway #4
  - As the program grows in success, you will need resources to manage the administrative aspects of FPPE and OPPE requirements
  - “Competency on steroids”
Minnesota Pharmacy Examples

- Hospital-based credentialing and privileging has been in place for many years – clinical pharmacy movement
- Ambulatory, clinic-based credentialing and privileging emerged with pharmacists in high performing teams
- Community pharmacy pioneers established business associate agreements with E.H.R. access & integration
- Minnesota Medicaid - Medication Therapy Management Care Law (§ Chpt. 326, sec. 256B.0625, subd. 13h) enacted in 2005 codified MTM credentialing

Minnesota Medicaid MTM Care Law

- 12-year journey to secure passage (5 separate legislative biennium)
- Early bills supported but not passed – uncertainty over effects on total costs of care
- In 2004/2005 the Dept. of Administration advanced a fiscal note anticipating cost savings based on body of evidence in Return on Investment studies
- Final legislation called for an interprofessional Advisory Committee to oversee implementation over two years

MN Medicaid MTM Details

- Pharmacist eligibility – College of Pharmacy graduate after 1996, or complete an MTM Certificate Program
- Service definition – complete and comprehensive medication therapy management services
- Person-to-person interactive patient encounters
- Patient eligibility - Recipients taking > 4 drugs > 2 medical conditions; Or a recipient experiencing a drug therapy problem; NOW = 3 drugs/1 condition
- Place of service specifications
- Private patient care area requirements
- Electronic documentation requirement

MN Medicaid MTM Compensation

- Professional service (CPT®-MTM) billing codes
- Use of a resource-based relative value scale
- Resource-based Relative Value Scale (tiered payment system) ranging from $34 - $148 per encounter
- Based on number of indications, drugs, and drug therapy problems; new/established patients
- Up to 8 encounters per year per recipient
- Inclusion of an auditing component

MN DHS Credentialing Process

- Copy of Pharmacy School Diploma
- Copy of MTM Certificate (for pre-1996 graduates)
- Pharmacy Licensure and NPI Number information
- Affidavit of Patient Privacy requirements
- Place of Service Specification
- Non Pay-to-provider Agreement for payments to the health care organization
- Must Re-Apply if no MTM claims are submitted in a 365 day period
Ensuring Service Level Expectations

- We take competence very seriously (worked too hard to get these MTM opportunities enacted)
- A peer-to-peer quality assessment and mentoring program established in 2007 through the UPlan MTM Network
- Now called the MedEdge Rx MTM Network coordinates credentialing on behalf of employer groups
- Includes peer-to-peer quality assessment and mentoring
- New applicants have two cases selected for peer review
- Future plans to separate administrative credentialing from peer mentoring/support

Minnesota MTM Progress to Date

- ~300 Medicaid MTM Providers accredited by MN DHS
- Managed Care Medicaid uses same credentialing process
- Have exceeded per recipient savings in MN Medicaid MTM
- MN DHS MTM collaborative audit of 2011 found 9% of claims overbilled (drug therapy problem documentation)
- Other payers & employers are expanding MTM benefit
- Alignment with CMS State Innovations Model (SIMs) value-based performance incentives accelerating expansion
- County-based ACO Network is studying pharmacist shared savings (Southern Prairie Community Care)

Key Points

- Credentialing documents qualifications; Privileging assures competencies in an organization
- In Wash.-Credentialing is done by health plans or provider groups through delegated agreement. Privileging is done by provider groups/organizations (ACOs, HMOs, MCO)
- At Ohio State - Privileging by medical staff places a high level of accountability/responsibility on a pharmacist
- Minnesota MTM Programs provide a model of enabling legislation/regulation coupled with peer oversight
- Peer-to-peer support and mentoring facilitates quality improvement to ensure service level expectations

Self-Assessment Question 1

The purpose of a credentialing process is to:
A. Assure stakeholders that a pharmacist has competencies to provide services in a specific organization.
B. Document the business case for pharmacist integration in value-based healthcare delivery and financing.
C. Document that a pharmacist has the qualifications to provide a specific scope of services.
D. Ensure employers and payers that a pharmacist has met the conditions to bill for MTM services.

Self-Assessment Question 2

In Washington State, who is responsible for credentialing and privileging medical providers?
A. Credentialing and privileging are done solely by the health plans.
B. Credentialing is done by health plans and privileging is done by provider groups.
C. Credentialing is done by health plans or by provider groups through delegated agreement. Privileging is done by the health plans.
D. Credentialing is done by health plans or by provider groups through delegated agreement. Privileging is done by the provider groups or organizations such as ACO, HMO, MCO.

Self-Assessment Question 3

A critical factor in approving the pharmacist privileging program at Ohio State was:
A. Pharmacy leadership engagement with the medical staff in describing the value of the program for patient care.
B. An analysis that describes the efficiency and effectiveness of the program.
C. Acceptance by the nursing division of the program
D. Both A and B above are correct.
Self-Assessment Question 4

In Minnesota, the credentialing of pharmacists to provide MTM is supported by:

A. A legislatively mandated MTM audit requirement
B. A voluntary peer-support and mentoring network
C. A CMS 1115 Medicaid Program Waiver
D. A periodic competency assessment examination or approved re-certification continuing education program

Discussion

➢ Thank you for your contributions to improving care!
➢ Every little improvement has a major impact everyday on the lives of patients we serve!