Ensuring quality healthcare using an innovative hybrid approach to licensure and credentialing standards

Background
To provide quality patient care and mitigate risk, it is imperative to deploy consistent policy and standards for the licensure and credentialing processes that govern clinicians and other healthcare professionals (e.g. nurses, pharmacists, medical assistants, etc.). Although industry standards exist to support board, health plans, and ambulatory care centers, none exist to support licensure and credentialing needs for all employees/contracted health care professionals (Table 1). As Humana evolves from a traditional health plan to a healthcare delivery company, and with the continued shift to value-based care, a different mindset is required to ensure both the quality of care and credentials of clinicians and other healthcare professionals.

Objective
To develop internal criteria, policies and processes driving a leading practice approach to licensure and credentialing of employed clinicians and other healthcare professionals within Humana Inc.

Approach
• An internal team was assembled to create a program to provide oversight and governance over employed clinicians and other licensed professionals.
  - Assessed current licensure and credentialing processes
  - Researched licensure and credentialing processes nationwide and for three national insurers (Ergia, Kaiser Permanente, United Healthcare) to identify best practices and benchmarks for an organization-wide licensure and credentialing process
  - Surveyed internal business areas (e.g. Care Delivery, Clinical Health Services, and Pharmacy Organizations) to determine:
    - The various roles within the organization that require licensure or certification
    - Standards utilized for managing licensure/credentialing functions
    - Existing challenges with the current process
    - Completed and reviewed an internal Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis (Figure 1)
  - Created an audit program to ensure sustainability
  - Separated credentialing activities for employed clinicians from health plan network credentialing
  - A technology solution was purchased to centralize data storage, facilitate automated, ongoing, real-time monitoring and reporting of licensure and credentialing criteria.
• A Licensing and Credentialing Advisory Subcommittee was established to define licensure, credentialing, and privileging standards for clinicians and other healthcare professionals who require licensure to perform their role.
  - Comprised of various clinical leaders and subject matter experts across the organization
  - Responsible for drafting organization-wide licensure and credentialing policy that incorporates industry best practice standards
  - Core objectives include:
    - Defining credentialing and licensure criteria for care delivery, clinical services, and pharmacy
    - Outlining the full scope of healthcare professionals covered by the policy
    - Creating a complete list of credentialing criteria to be evaluated for each clinician type
    - Determining the verification elements required for licensure and credentialing
    - Developing a standardized peer review process for care delivery
    - Defining healthcare professional and appeal rights
    - Submits draft policies to the Governance Committee for final approval
• A Governance Committee was formed to oversee final decision-making authority on licensure and credentialing policies.
  - Oversees policy adherence, with a regular forum to review and discuss issues
  - Provides organizational authority over licensure and credentialing functions and sub-committee oversight for resolving concerns requiring further investigation
  - Ensures accountability with organizational policies and applicable codes of conduct
• A Care Delivery Credentialing Committee was developed to oversee clinician credentialing.
  - Examines clinician credentials against Humana’s criteria for employment
  - Review clinician sanctions and escalates as needed
  - Recommends supporting interventions to management
  - Provide annual review and approval of credentialing policy
• A new technology solution allows for improved quality and efficiency with centralized data management.
  - Automated, ongoing, real-time sanctions monitoring
  - Centralized data repository for analytics and reporting
  - Detailed tracking for multiple licenses and certifications, including facility licensure

Table 1. Accreditation Credentialing Standards

<table>
<thead>
<tr>
<th>Professional</th>
<th>NCQA, AAMC, Joint Commission, URAC</th>
<th>None</th>
</tr>
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<tbody>
<tr>
<td>Dentist</td>
<td>NCQA, AAMC, Joint Commission, URAC</td>
<td>None</td>
</tr>
<tr>
<td>Optometrist</td>
<td>NCQA, AAMC, Joint Commission, URAC</td>
<td>None</td>
</tr>
<tr>
<td>Lawyer</td>
<td>NCQA, AAMC, Joint Commission, URAC</td>
<td>None</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>NCQA, AAMC, Joint Commission (only if licensed independent practitioners)</td>
<td>None</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>None (cannot practice independently)</td>
<td>None</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Licensed Practical/Vocational Nurse</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Technician</td>
<td>Radiology, Ultrasound, Urology</td>
<td>None</td>
</tr>
<tr>
<td>Registered Dietitian</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Respiratory Therapist</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
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Figure 1. SWOT Analysis

- Strengths
  - Centralized processes
  - Standardized policy and process
  - Create governance body to oversee and set policy
  - Automate and centralize data collection and reporting
  - Eliminate duplication of work

- Opportunities
  - Competitive advantage
  - Increased revenue
  - Enhanced reputation

- Weaknesses
  - Lack of leadership support
  - Limited financial and operational resources
  - Competing priorities
  - Resistance to change

- Threats
  - Market competition
  - Government regulations
  - Technological advancements

Figure 2. Managing Standards and Risks

- Fragmented organizational design
- Standards do not factor in risks of employing clinicians
- Inconsistent accountability

Figure 3. Committee Framework and Decisional Architecture

- The committee is comprised of various clinical leaders and subject matter experts across the organization.
- The committee is responsible for drafting organization-wide licensure and credentialing policy that incorporates industry best practice standards.
- The committee oversees policy adherence, with a regular forum to review and discuss issues.
- The committee provides organizational authority over licensure and credentialing functions and sub-committee oversight for resolving concerns requiring further investigation.
- The committee ensures accountability with organizational policies and applicable codes of conduct.
- The committee examines clinician credentials against Humana’s criteria for employment.
- The committee reviews clinician sanctions and escalates as needed.
- The committee recommends supporting interventions to management.
- The committee provides annual review and approval of credentialing policy.

Figure 4. Optimal Organizational Design

- Our goal is to create a new licensure and credentialing process that incorporates all healthcare professionals who require licensure and credentialing to perform their role and is aligned under accountable leadership with dedicated resources.

Implications
- Successful implementation of this comprehensive licensure and credentialing process will allow improved oversight, clear and consistent standards, and timely, efficient data collection and reporting, all of which will help ensure provision of quality care for patients.
- This industry benchmark can inform process improvement plans for other employers facing similar concerns.

Reference