

MAMSS Conference 2025

Topics for Thursday, May 15, 2025

Presented by Sally Pelletier, CPMSM, CPCS

Talk #1

Title: Practitioner Competency Management

Learning objectives:

- Define the terms initial FPPE, OPPE, and FPPE for cause
- Articulate what is necessary to match privileges with demonstrated competency
- Identify challenges and potential solutions to determine APP competency

Talk #2

Title: Is anybody out there?

Working & Managing in a Virtual Environment

Learning Objectives:

- Recognize the benefits and challenges of working on a virtual team
- Outline communication techniques that best support a virtual team
- Name behavioral styles and their impact on virtual teams
- Identify tools and approaches to managing a virtual team



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Sally Pelletier, CPMSM, CPCS

Chief Credentialing Officer

Sally Pelletier is the Chief Credentialing Officer with Greeley. She brings over 30 years of credentialing and privileging experience to her work with medical staff leaders and medical services professionals across the nation. She advises clients in the areas of medical staff accreditation and regulatory compliance, medical staff services department and centralized credentialing operations, and privileging redesign. She is also a frequent presenter, providing leadership development training for medical staff leaders and medical services professionals.

Sally serves on the faculty for The Credentialing Solution, a 3-day educational program for medical leaders and professionals. Her client engagements have included leading three system-wide initiatives to integrate and centralize credentialing across their respective enterprises and leading system-wide privileging redesign for several clients including a prominent NYC integrated health system.

Sally is a member of the National Association Medical Staff Services (NAMSS), New Hampshire Association Medical Staff (NHAMSS), and National Credentialing Forum, and she serves on the Editorial Advisory Board of the Credentialing Resource Center. With NAMSS, Sally has been an instructor and served on the Board of Directors, chairing the Bylaws Committee; the Credentialing Elements Task Force; and the Governance, Management, and Manpower Committee. In addition, her service as President of NHAMSS earned her the 2008 Excellence in Medical Staff Services Award.

She has authored and co-authored several industry publications including: "Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-based Privileges," "The Medical Staff's Guide to Overcoming Competence Assessment Challenges," "Core Privileges for APPs: Develop and Implement Criteria-Based Privileging for Non-physician Practitioners," and "Assessing the Competency of Low-Volume Practitioners: Tools and Strategies for OPPE & FPPE Compliance."

Prior to joining Greeley, Sally was the Medical Staff Coordinator at The Memorial Hospital in North Conway, NH.

Sally is a dual-certified medical services professional: Certified Professional Medical Services Management and Certified Provider Credentialing Specialist.

Providing specialized knowledge and actionable strategies of credentialing and privileging experience to her work with healthcare organizations nationwide.



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Practitioner Competency Management

Practitioner Competency Management

MAMSS Conference 2025
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Presented by Sally Pelletier, CPMSM, CPCS



1



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Who is responsible for the quality of care (including conduct) at your healthcare organization?

The Board

3

What does the board know about the quality of medical care?

Not a lot

So, the board assigns responsibility for monitoring and improving the quality of care to the medical staff and management

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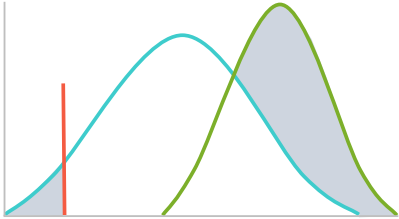
The Greeley/Chartis Performance Pyramid: How to Optimize Practitioner Performance



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The Bad-apple Theory Versus Performance Improvement



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Practitioner Competency Management

The Greeley/Chartis Performance Pyramid

Appoint Excellent Practitioners

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The Greeley/Chartis Performance Pyramid

Set, Communicate & Achieve Buy-In to Expectations

Appoint Excellent Practitioners

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Communicating performance expectations

What should be communicated to the medical staff?

- The hospital Standards of Conduct
- Medical Staff Code of Conduct (if applicable)
- Medical Staff Accountability Policy
- Initial Focused Professional Practice Evaluation (FPPE) process and requirements (may be department/specialty-specific)
- Department/Specialty-Specific Ongoing Professional Practice Evaluation (OPPE) metrics
- Policies regarding sharing peer-protected information (e.g., between sister-hospitals, between the medical group and the hospital, etc.)

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Practitioner Competency Management

Communicating performance expectations

Methods of sharing expectations with the medical staff:

- Initial appointment
- Employment agreement (collaboration with HR and Legal)
- Orientation
- Completion of Initial FPPE
- Reappointment

Other ideas for general communication:

- TV/monitors in high-traffic areas for medical staff
- Newsletters
- Department meetings
- Medical staff meetings
- Scorecards

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The Greeley/Chartis Performance Pyramid

1 Appoint Excellent Practitioners

2 Set, Communicate & Achieve Buy-In to Expectations

3 Measure Performance Against Expectations

4 Provide Periodic Feedback

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The Greeley/Chartis Performance Pyramid

1 Appoint Excellent Practitioners

2 Set, Communicate & Achieve Buy-In to Expectations

3 Measure Performance Against Expectations

4 Provide Periodic Feedback

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Practitioner Competency Management

The Greeley/Chartis Performance Pyramid

5 Manage Poor Performance
4 Provide Periodic Feedback
3 Measure Performance Against Expectations
2 Set, Communicate & Achieve Buy-in to Expectations
1 Appoint Excellent Practitioners

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The Greeley/Chartis Performance Pyramid

6 Take Corrective Action
5 Manage Poor Performance
4 Provide Periodic Feedback
3 Measure Performance Against Expectations
2 Set, Communicate & Achieve Buy-in to Expectations
1 Appoint Excellent Practitioners

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PERFORMANCE MONITORING FOR CREDENTIALING AND PRIVILEGING
Ongoing Professional Practice Evaluation

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Joint Commission and ACHC

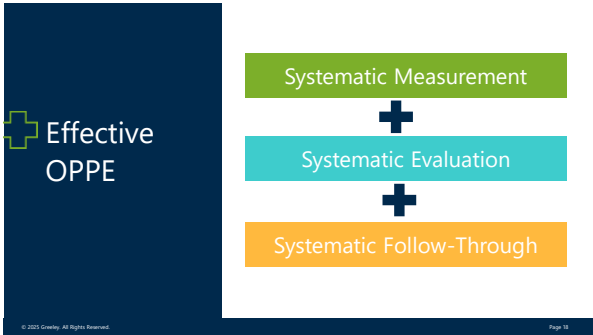
- Ongoing professional practice evaluation (OPPE)**
 - Routine monitoring for assessing competency and behavior and informing decisions to maintain, revise, or revoke privileges
 - Requires more aggregate data (rule and rate measures)
- Focused professional practice evaluation (FPPE)**
 - Concerns from OPPE (focused review)
 - New (initially granted) privileges

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What if you are not Joint Commission or ACHC-Accredited?

- You still must explain how you systematically evaluate and improve privileged practitioners' performance
- The concepts behind OPPE, FPPE, and the six core competencies are solid
- Other accrediting bodies are familiar with it
- In other words, why reinvent the wheel?

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To Match Privileges with Demonstrated Competence, we need...

- Agreed-upon definition of practitioner competence
- Practitioner-specific performance metrics for each dimension of competence that consensus agrees reflect competence in that dimension
- Targets for each metric
- Resources to measure and report the agreed-upon performance metrics
- Feedback report aggregating the results

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How do we define "performance"?

There are six (6) general competencies that are evaluated to look at the whole picture for "performance."

- Patient care
- Medical knowledge
- Practice based learning and improvement
- Systems based practice
- Professionalism
- Interpersonal skills and communication

The six competencies are consistent with the ACGME and Joint Commission

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Evaluating OPPE Data

Using a Competency Framework for OPPE

Why?

- Puts indicators into context
- Ongoing reinforcement of general competencies

How?

- Organize indicators by competency
- Label the competency for each indicator

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OPPE Reports vs. Practitioner Feedback Reports

The report is the same, the difference is how you use it!

Feedback report goals

- Internal data transparency
- Opportunity for practitioner self-improvement

OPPE profile goals

- Regulatory compliance
- Medical staff leader-driven practitioner evaluation and improvement

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Using Targets for OPPE and FPPE

Comparative data vs. target

- Comparative data doesn't define "good"
- Targets are a cultural choice

Targets make FPPE determinations more:

- **Efficient:** Easy to determine outliers
- **Fair:** Reduces bias in data interpretation
- **Reliable:** Not affected by a change in leadership

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Selecting Practitioner Competency Measures

THREE TYPES OF PRACTITIONER INDICATORS:

- 1 **Rate indicator:** Outcome or care process with some frequency of occurrence (not rare) even for good practitioners
- 2 **Rule indicator:** Clearly defined practitioner clinical practice or behavioral policy not requiring practitioner medical record review of the instance
- 3 **Review indicator:** Significant, unusual adverse outcome (actual or potential) requiring detailed medical record review by a practitioner to determine practitioner involvement

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What if a practitioner falls below the acceptable individual or aggregate targets?

- Ask "What layer of the Pyramid are we talking about?"
- Create a policy that triggers FPPE for cause for persistent performance below the acceptable targets
 - Allow flexibility for moving to corrective action if patient care is determined to be seriously at risk
- What should happen if performance below the acceptable target persists?

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OPPE: What works?

- Don't make meeting regulatory compliance your primary goal
- Take credit for what you are already doing
- It's okay to adopt a crawl-walk-run strategy
- Engage medical staff leaders in defining what's worth making the effort to improve
- Set targets for when to respond or trigger FPPE for cause
- Doing OPPE right is as much about changing medical staff culture as getting the data and feedback reports right

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PERFORMANCE MONITORING FOR
CREDENTIALING AND PRIVILEGING
Focused Professional Practice Evaluation

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What is FPPE?

Focused Professional Practice Evaluation (FPPE)

- Concerns from OPPE (for cause)
- Initially granted privileges

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Improvement FPPE Plan for Cause

Elements of an effective improvement FPPE plan for cause:

- Improvement goal and milestones
- Time frames for achieving goal and milestones
- Method of monitoring
 - Specific prospective data collection
- Next steps (consequences) if goals are not achieved
 - How often will you meet to discuss progress?
 - Talk with "legal" about NPDB

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Effective Initial FPPE

Timely Measurement
+
Timely Evaluation
+
Timely Follow-Through

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What is initial FPPE?

- The organization evaluates the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the organization (i.e., new practitioner or established practitioner requesting new privilege)
- Evaluation to validate competence for any new privilege(s) exercised—“bridge the gap to OPPE”
- Criteria-based, objective evaluation
- Each organization defines methods, time frames, and quantity
- Confirms that the privileging process is reliable

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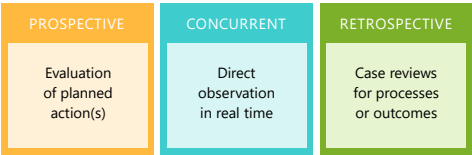
Initial FPPE Requirements

MAY INCLUDE THE USE OF:

- Chart review
- Monitoring clinical practice patterns
- Simulation
- Proctoring
- External peer review
- Discussion with other individuals involved in the patient's care

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Type of FPPE



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Components of an Effective Initial FPPE Policy

- Purpose
- Medical staff oversight
- Ethical positions of the medical staff*
- Scope of proctoring program*
- Responsibilities
- Methods
- Procedure
- Reporting: Results and recommendations

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POLICY: Medical Staff Ethical Positions

Include ethical positions of the medical staff related to

- Conflicts of interest
- Disclosure to patients (consent issues)
- Intervention by the proctor
- Indemnification for proctors

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POLICY: Scope of Proctoring Program

Role of technology

- Teleproctoring
- Recording
- Simulation

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Does one size fit all?



ABSOLUTELY NOT!

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Then what should we do?



Standardize FPPE by specialty for all initial privileges but allow the ability to individualize

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 **Case Study**



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The credentials committee at a community-based hospital is addressing initial FPPE for three new physician applicants:

1. A recently trained, board-admissible general surgeon with excellent references
2. A radiation oncologist practicing for 20 years at a VA hospital with excellent references; one reference stipulated that the patient population was 90% male
3. A pediatrician practicing for 10 years in an academic medical center with very good references

How would you design the FPPE for each one?

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Issues with Determining Competency for Advanced Practice Professionals (APPs)

- Availability of data!
- Difficulty in accurate attribution
- Inadequate privileging forms/criteria
- Competency measurements not defined
- Competency not individually assessed

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Considerations

- Measure as similar to physicians as possible
 - Medical/Clinical Knowledge
 - Systems-based Practice
 - Interpersonal/Communication Skills
 - Professionalism
 - Practice-based Learning and Improvement
- Measure separately when needed
 - Patient Care
 - ↳ Attribution difficulty
 - ↳ Chart review may be necessary

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Possible Solutions

- Determine what IT coding options are available for tracking activity
- Enlist the assistance of APP disciplines in developing methods to evaluate competence
 - ↳ The APP may need to track their own activity
 - ↳ Provide a form that identifies all the necessary elements to randomly pull charts for review
- Engage an APP interdisciplinary committee in performance monitoring/FPPE/OPPE
- Consider value of a competency assessment
 - ↳ Sponsoring/supervision physician
 - ↳ Peer
 - ↳ OR Nurse Manager or Unit Nurse Manager
- Communicate / orient to FPPE/OPPE policy

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Internal Resources

- Information Technology (IT)
 - Activity Report
 - Customization
 - "Work Around"
 - Electronic Medical Record
- Quality Department
 - "Flag" a chart with APP involvement?
 - ↳ Core measure sets
 - ↳ Physician peer review
 - What are they tracking?
 - ↳ Automatically assign the OPPE data from sponsoring/supervising Physician to APP
- Operating Room (OR)
 - Scheduling reports
- Core measures
 - Data is being collected
- Medical Records
 - Electronic Medical Record
- APP
 - What are they tracking?
 - ↳ Licensure
 - ↳ Certification
 - Collaborative Agreement
 - ↳ Chart review/audits



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Sample initial FPPE Plan for a Nurse-Midwife

SKILLED BEING EVALUATED	ACTIVITY BEING EVALUATED	METHOD FOR EVALUATING THE ACTIVITY
Cognitive Skills	Manage midwifery elements of (n) moderate-risk cases after consultation with physician	Retrospective Review
	[Manage midwifery elements of (n) high-risk cases after consultation with physician]	Prospective Review
Procedural Skills	Deliver (n) patient(s) and manage (n) infant(s) at delivery	Concurrent Proctoring
	Perform (n) amniotomy procedures	Concurrent Proctoring
	Perform (n) episiotomy and repair procedures	Concurrent Proctoring or Retrospective Review
	Perform (n) vacuum extractions	Concurrent Proctoring

PROJECTED TIME FRAME: WITHIN 90 DAYS OF BEING GRANTED CLINICAL PRIVILEGES

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POSITIVELY IMPACTING PRACTITIONER PERFORMANCE

The value of the Medical Staff Services department

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Questions?



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Thank you!



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Is Anybody out there? Working & Managing in a Virtual Environment

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Working & Managing in a Virtual Environment

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Objectives

- 01 [redacted] challenges
- 02 [redacted] ques m
- 03 [redacted]
- 04 [redacted]

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Is Anybody out there? Working & Managing in a Virtual Environment

What is a virtual team?

Chat GPT:
a group of individuals who work together to achieve common goals but are geographically dispersed and typically communicate and collaborate through digital tools and technologies rather than face-to-face interactions.
Also referred to as remote team, distributed team, online team, global team

4

EVOLUTION OF TEAMS IN THE WORK ENVIRONMENT

All coworkers, managers and leadership in same location



5

EVOLUTION OF TEAMS IN THE WORK ENVIRONMENT

May have teammates in other locations in same city/region, manager may be at other location



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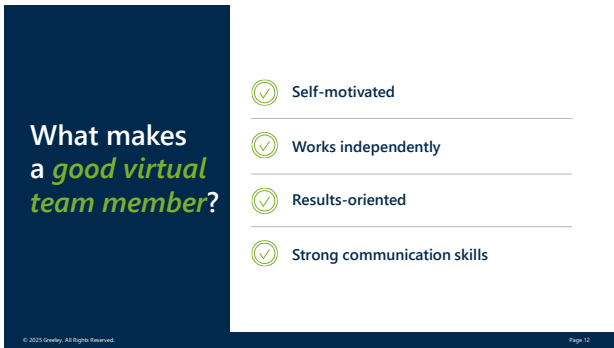
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Is Anybody out there? Working & Managing in a Virtual Environment

Challenges for virtual teams



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Overcoming the challenges



Communication

- Use appropriate technology
- Consider time zones
- Understand verbal/non-verbal queues
- Repeat important messages
- Identify personal preferences

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Overcoming the challenges



Cultural differences

- Understand local customs and holidays
- Address language barriers
- Identify commonalities
- Explore differences

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Overcoming the challenges

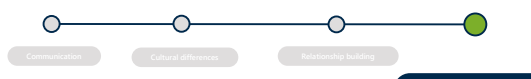


Relationship building

- Develop trust
- Complete questionnaires
- Post profiles/pictures
- Hold virtual lunches/coffee breaks
- Incorporate into communications/meetings
- Use team building activities

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Overcoming the challenges



Managing conflict

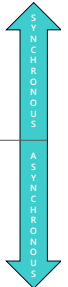
- Determine if interpersonal or task related
- Utilize an online discussion board
- Assign a point person to manage issue and responses
- Address issues as quickly as possible

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Communication techniques

Technology

- Conference Calls
- Video conferences (Zoom, Teams, WebEx)
- White boards (Miro, Jamboard)
- Instant messaging/Live chat (Slack, Teams)
- Email / Text
- Shared Spaces (Dropbox, OneDrive, Box)
- Project Management (Trello, Asana, Basecamp)



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Is Anybody out there? Working & Managing in a Virtual Environment

Communication techniques CONFERENCE CALLS



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Communication techniques

Conference calls – what went wrong?

Late arrivals	Awkward silence, small talk
Lack of knowledge on conferencing functionality	Talking over each other
Technology issues	Using mute and not unmuting
Multi-tasking during call	Background noise
Personal distractions	Not announcing arrival

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Communication techniques

Tips for effective conference calls

- Set agenda and distribute in advance
- Leave time for relationship building
- Take roll, do introductions
- Provide instructions, if needed
- Limit use of the mute button

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Communication techniques

Tips for effective conference calls

- Be present, avoid multitasking
- State your name when speaking
- Reduce distractions
- Use technology
- Be respectful of each other
- Speak slowly

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Communication techniques

Tips for effective conference calls

- Avoid interrupting
- Listen to understand
- State your emotions
- Solicit input
- Summarize discussion and decisions
- Send out minutes quickly

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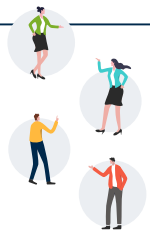
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Behavioral styles

Four basic styles of behavior

01	Dominant/directive/controlling
02	Influencer/interactive/promoting
03	Steadiness/supportive/supporting
04	Compliance/corrective/analyzing

- Styles conflict and complement each other
- Use to improve team effectiveness and communication



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Behavioral styles

Dominant/directive/controlling style

- Fast-paced and decisive
- Results oriented
- More task oriented than people oriented
- Extroverted and outward focused

- Team Role: Leader, problem solver
- Team Expectation: Efficiency



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Behavioral styles

Influencer/interactive/promoting

- Outgoing, "people person"
- Embrace change, positive outlook
- More people oriented than task oriented
- Idea person rather than implementer

- Team Role: Motivator, lead brainstorming
- Team Expectation: Enthusiasm



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Behavioral styles

Steadiness/supportive(ing)

- Thoughtful, introverted
- Trustworthy, dependable
- More people oriented than task oriented
- Good listener, team player

- Team Role: Mediator, relationship builder
- Team Expectation: Sincerity



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Behavioral styles

Compliance/Corrective/Analyzing

- Systematic, dependable
- Focused on quality
- More task oriented than people oriented
- Want details; analytical by nature

- Team Role: Planner, record keeper
- Team Expectation: Accuracy



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What styles are you and your team?

ASK QUESTIONS:

- Fast paced or slow paced?
- Formal or informal?
- Introverted or extroverted?
- People-oriented or task-oriented?
- Dominant or easy going?
- Detail-oriented or big picture?

Assessment tools available

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Behavioral styles tips

- ✓ Styles are not labels
- ✓ Styles may change over time or based on project
- ✓ Understand and appreciate the differences
- ✓ All styles play an important role on a team

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How do you manage a virtual team?

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How do you manage a virtual team?

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Is Anybody out there? Working & Managing in a Virtual Environment

How do you manage a virtual team?

 <p>Lead differently</p>	 <p>Build trust differently</p>
 <p>Make decisions differently</p> <ul style="list-style-type: none">• Culture impacts style of decision making• Develop decision making guidelines	 <p>Communicate differently</p>

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How do you manage a virtual team?

 <p>Lead differently</p>	 <p>Build trust differently</p> <ul style="list-style-type: none">• Measured in terms of reliability• Create a well-defined process to deliver results• Schedule face-to-face (F2F) meetings
 <p>Make decisions differently</p>	 <p>Communicate differently</p>

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How do you manage a virtual team?

 <p>Lead differently</p>	 <p>Build trust differently</p>
 <p>Make decisions differently</p>	 <p>Communicate differently</p> <ul style="list-style-type: none">• Ensure team has and knows how to use communication tools• Establish ongoing communication with team

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Is Anybody out there? Working & Managing in a Virtual Environment

Overcoming barriers to success

- Ineffective leadership
- Lack of clear goals
- Lack of clear roles and responsibilities
- Lack of cooperation
- Lack of engagement
- Inability to develop relationships

- Select and train leaders with necessary skill sets
 - Technical
 - Team building
 - Interpersonal
- Set goals and team direction
 - Keep members engaged
 - Timely feedback
 - Team-building exercises
 - Periodic F2F meetings

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Overcoming barriers to success

- Ineffective leadership
- Lack of clear goals
- Lack of clear roles and responsibilities
- Lack of cooperation
- Lack of engagement
- Inability to develop relationships

- Outline goals and objectives at onset of project
- Reinforce at follow-up meetings and through communications
- Reassess priorities on a regular basis

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Overcoming barriers to success

- Ineffective leadership
- Lack of clear goals
- Lack of clear roles and responsibilities
- Lack of cooperation
- Lack of engagement
- Inability to develop relationships

- Define upfront for manager and team
- Reassess periodically
- Create a team reference tool for guidance

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Is Anybody out there? Working & Managing in a Virtual Environment

Overcoming barriers to success

- Ineffective leadership
- Lack of clear goals
- Lack of clear roles and responsibilities
- Lack of cooperation**
 - Build trust
 - Be inclusive regardless of location
- Lack of engagement
- Inability to develop relationships

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Overcoming barriers to success

- Ineffective leadership
- Lack of clear goals
- Lack of clear roles and responsibilities
- Lack of cooperation
 - Perform regular team assessments
 - Levels of contribution and participation
 - Occurrences of conflicts
 - Motivation levels
- Lack of engagement**
 - Celebrate accomplishments
- Inability to develop relationships

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Overcoming barriers to success

- Ineffective leadership
- Lack of clear goals
- Lack of clear roles and responsibilities
- Lack of cooperation
- Lack of engagement
 - Invest in face-to-face time
 - Develop communication strategy
 - Allow time for social interactions
- Inability to develop relationships**




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Is Anybody out there? Working & Managing in a Virtual Environment

Keys to success



-  Know that virtual teams do not work for every project or situation
-  Recognize that virtual teams and co-located teams are different
-  Invest in virtual team training and knowledge

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RESOURCES

Virtual team

- Free Management Library - Virtual Teams**
<http://managementhelp.org/groups/virtual/toolkit.htm>
- Virtual Team Intelligence**
<http://virtualteamintelligence.com/>

Behavioral style

- Effectiveness Institute**
<http://www.effectivenessinstitute.com/>
- Resources Unlimited**
<http://www.resourcesunlimited.com/>
- DISC Profiles 4 U**
<http://www.discprofiles4u.com/pages/DISC-Behavioral-Styles.html>

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Thank you!

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Is Anybody out there? Working & Managing in a Virtual Environment



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