Suprise!
We're Buying a Hospital:
Becoming a Healthcare System in 30 days

September 17, 2026 - *MAMSS*

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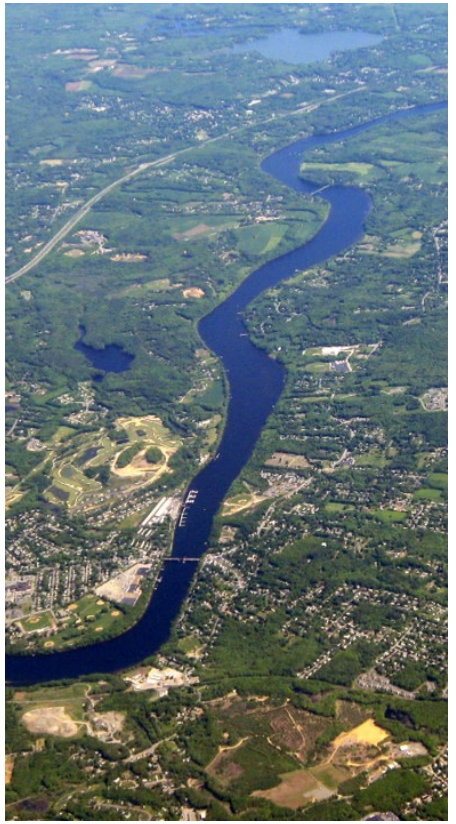

Objectives

By the end of this session, participants will be able to:

- Understand the scope of work required for a rapid transition to a system.
- Identify key Medical Staff Services responsibilities.
- Recognize common challenges and lessons learned.
- Apply practical strategies to their own organizations.

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Background –
Lawrence General Hospital, Holy Family Hospital and Steward Health

Background

- Steward Health Declared Bankruptcy in May 2024
- 2 Hospitals/3 Campuses in 3 Communities
  - Lawrence General Hospital, Lawrence MA
  - Steward Holy Family Hospital, Methuen, MA
  - Steward Holy Family Hospital, Haverhill, MA
- 2 Medical Staffs with Significant Provider Overlap
  - LGH – 775 Providers
  - HFH – 850 Providers
- Official Timeline – One Month
  - 30 Days from Signed Agreement/Public Announcement to October 1, 2024, Take-over.

Why One-Month is Important

- Traditional Integrations: 6–18 Months
- Our Reality: Approximately 30 Days
- Organizational Priority:
  - Maintain Patient Care Standards with Minimal Disruption
- Medical Staff Services Priorities:
  - Preserve Provider Credential, Privileges & Access etc.
  - Support Medical Staff Members and Hospital Leadership & Staff
  - Maintain Regulatory Compliance

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What approach would you choose?

A. Maintain Separate Medical Staffs

B. Create a Unified System Medical Staff

Bylaws & Governance

Changes:

- Legal Edits to Existing HFH Bylaws by 10/1/24
- Create Unified Bylaws w/ New BOT Structure
- Departments/Chiefs – By Site or System?
- Committees –System wide or Site Specific?

Challenges:

- Mixed Opinions
- Hospital Cultures
- Special Meetings
- Approvals

Coordination & Communication

- Governing Body/ Board of Trustees
- Medical Executive Committee
- Departments & Chiefs
- Credentials Committee
- Medical Staff meetings
- Legal
- Medical Affairs/ HR
- Provider Enrollment
- IT/ Security
- Peer Review/ Quality

Regulatory Considerations

- BORM
- DPH
- CMS
- Joint Commission
- Legal Documentation

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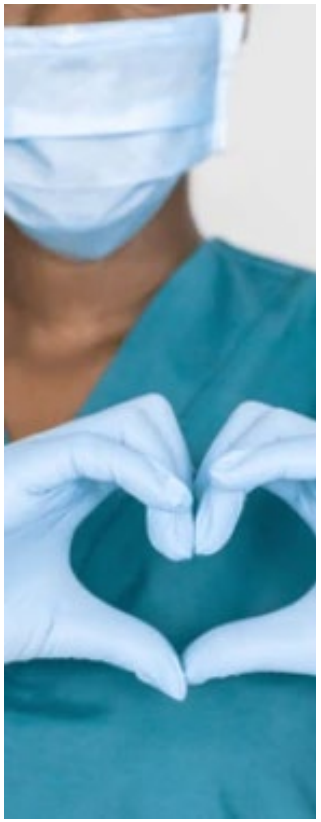

What credentialing process would you use in this situation?

A. Start from scratch for everyone

B. Try to use a reappointment process

C. Use a hybrid process

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN MEDICINE

POLICY 2024-01

MODIFICATION OF REQUIREMENTS FOR TEMPORARY APPOINTMENTS OR PRIVILEGES IN EXIGENT CIRCUMSTANCES

January 25, 2024 (amended May 29, 2025)

The Board of Registration in Medicine requires that, as part of their Qualified Patient Care Assessment Program, health care facilities complete credentialing requirements set forth at 243 CMR 3.05 prior to hiring, appointing, granting privileges to, or associating with a licensed physician. The Board's regulations at 243 CMR 3.05(1)(a) and (b) build in flexibility in the credentialing requirements for temporary appointments or privileges that are applicable under general circumstances. The purpose of this policy is to create greater flexibility for temporary appointments in exigent circumstances that have the capacity to cause significant disruptions in the delivery of health care in Massachusetts. Towards this end, the Board authorizes the Executive Director to extend time limits and waive components of the requirements at 243 CMR 3.05(1)(a) and (b), upon the recommendation of the Commissioner of the Department of Public Health that such extensions and waivers are necessary to maintain patient continuity of care and minimize disruptions in the delivery of healthcare.

(1) Upon receipt of a written recommendation from the Commissioner, the Executive Director, in consultation with the Board Chair, may make modifications to the regulatory requirements, as set forth in paragraphs (2), (3) and (4) of this policy, that will apply to:
    a. a health care facility specified in the recommendation that will grant temporary appointments or privileges to physicians, or

BORIM Policy 2014-01

MODIFICATION OF REQUIREMENTS FOR TEMPORARY APPOINTMENTS OR PRIVILEGES IN EXIGENT CIRCUMSTANCES

Policy was effective January 25, 2024.

Amended May 29, 2025

Impacts on Credentialing

- Health System Credentialing Processes
  - In Process Applications
  - Current Reappointments
  - Temporary Privileges
  - New Providers
- New Specialties & Allied Health Professionals
- Delineations of Privileges
- Aligning Medical Staff Policies

Database Challenges

- Credentialing software update
- Existing provider records within the new set-up
- Historical appointment information
- Provider data tracking during software build-out
- Reporting

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Which of these would keep you up at night?

A. Communication
B. IT/ EMR & Data Access
C. Temporary Contract Staffing
D. All of the Above

Communication

- Who needed communication?
  - All Medical Staff - Physicians & APPs
  - Department Chiefs & Committee Members
  - Board Members & Hospital Leadership
  - Hospital Staff & Community Practices
- Lessons:
  - Communicate Early
  - Communicate Often
  - Repeat Messages

IT and Data Access - Medical Staff Impacts:

- Provider Badges IDs
- EMR Access
- Email Address Updates
- CVO Credentialing Software & Data
- Data & Document History/Storage

Temporary Contract MSPs

Challenges:

- Identifying and Coordinating start dates
- HR Clearance
- IT Set-up and Remote Access
- Remote Training
- Monitoring of assigned tasks & compliance with dept. processes

My Top 5 Challenges

1. Compressed Timeline
2. Changing Decisions & Directives
3. Competing Priorities
4. MSP Staff Fatigue & Managing Temporary Staff
5. Data Management & Document Revisions

What Worked Well

- ✓ Regular Project Meetings & Check-in
- ✓ Ongoing Project Updates
- ✓ Executive Sponsorship
- ✓ Physician Leadership Champions
- ✓ Legal Partnership
- ✓ Flexible Team Members

What I'd Do Differently

So Much
To Do,
So Little Time!

- More Provider Communication & Education
- Additional Clerical Support in the MSO
- Extra Check-ins w/ MSP Temporary Staff
- Stay on top of ongoing data management
- Quicker review & update of documents

5 Key Takeaways:

1. Start Governance Work ASAP.
2. Communication Is Everything.
3. Expect Constant Change.
4. Keep Detailed Documentation.
5. Celebrate Small Wins.

Practical Checklist

- ❑ Governance – Leadership & Board Approvals
- ❑ Medical Staff Bylaws
- ❑ Credentialing Policies & Processes
- ❑ Privileges
- ❑ IT Access
- ❑ Communication and Provider Notices
- ❑ Compliance and Documentation

Questions? & Discussion

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