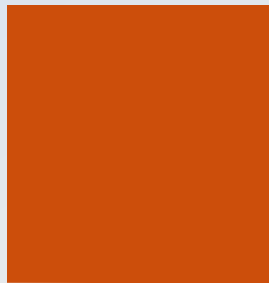




Turf Wars

Improving Collaboration
Between MSOs, CVOs,
Provider Enrollment and More



Reimagining the Path to
Exceptional Care

Tammy West, MHA/ED, CPMSM, CPCS

Senior Director CVO Operations and Regulatory Compliance



Tammy West is Senior Director, CVO Operations and Regulatory Compliance for The Hardenbergh Group. She brings 25 years of experience in healthcare administration and 15 years in Medical Staff Services. Tammy specializes in CVO operations, provider credentialing, provider enrollment, quality analysis, quality improvement, quality auditing, delegation audits, and policy and procedure creation and implementation. She has extensive experience with CMS, TJC and NCQA requirements for provider credentialing and medical staff services.

Tammy leverages her vast professional experience to identify and place experienced, qualified MSPs to help clients fill temporary vacancies, supplement existing staff during peak workloads, assess and improve operational efficiency, prepare for regulatory surveys and audits, pursue NCQA accreditation and certification, and more.

She has extensive experience as a Medical Service Professional, including credentialing specialist, provider enrollment specialist, medical staff coordinator, Medical Staff Manager, and CVO Director.

Tammy was a CVO Manager where she was responsible for creating and implementing policies and procedures for a new corporate CVO. During her tenure, the CVO achieved NCQA accreditation and delegated credentialing status with commercial payers. Additionally, Tammy worked as a quality auditor for an NCQA certified managed care company and an Adjunct Instructor teaching medical office systems classes.

Tammy has a BS in Human Services Management and a master's in healthcare administration with a minor in Education. She is a member of the North Carolina Association Medical Staff Services and the National Association Medical Staff Services.

Julie Harrelson-Vunovich, CPMSM, CPCS

Consultant, The Hardenbergh Group



Julie Harrelson-Vunovich is a Consultant with the Hardenbergh Group. She brings over 25 years of experience in medical staff governance, credentialing, privileging, peer review, OPPE/FPPE, accreditation/regulatory compliance, CVO implementation and leadership, payer enrollment, provider data governance and management, project management, credentialing software implementation and management, committee management, and creation and ongoing maintenance of Bylaws, Policies and procedures. She has experience with managing compliance with CMS, TJC, DNV, AAAHC, HFAP, and NCQA standards.

Julie holds CPMSM and CPCS certifications and has over 20 years of experience in leadership roles. This experience encompasses coordinator, manager, director, senior director roles at facility, regional, and corporate level. She has a passion for helping healthcare entities identify opportunities for improvement and navigate challenges to achieve optimal efficiency and desired outcomes.

Turf Wars



Improving collaboration between Medical Staff Services in an MSO, Central Verification Office, (CVO), and Provider Enrollment is vital to the delivery of efficient provider credentialing and privileging. Improving these collaborations can drive provider onboarding times and provider satisfaction resulting in providers seeing patients and billing for services faster. This presentation is aimed to give the learner perspectives that will foster understanding, encourage dialogue, and promote actionable strategies for enhanced teamwork and processes that will drive greater collaboration and efficiencies.

Objectives:

1. Recognize how the Medical Staff Office, Central Verification Office, and Provider Enrollment interrelate and the importance of each in the healthcare delivery ecosystem.
2. Acknowledge specific challenges that hinder effective collaboration and understand their impact on organizational goals.
3. Equip participants with practical strategies and best practices to enhance collaboration, streamline processes, and improve outcomes.
4. Understand how to apply technological solutions effectively to support collaboration and efficiency.
5. Be motivated to contribute to a workplace culture that actively supports and prioritizes collaboration and communication.

Interdisciplinary Credentialing

It takes a village!

Healthcare credentialing is an intricate process that ensures new providers meet the required qualifications, competence, and professional standards necessary to deliver safe and effective patient care.

This process involves multiple interdependent elements and collaboration among several departments within healthcare organizations.



Stakeholders in Credentialing

Medical Staff Office (MSO) Central role in overseeing the credentialing process, maintaining records, and ensuring compliance.

Human Resources (HR) Facilitates onboarding, oversees employment verification, and manages benefits and contracts.

Payer Enrollment Responsible for enrolling providers with insurance payers and ensuring credentialing completeness for reimbursement.

Recruitment Identifies and attracts top talent, playing a key role in initial provider outreach.

Legal and Compliance Departments Ensure that the credentialing process adheres to legal standards, protecting from liability.

Quality Assurance Monitors clinical outcomes and ensures that all credentialing practices align with quality standards.

Information Technology (IT) Manages the systems and software used to track credentialing and facilitate communication between teams.



Understanding Turf Battles

Turf battles in hospital credentialing arise from **overlapping responsibilities, competitive interests, and differing priorities among various stakeholders** in healthcare organizations.

Role Ambiguities:

Unclear delineation of responsibilities between departments (e.g., Medical Staff Services, Human Resources, Compliance) can lead to conflicts over authority and decision-making.

Resource Allocation:

Competition for limited resources (funding, personnel, and technology) can intensify disagreements over who manages credentialing processes and priorities.



Understanding Turf Battles

Professional Interests:

Different professions (doctors, nursing, administrative staff) often have unique perspectives on credentialing standards and processes, leading to clashes in priorities.

Regulatory Compliance:

Varied interpretations of regulatory requirements can create friction, as departments may advocate for differing compliance strategies to meet accreditation standards.

Historical Precedents:

Long-standing practices and departmental loyalties can perpetuate turf battles, making change and collaboration challenging.



Common Sources of Conflict

Budgetary Constraints:

Payer Enrollment requires timely submission of credentialing documents to facilitate reimbursement, while MSO may prioritize thorough verification.



Documentation Requirements:

Discrepancies in necessary documentation (e.g., different certificates, references) can cause delays and friction.



Workflow Coordination:

Differences in workflow priorities can create bottlenecks, impacting the timely onboarding of providers.



Common Sources of Conflict

Local Practices vs. Organizational Policies:

Medical Groups may prefer expedited onboarding processes that clash with the MSO's rigorous credentialing standards.

Physician Autonomy:

Disputes over the level of autonomy or preference for hiring specific practitioners can lead to tension.

Speed vs. Compliance:

Pressure to quickly onboard new providers can lead to conflicts when compliance concerns arise.



Common Sources of Conflict



Recruitment Goals vs. Credentialing Standards:

Recruiting may prioritize filling positions rapidly, which can conflict with the thorough credentialing process of the MSO.

Communication Gaps:

Lack of clear communication between recruiting personnel and credentialing staff can lead to misunderstandings regarding candidate qualifications.

Expectations Management:

Unrealistic timelines set by recruiting can result in stress on the MSO and impact overall provider satisfaction.

A Lesson from the Turf War Battlefield

A health system decides to outsource credentialing to a commercial CVO. The process is managed by the CMO's office and is kept confidential until the contract is signed. The MSO team is informed a week prior to the new CVO's start date and several MSO team members are laid off. The CVO begins credentialing providers based on the contract guidelines. Almost immediately, the CMO starts to receive complaints from the medical staff offices about incomplete files and errors. The CMO meets with the MSOs and after investigating the complaints realizes that the MSO team is feeling insecure about their jobs due to the layoffs and may be looking for issues with the CVO to reinforce the need to maintain staff in the MSO.

Lessons from the Battlefield

Challenge: Making solid business decisions while maintaining the “human touch” and sensitivity to organizational culture is difficult, but necessary. It is important to establish an organizational culture of mutual respect and open communication. Secrecy invokes feelings of insecurity among team members and can lead to loss of trust and loyalty, decreased employee satisfaction and staff turnover.

Solution: Involve the key stakeholders in major decisions. Establish regularly scheduled meetings between the CVO team and MSO team to foster a spirit of collaboration and teamwork. Reassure MSO staff that they are a valued part of the team. Schedule training sessions as needed to keep the CVO and MSO staff up to date on changing policies and regulatory guidelines and ensure everyone is on the same page and fully understands the new requirements.

Lessons from the Battlefield

Lesson: Be inclusive in all things when possible. This will minimize resistance to change and increase staff loyalty and buy-in to new processes. Include team members in the vetting process when outsourcing their workload. They know the job better than anyone else in the organization and can provide a level of detail that might be otherwise overlooked. It also provides reassurance that their thoughts and opinions are important to the organization.

Consequences of Turf Battles:

Increased Delays in Onboarding:

Turf battles among departments can lead to confusion and slow decision-making, causing significant delays in the onboarding process for new providers, which can impact patient care.

Inefficient Use of Resources:

Conflicting priorities can result in duplicated efforts, where multiple departments work on the same tasks (e.g., verifying credentials), wasting both time and financial resources.

Compromised Quality of Credentialing:

The focus on departmental power struggles may lead to shortcuts in the credentialing process, ultimately compromising the thoroughness and accuracy of provider evaluations.



Consequences of Turf Battles:

Increased Frustration Among Staff:

Ongoing conflicts can create a toxic working environment and lead to frustrations among staff members, which may affect their productivity and job satisfaction.

Risk of Non-Compliance:

Conflicting goals can detract from adhering to accreditation and regulatory standards. This misalignment increases the risk of non-compliance issues, potentially jeopardizing the organization's accreditation status.

Negative Impact on Provider Experience:

Turf battles can create an unpleasant onboarding experience for new providers, leading to dissatisfaction and potential departures before they have even started, which diminishes the organization's ability to attract and retain talent.



A Lesson from the Turf War Battlefield

Scenario:

CVO receives notice from the employed medical group of a new high priority employed provider. The provider has signed his employment agreement and has been given a start date six weeks from now. The hospitals Medical Staff Office has been requested to grant temporary privileges. CEO has stressed the importance of this provider to the organization.

CVO begins the application process. Application reveals multiple red flags. These red flags deem the provider ineligible for temporary privileges according to the hospital Bylaws. These red flags deem the provider non-routine according to the managed care credentialing standards.

Lessons from the Battlefield

Challenge: Recruitment not aware of crucial information that could impact providers ability to obtain medical staff privileges and eliminates them from the possibility of temporary privileges. HR extended employment agreement to provider without knowledge of red flags and granted start date without input or collaboration from CVO. Payer Enrollment policies require provider to go through full credentials committee for consideration. Credentials committee meets bi-monthly which will delay enrollment. Hospital administration not aware of red flags.

Solution: Implementing a higher level of sourcing as part of the recruitment process. Creating a policy that requires CVO, MSO and HR collaboration and review of applicant prior to start date being given. Implementation of multi-team meetings to occur at a regular cadence in which all key stakeholders can discuss together the incoming providers in efforts to work collaboratively and have awareness of potential challenges.

Lessons from the Battlefield

Lesson: You have not because you ask not. We all have the same common goal and must work together, collaboratively, with open and honest communication to be successful for all involved including the provider. Many teams were asking the same information from the provider. Streamlining and sharing of information can make the process so much more efficient for all involved. Identifying what success means for this provider at the beginning of the process and keeping the goal in mind throughout the entire process. Do post-project review to continue to improve processes and efficiencies.

Overcoming Conflicts: Strategies for Collaboration

Regular Interdepartmental Meetings:

Establish forums for discussion and collaboration between departments to align goals and expectations.

Shared Technology Platforms:

Utilize shared systems for tracking credentialing progress, allowing for increased transparency and accountability.

Cross-Training Initiatives:

Encourage cross-training sessions to help each department understand the processes and challenges faced by others.

Unified Credentialing Policies:

Develop standardized and cohesive credentialing policies that provide clarity to all stakeholders involved.



Benefits of Collaboration in Credentialing

Improved Efficiency:

Streamlined processes can lead to faster onboarding of providers, ultimately improving patient care.

Enhanced Communication:

Better collaboration fosters an environment of understanding and reduces conflict.

Quality Improvements:

A unified approach enhances compliance and improves the overall quality of care delivered.

Stronger Relationships:

Building trust among departments leads to a more cohesive workplace and shared commitment to organizational goals.



The Why of it All – Building Bridges over the Turf Battles

Patient-Centric Focus:

Regardless of the specialty or organization, all providers prioritize patient outcomes.

A unified approach enhances patient experiences, leading to better health results.



The Why of it All – Building Bridges over the Turf Battles

Shared Objective of Revenue Generation:

Collaborating to optimize care leads to improved efficiency and effectiveness, ultimately translating to financial sustainability.

Coordinated efforts can capture a larger share of the market while ensuring high-quality care.



The Why of it All – Building Bridges over the Turf Battles

Synergy Between Goals:

Better patient care drives positive reviews and referrals, impacting revenue positively.

Joint initiatives can streamline operations, reduce waste, and improve service delivery, benefiting both patients and profits.



Moving Toward Collaboration: Key Takeaways & Call to Action

Establishing clear communication channels and defined roles

**Implementing a unified credentialing framework that
incorporates diverse stakeholder perspectives**

Promoting a culture of teamwork and shared goals

Developing Dynamic Standard Operating Procedures

Questions?



Thank
you



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Thank
You!

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