



IMPROVED PHYSICIAN SATISFACTION WITH MEDICAL STAFF SERVICES INTEGRATION



After acquiring multiple smaller hospitals, an integrated health system now had multiple medical staff services departments supporting physician credentialing and privileging – each with its own systems, culture, by-laws and schedules. This lack of operational alignment not only wasted staff resources, but also delayed physician onboarding and revenue realization.

Problem to Solve

An integrated hospital system acquired multiple smaller hospitals, resulting in an organization with separate medical staff services departments supporting credentialing and privileging – each with its own systems, culture, by-laws and schedules. The ensuing challenges for the system included:

- Lack of alignment among the hospitals
- Inefficient/duplicative use of staff
- Delays in onboarding physicians
- Delays in revenue realization for physicians
- Physician frustration with multiple applications and recertification steps across different systems.

The hospital system engaged Freed Associates (Freed) to lead installing a new credentialing and privileging system that would be a “single source of truth” among its hospitals. Besides addressing its immediate credentialing and privileging needs, the client wished to use this effort to broadly



create critical alignment and efficiency for the staffing and processes supporting all phases of practitioner onboarding and support.

Strategy

With input from client staff members, Freed developed a strategy to help this system achieve three major goals for privileging and credentialing:

1. Realign and improve departmental and cross-departmental processes, staffing and workflows
2. Improve data integrity and standardize data management
3. Improve application and onboarding process for new practitioners

This transition provided an ideal opportunity to align multiple workflows and processes. Where there had previously been multiple distinct paper applications for new physicians, now there would be a single online application, approved by each location's physician leadership. This would improve the reappointment cycles for physicians, resulting in faster times to approve and onboard practitioners, and would create a standardized set of requirements, timelines and expectations.

Another significant benefit of this initiative was aligning data among the hospital system and its new entities and introducing a new data governance structure. By converting multiple practitioner databases containing thousands of records into one new system, the team identified opportunities to standardize data protocols. Staff were given new expectations and trained on consistent data entry requirements and workflows. Coupled with new protocols for cleaning up past data discrepancies, this will generate a cleaner database with less duplication and errors, saving a tremendous amount of staff time and generating more reliable reporting for stakeholders across the system.

The team also worked with the vendor of the credentialing and enrollment system to produce a more efficient staffing model. Where the vendor proposed training staff members only in the tasks of their current roles at their current sites, Freed expanded training so that all medical staff services team members were cross-trained in credentialing, enrollment and privileging. This would provide system management with greater flexibility in assigning staff, consolidating tasks, achieving physician cross-coverage and developing a new and more centralized staffing model.

Results

Based on these efforts, the hospital system will achieve the following:

- **Increased efficiency and cost savings** – When medical staff services completes its enrollment requirements, there will now be a faster process for sharing information with other system stakeholders to ensure that the correct data flows, allowing practitioners to be set up in



additional systems for billing, information technology, clinical documentation and quality. From this, the client will leverage the new credentialing system to improve workflows and processes addressing the life cycle of practitioner onboarding and engagement – even long after medical staff services has completed initial credentialing. The result will be less manual work to onboard new practitioners, an aligned provider identification numbers system enterprise-wide, and decreased time before practitioners can see patients and complete billing requirements.

- **High user participation, adoption and satisfaction** – The team partnered with physician leaders to understand their requirements and concerns and walked them through the new technology to help set their expectations. The result was that physicians welcomed and understood the changes, as well as the benefits and challenge of learning a new system, and were thus more satisfied with the organization as a result.

Conclusion

The process of migrating disparate entities and departments into an efficient, streamlined and centralized medical staff services unit is an ongoing effort. Based on client resources and timing, the client should fully realize all benefits in two to three years. The end result will be faster turnaround times to credential and privilege new practitioners, as well as a more efficient process for managing data and renewal workflows on an ongoing basis.

This initiative was intended to support results sustainability, which was achieved by defining new standard work, communicating best practices and new protocols, and leveraging technology to support team efficiency. The key was involving all stakeholders – from staff to physicians – in decisions, communications and training. Through this effort, the client will be better able to navigate future challenges and changes inherent in its continuous improvement efforts.