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# DATA LINK

Your link to the Centralized Credentials Database

To keep you knowledgeable about current and emerging developments within your areas of expertise for the purpose of enhancing your professional development

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Volume 2 Issue 3

Dec 99

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THANK YOU

NAVY PACS

We want to extend our sincere thanks and appreciation to our Navy PAC community. Your diligent and professional efforts to identify and notify every Navy physician, of the change in the licensure requirements for military physicians, was exemplary.

We acknowledge the hard work you provided to your commands, and the timely submission of reports to Sandy and I, CDR Irvine.

**THANK YOU!!!**

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**ORIGINAL OR COPIED**

**ICF/IPF**

**THAT IS THE QUESTION!!**

**CDR Irvine**

Navy providers are being assigned to Army, Air Force, or TRICARE health care treatment facilities with increasing frequency.

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**Published by HSO, Jacksonville, FL.**

**32212-0140**

When an Army, Air Force, or TRICARE PAC contacts you and requests the ICF/IPF of a Navy

provider, do you forward the original Navy file, or do you forward a copy?

Always forward a copy, never the original ICF/IPF. The credentials file belongs to the Navy and should remain under Navy control throughout the provider's career. When the Navy provider returns to practice in a Navy facility, the gaining Navy PAC will contact the holder of the original credentials file and have it transferred. Check the file to make sure it contains all of the information from when the provider provided care outside of the Navy. Contact the Army, Air Force or TRICARE PAC to obtain any missing information.

**PARS**  
**A VITAL PART OF THE**  
**PRIVILEGING PROCESS**

*LCDR B. Hart, CCPD*

Per the BUMEDINST 6320.66B, a PAR is "...the primary document used to support the granting and renewal of active staff appointments." In addition, the 66B also states "...A PAR...shall be completed on each practitioner providing healthcare services...at intervals not to exceed 2 years...", and "Upon completion of temporary duty exceeding 4 continuous days..."

So what does this mean to you as a PAC? It means you must do PARS on every provider who sees patients in one of your

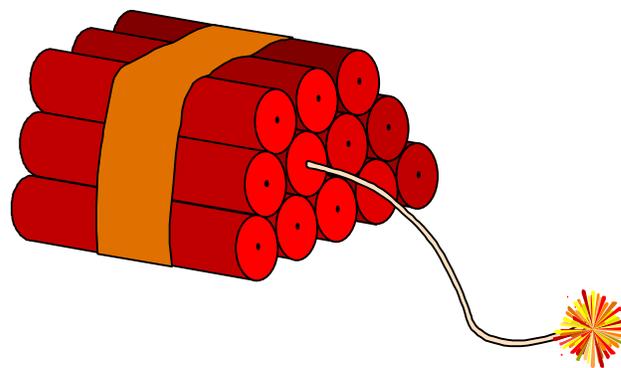
facilities. But of course, you say, I do that! But do you realize this also refers to Reservists? Most of you are aware of the requirement and complete a PAR when a Reservist does his/her two-week AT in your facility. But you might not be aware that a PAR is also required on each Reservist who drills at one of your facilities - whether monthly, quarterly, or intermittently. This is where the two-year requirement comes into play. If you have Reservists providing care in any of your facilities, it must be documented and commented on with a PAR. But the Reservists work independently, you say. No active duty provider is around on the weekend to evaluate them! THAT DOESN'T MATTER! Every one of your Officer in Charge/Branch Director/Department Heads should know what's going on in his/her area. At the very least they should know who is working in their area, have a list of patients seen, and do a retrospective chart review. This information is then used to do a PAR.

When drill PARS are not done, you are doing a disservice to the provider, your patients, and your Commanding Officers. The Executive Committee of the Medical/Dental Staff (ECOM/DS) looks at the information in the PARS very closely. In some cases, the PAR provides the only documentation of clinical competency for that provider. If you are not capturing the workload done by your drilling Reservists, you may ultimately prevent a Reservist from receiving privileges, and thus

will lose an asset to your MTF/DTF. You will be asked for drill PARs for every two-year period, at a minimum, as well as for periods of drill time for 4 days or more. If you choose to combine a drill PAR and one from an AT, that is fine, as long as the periods of time are clearly noted for each.

In addition, completion of the PARS must be timely. In most cases a PAR should be completed and signed off within one month after completion of the period of duty. We know everyone of you is very busy - you have a tough job. And the staff at CCPD understands that, but we have a job to do as well. Multiple requests for PARs waste their time and yours. We consider three requests for a particular PAR within a three-week period to be the limit. If a PAR is not received within that time, a letter will be sent to your Commanding Officer requesting the PAR. This is not meant to be punitive; however, the time spent attempting to get PARs has been steadily increasing, and has held up records for Committee on several occasions.

In summary, remember the 66B requires that PARs be completed on every provider within your MTF/DTF; they must be done at intervals not exceeding two years and cover all periods of patient care, even weekends; and CCPD staff will be tracking the status of all PARs requested from the field.



## **SPECIALTY LEADER'S BOX**

**DYNAMITE STUFF AHEAD!**

CDR G. Irvine

### **Cardiology Privileges**

#### ***From the Specialty Leader***

A question regarding the following Cardiology supplemental privilege "Exercise radioisotope cardiac imaging tests" was asked:

What does the PAC need to know to grant this supplemental privilege?

#### ***Per the Specialty Leader***

This supplemental contains two components: (1) The exercise part, and (2) the radioisotope cardiac imaging test part.

Every cardiologist can observe this supplemental; but only those cardiologists with additional education/training and licensure can partake in the radioisotope cardiac imaging testing part.

Exercise Part: No problem. Every cardiologist knows how to interpret an exercise stress test. The exercise

cardiovascular stress test, performance and interpretation is a supplemental for the Internal Medicine physician. So, an Internist with this supplemental can partake in the exercise part of this cardiology supplemental.

Radioisotope cardiac imaging test part:

Nuclear techs, and/or nuclear radiologists, run this test and the cardiologist can observe.

This part of the supplemental requires injection of a radionuclear substance, and the Nuclear Regulating Agency requires a nuclear license.

To interpret this part of the test a physician must meet a certain standard and have the experience...usually the physician must obtain the license and read approximately 100 cases.

If a cardiologist requests to perform the whole supplemental check for an additional license from the Nuclear Regulating Agency, and the education & training (how many total cases completed within what period of time), before granting this whole supplemental.

Contact CDR Irvine if any questions arise.

**Physical Therapy (PT)**

***From the Specialty Leader***

A question arose regarding the educational requirement for the PT: Does a PT have to have the Baccalaureate degree in Physical Therapy to be granted the Core?

The answer is "No." The current standard only requires a Baccalaureate degree with a State license in PT.

**OB/GYN Privileges**

***From the Specialty Leader***

The following question was asked, "Does the OB/GYN physician need to specifically request the privilege for cryo-surgery."

The answer is "No." Cryo-surgery is inherent in some of the Core procedures already, e.g., Colposcopy. It is not necessary to grant an additional cryo-surgery privilege.

**ORGAN/TISSUE**

**PROCUREMENT PROGRAM:**

**CREDENTIALS REQUIRED**

CDR G. Irvine

There are two instructions you, the PAC, need to be familiar with: BUMED 6300.8 and the more current DoD Directive 6465.3 dated 16 Mar 95.

There are two different programs you will need to be aware of (1) The local Organ and Tissue Procurement Program, and (2) the Armed Services Medical Regulating System.

The Organ Procurement Organization (OPO) is a formally constituted civilian organization created to coordinate and recover organs and tissues for a specific type of transplantation or a special geographic area.

The Navy participates in the congressionally established National Organ and Tissue Procurement Network, through our military transplant centers (MTC).

As a PAC in an inpatient military treatment facility, you may be asked to "credential" and "privilege" members of these programs, before they are allowed to harvest an organ.

**This is unnecessary and not required.**

The MOU/MOA your command has with the MTC and the local OPO should delineate what **sufficient documentation (e.g., official orders, assignment letter, or identification card)** will be required. The above document(s) must be presented to the CO of the MTF to establish their authorization to perform the services.

The PAC may not ever have anything to do with this process, however if the question regarding credentials is asked of you, you will now be able to give the appropriate guidance.

P.S.: This issue is also addressed in the BUMEDINST 6320.66b, Section 2, para 19.

**CCPD**  
**SELECTED RESERVIST**  
**CORNER** LCDR B. Hart

*The CCPD has a new BLS card policy taking affect "NOW."*

To assure all Selected Reservists possessed a current BLS certification, the Navy's requirement for a BLS certification was associated with the credentials review and privileging process.

After extensive review and discussion of this requirement, the CCPD determined the requirement for BLS certification was an education and training issue, not credentials and privileging issue.

Accordingly, BLS certification documentation is no longer required for the granting of Selected Reservists privileges.

The requirement for BLS still exists per BUMEDINST 1500.15A, but it will no longer be tracked by the CCPD.

An attestation statement acknowledging the requirement for BLS certification has been added to the Reserve PPIS.

Additionally, the BLS information will not be listed on the Reserve ICTB, which is issued by the CCPD to gaining facilities. It is the member and his/her Reserve Unit's responsibility to ensure all healthcare providers are properly certified.

BUMEDINST 6320.66B, Section 2, paragraph 4.a.(5), was deleted in its entirety.

If you have any questions, contact LCDR B. Hart at DSN 542-7200 ext. 8116.

# AMERICAN RED CROSS VOLUNTEERS: COVERED OR UNCOVERED?

CDR G. Irvine

The following information is regarding American Red Cross (ARC) Volunteers.

A Memorandum of Understanding (MOU) exists between the Department of Justice, DoD, and the ARC volunteers who are under the Federal Tort Liability Act.

ARC volunteers working under the direct supervision (authority) and control of DoD personnel will be considered as employees of the Federal Government for purposes of the Federal Tort Claims Act (FTCA). Volunteers so protected include those whom ARC refers for work in military hospitals and clinics and well as the DoD schools.

**Remember:** Since the MOU only addresses the FTCA, this MOU only applies to CONUS (within the 50 States), and it does not cover ARC volunteers in MTFs outside of the United States. Currently, we have no MOU, or other documentation, covering ARC volunteers in OCONUS facilities.

## E X P A N D E D

## USE OF THE ICTB

CDR G. Irvine

DoD implemented the Inter-facility Credentials Transfer Brief (ICTB) in a memorandum dated 11 Jul 94. The ICTB was originally restricted to use with uniformed military and civilian personnel.

A memorandum dated 11 Dec 95 expands availability of the ICTB to all privileged providers, including contractors, resource sharing, **Veterans Administration (VA)** and non-military, uniformed providers.

Per a letter from the JCAHO, dated 18 Apr 94, the JCAHO stated the ICTB will meet the intent of the standards for credentialing contained within the **Accreditation Manual for Hospitals**. The JCAHO states this new process will be a significant improvement in the efficiency and effectiveness of credentialing and privileging DoD health care providers for temporary assignment.

So...if as a PAC you "run into" a JCAHO surveyor who questions your facility's ability and authority to grant privileges from an ICTB, you can offer an appropriate explanation.

Please remember, the VA is not "mandated" to use DoD's ICTB. You will find a majority of VA facilities do not use the ICTB, so you cannot expect one from them if their providers are requesting privileges in your facility.

Should this situation occur, or



**DATALINK**

you have any additional questions, contact CDR G. Irvine.

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## THE DEA NUMBER A NEW WAY TO REVIEW

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Karen, PAC at NH Great Lakes, sent this formula in for the validation of a DEA number:

- (1) The first letter is always an "A" or "B".
- (2) The second letter is the 1<sup>st</sup> letter of the practitioner's last name.
- (3) Add together the 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> digits.
- (4) Add together the 2<sup>nd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> digits and multiply by 2.
- (5) Add together the answers found in steps 3 and 4 above. The digit in the 'ones' position of the answer will be the same as the 7<sup>th</sup> digit on the DEA certificate.

Try it...it works! Thanks, Karen.

## PAC QUESTION OF THE MONTH

Ms Gretchen  
Morrison

CDR: I am looking at 6320.6B - Sec 5(6), "Local retention of credentials info." We have quite a few docs who exercise privileges here both from ships and Reserves. **My FILES are OVERFLOWING** with documents. Are we required to keep their CTB, Appendix Q, and PARs for 10 years? I need relief!!

The answer to the above question contains two parts:

- (1) When a provider separates from the Navy, the whole ICF/IPF is maintained for 10 years.
- (2) For those providers who "pass by your way" on an ICTB or whatever, you are only required to maintain the QA data for this provider for 5 years (I think it is still 5 years per the SECNAVINST 5212.5D). The ICTB, Appendix Q, application packages (or parts thereof), are considered QA data, and since the originals are placed in the ICF/IPF (these QA documents are represented in the original ICF/IPF), you are only required to maintain copies for 5 years.

The HSO is renovating spaces to add sufficient shelving to bring archived credentials files under one roof. For our practitioners and you, our PACS, this means "one stop shopping" for verification of credentials at the HSO.

I will be forwarding more information when we are ready to initiate this process...I will let you all know in plenty of

time to get your files ready to ship.

## LITIGATION REPORTS

The question is often asked does the Litigation Report need to be forwarded to BUMED?

Some of our commands complete a Litigation Report on questionable outcomes, to be prepared in case of a future litigation. PACS often wonder if BUMED needs a copy, and if the 2526, Case Abstract for Malpractice Claims form needs to be completed?

Per BUMED RM, yes, to both questions.

BUMED maintains a copy of the Litigation Report for at least 2 years, or longer. Litigation Reports are reviewed to determine if all the necessary information is in the report. This report is then subjected to an algorithm to see whether or not a "lesson's learned" should be completed and forwarded for review.

### COMPLETION OF SECTION VIII ON THE PAR

CDR G. Irvine

The PAR Section VIII is an evaluation section requiring a judgement regarding the overall professional and behavioral performance of the practitioner.

Each question requires one of three assessments: Satisfactory (Sat); Unsatisfactory (Unsat); and Not Observed (Not Obs).

While the sat and the unsat are self-explanatory, the not-obs is very difficult for some commands to understand.

### Consider the following situation:

The Family Practice (FP) Department Head is responsible for the completion of all PARs for the Family Practice physicians. Since there are only three physicians practicing in the FP Department (two within the hospital, one in an isolated Branch Clinic), the Family Practice Department Head monitors the individual PI indicators on each physician, and manages the peer review process. At time of renewal, the FP Department Head initiates and completes the PAR.

LCDR F. Practice practices at the isolated Branch Clinic. His indicator monitors are all within standard (the FP Department Head collects & maintains this PI data, and completes the medical record peer review. He keeps this information in the CAF in his office in the hospital) and he is considered to be currently competent for privileges requested. He is up for renewal of his Medical Staff Appointment with clinical privileges.

The FP Department Head has completed the PAR. In Section VIII he has placed a check in the "Not Observed" square for every evaluation element, stating, "I have not stood behind this practitioner and watched him practice, therefore, I have not observed him practice." In Section X and XI the FP Department Head has

stated the following, "Overall is currently competent for privileges requested."

The FP Department Head hands the PAC the PAR. As the PAC reviews the PAR, the PAC scratches his/her head, and asks...What is wrong with this picture?

### **DO YOU KNOW?**

The problem is while Section X and XI state the physician is "currently competent for privileges requested," the documentation in Section VIII does not support this conclusion. How can the Department Head draw the conclusion the practitioner is competent, when he has not "observed" any aspects of the practitioner's care?

### **So...What's the exact problem?**

The FP Department thought the only way to determine if the practitioner's care was "Sat" was by personally, observing the physician's care. Since he never personally observed the physician while he provided care, the Department Head thought he had to check the "Not Obs" column.

There are many mechanisms to determine the provision of competent and safe patient care.

One way is to directly observe the care given.

Another way is to indirectly observe the care given through the monitoring of the departmental specific criteria,

and peer review of care given through medical record review. This indirect mechanism is just as effective as to directly observe the care given.

In essence, by initiating, monitoring, and completing the peer review, the Department Head was "observing" the care given by this physician at the isolated duty station. The FP Department Head was able to correctly assess the appropriateness, effectiveness, and safety of this physician's care, and determine the care provided was within the standards as set by the Medical Staff.

Please check the completed PAR to make sure the PAR "makes sense," and truly reflects the information the Department Head wants it to reflect.

In the case above, the FP Department Head changed the "Not Obs" to "Sat."

If there are any questions regarding the completion of the PAR, please contact CDR Irvine.

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Sandy has prepared an Index containing all of the past DATALINK articles. The Index is arranged alphabetically, per article.

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## **TO OUR NAVY PAC FAMILY**

**SANDY AND I WANT TO WISH YOU ALL THE HAPPIEST OF HOLIDAYS AND A REALLY GREAT NEW YEARS.**

**IT IS SUCH A COMFORT TO KNOW YOU WILL ALL BE AROUND WHEN THE NEW YEAR ROLLS IN...THANK YOU FOR ALL OF YOUR HARD WORK AND DEDICATION.**

**YOU GUYS ARE OK!!!**