
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

Volume 2 Issue 3

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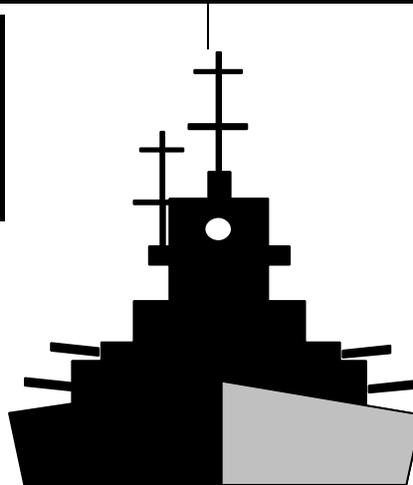
**COMPREHENSIVE
DENTISTRY CORE
PRIVILEGES**

CDR G. Irvine

**New NOBC and SSP
Codes for Naval
Reserve General
Dentists**

The following question has been asked several times: "One of our monthly drilling Reservists has new privileges for Comprehensive Dentistry. He only has a basic dental degree with no formal post-graduate training. His privileges are General Dentistry and he is requesting Comprehensive Dentistry privileges based on BUMED giving him a new NOBC and SSP. I cannot locate current competency information within the past 2 years. What do we do?"

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BUMED Policy

Navy Dentistry recently authorized a 0525 Naval Officer Billet Classification (NOBC) with a 1725S Subspecialty Code (SSP) for general dentists in the Naval Reserve who satisfy the following criteria:

1. Ten total years of experience in the practice of general dentistry.

General Dentists must forward to BUMED all pertinent educational credentials and a military letter certifying they have practiced the required number of years as a general dentist.

The dentist may bring to you a copy of a BUMED letter assigning the new NOBC and SSP.

Current Competency?

Where is current competency considered in this administrative process of awarding the Comprehensive Dentistry NOBC and SSP code?

Can the Navy PAC and Medical/Dental Staff be assured the dentist is currently competent to be granted

Comprehensive Privileges based on the NOBC and SSP codes?

The answer is "yes."

CAPT Curry, DC, did some investigating and spoke with CAPT J. Carney, Assistant for Total Force Integration (MED-62R) at BUMED, in relation to criteria for documentation of current competency in Comprehensive Dentistry for Naval Reservists and IRR Navy Dental Officers.

CAPT Carney stated a corps specific Professional Review Board (PRB) at BUMED compares supporting documentation of training to the Comprehensive Dentistry core privileges, prior to making a recommendation for privileging action at the CCPD or at your facility.

Therefore, the General Dentist who has been granted the 0525 NOBC with the 1725S SSP has had to prove to the PRB: a) 10 total years of general dentistry experience, AND b) supporting evidence of current competency relating to the Comprehensive Dentistry core privileges.

You, as the PAC, can assure your Medical/Dental staff these providers meet the Navy standard for the granting of Comprehensive Dentistry core privileges.

**THE CREDENTIALS
PROCESS - ICF v.
APPENDIX Q
When to use?
CDR G. Irvine
PAC DILEMMA**

Have you been faced with this dilemma as a PAC?

A new provider has just arrived at your facility on PCS orders. The ICF has not arrived. You contact the sending PAC who forwards you a CTB. The Medical Staff want this provider to work...yesterday!

What do you do...you only have a CTB? Can you grant an Active Staff Appointment with clinical privileges with only a CTB? The answer can be difficult when these two, separate, credentials processes are not clearly understood. Additionally, the BUMEDINST 6320.66B can be confusing as to which process to use in what situation.

**APPENDIX Q WITH CTB
PROCESS**

If you read the Appendix Q closely you will notice the following statement, "Following...I recommend he or she be authorized to EXERCISE clinical privileges as requested."

The CTB/Appendix Q process does not grant the practitioner privileges! It only allows the practitioner to "exercise" those privileges already granted by the practitioner's privileging authority (PA).

Therefore, the practitioner who TADs or ATs to your facility for temporary duty, has current privileges to exercise.

The CTB/Appendix Q process is used to allow practitioners', who are at your command on temporary duty, to exercise those privileges already granted by their PA.

APPOINTMENT TO THE MEDICAL/DENTAL STAFF WITH CLINICAL PRIVILEGES FOR THE PCS PRACTITIONER

When a practitioner transfers to another command via PCS orders, the moment the practitioner leaves the command, the Medical Staff appointment with clinical privileges expires. They cease to be.

Therefore, the CTB/Appendix Q process would not be the appropriate process to use to grant this practitioner privileges upon finally reaching your command. The privileges are expired, and permission cannot be granted to exercise privileges that have expired.

The ICF, in totality, is necessary to grant the practitioner a Medical Staff appointment with clinical privileges at the gaining PCS command. However, the 6320.66B does state the CTB can be used to grant a Medical Staff appointment with privileges.

PAC DILEMMA

This is a difficult situation for the PAC to be in. The Medical Staff want this practitioner to be practicing usually within 24 hours after arrival.

This is why it is so important for the sending command PAC to forward to the gaining command either the ICF, or enough information to allow the gaining command PAC to start the credentials process as much as possible...especially for those

operational or OCONUS commands. This is why the BUMEDINST 6320.66B states either the ICF or the CTB can be used to confirm the credentials and verification. However, the CTB, alone, is not sufficient to grant the appointment with privileges. While the 4 pillars of credentialing are there, with the PSV of each, the whole history of the practitioner is missing; therefore, any missed "red flags" cannot be found and resolved by you, before the granting of an appointment with privileges.

So...what can be done safely to meet your command's operational need for this practitioner? There are 3 mechanisms that can be used depending on your CO and Medical/Dental Staff preferences:

- a) A Plan of Supervision (POS) until the ICF arrives and the credentials process is complete.
- b) Use of Temporary Privileges (you all can hear my teeth grind as you read this). Temporary privileges are to meet the command's emergency needs for patient care. In the operational or OCONUS arena, this practitioner will probably be needed to support patient care within the next 24/48 hours. This could be considered an "emergency" for these situations, and the practitioner could be granted Temporary

Privileges based on the CTB.

However, I must remind everyone, Temporary Privileges are not to be used to meet usual staffing requirements based on the inability of the Medical/Dental staff to process an application package efficiently.

- c) You may grant an appointment with privileges based on the CTB.

It is very important the PAR and ICF be completed before the practitioner departs from the command. When this is not possible, the sending PAC should contact the gaining PAC and explain the situation, and ask if there is anything out of the ICF the sending PAC can forward to the gaining PAC to assist with the credentials process at the gaining command. From what I understand, I am very proud that a majority of Navy PACS is already doing this last step!
THANK YOU, ALL!

If any questions remain regarding this issue, please do not hesitate to contact CDR G. Irvine.

**JCAHO APPROVES
VERIFICATION VIA
INTERNET**

CDR G. Irvine

*JCAHO has approved Internet verifications; **however**, BUMED has not...*

The JCAHO published a clarification for the use of the Internet to verify a professional credential. Application was made to BUMED to approve this; however, word regarding approval has not been received, as of yet.

JCAHO'S POLICY

Question is: Can a website be used to verify the professional credentials of an applicant for Medical Staff (MS) appointment or clinical privileges?

Yes.

The use of a professional organization's website is permitted for primary source verification (PSV) of credentials if:

1. The information is obtained directly from the professional organization's website. Use of a website of another recognized professional organization (such as the Administrators in Medicine (AIM)) site is permitted if it is used as the platform to reach the intended site. Your facility must confirm that the website used is the professional organization's official website.
2. The facility should assure itself the source website, receives its information directly from the professional organization's

database through encrypted transmission. If the information is not encrypted, it must be protected from alteration by unauthorized individuals.

3. The website information contains all of the information required for the PSV process of the specific credential(s).
4. The website contains sufficient information to properly identify the applicant.
5. The facility should know the currency of information.
6. Any discrepancy between the applicant's information and that on the website, must be followed up with the professional organization by correspondence or telephone.
7. The fact adverse information is not presented on the website should not deter the facility from contacting the professional organization by telephone or written correspondence if the other information gathered by the facility warrants it.
8. All of the information on source of data must be placed in the ICF/IPF.
9. The identification of the medical staff specialist (PAC) who made the website contact and gathered the information, along with the date, should be entered onto the website printout or other record of the information. If this information is electronically transmitted to your facility from some other source (CCPD) the PAC must

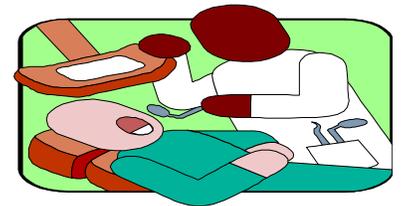
also be identified who gathered the information from the sending command, along with the date.

The JCAHO Clarification is found as attachments 1, 2, and 3 to this DATALINK. *Check them out!*

When CDR Irvine receives approval from BUMED to use the Internet for verifications, further guidance will be forwarded.

UNLICENSED DENTAL OFFICERS

CDR G. Irvine



RADM W. Snell, Assistant Chief for Dentistry, forwarded a POLICY LETTER FOR THE ADMINISTRATIVE MANAGEMENT OF UNLICENSED DENTAL OFFICERS, in October 1996. This policy letter remains current.

Dental Officers are not under the operational exemption for licensure as our Medical Officers are.

Dental Officers must be licensed to practice independently. Per RADM Snell's letter, military exempt dental licenses are valid. Management guidelines for an unlicensed dental officer are the following:

1. Establish a licensure deadline.

2. Establish a licensure POA&M.
3. Set a Plan of Supervision.
4. There are additional guidelines for those dental officers missing their licensure deadline.

PACS' of both MTF and DTFs should keep a copy of this letter in their files. If you do not have a copy of this letter, please contact either CDR Irvine or Sandy Banning. We will fax this letter to you for inclusion in your files.

**PROCESSING OF ANNUAL
TRAINING (AT)
APPLICATIONS FOR
NAVAL RESERVE MEDICAL
DEPARTMENT PERSONNEL**

CDR S. O'Connor

The following simplified guidance is provided for the processing of AT applications for Naval Reserve medical department personnel for whom credentialing and privileging is required.

1. Upon receipt of a Naval Reserve medical department member's AT application requiring verification of credentials and privileges, the AT coordinator at the Reserve Center/Naval Air Reserve shall contact the **Reserve Liaison Officer (RLO)** at the **GAINING COMMAND** to request a **billet control number (BCN)**.

2. The **RLO** at the **gaining command** must contact **CCPD** to verify the Naval Reservist's credentials and privileges are current and in good order.
3. The **RLO** will notify the **AT coordinator** at the Reserve Center/Naval Air Reserve of any discrepancies that require correction by the **Naval Reserve member OR the RLO** will issue a **BCN** for the Naval Reserve member to perform the requested AT.
4. The AT application with the **BCN** is forwarded to **RESFOR** for processing the orders for the Naval Reserve member. Copies of orders are forwarded by **RESFOR** to the gaining site, the Naval Reserve member and other designees per established guidelines.
5. When there are noted credentials/privileging discrepancies, the Naval Reserve member must contact the **CCPD** so that corrective actions can be taken.

*****NOTE: IT IS IMPORTANT THE RLO CHECK WITH CCPD STAFF TO ENSURE THE NAVAL RESERVE MEMBER'S CREDENTIALS/PRIVILEGES ARE CURRENT AND IN GOOD ORDER PRIOR TO ISSUING A BCN.*****

**HMC MICHAUD'S CCPD
CORNER**

HMC Michaud

When forwarding PARs or letters referencing information related to a Reservist's annual training (AT) to the CCPD, please add to your mailing address "Attn: CTB Division." This will ensure the PARs or letters get "checked off" in our database as being received. If a member of CCPD's staff requests a PAR, and it is faxed to us, please put on the fax cover "Attn: CTB Division." The CTB Division will forward the PAR to the staff member who requested it after they enter it into the database as "received." This method will ensure that the PARs/letters you send referencing Reservists AT will be "checked off - received," and you will not be forwarded a letter in the future requesting a PAR that you have already sent. I am hoping this will alleviate the majority of repeat requests for PARs on the PACS.

NATIONAL CAPITAL CONSORTIUM

CDR G. Irvine

As the PAC, you receive a residency certificate from the National Capital Consortium. This certificate lists Walter Reed Army Medical Center, National Naval Medical Center, Malcolm Grow USAF Medical

Center, and the Uniformed Services University of the Health Sciences as part of the consortium.

What is the National Capital Consortium?

Does this credential require primary source verification?

NATIONAL CAPITAL CONSORTIUM

The Consortium is an integration of training programs that are duplicative within the US Capital region. Individually, all of these training programs were ACGME accredited, however, now that they are part of the Consortium, some have provisional and some have full accreditation. By the year 2000 they should all have full accreditation.

PSV?

Yes...this residency certificate requires competency verification.

Why? There is no policy statement in place stating "current competency" is considered inherent in the successful completion of a training program located within the National Capital Consortium.

We have this statement for our Navy training programs, but not for the other Service programs.



OR...

PACS BEWARE!!!

CDR G. Irvine

PACS BEWARE...there are organizations "out there" who would have you spending your command's money on publications and books relating the adverse action/impairment/malpractice history for physicians and other health care providers. Be very careful, these publications, no matter how "official" they may sound, do not always have the most reliable or correct information on a provider.

CASE IN POINT

A Navy MTF spent close to \$300.00 (including tax) on a several volume publication dedicated to making the public aware of physicians with questionable clinical/behavioral histories. This publication was used as a source of information before completion of the appointment process, upon renewals, and upon hiring of physician employees.

A physician was up for renewal of appointment and privileges. He had a "clean slate." There was a medication noted on his PPIS but the command knew all about this. Before approval of physician the PAC checked this reference. Take my word for it, the PPIS came no where near the information contained in this reference! No where near.

According to this reference this physician had a past history of 4 state licenses having disciplinary action on them; 4

state licenses having filed false statements with the Boards, and a few other salient facts.

The PAC thoroughly investigated this data. No where could this data be substantiated. The 4 states had no documentation of disciplinary action, 2 of the states had never heard of the physician. When questioned, the physician was unaware of this information. The NPDB query had an entry we were all aware of.

This publication was further researched. There were no details regarding the sources for the information contained within its pages. There were no attestations the information had been researched. There were no attestations the information was correct and had been thoroughly research and was correct.

Do not consider any secondary or tertiary information valid until you have thoroughly research the information with both the physician and the primary source.

There is nothing wrong with considering this data; however, ask yourselves the following questions:

1. What is the source for this information?
2. Who is the publisher?
3. Does this information correlate with the PPIS information? If not, where is the discrepancy located?
4. Has this information come from the primary source, and if so, does the publication attest to this and the correctness of the information?

5. After you have thoroughly researched this information, and discrepancies still exist, have you discussed this with the provider?

The PAC was very wise and made an excellent professional decision to check this information out before presentation to the Medical Staff for consideration.

***Files, files, files
EVERYWHERE
But not the one I
want!***

CDR G. Irvine

LOCATION OF THOSE FILES

I receive the following question several times a month: "We have been having a terrible time lately with delayed entry/direct accessions reporting here without credentials files. Where are those ICF/IPFs at?"

The bigger question is: Do those files even exist? Many times we think the provider should have an ICF/IPF because he/she has been in the Navy for years. However, often we find the provider has spent most of those years in training, and not in clinical practice. The provider may have a training file, but not a credentials file. The training file may, I repeat may, have some credentials information, but usually we find it does not. One of the reasons the training file does not

contain any credentials information is because on our new accessions, etc., except for the MD degree certification, that is the only "credential" they have. Sometimes even upon graduation of their training, they have to wait for the certification. Go figure!

Some "tips of the trade" for locating files if they exist:"

1. Only physicians will have a Biospherics file. The other 3 Corps do not have an equivalent file.

1. For those practitioners falling into the following categories:

- a) Recalls
- b) Direct Appointment
- c) Interservice Transfers
- d) NADDS

BUMED, MED-522M, MC Military Personnel Technician, may have the Biospherics credentials file and/or additional credentials information which can be forwarded to you. That phone number is (202) 762-3392.

The technician does not have any student files. If your practitioner went to outservice training (OST) or full outservice training (FOST), you can call the following numbers to see if a credentials file may be located with the training file:

- a) MC-(301) 295-5930
- b) DC-(301) 295-0650
- c) NC-(301) 295-0630
- d) MSC-(301) 295-0624

You can also contact me. I have many files from everywhere...perhaps your practitioner's past file is with me.

THE NATIONAL PRACTITIONER DATA BANK...

WHO?

CDR G. Irvine

Ever wonder just who or what is this National Practitioner Data Bank?

Public Law 99-660

Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, was enacted with the following intent: To improve the quality of health care by encouraging hospitals, State licensing boards, and other health care entities, including professional societies, to identify and discipline those who engage in unprofessional behavior, and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosure of previous damaging or incompetent performance.

The law established the NPDB, an information clearinghouse, to collect and release certain information related to the professional competence and conduct of physicians, dentists,

and in some cases, other health care practitioners.

The NPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of health care practitioner's professional credentials. You, as PACS together with your Medical/Dental staff, use this information contained in the NPDB in conjunction with information from other sources when granting either the appointment or clinical privileges.

Responsibility for NPDB implementation resides in the Division of Quality Assurance, Bureau of Health Professionals, U.S. Department of Health and Human Services (DHHS).

Who Submits Information to the NPDB?

State Medical and Dental Boards, Hospitals and other health care entities, professional societies, medical malpractice payers, and health care practitioners (they are not required to report payments they make on their own behalf).

Who Queries?

The Navy's query process is centralized at the HSO, Jacksonville.

Per a DoD/NPDB Moratorium, we only query on physicians and dentists. The Moratorium is through 2000.

The majority of the query process is automatic with use of the QPRAC software and our CCQAS entries. Sometimes the software misses and we depend upon Navy

PACS to let us know when a query has been missed. An ad-hoc query can be completed in usually 24 hours. Please remember, the practitioner must be in CCQAS to query, and he/she must have a license.

Correction of Inaccurate Information

Practitioners may not submit changes to reports. If any information in a report is inaccurate, the practitioner must contact the reporting entity (BUMED-MED03L) to request that it correct the information by filing a Correction to the report. The NPDB is prohibited by law from modifying information submitted in reports.

Practitioner Statements

Practitioners may add his or her own statement to a *Medical Malpractice Payment* or *Adverse Action Report*. The statement will be released with the report to future queriers, and notification of the statement will be sent to all queriers who previously received the report. Practitioner statements are limited to 2,000 characters, including spaces and punctuation.

These statements are entered into the computer system exactly as submitted to the NPDB and cannot be changed. Drafting a Practitioner Statement in accordance with the character limits ensures the statement will contain the information a practitioner considers most important.

Practitioner Disputes

A practitioner may dispute either the factual accuracy of the information in a *Medical Malpractice Payment* or *Adverse Action Report* or whether a *Medical Malpractice Payment* or *Adverse Action Report* was submitted in accordance with the NPDB's reporting requirements. A practitioner may not dispute a report in order to protest a decision by an insurer to settle a claim or to appeal the underlying reasons for the adverse action.

The practitioner must attempt to resolve the disagreement directly with the reporting entity. Changes to the report may be submitted only by the reporting entity.

The NPDB law recognizes a medical malpractice claim may be settled for reasons that do not reflect negatively on the professional competence or conduct of the health care practitioner. There is no intent by the NPDB to construe a payment in settlement of a medical malpractice complaint or claim as medical malpractice. Therefore, a practitioner may not dispute a report because the insurer settled a medical malpractice claim without the practitioner's consent.

Practitioner Self Query

Practitioners are allowed to self-query the NPDB regarding themselves at any time. Currently, self-queries are free, but that will be changing in the future.

A practitioner who submits a properly completed *Practitioner Request for Information Disclosure (Self-Query)* form to

the NPDB will receive in response either a notification no information exists in the NPDB, or information about him or her as it was reported to the NPDB. CDR Irvine has this form if you require one; or contact the NPDB Help Line at 1-800-767-6732.

**BRIEFINGS ON
JCAHO (BOJ)
LIVE**

CDR G. Irvine

THE Greeley Education Company, who publish *Briefings on JCAHO (BOJ)*, presented an audioconference titled, "Analyzing the changes to the JCAHO's 1999 Hospital Standards and Other Initiatives."

The following is a discussion of some of their "points of interest" for 1999.

JCAHO's Required PI Measures for 1999

Hint: You will see these during your next survey!

1. Anesthesia, operative, and other procedures that place patients at risk: PI.3.1.1 and PI.4.3
2. Medication use: PI3.1.1 and PI.4.3
3. Blood and blood components: PI3.1.1 and PI.4.3
4. Behavior management: PI.3.1.1 and TX.7.1.2
5. Services to high-risk populations: PI.3.1.1

6. Needs, expectations, satisfaction of patients: PI.3.1
7. Nosocomial infections: IC.2
8. Competence patterns and trends of staff's learning needs: HR.4.3
9. Medical record review: IM.3.2.1
10. Analysis of data for patient care and operations: IM.8
11. Important processes: LD.4.3
12. Leaders' contributions: LD.4.5
13. Information Collection and Evaluation System (ICES) evaluates environment of care: EC.3
14. EC standards-specific plans with PI standards for:
 - Safety-EC.1.3
 - Security-EC.1.4
 - Hazardous materials-EC.1.5
 - Emergency preparedness-EC.1.6
 - Life safety-EC.1.7
 - Medical equipment-EC.1.8
 - Utilities-EC.1.9

Most of these relate to the performance improvement (PI) standards within your organizations; but, since we have so many PACS who are also the PI Coordinators for their organizations, I thought this information would be a valuable tool for your future JCAHO survey preparations.

If you would like examples of checklists or sample questions

and answers for your Medical Staff leaders, just let me know.

A Listing of the Top Type I's of 1998 for Hospitals:

1. Assessing competence-HR.5
2. Medication use-TX.3.5
3. **** Medical Staff Alert*****
Patient-specific data and information-IM.7.7 - Medical staff rules and regulations identify individuals qualified to accept verbal orders.
4. Special treatment procedures-TX.7.1.3.2.8
5. **** Medical Staff Alert*****
Initial assessment-PE.1.6.1 & PE.1.7.1 - H&Ps and other screening assessments are completed within 24 hours of inpatient admission; and, the hospital conducts pre-anesthesia assessments.
6. Environment of care-design-EC.1.1
7. Special treatment procedures-TX.7.1.2
8. Planning-LD.1.3.4.2
9. *****PAC Alert*****
Credentialing-MS.5.5.1 - Information about challenges or voluntary relinquishment of license/registration is required.

A Listing of the Top Type I's of 1998 for Ambulatory Care:

1. *****PAC Alert*****
Credentialing and privileging of licensed independent practitioners (LIPS)-HR.7.1 - The organization uniformly applies credentialing criteria to LIPS applying to provide

patient care services. Additionally, in HR.7.2.1, the organization grants clinical privileges based on the practitioner's qualifications and the care provided.

- None of our PACS in our Ambulatory Care Clinics have this as an issue; however, I mention it as a "heads up."
2. Competence-HR.5 & HR.4.2
 3. Implementation-EC.2.9
 4. Design-EC.1.1
 5. Medication use-TX.3.3 and TX.3.9
 6. Surveillance, prevention, and control of infection-IC.4
 7. Improvement of performance-PI.4
 8. Patient rights-RI.1.3.6

Accreditation with Commendation

According to the BOJ, in 1999 it will be tougher to receive an Accreditation with Commendation. The BOJ stated there are overall concerns the JCAHO has not been tough enough with their survey process.

1994-1996

Accreditation	
With Commendation-----	12%
Accreditation-----	4%
Accreditation with	
Type I's-----	82%
Provisional Accreditation---	1%
Conditional Accreditation---	1%
Non-Accreditation-----	<1%

As you can see, from 1994 to 1996, 12% of JCAHO accredited facilities received Accreditation with Commendation. The projected figure for 1999 is 5%.

In the next DATALINK I will present Navy's top Type I Recommendations.

THE SPECIAL PAR... WHEN TO USE...

CDR G. Irvine

QUESTION???

How is the gaining command notified of any credentials and/or potentially adverse privileging actions AFTER a provider has transferred from their command ?

ANSWER...

There is a specific process for just this situation located in the BUMEDINST 6320.66B, Section 2, para 16b(6), called the...Special Par.

Special PAR.

- (1) When significant new information about a detaching practitioner's performance or conduct (behavior) becomes available after the practitioner detaches, a "Special PAR" shall be completed by the appropriate department head, endorsed by the credentials committee and the ECOMS/ECODS and

forwarded to the gaining privileging authority.

- (2) When received by the gaining privileging authority, the PAR shall be reviewed and endorsed by the gaining department head, the practitioner, the credentials committee, and the ECOMS/ECODS before inclusion in the practitioner's ICF.
- (3) The "Special PAR" is the appropriate vehicle to forward results of JAGMAN, or investigations into allegations of misconduct or substandard care to the gaining privileging authority. Do not reiterate information contained on the transferring PAR.
- (4) A potentially adverse PAR must be acted upon and finalized by the sending command.

If you have any questions please contact CDR G. Irvine.

THE MOST CREATIVE CCQAS ENTRY GOES TO...

CDR G. Irvine

Attachment 4 wins the 4th Quarter 1998 "Creative CCQAS Entry" award.

In place of a license number we had a Zip-Code entry. The license was an Active license, not a Military Exempt license

(NY does not issue a Military Exempt license). Additionally, the Field contained a 000 entry, which meant the physician was not really licensed at all. To complete the package, the license number had not been primary source verified...and this physician was a member of the Medical Staff with specialty privileges.

When Sandy, Don, or I complete our CCQAS ad-hoc reports, these are the types of errors we find every day. These errors are mainly due to 2 reasons: a) Inattention to detail, and b) not double-checking the entry either before or after it is saved.

This information is critical to both BUMED and higher authority in implementing medical readiness operations; to assist the Corps Chiefs with their decision making processes regarding management of their community of practitioners; to document and verify the appropriate credentials of Navy practitioner's; assist in resource allocation decisions, etc.

I depend solely upon our Navy professional PACS to forward to me quarterly the most current and correct information they have on-hand. It is because of the intelligence and professionalism of our Navy PACS (YOU GUYS) that our CCQAS database is trustworthy.

I commend you all for the dedication you apply to both your Medical Staff and your CCQAS maintenance responsibilities.

So...please do not be upset when we contact you and ask you to correct entries. If we correct them in our headquarters database, and you do not correct them in your CCQAS, with the next quarterly report you send your incorrect data will overwrite my corrected data.

If there are any questions or concerns regarding this issue, please do not hesitate to contact Sandy, Don, or I.



REMINDER!

**1ST QUARTER 99 CCQAS REPORT
DUE NLT 15 JAN 99**

MARK YOUR CALENDARS!!

**WE ARE ON THE
WEB PAGE...COME VISIT**

CDR G. Irvine

**COME ONE...COME ALL...VISIT OUR
WEB-PAGE AT** the HSO site:

<http://nhso-jax.med.navy.mil>

1. Tab down to the page bottom

2. Click on the 07 button
3. On the next page Click on the top yellow button: Active Duty Credentials & Privileges
4. Then *explore*.

If you have any suggestions regarding what you would like to see on our Web Page, just contact either Sandy or I and we will try to make it happen.

RECENT 6320.66B CHANGES

CDR G. Irvine

An email was forwarded to every PAC in March 1998 regarding the following changes to be made in your BUMEDINST 6320.66B.

I forwarded a new email addressing the same changes in Oct 98.

Please make these changes now...do not wait for the changes to appear on the Internet Web Page.

The following requires your attention:

1. Appendix J (PPIS) privileged providers Question 4 should read:
"List all Licenses or Certificates by State or Federal

Agency. Include all those that have been either voluntarily or involuntarily withdrawn."

2. Appendix J (PPIS) privileged provider Question number 10e) should read: "Has your license or certification (all, including DEA) to practice in any jurisdiction ever been, voluntarily or involuntarily, revoked or restricted?"

3. Appendix J (PPIS) non-privileged providers Question number 4 should read: "List all Licenses or Certificates by State or Federal Agency. Include all those that have been either voluntarily or involuntarily withdrawn (include Drug Enforcement Agency (DEA) certification)."

3. Appendix K: Add the Endorsement Page found in the 6320.66A on K-5. This is granting an active staff appointment to providers based on the demonstrated current competency at the previous treatment facility. This page should have 3 signatures... the Chair of ECOMS is missing and should be added.

4. Add an Endorsement Page for Temporary Privileges.

5. Appendix A (LIP PAR): Section IX(c) should read: "Had substandard care substantiated through one of the actions in b above?"

6. Appendix A (RDH PAR): Section VI(b) should read: "Had substandard care substantiated through one of the actions in a. above?"

7. Optometry - Core Privileges should read: "Eye irrigation" not "Eye irritation".

8. Psychiatry - Core Privileges. The title "Psychiatry - Supplemental Privileges" moves down 5 privileges. The first five privileges under Supplemental are actually Core privileges. The first supplemental privilege is actually "Electroconvulsive therapy".

9. Appendix S, item 2(d) Section IV: Remove reference to "and RPh for pharmacists" as an example in the first sentence. Pharmacists are LIPs.

10. Page 3, paragraph 6c: replace "Marine Forces" with "U.S. Marine Corps Forces".

11. Page 7, paragraph 10e should read: "Eligible health care practitioners are required, upon reporting for clinical duty, to request a professional staff appointment and the broadest scope of core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility to support the privileges requested. Physicians assigned as Commanding or Executive Officers whose credentials and current competence support may apply for Primary Care Medical Officer privileges regardless of prior privileges held. Such application is intended to offer maximum flexibility for

Commanding and Executive Officers who wish to maintain clinical experience while fulfilling their primary duties. Eligible health care practitioners may hold more than one set of privileges if they meet the above requirements. Those who do not maintain required qualifications or do not request such privileges are subject to processing for separation for cause under reference (h) for military personnel, or for administrative action including termination of employment under reference (i) for civilian employees. (PACS - This does not imply the CO or XO MUST request privileges!) Commanding officers must ensure practitioners conform to this guidance and must initiate the required administrative action in a timely manner if they fail to do so. Commanding officers have a duty to provide practitioners the resources and training necessary to meet their prescribed responsibilities."

12. Page 2-14, paragraph 9a should read: "Practitioners who are commanding officers are not to provide health care services independently unless appointed to the medical or dental staff. Commanding officers may not grant professional staff appointments to themselves, but may grant professional staff appointments to their Executive Officers. Commanding and Executive Officers whose primary duties do not allow opportunity for clinical activity in their specialty may apply for Primary Care Medical Officer privileges if

their credentials, experience, and current competence are commensurate. Privileging in such circumstances is not considered adverse and is not subject to the adverse privileging review process."

Point of explanation of number 11 and 12 above:

Many Navy Commanding and Executive Officers wish to remain active within the clinical community. Unfortunately, their executive administrative duties do not allow them to remain currently competent in certain specialties.

To meet our Commanding and Executive Officer's needs to "keep their hands on" in the clinical environment, BUMED has approved the granting of PCMO (GMO) privileges to these providers no matter what specialty they may be Boarded in.

Now of course, if the Commanding or Executive has not been practicing PCMO privileges within the past two years, they must be placed on a Plan of Supervision (POS) until current competency is documented on a PAR.

Number 11 and 12 above do not mean the Commanding and/or the Executive Officer MUST have privileges, it just means if they wish to remain active in the clinical community, they may be granted PCMO privileges instead of their specialty privileges.

If you have any questions regarding this issue, please do

not hesitate to contact CDR Irvine.

**PAC AND MEDICAL
STAFF REMINDER**

CDR G. Irvine



With the 1998 PAC Conference being cancelled, the HSO, Jacksonville has a

Special Deal for YOU.

All it takes is a call and Sandy will get the ball rolling to arrange special "one-on-one" training for you at the HSO Jacksonville.

Several PACS have already taken advantage of this *Special Deal*.

During this fun filled week you will be taught how to manage the credentials process at your command, how to improve your decision making capabilities regarding credentials and privileging issues, and how to correctly use the CCQAS software.

All cost incurred are the responsibility of the trainee's command, e.g., travel, per diem, lodging.

COME ONE, COME ALL, JUST GIVE US
A CALL (but not at the same
time, this would constitute a
PAC conference!!!).