

# Credentialing and Privileging Advanced Practice Providers

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Credentialing and privileging – the processes by which a healthcare organization or practice assesses and confirms the qualifications of a practitioner and authorizes the provision of specific services<sup>1</sup> – ensure that individuals who are providing care are qualified to do so.

Although credentialing and privileging might seem like rote processes, they are paramount to patient safety and risk reduction. For advanced practice providers (APPs) – whose backgrounds, scopes of practice, and training may vary significantly – credentialing and privileging play an important role in validating competency and determining appropriate practice boundaries.

## Key Definition

“Advanced practice provider” is a broad term used to describe various provider types. In the context of this article, “advanced practice provider” or “APP” includes physician assistants, nurse practitioners, certified registered nurse anesthetists, and advanced dental therapists.

## The Consequences of Negligent Credentialing

One of the largest malpractice awards in U.S. history involved negligent credentialing of an APP.<sup>2</sup> At the heart of the case was a physician assistant (PA) who was working in an emergency department (ED).

The PA did an initial evaluation and ordered testing for a patient who presented with headache, nausea, dizziness, confusion, and double vision. The patient also had a personal history of hypertension, diabetes, and high blood cholesterol as well as a family history of stroke.

Based on the PA's findings, the supervising physician diagnosed the patient with sinusitis and headache; he did not do his own patient exam, history, or neurological assessment. The patient returned to the ED the following day after experiencing severe headache, slurred speech, nausea, confusion, and trouble walking. Further testing revealed that he had suffered a stroke.

Testimony during the lawsuit revealed that (a) the PA was unlicensed and had failed the state licensure test four times, and (b) the supervising doctor was unaware that the PA was unlicensed (both were employed by the same medical group).

The consequences of the negligent credentialing and other missteps in this case were profound. The patient suffered from paralysis and mental disabilities as a result of the delayed diagnosis, and the jury awarded damages totaling more than \$200 million, including \$100 million in punitive damages.<sup>3</sup>

This case underscores, in dramatic fashion, the necessity of verifying all healthcare providers' qualifications, including those of APPs. Failure to properly credential providers can increase liability exposure and may result in allegations of negligent credentialing.

## Exercising Due Diligence

Healthcare organizations that are planning to incorporate APPs into their clinical care teams should consider the following tenets of a sound credentialing and privileging approach:<sup>4</sup>

- The credentialing process for APPs should be consistent with the process used for other healthcare providers in the organization. The approach should be comprehensive and criteria based.
- Credentialing should be completed prior to the privileging process and before an APP is allowed to provide patient care services.
- As part of credentialing, it is recommended that organizations:
  - Verify that the APP graduated from an accredited program, and review the provider's educational transcripts.

- Confirm that the APP has an active license in the state, and verify any professional certification.
  - Verify past experience and training (e.g., internship or residency), including checking with professional references.
  - Review current and prior employment/staff privileges and scope of practice.
  - Confirm any specialty certifications or board status.
  - Query the National Practitioner Data Bank.
  - Complete a state and federal criminal background check, including checking the sexual offender registry.
- Collaborative practice or supervisory agreements (if applicable) should be reviewed as part of the credentialing process, and they should be included in the APP's credential file. The organization should document that the required collaborating, supervising, or proctoring is provided.
  - Healthcare organizations should establish a thorough privileging process to authorize APPs' scopes of practice.
  - Any privileges granted to a provider should be consistent with state regulations related to scope of practice and supervision. The organization should verify and document that privileges for APPs do not exceed those of their supervising or collaborating physicians (if applicable).
  - The decision to grant, limit, or deny an initial request for, or renewal of, privileges should be communicated to the requesting practitioner within the timeframe specified in medical staff bylaws or office policy.
  - As part of privileging, it is recommended that healthcare organizations:
    - Review the APP's qualifications.
    - Determine which privileges have been requested and which will be granted.
    - Clearly note the conditions or limitations of the APP's scope of practice.
    - Define the process for ongoing assessment of competency and quality review.

- Organizations should have a process in place for periodic review and updating of APPs' credentials and privileges (at least every 2 years). The recredentialing process should take into account:
  - Skill and knowledge acquired over time that may alter the provider's scope of practice.
  - The amount of continuing education (CE) required to maintain a license, which will vary based on the type of APP and state regulations.
  - The types of CE completed, including the format and whether the content is rigorous.
  - Proficiency with any new technologies or diagnostic/treatment methods.
- Privilege information should be readily available to all who might need to know the status. This might include making the information available on the organization's computer system so that appropriate departments and staff have the ability to review the materials when necessary.

In closing, please note that the due diligence recommendations listed in this publication are general risk management strategies. Healthcare organizations' policies and processes for credentialing and privileging should adhere to all relevant state regulations.

## Learn More

For more detailed information about credentialing and privileging, see MedPro Group's [Credentialing and Privileging](#) guideline or contact your MedPro Group patient safety and risk consultant.

## Endnotes

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<sup>1</sup> Health Resources and Services Administration. (2018, August 20). *Health center program compliance manual*. Retrieved from <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/hc-compliancemanual.pdf>

<sup>2</sup> Crane, M. (2013, January 3). Malpractice risks with NPs and PAs in your practice. *Medscape*. Retrieved from [www.medscape.com/viewarticle/775746](http://www.medscape.com/viewarticle/775746)

<sup>3</sup> Ibid.

<sup>4</sup> MedPro Group. (2020). Credentialing and privileging. Retrieved from [www.medpro.com/documents/10502/2837997/Guideline\\_Credentialing+and+Privileging.pdf](http://www.medpro.com/documents/10502/2837997/Guideline_Credentialing+and+Privileging.pdf); Crane, Malpractice risks NPs and Pas in your practice; American Association of Nurse Anesthetists. (2010, May). CRNA scope of practice. Retrieved from [www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/scope-of-nurse-anesthesia-practice.pdf?sfvrsn=250049b1\\_2](http://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/scope-of-nurse-anesthesia-practice.pdf?sfvrsn=250049b1_2)

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