A Faculty Group Practice-Driven Credentialing and Privileging Infrastructure in a School of Dental Medicine

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Abstract: Credentialing and assigning clinical privileges are well-established practices in institutions that need to verify a clinician's ability to provide direct patient care services. The credentialing process verifies a provider's credentials to practice his or her profession, while privileging authorizes the individual to perform enumerated procedures within a specific scope of practice. All clinical faculty members at Harvard School of Dental Medicine (HSDM) practice in the Faculty Group Practice (FGP). Because of the number of practitioners in the FGP, the organization instituted a more formal process of credentialing that verifies that practitioners are not only licensed to practice, but also are competent to provide direct patient care. In contrast to other dental schools that have established similar protocols, HSDM approached the process not from the academic side, but rather from the clinical practice side, explicitly taking into account whether the FGP could accommodate another practitioner when an academic department wished to appoint a new faculty member. In doing so, we had to be careful to reconcile our educational and research needs with those of the FGP. In this article, we describe how, within this framework, we established a credentialing and privileging program in which all full- and part-time faculty members, as well as advanced graduate students, were included.

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Credentialing is the process by which an organization obtains, verifies, reviews, and assesses evidence of the professional qualifications of an individual who applies for a job.[1,2] Privileging is the process, after review of a practitioner's credentials, to grant authorization for him or her to provide a specific scope of patient care services.[2] Credentialing and clinical privileging of faculty members by dental schools are not mandated by any organization.[3] A study published in 2006 reported that only 46 percent of dental schools undertook some form of faculty credentialing.[4] Improved risk management is generally regarded as the greatest benefit of credentialing.[5]

Among the few dental schools that have reported on their experience with credentialing, some have assessed the clinical qualifications of faculty and adjunct faculty members. All of them have approached the process from the perspective of the academic or teaching side, in part if not in whole. Although it is not entirely clear from their report, Columbia University appears to have rolled clinical and teaching privileges into one.[4] In establishing extramural rotations for its students in community settings, the University of Illinois at Chicago College of Dentistry began credentialing adjunct faculty members who would supervise students.[6,7]

In 2005, Valenza et al. published a comprehensive overview of the experience and methodology of the University of Texas Health Science Center at Houston (UTHSCH) Dental Branch in establishing a model for credentialing and privileging of its clinical

faculty.[8] In this model, credentialing and privileging were initiated by the dental school's Quality Assurance and Risk Management Committee. Recently, Harvard School of Dental Medicine (HSDM) established its own credentialing and privileging program. While there are as a matter of course many similarities between other schools' programs and ours, there are also significant differences. This is particularly true with respect to the impetus and starting point for the credentialing process. We report here on our experience and some of the problems we faced in instituting a formal credentialing and privileging program.

Initiating a Formal Credentialing and Privileging Program

The initial impetus for UTHSCH to institute a credentialing and privileging program was a Commission on Dental Accreditation (CODA) accreditation requirement in Standard 5-1 that dental schools have a quality assurance program (see www.ada.org/prof/ed/accred/standards/predoc.pdf). UTHSCH's credentialing and privileging program was thus subsumed within its quality assurance program. Columbia's program was driven by its desire to credential community-based adjunct faculty members who would be supervising students. The driving force behind our program was much different.

HSDM aims to be not only an educational and research institution, but also a center for clinical excellence, in the tradition of academic health centers such as the Mayo Clinic (www.mayoclinic.com). HSDM has a large and active Faculty Group Practice (FGP), which, together with its teaching clinics, does business as the Harvard Dental Center. The FGP is driven not only by the dean's philosophy—"If you teach it, do it" or "If you teach it, show the students how it's done"—but also by the need for faculty members to supplement their base salary by treating patients. Our FGP is a closed model in two respects: a) it employs only full-time faculty members, and b) they are not allowed to work outside the practice. As a practical matter, no individual with primarily a research appointment, even if he or she is also a dentist, works in the practice. The FGP functions as a multispecialty group practice. Twenty-five full-time faculty members provide care on a part-time basis in the practice, the remainder of their time being split between teaching and research. In 2008, the FGP had over 27,800 patient visits. In our model, practitioners share their revenue with the school. Thus, gaining and maintaining market share of patients by each provider are of the utmost importance to both the individual practitioner and the school.

The motivating factor for a credentialing and privileging program at HSDM was a desire for the FGP to obtain accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO; to see a list of the types of organizations that JCAHO accredits, visit www.JointCommission.org and click on the Accreditation Programs menu) or a similar organization such as the Accreditation Association for Ambulatory Health Care (AAAHC; see www.aaahc.org/eweb/StartPage.aspx). These organizations accredit clinical facilities as opposed to academic institutions and curricula. Thus, rather than being driven by academic considerations as was UTHSCH, at HSDM the motivating force was a desire to be able to hold out the FGP to the public as a practice accredited by a recognized accrediting body. These organizations require as one condition of accreditation that the facility has a credentialing and clinical privileging program.[9]

Reconciling Academic Departments' Needs with Those of the Harvard Dental Center

Although the existing faculty went through the credentialing and privileging process, our model and the process are best understood when described from the perspective of a potential new faculty hire.

While HSDM's credentialing and privileging program was driven by the desire to have the FGP be accredited as an ambulatory care facility, unlike a hospital or other ambulatory care facility, we nevertheless remain first and foremost an educational and research institution. Faculty members are not hired to work in the FGP; rather, they are hired by academic departments and may then apply to work in the FGP. However, as we moved forward with the process, we realized that, because gaining and maintaining market share of patients by each provider is an important consideration, clinical privileges would have to be determined in part by the patient pool and economic needs of the FGP and individual practitioners. If we

had too many of any particular kind of provider, this would dilute the patient pool and income of similar providers. Nevertheless, we did not want to have the problem of the tail wagging the dog, in which the consideration of appointing new academic faculty members would begin with the FGP's needs as opposed to HSDM's educational and research needs. In order to effect a privileging program that would be acceptable to academic departments, the FGP, and individual providers, especially current ones, we needed to reconcile potential conflicting needs of the FGP and academic departments.

Credentialing and Privileging Faculty

Unlike UTHSCH whose credentialing and privileging program did not include their faculty practice, the Credentialing and Privileging Committee at HSDM was explicitly formed under the umbrella of the FGP. The makeup of this and all clinical committees was based on the expressed interest of full-time faculty members who were asked to indicate their interest for each committee on a scale of 1 (not at all interested) to 5 (very much interested). Each practicing faculty member had to become a member of a committee. The Credentialing and Privileging Committee consisted of seven members, six of whom indicated their interest with a five and one with a four. We thus had a highly motivated group of self-selected individuals. Since no one other than full-time academic faculty members may practice within the FGP, and since faculty appointments are initiated by an academic department, the Credentialing and Privileging Committee, though situated within the FGP, decided that requests for credentialing and privileging should begin within an academic department.

An open faculty position is advertised by an academic department in accordance with the university's and other applicable state and federal rules. Prospective faculty members are interviewed and vetted by the appropriate academic department. Once the department chair decides on a specific individual to appoint to the position, he or she may go ahead and make an offer. The future faculty member's base salary is decided in accordance with the school's and university's compensation guidelines. The chair does not have the authority to offer the prospective appointee any practice privileges within the FGP.

Given HSDM's compensation model, in the case of the clinical faculty an individual will almost certainly wish to supplement his or her salary by working in the FGP. It is at this point that the credentialing and privileging process is initiated by the department chair. In order for the appointee to obtain clinical privileges within the FGP, he or she must complete the credentialing and privileging form. In addition to requiring the applicant to provide basic credentialing information typical of such applications, e.g., CV, dental license(s), proof of continuing education courses,[4] the application also requires him or her to request specific clinical privileges that are enumerated in the application. The department chair reviews the application with the appointee and may sign off on the request or suggest or demand changes. In the case in which the department chair is not a clinician, he or she will defer to the relevant program director within the department to assess the appointee's clinical abilities. The application is forwarded to the Office of Clinical Affairs, which reviews it for completeness and to ensure that all technical requirements have been satisfied. Once the Office of Clinical Affairs verifies the information provided, it forwards the application to the Credentialing and Privileging Committee, which reviews the application at its next scheduled meeting. In deciding which clinical privileges, if any, to grant the applicant, the committee naturally looks to his or her education, training, and experience, as well as the assessment of the department head or designee. In addition, however, the committee explicitly considers the needs of the FGP and whether it can accommodate another practitioner with the privileges sought by the applicant. An applicant may appeal any adverse decision to the Credentialing and Privileging Committee. The final level of appeal is with the committee co-chairs. The applicant may bring advocates to any appeals meeting.

The program is designed so that the timeline allows a prospective faculty member to know the nature and scope of practice that he or she would be permitted in the FGP before being required to respond to an offer of employment. Based on historical data provided by the FGP for the privileges extended, the applicant will know the additional range of income to reasonably expect to earn from the practice. In this manner, a prospective faculty member will know not only his or her base salary, but also the range of likely total compensation. The applicant is thus able to make a more fully informed financial decision on whether to accept the position.

Since, under our model, the ultimate authority for extending credentialing and privileging resides within the clinical practice arm of the school and

not within the academic departments, it is possible for a clinical faculty member to have the power and authority to oversee and supervise certain procedures on the teaching clinic floor, but not be permitted to carry out those procedures in the FGP. This is because privileges in the latter take into account not only that individual's abilities, but also whether the scope of his or her practice would complement the overall needs of the FGP and of other providers. While the credentialing and privileging process falls within the clinical practice arm of the school, the Credentialing and Privileging Committee provides feedback to the department chair, who receives the committee's final decision and the reasons behind it. In this fashion, the loop between the FGP and the academic department is closed.

Potential Problems, Pitfalls, Solutions, and Suggestions

One potential problem is that at the time of initial implementation of the program, individual practitioners may be dissatisfied with the clinical privileges accorded them. We did not experience any such issues. This is probably due to the fact that at the time of initial privileging all existing faculty members had well-defined, if unofficial, clinical roles in the FGP and these roles were merely formalized through the privileging process. Indeed, while one might reasonably differ on the exact number of years of practice required in the clinic, we would recommend that, at initial privileging, faculty members be grandfathered in with all the privileges consistent with their de facto practice to that point, whether or not they satisfy certain formal technical requirements. For example, a general dentist who has been doing full mouth reconstructions in a competent manner would be permitted to continue doing so even if he or she has no formal prosthodontic training. A newly hired general dentist, on the other hand, may be restricted to doing no more than a three-unit bridge initially.

Another potential shortcoming of our credentialing and privileging process is that prospective faculty members could decline to accept a position because they will not be accorded the clinical privileges they are seeking. This might happen, for example, because the FGP cannot support another practitioner seeking to do certain procedures. While we are not totally immune to such an occurrence, one unintended benefit of our scheme is that it has a built-in mechanism to make the scenario unlikely. This is because faculty appointments are initiated from the academic side and any departing faculty member will almost certainly be replaced by an individual with a similar background and set of skills: a prosthodontist will be replaced by a prosthodontist, a general dentist by a general dentist, and so forth. It is thus highly likely that a departing set of skills will be replaced by an identical set, or nearly so. Nevertheless, it is an issue that could occasionally arise, especially when an open position is one that could be occupied by people of different professional backgrounds.

One such position at HSDM is that of senior tutor. The senior tutor is a dentist to whom sixteen students (eight third-year and eight fourth-year students) are assigned and who meets weekly with each student to discuss the student's patient treatment plans and oversee progress made with the implementation of those plans. The senior tutor also provides support and functions as a general resource to the students.[10,11] While a senior tutor can be a general dentist or any specialist, in practice we have found that the position is best filled by a (general) restorative dentist, prosthodontist, or periodontist. When a senior tutor position became available, we experienced a situation in which an applicant requested privileges for a procedure that the departing senior tutor did not do. The applicant placed implants and, during the interview process, asked to have that privilege extended to him, but the departing senior tutor did not perform implant surgery. The applicant was informed that the FGP could not accommodate another practitioner who performed implant surgery. The applicant then withdrew his name from consideration.

In spite of small problems like this, we consider the course of events as a success and a validation of the process. We believe that it is better by far to be honest than to raise unrealistic expectations. If the new hire had been granted surgical implant privileges and there was not enough work to go around, in addition to the disgruntled new hire, we could have an additional two, three, or more disgruntled other implant practitioners in the FGP. The academic side of the school and the teaching practice were not negatively affected by the candidate's withdrawal as HSDM had sufficient numbers of faculty members to cover implant-related teaching and clinical oversight. This would be true in general since there is a great deal of congruency between the number of faculty members who teach certain procedures and who also are granted privileges to practice them in the FGP.

Credentialing and Privileging Postdoctoral Residents and Part-Time Faculty

In their published accounts, no other dental schools reported credentialing residents. UTHSCH further stated that it had no any immediate plans to do so. In contrast, because HSDM's interest in credentialing and privileging is driven by a desire for the FGP to become an accredited ambulatory care facility, we credential and privilege residents as well as part-time faculty. Although residents and part-time faculty are not part of and do not practice as members of the FGP, we anticipate that in order to accredit the FGP an accrediting body is likely to require these individuals to be credentialed and privileged, particularly since our FGP is located within the same building as our teaching practices, albeit on separate floors, and they share certain facilities, such as sterilization.

Unless there are specific reasons to do the contrary, the initial privileges granted to residents are defined by the skills they are required to master as part of their clinical training program. These skills are specified for each specialty by CODA (for example, see www.ada.org/prof/ed/accred/standards/perio.pdf, which specifies the elements required for accreditation by the specialty of periodontics). The head of a clinical training program may curtail a resident's privileges based upon his or her own experience and/or his or her faculty members' experience with the resident. Should a resident's privileges be curtailed, it must be reported to the Credentialing and Privileging Committee. This committee may also curtail a resident's privileges of its own accord.

For our hospital-based residents, the process is streamlined with the hospital. Since our affiliated teaching hospitals are accredited by JCAHO and they credential and privilege all their residents, we require only that the relevant department chair at the hospital supply us with a letter stating that the resident was credentialed and is in good standing. Unless it has reason not to do so, HSDM accepts that assurance without further investigation. This approach saves hospital-based residents from having to undergo credentialing and privileging at two different institutions. It should be borne in mind too that residents whose program requires them to rotate through HSDM are permitted to treat patients in the teaching practice only and that they are supervised by a clinician who has gone though HSDM's full credentialing and privileging process.

Part-time faculty expertise is as varied as the advanced graduate programs that they supervise. The more than 150 individuals who are members of the part-time faculty are known best by the heads of the clinical programs that they serve. Thus, just as with residents, part-time faculty members are credentialed by the clinical program head through the department in which they hold an appointment, with ultimate authority residing with the Credentialing and Privileging Committee.

Faculty members whose primary appointments are in the affiliated hospitals but who practice in the FGP must go through HSDM's entire credentialing and privileging process. We have a few hospital-based faculty members, mostly in oral and maxillofacial surgery, who have completed our process.

Other Staff

At present, the FGP does not credential dental hygienists or dental assistants. However, dental hygienists will ultimately become subject to the credentialing and privileging program. We have not yet decided whether to credential dental assistants. This may depend in part on the accrediting body's requirements.

Modifying Privileges

A practitioner's credentials and privileges are not set in stone for all time. All faculty members undergo recredentialing on a biennial basis. An individual may also be decredentialed at any time. Similarly, some or all clinical privileges may be reduced for cause. "For cause" implies reasons related to technical competence or other unprofessional conduct. Examples of the latter include failure to adhere to infection control protocols, repeatedly showing up late, failure to appropriately maintain records, etc. On the other hand, a practitioner may also request that privileges be increased or upgraded. This could happen if an individual who has the necessary skills was previously denied privileges in the FGP because it could not accommodate another practitioner with the privileges sought by the applicant at that time, but is later able to do so. An applicant may also seek additional privileges if he or she has acquired new skills, for example, a prosthodontist who has become competent to place implants.

We have not yet established a formal mechanism as to how we will establish competence in the case of individuals who have acquired new skills

other than through a formal course at an accredited academic institution. We will also face the problem of how to grant privileges to individuals as new technologies and treatments enter the field. This too is an issue with which we have not yet grappled.

Conclusion

We have successfully established an initial credentialing and privileging program that reconciles the educational and research needs of the academic departments with those of the FGP. The program was implemented with full input from the faculty and was instituted with little to no resistance. By explicitly taking into account the needs of the faculty practice, our model offers an alternative approach to the traditional dental school model of clinical privileging.

We still need to establish formal guidelines as to how we will establish competence in the case of individuals who have acquired new skills, as well as how to assign privileges to individuals when they request permission to use new technologies and treatments for which there are as yet no established formal programs of instruction and methods of determining competence in the use of these modalities.

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