



Credentialing and Privileging Resources in TIER® Workflow®

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Discussion

The Human Resources component of TIER® Workflow includes a credentialing and clinical privileging process that is fully modifiable to fit your organizations needs including compliance with JCAHO standards. The purpose of clinical privileging is to permit licensed independent practitioners (LIP), who successfully complete the privileging process, the opportunity to practice independently. Clinical staff who are not clinically privileged must participate in some level of clinical supervision.

The first step of the privileging process involves verification of the applicant's credentials. A Credentials Checklist form is included with TIER® to document this process. A copy of the form is below:

A screenshot of a software window titled "Credentials Checklist". The window has a blue title bar with standard Windows window controls (minimize, maximize, close). Below the title bar is an "Options" section with three icons: a magnifying glass, a document, and a printer. The main area of the window is a form with a dark red header bar containing two input fields: "Employee ID" and "Date". Below the header is a table with three columns: "Credentials", "Date Received", and "Date Verified". The table contains ten rows, each with a checkbox and a text label in the "Credentials" column, and empty input boxes in the "Date Received" and "Date Verified" columns. The labels are: "Application for Appointment", "Experience", "Malpractice Insurance", "Transcripts", "Reference 1", "Reference 2", "Reference 3", "Training Records", "License", "Health Clearance", "National Data Bank Report", and "Ethics Statement".

Credentials	Date Received	Date Verified
<input type="checkbox"/> Application for Appointment		
<input type="checkbox"/> Experience		
<input type="checkbox"/> Malpractice Insurance		
<input type="checkbox"/> Transcripts		
<input type="checkbox"/> Reference 1		
<input type="checkbox"/> Reference 2		
<input type="checkbox"/> Reference 3		
<input type="checkbox"/> Training Records		
<input type="checkbox"/> License		
<input type="checkbox"/> Health Clearance		
<input type="checkbox"/> National Data Bank Report		
<input type="checkbox"/> Ethics Statement		

This checklist can be expanded to include additional credentials that need to be reviewed as part of your organization's clinical privileging process. In addition, the application for appointment and privileging can be added as a form to this portion of the Human Resources component or TIER[®]'s Scanned Documents file can be used to scan a copy of the completed application in TIER[®] for reference purposes.

Most organizations establish categories of clinical privileges. Not all treatment modalities or activities are subject to clinical privileging. For example, verbal therapies are typically subject to the privileging process, whereas clinical activities that are associated with basic staff competency such as completion of clinical assessments are not typically subject to privileging unless special knowledge, skill or competencies are required.

A common method of categorizing privileges is to differentiate between modality-specific versus discipline-specific privileges including specialized therapies. The screen below gives examples of typical modality-specific privileges for behavioral health services. Additional modalities can be added by the organizations based on their programs and services and approved treatment modalities and procedures.

Appointment Renewal Date :

Staff Discipline:

Staff Category:

VERBAL THERAPIES	EFFECTIVE DATE
<input type="checkbox"/> Crisis Therapy	<input type="text"/>
<input type="checkbox"/> Group Therapy	<input type="text"/>
<input type="checkbox"/> Addictions Counseling	<input type="text"/>
<input type="checkbox"/> Individual Therapy	<input type="text"/>
<input type="checkbox"/> Marital Therapy	<input type="text"/>
<input type="checkbox"/> Family Therapy	<input type="text"/>
<input type="checkbox"/> Play Therapy	<input type="text"/>
<input type="checkbox"/> Special Therapies	<input type="text"/>

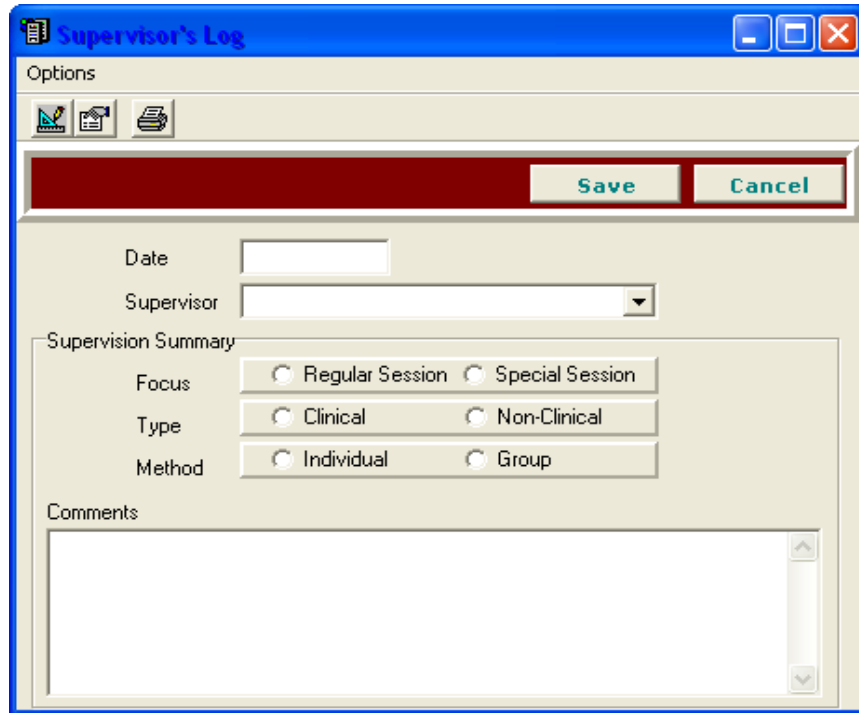
Staff may be granted discipline-specific privileges as part of appointment to staff as well as privileges in specific modalities. In addition, staff can be privileged in specialized therapies. The following screen is the privileging form for discipline-specific and specialized therapies:

Many behavioral health organizations only permit certain licensed practitioners, such as physicians or psychologists, to practice independently since other clinicians are usually under some level of clinical supervision. Clinical supervision consists of regularly scheduled interview sessions that focus on the clinician’s practice skills and competencies. Occasional observation of practice is also a common method of supervision.

None of the accreditation organizations have defined requirements for types or levels of supervision. In addition, there are no known “official” parameters to differentiate whether an individual is receiving adequate supervision versus practicing independently. However, a useful guideline is to establish three levels of supervision: close; supportive; and minimal.

Close supervision is scheduled at least weekly for inexperienced clinicians and/or those who lack professional education. Supportive supervision is completed at least bi-weekly for more experienced and professionally educated staff, and minimal supervision is done at least bi-monthly with very experienced staff that have professional degrees as well as licensure or certification and have consistently demonstrated practice competence.

One can argue that staff who do not receive at least minimal supervision are practicing independently and thus should be considered for clinical privileges or at least receive minimal supervision. A form is included in the Human Resources component of TIER[®] Workflow to document supervision of staff. A copy follows:



One benefit of clinical privileging, especially if the organization's clinical staff are very experienced and only require minimal supervision, is that both staff and supervisor time devoted to clinical supervision can be diverted back to direct care and reimbursable clinical activity or staff training.

Conclusion

TIER[®] Workflow offers organizations a useful process to document clinical privileging and clinical supervision of staff that are not clinically privileged. The categories and forms are modifiable. Also reports can be developed to summarize privileging decisions supervision activities, and performance monitoring of privileged staff.

In addition, reports can be prepared using TIER[®]'s drill down and report writer in order to gather utilization and outcome data related to education and training. This is important particularly for compliance with the JCAHO standard that requires that a summary of training activities and staff competency patterns and needs be submitted to the governing body each year.