MDReview

Credentialing During COVID-19

CASE 12: PHYSICIAN SHORTAGES: RETIRED PHYSICIANS AMID THE COVID-19 CRISIS

As the coronavirus healthcare crisis begins to crescendo, it is likely to have negative effects on availability of licensed and credentialed medical providers. The overwhelming need for more "hands on deck" providers to help with the high volume and potentially high acuity patients, combined with the likelihood that some healthcare providers will themselves be sidelined by the COVID-19 illness, may create a need to bring recently retired physicians who are either completely separated from their medical staff or have been placed on emeritus status back onto medical staffs.

In order to help balance the need for providers with ensuring current clinical competency/safety, here are some checklist items to consider when faced with the need for reactivating privileges for retired providers.

REACTIVATING RETIRED PHYSICIANS:

Have they reactivated their license with their state licensing board? Many state licensing boards are streamlining the process of reactivating medical licenses.

1. If you have an aging physician policy that requires testing, when was the last time they were tested and passed the test prior to retiring?
2. Many retired physicians take part in continuing medical education (CME). Can they provide evidence of recent CME, particularly related to their specialty?
3. Has the applicant been doing any volunteer medically-related work since they retired?
4. Can the applicant clarify in what ole they see themselves returning to practice and how that role would help with the current or anticipated healthcare staffing crisis?
5. If not recently tested, would they be willing to go through the facility's usual and customary fitness for duty age-related physician testing program. Consider using hospital or medical staff funds to cover the cost of such testing.
6. Have direct, face-to-face interviews with chief of staff, chief medical officer, safety or quality chair, and/or department or section chair prior to reactivating privileges.
7. Consider a limited array of privileges and scope of practice be granted to "unretired" physicians to minimize patient risks. Initial reasonable clinical privileges might include performing telemedicine evaluations, performing initial history and physical examinations on newly admitted patients, providing discharge plans and discharge summaries on patients stable for discharge, and staffing patient callback and question lines, as examples.
8. If no background check and NPDB searches have been done recently, be sure to complete them before any final action.
9. Recently retired providers may already be facile with the systems' electronic medical record (EMR) which would make a transition back to some level of clinical practice easier. This is likely to be particularly true with telemedicine clinical services.
10. Maintenance of board certification and possession of an active DEA license are items that likely can be put on hold, at least through the timeframe of this impending healthcare provider staffing crisis. Malpractice carriers in multiple states are reviewing policies for providing coverage for providers

reentering medical practice and current, short-term federal and state legislation is considering providing broad indemnification for physicians and PAs serving in response to the crisis. CMS guidelines are also broadening to include waivers of some HIPAA requirements to allow easier access to telemedicine services and Medicare has relaxed restrictions on reimbursement for remote medical services.

11. The Interstate Medical Licensing Compact Commission (IMLCC) is available now in more than 40 states and allows providers performing telehealth services to be quickly re-licensed in multiple states, which is often required for performing telemedicine services across state borders.

If you would like to talk with MDReview and learn more about how peer review can improve the quality of care at your facility, please give us a call today: 866-725-1784.

FOR MORE INFORMATION:

◢ Please visit our website at www.md-review.com

About MDReview

MDReview provides exceptional external peer review focusing on integrity, objectivity, sensitivity, confidentiality, and timeliness to provide clients with an incomparable resource. MDReview is committed to applying its expertise to meet the individual needs of each client. With a national reach to a diverse client base in all 50 states, MDReview is the standard for excellence in peer review. MDReview is located in Denver, Colorado.

MDReview

141 Union Boulevard
Suite 120
Lakewood, CO 80228

TOLL FREE: 866.725.1784
FAX: 720.292.5761