Index

Accountability for credentialing and privileging, 51-52 within organized medical staffs, 4 of physician leaders, 12 for physicians' performance, 51-52 within service line-oriented medical staffs, 17 systems-based, 104 Accountable care organizations (ACOs) credentialing and privileging for, 94-95 governing boards of, 22 Medicare and, 248-49 models of, 248-49 Accreditation Council for Graduate Medical Education (ACGME), 123 Acute care episode (ACE) bundled payment initiative, 250 Administrative "time-out," 217-18 Advanced practice professionals (APPs), 91-93 advisory committees, 247 autonomy of, 92 oversight of, 92, 93 physicians' opposition to, 4 privileges of, 78, 79 roles of, 91 scope of practice of, 59-60 Advocacy for patients, 249 as professional organizations' purpose, 4 Advocate Good Samaritan Hospital, 265-66 Affordable Care Act. See Patient Protection and Affordable Care Act (PPACA) Age Discrimination in Employment Act, 85 Aging, of physicians effect on clinical competency, 84-85 legal considerations related to, 85 Agreement types co-management, 237-38 professional, 17-18 strategic, 234 Airline industry, safety record of, 132 Albany (New York) Medical Center, 90 Alignment. See Physician integration and alignment Allied health professionals. See also Chiropractors; Dentists; Podiatrists privileges of, 78 Allina Healthcare, 8 Allison, Joel T., 8

American Association for Physician Leadership, 2.03 American Association of Nurse Practitioners, 92 American Board of Medical Specialties, 74, 123 American College of Physician Executives, 203 American College of Surgeons, 53 Minimum Standard Document, 2 American Health Lawyers Association, 86 American Medical Association, 11 Graduate Medical Education Directory ("Green Book"), 58, 59 opposition to economic credentialing, 42 Americans with Disabilities Act, 85 Anti-kickback laws, 232, 239, 251 Antitrust laws exclusive contracts as violations of, 43 related to physician-hospital alignment, 251 Appellate reviews, 214, 215, 220 Applications, for medical staff membership bylaws regarding, 66-67 incomplete, 56-57 misrepresentations on, 61-63 processing costs of, 96 Appointment, to the medical staff. See also Reappointment economic credentialing-based, 44-45 Appreciative inquiry (AI), 199 APPs. See Advanced practice professionals (APPs) Arkansas Heart Hospital, 42, 46 Astoria (Oregon) Clinic, 212, 213 At-risk behavior, as human factor category, 206 - 7Autonomy of advanced practice professionals, 92 medical staff organizations' commitment to, 6 physicians' attitudes toward, 40-41 of professional organizations, 3-4 Average length of stay (ALOS), 10 Balanced scorecards, 122-23 of service line-oriented medical staffs, 17 Baldrige Performance Excellence Award, 256, 266 Baptist Health System, 250 Baptist Health v. Murphy, 42, 46 Baptist Medical Center East, 266-67

Bariatric surgery, call coverage in, 75, 76

Bartholomew, Kathleen, 245-46 Baylor Scott & White Health, 8, 271-72 Becker, Craig, 181 Beeson, Stephen, 109-10 Behavioral issues. See also Corrective action; Performance deficits; Physician(s), impaired behavioral event review committees (BERVCs), 207 chronic, 205-8 Berwick, Donald, 181-82 Bessman v. Powell, 86 "Best alternatives to a negotiated agreement" (BATNA), 178-79, 180 Best practice medical staffs, 255-73 case examples of, 260-62 characteristics of, 258-60 criteria for, 256-57 Blakely, Richard, 175-76 Blau v. Catholic Healthcare West, 87 Blind Eye (Stewart), 62 Blue Cross and Blue Shield, 271 Blue Ocean Strategy: How to Create Uncontested Market Space and Make the Competition Irrelevant (Kim and Mauborgne), 257 Bohr, Niels, 178 Breach-of-duty standard, for negligent credentialing, 65 Bujak, Joseph S., 5-6, 132 Bylaws, of medical staffs for applications for medical staff membership, 66-67 for corrective action, 212 Caldwell, Chip, 181-85 Callahan, Michael, 43-49, 63-69 Call coverage, 75-76 by elderly physicians, 85 in specialties, example of, 75-76 work plan for, 118-19 Case-mix index (CMI), 10 Catholic Health West Foundation, 263-64 Catipay v. Humility of Mary Health, 87 Cedars-Sinai Medical Center, reentry program, 90 Center for Improvement in Healthcare Quality (CIHQ), 53, 129-30 Center for Personalized Education for Physicians (CPEP), reentry program, 90 Centers for Medicare & Medicaid Services (CMS) acute care episode (ACE) bundled payment initiative of, 250 clinical competency requirements of, 53

Conditions of Participation, 2, 14-15, 54, 130, 194 Core Measures, 108, 256 value-based metrics, 108-9 Centralized multidisciplinary peer review (CMPR). See Peer review, centralized multidisciplinary peer review (CMPR) structure of Change, organizational culture of, 184 leader's role in, 182-85 resistance to, 4 Charitable immunity, 51 Chief executive officers (CEOs), 13 physicians as, 259 role in corrective action proceedings, 218-19, 220 role in organizational change, 184 Chief medical officers (CMOs), 7 as centralized multidisciplinary peer review committee members, 156 as credentials committee members, 15 as peer review committee members, 16 as senior management team members, 21 Chiropractors, 14-15 Cleveland Clinic, 262 Clinical competence assessment of, 127. See also Focused professional practice evaluation (FPPE); Ongoing professional practice evaluation (OPPE); Performance metrics/measures and indicators Core Measures, 10, 53, 108, 256 definition of, 73 healthcare organizations' responsibility for, 51 - 52Clinical competency clusters, 73-76 as basis for privileging, 73-76 definition of, 74 Clinical departments, service line approach to, 16 - 17Clinical program committees (CPCs), 269-70 Clinical skill sets. See also Clinical competence of specialists, 53 as strategic medical staff development planning consideration, 34-36 CMS. See Centers for Medicare & Medicaid Services (CMS) Codman, Ernest Amory, 2 Cognitive impairment. See also Physicians(s), impaired aging-related, 84-85 Cohn, Kenneth H., 197-98

276 Index

Collaboration organizational culture of, 258 on performance issues, 202-8 physician engagement in, 197-202 physician-manager partnerships, 102-5 physicians' attitudes toward, 39, 40-41 to reduce inefficiency and costs, 259 in service line-oriented organizations, 17 Collective culture, 102 Co-management agreements, 237-38 Committees. See also specific types of physicians as members of, 22 Communication crucial conversations, 4, 176-78 effect on clinical outcomes, 192-93 failure in, 85, 86 Compensation in co-management practices, 237, 238 for employed physicians, 235 for physician leaders, 11-12 work relative value units-based, 111 Competition achievement-based, 199 disruptive, 208 Confidentiality of meetings, 69 of negligent credentialing cases, 69 of peer review, 69, 168-70, 197 Conflict, 18 collaborative, 201 contract-related, 40 disruptive, 208 focused professional practice evaluationrelated, 149-50 new technology-related, 82 peer review-related, 156 Conflict of interest, 18 focused professional practice evaluationrelated, 149-50 new technology-related, 82 peer review-related, 156 policies for, 42, 46 referrals-related, 193 Consumer satisfaction, importance of, 10 Continuous quality improvement (CQI), 5, 258 Contracts. See also Agreement types; Contractual relationships aligned risk, 235-36 behavioral, 207 exclusive, 43 noncompete/nonsolicitation terms of, 40 performance expectations component of, 212

for physician integration and alignment, 17, 251 - 52role in physician performance management, 120 as strategic partnerships, 37-38 Contractual relationships physician performance management systems in, 108 as strategic medical staff development planning consideration, 36-38 types of, 36-37 Core Measures, of Centers for Medicare & Medicaid Services, 10, 53, 108, 256 Corporate compliance, 194-95 Corporate negligence, 64-69 Corrective action, against disruptive or impaired physicians, 48-49, 82-84, 194-97, 211-27 absence of, 212 due process in, 214-23 appellate review, 214, 215, 220 cost of, 223 fair or judicial hearings, 218-20, 221-23 investigations, 215-18, 221-23 for nonphysicians/nondentists, 215 mandated reporting to state licensing boards, 217, 223 need for, 211-14 performance management basis for, 195-97 Cost per adjusted discharge, 10 Costs, strategies for reduction of, 259 Credentialing of advanced practice professionals, 93 case studies of, 54-63, 69-70 criteria for, 57-59, 87-88 definition of, 52, 53 economic, 42-49, 61 definition of, 42, 43 reappointment decisions based on, 45-46 successful, 47-49 failures in, 212 negligent credentialing claims, 63-69 peer recommendations for, 56-57 software for, 95-98 without privileges, 53-54, 78 Credentialing Resource Center, 58, 59 Credentials committees, 15 Criminal activity as basis for denial of medical staff membership, 61–63 fraud and abuse, 52, 204, 205, 208, 214, 251

Crucial conversations, 4, 176-78 Culture of change, 184 collective, 102 expert, 102, 173 just, 206 organizational as barrier to performance improvement, 117 of collaboration, 258 integrity of, 193 of protectionism, 4 of safety, 131-32, 192-93 Cusano, Anthony, 199-200 Customer criteria, for healthcare organizations, 257 Customers, loyalty of, 258-59 Danaher, Maria Greco, 168-70 Darling v. Charleston Community Memorial Hospital, 63-64, 65 Dashboards, 17, 122-23, 181 Decision making, self-interest-based, 18 Demographic analysis, in physician recruitment, 25 - 27Dentists, 194 incompetent, 213-14 Departmentalization, 6 Service line approach to, 16–17 Department chairpersons, 13 Det Norske Veritas, 53, 129 Development plan, medical staff, example of, 28 - 32Disciplinary action. See Corrective action Disease management, 260 Disruptive behavior, 85, 191-210 cost of, 11 impact of, 192-95 response to. See Corrective action Drexel University, reentry program, 90 Duty, in medical staff appointment/reappointment, 64 Dwyer, Charles, 203 Economic credentialing. See Credentialing, economic Employment agreements. See Agreement types Employment discrimination, implications for peer review, 168-70 Engagement, physician-healthcare organization, 197-202 Enterprise model, of alignment, 240 Environment, medical staff, 193

Evidence-based medicine/practices, 6, 11, 258 economic benefits of, 11 Executive management teams, 7 Expert culture, 102, 173 False Claims Act, 52, 204, 205, 251 Feedback in ongoing professional performance evaluation, 135-41 in peer reviews, 166-67 in performance management, 121, 173-90 case examples of, 175-76 as crucial conversations, 176-78 goals of, 173-74 in low- versus top-performing organizations, 182-85 for supply chain cost management, 181, 185-89 techniques for, 176-89 Felony convictions, 61-62 Fitness-for-work evaluations, 83, 84, 207, 216 Focused professional practice evaluation (FPPE), 54, 127, 142-51 challenges to, 149-50 concurrent review component of, 146-47 definition of, 142 for medical staff in new areas of practice, 148-49 for medical staff with possible incompetence, 149 for new practitioners, 143, 145-48 overview of, 142-43 policy and procedure of, 150-51 preemptive, 147, 148 proctoring component of, 142-43, 144-45, 146-51 prospective review component of, 147 as reciprocal arrangements, 147, 148 retrospective review component of, 147 Fraud and abuse, 52, 204, 205, 208, 214, 251 Freilich v. Upper Chesapeake Health, Inc., 86-87 Frigo v. Silver Cross Hospital, 52, 65-66, 67-68 Gainsharing, 250 virtual, 201 Getting to Yes: Negotiating Agreement Without Giving In (Fisher and Ury), 178-79 Goals compatibility of, 106 of physicians, 38, 39 strategic, 256-57 return on investment from, 11 Goal-setting process, 182

Gordon v. Lewiston Hospital, 86 Governance, of employed physicians, 5 Governing boards involvement in performance management, 196 physicians on, 21, 242-43 Graduate Medical Education Directory (American Medical Association), 58, 59 Handoffs, 76 Harvard Negotiation Project, 178-79 Hawthorne effect, 121, 173 HCA HealthONE, credentialing committee of, 15 HCA Presbyterian Hospital, 108 Healthcare Facilities Accreditation Program, 53, 127 Healthcare Integrity and Protection Data Bank, 214, 215, 216 Health Care Quality Improvement Act (HCQIA), 212-14 Healthcare reform. See also Patient Protection and Affordable Care Act (PPACA) coordinated care mandate of, 6 Healthcare Technology Assessment Program, 80-81 Health Insurance Portability and Accountability Act (HIPAA), 79, 150 Hearings, for corrective action, 214, 215, 218-20, 221-23 Hierarchy, organizational, 104-5 Hill Country Memorial Hospital, 231, 260-62 Hogan, James, 221-23 Hospital Compare website, 10 Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, 10, 86, 107, 108, 109, 111, 256 Hospitalists, 76 Hospital-physician alignment. See Physician alignment and integration Human error, as human factor category, 206 Human factor categories, in chronic behavior issues, 206-8 Identity, altered, 62-63 Independent physicians, 5. See also Private practice physicians Information management, 259-60 Innovation, culture of, 258 Inside the Physician Mind (Bujak), 132 Institute for Healthcare Improvement, 181 Triple Aim of, 272 Integrated medical staff, 17-18. See also Physician integration and alignment

Interdependence, 4, 258 Interdisciplinary advisory committees, 93 Interdisciplinary teams, physician-manager, 101 Jain, Sandeep, 200 Johns Hopkins Hospital, 264 Johnson v. Misericordia Community Hospital, 52 Joint Commission, 2 guidelines and requirements of clinical competency, 53 conflict-of-interest, 149-50 credentialing and privileging, 53, 55, 57-58, 63, 95, 127 disruptive behavior management, 192-93, 195 impaired physician management, 82-83 medical executive committees, 7 performance metrics, 123, 128 professional conduct, 85 professional practice evaluations, 54, 133 Joint conference committees, 243 Joint operating committees, 247-48 Joint ventures, 239-40 contractual (virtual) model, 240 equity-for-profit model, 239 Just culture, 206

Integration. See Physician integration and

alignment

Kelleher, Herb, 262-63

Labor costs, 258, 259 Leadership, 6, 7-13 aligned physician, 234-35 compensation for physician, 11-12 economic benefits of, 10-11 integrity of, 194 of low-performing organizations, 182, 183 recruitment of physician, 12-13 response to disruptive behavior, 195 role in quality improvement, 181-85 service line, 17 succession planning for, 7-8, 259 of top-performing organizations, 182-84 of traditional organized medical staffs, 14 Leadership councils, 241 Leadership training, 8-11 Lean methodology, 182, 183, 184-85, 259 Leapfrog Group, 77 National Survey of Corporate Health Promotion Programs, 241 Leasing arrangements, for physicians, 238-39 Leave of absence, reentry into practice after, 89-91 Length of stay, 194 average (ALOS), 10 Licensing boards, role in impaired physician management, 83 Lloyd, Jon, 200 Low-performing/low-volume physicians. See also Physician(s), impaired patient dissatisfaction with, 194 privileges of, 76-80 Loyalty, of customers, 258-59 Mack, Ken E., 231-32 Malcolm Baldrige National Quality Award, 256, 266 Management oversight committees, 247-48 Management services organizations (MSOs), 107 Marketing co-ops, 240-41 Marx, David, 206 Maslow, Abraham, 203, 204, 208 Mayo Clinic, 94, 262, 267 Mayo Medical School, 94 Medical advisory committees (MACs), 246-47 Medical advisory panels (MAPs), 200-201 Medical errors, 192, 194 by impaired physicians, 11 Medical executive committees (MECs), 246 development of, 7 redesign of, 7, 13-15 role in corrective action proceedings, 215–18, 220 Medical Group Management Association, 12 Medical records falsification of, 205 physicians' failure to complete, 204-5 Medical staff. See also Physicians(s); Specialists definition of, 2 development plan, example of, 28-32 exclusion from, 80 membership, 2 categories of, 78 cost of processing applications for, 96 of impaired physicians, 83-84 political rights and privileges associated with, 78 Medical staff environment, 193 Medical staff-management relationship, 21-22 Medical staff models new, 6-22 leadership component of, 6, 7–13 redesigned processes of, 18-21 structure of, 13-18

traditional organized, 1-6 future of, 5-6 purpose of, 5 structure of, 14 Medical technology advances, implication for privileging, 80-82 Meetings, 18-19 confidentiality of, 69 opportunity costs of, 18 Memorial Hermann Health System, 269-71 MD Clinical Integration Practice, 95 Physician Network, 175-76 Mencken H. L., 178 Mercy Medical Center, 264-65 Mercy Medical Center North Iowa, 264, 267-68 Miller v. St. Alphonsus Regional Medical Center, Mission, of healthcare organizations, 38 Morale, and impact of performance deficits, 194 Mount Carmel. St. Ann's Hospital, 108 Nance, John J., 131-32 National Practitioners Data Bank (NPDB), 83, 213-14, 215, 216, 217-18 National Survey of Corporate Health Promotion Programs, 241 Negligent credentialing claims, 63-69 Negotiation "best alternatives to a negotiated agreement" (BATNA) approach in, 178-79, 180 of performance expectations, 115-16 successful, 178-80 Noncompliance, chronic, 203-5 Normative behavior, changes in, 258 Nurse-physician councils, 244 Nurse-physician relationships, 245-46 100 Top Hospitals list (Truven Health Analytics), 256 Objectives, strategic, 256-57 for quality improvement, 181-82 return on investment from, 11 Obstructionism, chronic, 208 Oklahoma University Medical Center, 108, 233 Ongoing professional practice evaluation (OPPE), 127, 128 definition of, 133 failure of, 142 newly recruited physicians' attitudes toward, 39 performance metrics and indicators in, 133-36 feedback reports, 135-41

prioritization of, 135-36 types of, 133-36 policy and procedures for, 137, 142 process of, 133-42 Operating boards, physicians as members of, 21-22 Operations planning, 115 OPPE. See Ongoing professional practice evaluation (OPPE) Optometrists, 14-15 Organizational culture. See Culture, organizational Organizational fit, of physicians, 38-40, 60-61 Organizational structure, of medical staff effect of new specialties on, 75 new model of, 13-18 traditional model of, 14 Outsourcing of operational and clinical services, 259 of peer reviews, 5 Overutilization, as basis for denial of hospital privileges, 45 PACE (Physician Assessment and Clinical Education), reentry program, 90 Patient-centered medical home (PCMH) model, of healthcare, 249 Patient flow, 76 Patient Protection and Affordable Care Act (PPACA), 19, 22 physician reimbursement under, 233 Patient safety, 10 effect of physicians' performance deficits on, 192-93 during focused professional practice evaluation, 150 Patient Safety and Quality Improvement Act, 69 Patient satisfaction decrease in, 86 low-performing physicians' effects on, 194 Patrick v. Burget et al., 212, 213 Pay-for-performance reimbursement, 182 Pay-for-value reimbursement, 194 Peer review, 153-71 advanced practice professionals' participation in, 93 centralized multidisciplinary peer review (CMPR) structure of, 154-67 application of, 157-63 case-rating form of, 158-61 feedback in, 166-67 follow-up procedures in, 164

medical staff's concerns about, 163-66 committees, 16 confidentiality of, 69, 168-70, 197 for corrective action, 216-17, 223 cost of, 20-21 definition of, 154, 155 effective, 20-21 federal employment discrimination cases related to, 168-70 immunity protections for, 212-14 indicators for, 133-35 outsourcing of, 5 Performance deficits, 191-210. See also Corrective action chronic behavioral issues, 205-8 chronic noncompliance, 203-5 collaboration regarding, 202-8 physician engagement in, 199-202 failure to manage, 212 impact of, 192-95 legal issues regarding, 86-87, 194-95 as privileging issue, 85-88 Performance expectations, negotiation of, 115-16 Performance improvement plans, 47-48, 121-28. See also Corrective action Performance management evidence-based, 258 feedback in, 173-90 case examples of, 175-76 as crucial conversations, 176-78 goals of, 173-74 in low- versus top-performing organizations, 182-85 successful techniques for, 176-89 for supply chain cost management, 181, 185-89 key to, 88 in physician performance management, 116-18, 119-20, 122-23 red indicators in, 88 successful, characteristics of, 258-60 Performance metrics/measures and indicators, 122-24, 127-52 aligned, 235-36 in ongoing professional practice evaluation, 133-36 requirements for, 127-31 for service lines, 124 with targets, 116-18 Performance standards, 54 Perry, Michael, 198-201 Pfizer Pharmaceuticals, 249

Physician(s) elderly, 84-85 expanded definition of, 14-15 impaired, 11, 195 identification and management of, 82 - 84performance interventions with, 195-97 as privileging issue, 82-84 self-employed, management services organizations for, 107 strategically important, 78, 79, 80 young, lifestyle preferences of, 77 Physician Assessment and Clinical Education (PACE), 90 Physician employment model, of economic integration and alignment, 233-36 as strategic partnership, 235 success factors for, 234-36 types of, 234 Physician integration and alignment, 229-53 clinical, 229, 242-50 governance structure of, 242-43 management structure of, 244-45 medical staff structure of, 246-47 nonmedical staff structure of, 247-50 contracting for, 251-52 cultural, 229, 230-33 closed staff model of, 231 economic, 229, 233-42 non-employment models of, 236-42 physician employment model of, 233-36 effect on healthcare organizations' performance, 260 failure of, 230 legal issues related to, 251-52 Physician-manager partnerships, 102-5 Physician Network, 175-76 Physician-nurse councils, 22 Physician performance management, 108-25 contract component of, 120 development of, 114-24 feedback in, 121 foundation of, 111 performance metrics/measures in, 116-18, 119-20, 122-23 regulatory requirements for, 108-9 spreadsheet scorecards in, 122-23 work plan component of, 118-19 Physician preference items (PPIs), 185-89 Physician relationship management (PRM), 105-8, 178

for cultural integration and alignment, 31 - 33enterprise model of, 240 Physician sales teams, 240 Podiatrists, 14-15, 65-66, 68, 194 Population health, 260 Positive deviance, 199-200 Powell, Douglas H., 84 Prengler, Irving, 8 Private practice, decrease in, 234 Private practice physicians, physician relationship management for, 232 Privileges definition of, 52, 78 denial of, case examples of, 55-63 as extension of core privileges, 57-59 with incomplete political rights, 53-54, 77-80, 83-84 new, 80–82 scope of, 53 suspension or termination of, 48-49, 217-18 temporary, 55, 218 types of, 78-79 unauthorized, 58-59 Privileging accountability for, 51-52 application processing costs for, 96-98 case studies of, 54-63, 69-70 challenges to, 73-100 accountable care organizations and service lines, 94-95 advanced practice professionals, 91-93 aging and impaired physicians, 82-85 clinical competency clusters, 73-76 leave of absence and reentry into practice, 89-91 low- or no-volume practitioners, 76-80 new medical technology, 80-82 professional conduct, 85-88 criteria for, 57-59, 81 for professional conduct, 87-88 definition of, 53 economic credentialing-based, 42-49 failures in, 212 implication of outpatient care delivery for, 5 Joint Commission guidelines for, 53, 54, 55, 57-58, 63, 95, 127 for new technology, 80-82 scope of practice considerations in, 58, 74 PRM. See Physician relationship management (PRM) Processes, redesigned, 18-21

282 Index

Proctoring, 142-43, 144-45, 146-51 Professional conduct issues. See Performance deficits Professional organizations benefits of, 3 problems related to, 3-6 Professional practice evaluation, 54 focused. See Focused professional practice evaluation (FPPE) ongoing. See Ongoing professional practice evaluation (OPPE) Profiles in Cognitive Aging (Powell and Whitla), 84 Protectionism, of organizational culture, 4 Quality, of healthcare, minimum standards for, 108 - 9Quality assessment and performance improvement (QAPI) process, 127-30 Quality committees, 243 Quality improvement, in healthcare leaders' role in, 181-85 objectives in, 181-82 physicians' participation in, 109-10 Rapid cycle testing, 183, 185 Rate indicators, 134-35 Reapplication, for medical staff membership, 63-69 Reappointment, to the medical staff cost of processing applications for, 96 economic credentialing-based, 45-46 of elderly physicians, 84 Reckless behavior, as human factor category, 207 - 8Recredentialing, implication of outpatient care delivery for, 5 Recruitment, of physicians, 25-49 demographic analysis-based, 25-27 of physician leaders, 12-13 strategic medical staff development planningbased, 25-49 clinical skill sets component of, 34-36 comparison with traditional recruitment method, 25-27 contractual relationship component of, 36-38 principles and values component of, 38-41 sample plan for, 28-32 tenets of, 33-41 traditional approach to, 25-27 Reentry, into practice, 89-91

Referrals as conflict-of-interest cause, 193 Leapfrog Group recommendations for, 77 out-migration of, 10-11, 19 as privilege, 79 specialty referral panels, 241-42 Reimbursement adequate levels of, 256 Affordable Care Act-related decrease in, 233 pay-for-performance, 182 pay-for-value, 194 value-based, 6 Respect, in physician-manager partnerships, 102 - 3Return on investment (ROI) leadership-based, 234-35 physician relationship management-based, 233 strategic goals and objectives-based, 11 Revenue, physician-generated, 18, 19 Review indicators, 133 Rhoades, Ann, 260 Risk contracting, 35 Ritz-Carlton Hotel Company, 211 Root cause analysis, 192, 199 Rosenblum v. Tallahassee Memorial Regional Medical Center, 42 Rule indicators, 134 Rumors, and credentialing/privileging process, 69 - 70Rush University Medical Center, 249 Safety. See also Patient safety culture of, 131-32, 192-93 Sagin, Todd, 251-52 St. Ann's Hospital, 233 St. Elizabeth Community Hospital, 243, 263-64 St. Joseph Mercy Hospital, Ann Arbor, Michigan, 269 Sarasota (Florida) Memorial Hospital, 268 Scope creep, 59-60 Scope of practice of advanced practice professionals, 59-60 implications for credentialing, 58, 74 Scope of service, inclusion of new technology in, 81 Scorecards, 181 Scripps Memorial Hospital, 241 Senior management teams, physicians on, 21, 244 - 45Service, effect on healthcare quality, 111 Service lines, 16-17 credentialing and privileging for, 94-95 performance metrics for, 124

Sharp Rees-Stealy Medical Centers, Sharp HealthCare, 109-10 Sherman Antitrust Act, 213 Simulation, in focused professional practice evaluation, 149 Six Sigma, 259 Social contracts, professional, 3-4 Southwest Airlines, 260, 262-63 Specialists. See also Referrals clinical skill sets of, 53 number of, 74 recruitment of, 38 revenue generated by, 18 Specialty referral panels, 241-42 Stark anti-kickback legislation, 232, 239, 251 Stille, Peter A., 181, 185-89 Strategic medical staff development planning, 25-49. See also Recruitment, of physicians for cultural integration and alignment, 231 economic credentialing component of, 42-49 errors in, 211 for professional conduct management, 87 Strategic planning medical staff's role in, 112-14 use of performance results in, 124 Strategic planning steering committees, 112-13 Structure, of medical staff. See Organizational structure Structured dialogue, 200-201 Studer Group, 86, 194 Subspecialties, number of, 74 Success, definition of, 256-57 Successful organizations, with best practice medical staffs, profiles of, 260-73 Succession planning, 7-8, 259 Super-committees, 15, 156-57 Supply chain cost management, 181, 185–89, 258, 259 Suspension, from medical staff privileges precautionary, 217-18 process of, 48-49 Sutter Davis (California) Hospital, 262-63 Swango, Michael, 62 Tele-proctoring, 147, 148 Texas A&M Health Science Center, reentry program, 90 Texas Medical Home Initiative, 249 Thompson v. Nason Hospital, 52 Thomson Reuters, 256, 262 Top-performing healthcare organizations case examples of, 260-72

Trust communication-based, 178 of the community, 195 physician-manager partnership-based, 103 physician relationship management-based, 232, 233 Truven Health Analytics, 100 Top Hospitals list of, 256 case examples of, 260-72 characteristics required for, 258-60 Turnover rates, of medical staffs, 194 UnitedHealth, 271 US Department of Health and Human Services, 2 Hospital Compare website of, 10 Office of Inspector General, 52, 143, 249 US Department of Justice, 52 US News and World Report, 256, 259 University Hospital, Cleveland, Ohio, 240 University of California-San Francisco, Healthcare Technology Assessment Program, 80-81 University of Maryland Medical Center, 264 University of Minnesota, 267 Value, for work done, 19-21 Value analysis committees, 81 Value-based health services delivery, 6 Value-based purchasing, 10 Values compatibility of, 106 as physician recruitment consideration, 38-41 Vanderbilt University, reentry program, 90 Veterans Administration (VA) Pittsburgh Healthcare System, 200 Vice president of medical affairs (VPMA), 7 as credentials committee member, 15 as peer review committee member, 16, 155 as senior management team member, 21 Vision, of healthcare organizations, 39, 49, 257 Volume, relationship to healthcare quality, 111

Waste, elimination of, 11 Waterbury (Connecticut) Hospital, 199 Whitla, Dean K., 84 *Wieters v. Roper Hospital, Inc.*, 87 Workarounds, 55, 111 Work relative value units, 111

Zuckerman, Alan M., 112-14

284 Index

characteristics of, 255-60, 272-73

Copying and distribution of this PDF is prohibited without written permission. For permission, please contact Copyright Clearance Center at www.copyright.com