

Contents

<i>Foreword</i>	<i>xi</i>
<i>Acknowledgments</i>	<i>xiii</i>
<i>Introduction</i>	<i>xv</i>
1. The Organized Medical Staff—Moving from Autonomy to Accountability	1
The Traditional Medical Staff Model	1
A New Medical Staff Model	6
Summary	22
References	22
2. Strategic Medical Staff Development Planning—Moving from Demographic to Strategic Recruitment and Retention.....	25
Traditional Physician Recruitment	26
Contemporary Physician Recruitment	28
Tenets of Strategic Medical Staff Development Planning.....	33
Economic Credentialing	42
Summary	49
References	49
3. Credentialing and Privileging—Getting More Selective	51
Accountability for Quality	51
Credentialing and Privileging Defined	52
Credentialing and Privileging Case Studies.....	54
Summary	70
References	70
4. Privileging Challenges.....	73
Competency Clusters.....	73
Low- or No-Volume Practitioners	76
New Technology and Privileges	80
Aging and Impairment Issues.....	82
Professional Conduct Issues	85
Leave of Absence and Reentry.....	89
Advanced Practice Professionals	91
Service Lines and Accountable Care Organizations	94

Summary	98
References	99
5. Negotiating Performance Expectations.....	101
Physician–Manager Partnerships	102
Physician Relationship Management.....	105
Managing Physicians’ Performance	108
Summary	125
References	125
6. Creating Performance Indicators and Targets Collaboratively.....	127
Ongoing Professional Practice Evaluation	133
Focused Professional Practice Evaluation.....	142
Summary	151
Note	151
References	151
7. Moving Peer Review from Quality Assurance to Performance	
Improvement.....	153
Peer Review Defined	154
CMPR Committee Structure.....	154
Applying the CMPR Model.....	157
Addressing Medical Staff Concerns About CMPR.....	163
Effecting the Peer Review Culture Shift.....	166
Summary	167
Notes	170
References	171
8. Providing Feedback and Managing Improvement	173
Successful Physician Feedback Techniques	176
Summary	190
References	190
9. Addressing Significant Performance Issues Collaboratively	191
Impact of Physician Performance Deficits	192
Critical Factors for Successful Performance Interventions.....	196
Challenges of Collaborating on Performance Issues.....	203
Summary	209
References	209

10. Taking Corrective Action	211
Need for Corrective Action	211
Due Process for Taking Corrective Action	214
Reflections on Corrective Action.....	223
Summary	224
References and Additional Resources.....	224
Appendix 10.1: Excerpts of Accreditation Requirements for Medical Staff Due Process Rights	226
11. Effective Models of Medical Staff Integration and Alignment.....	229
Cultural Integration and Alignment.....	230
Economic Integration and Alignment	233
Clinical Integration and Alignment.....	242
Summary	252
References.....	253
12. Best Practice Medical Staffs—Examples from the Field	255
Defining Success	256
Selecting Organizations as Examples for Inclusion	257
Characteristics of Successful Organizations and Medical Staffs Today	258
Eleven Successful Organizations and Their Medical Staffs	260
Summary	273
References.....	274
<i>Index</i>	275
<i>About the Author</i>	285