

**MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
GUIDELINES FOR COMPETENCY-BASED HOSPITAL CREDENTIALING**

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Purpose

The Massachusetts Board of Registration in Medicine (BORM) through its Patient Care Assessment Division and Committee (PCA) has statutory and regulatory authority over quality improvement, patient safety and medical error prevention activities at Massachusetts health care facilities, including oversight of health care facility initial and biennial medical staff credentialing processes. PCA monitors these processes through the review of reports submitted by health care facilities describing their quality assurance activities and findings, including the results of their reviews of serious unexpected patient outcomes. Through examination of these reports and communication with health care facility leadership, PCA determined that the credentialing process in Massachusetts hospitals is burdensome and lacks standardization making it difficult to achieve the purpose of assuring that all physicians on the medical staff are providing safe and competent patient care. PCA identified a need for a state-wide solution to this problem.

Method

In September, 2006, BORM created the Expert Panel on Credentialing. Members of the Panel include a select group of individuals representing various parts of the state, and drawn from academic institutions, teaching and community hospitals, medical schools, long-term care facilities and health plans. All the panel members have expertise in or responsibility over credentialing issues. The Panel's charge was to develop specifications for credentialing physicians that all hospitals would be expected to meet in the initial and biennial process.

The Panel began its work by conducting a comprehensive survey of hospitals to determine current credentialing processes. After extensive research of applicable literature, the Panel identified and analyzed a broad array of competency assessment methods, such as evaluation of patient outcomes through case reviews; analysis of data; review of accomplishments; complaints; certifications; and other competency measurements as recommended by specialty boards, professional societies, or regulatory agencies. Following careful deliberation, the Panel formulated recommendations for medical staff credentialing processes.

Results

The outcome of the Panel's work is a set of guidelines for hospital –based competency credentialing. In addition to providing a set of core criteria for credentialing, the guidelines establish “core competencies,” a baseline for assessing competence in the six major areas embraced by the ACGME, Joint Commission, and the Federation of State Medical Boards. The areas of assessment are patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The Panel's proposed guidelines were approved by BORM on October 17, 2007. They are currently being tested by a small group of Massachusetts hospitals and will soon be available state-wide.

Conclusion

While the science of measuring competency is in its early stages of development, this is a first step toward providing more meaningful competency measurement and standardization of credentialing processes in Massachusetts health care facilities. This is the first of several initiatives by BORM to ensure the sustained competency of the Commonwealth's licensed physicians. Further deliberations will focus on assessing competency in the extended care setting and non-hospital based practices.