



# Righting the Credentialing Process in an Upside-Down World

As healthcare leaders across the country were bracing for a “twindemic” and the collision of the COVID-19 pandemic with the flu this winter, it’s likely none of us could foresee just how widespread this wave of COVID-19 would be. In fact, the United States has reached a new record high in the number of daily COVID-19 infections, surpassing the peak in mid-July during the pandemic’s domestic toll.

As of October 24, there was a weekly average of 23.0 infections per 100,000 residents, up from 20.5 on July 19 and ticking rapidly upward. The country also set a new single-day record on October 23 with 83,757 new cases. We know now that this current surge of COVID-19 is officially worse than the first two.

At the top of healthcare executives’ minds is the compounding staffing and credentialing stresses such an event would have on an already weakened healthcare industry. However, perhaps most importantly, a continued focus on preparedness through expedited and streamlined credentialing processes and improved staffing surge plans to build capacity will be critical to an already-strained healthcare sector.

## Bracing for Impact

Earlier this year during the first waves of COVID-19, credentialing was the biggest challenge to fast, expedient delivery of talent. Cross Country Healthcare worked alongside facilities to streamline and speed up the process. Now, with an even higher wave of infection, we look to the powerful lessons learned earlier this year to improve the “door to floor” process.

Threading the needle between “just in time” credentialing and licensure in order to quickly deploy desperately needed caregivers and ensuring that compliance and other safeguards are being met can be difficult. According to Hank Drummond, Chief Clinical Officer at Cross Country Healthcare, “Organizations don’t need to make credentialing more complicated than what they need. In a national emergency, we have to keep our heads focused on patient needs and suspend some of the things we would normally do in a thorough credentialing and privileging process.”

Drummond advises healthcare organizations on reviewing and revising their credentialing policies to uncover expedited paths for credentialing of medical staff. Among his recommendations:



**Consider exceptions to some of the usual credentialing guidelines**, such as replacing multiple committees with one to consider applications for privileges, limiting privileges given to a provider who went through expedited credentialing, or limiting the time in which those limited privileges may be exercised.



**Identify and establish minimal credential requirements** and deploy them rapidly nationwide, keeping in mind that each requirement that is added can slow down the time to deliver healthcare talent to the bedside.



**Establish rules for ongoing engagement and communication** when revising and deploying new credential processes. For example, Cross Country and our client Northwell Health reviewed compliance carefully to simplify the credentialing process with a focus on speed without a sacrifice in quality. To mitigate any risk and to provide proper oversight, Cross Country and Northwell met up to 3X per week during the most demanding stages of the crisis to ensure any compliance matters could be routinely and efficiently addressed.



**Roll out the red carpet** when welcoming new travel or contract staff to ensure you make a great impression, make them feel appreciated and valued, and wanting to return to your facility.



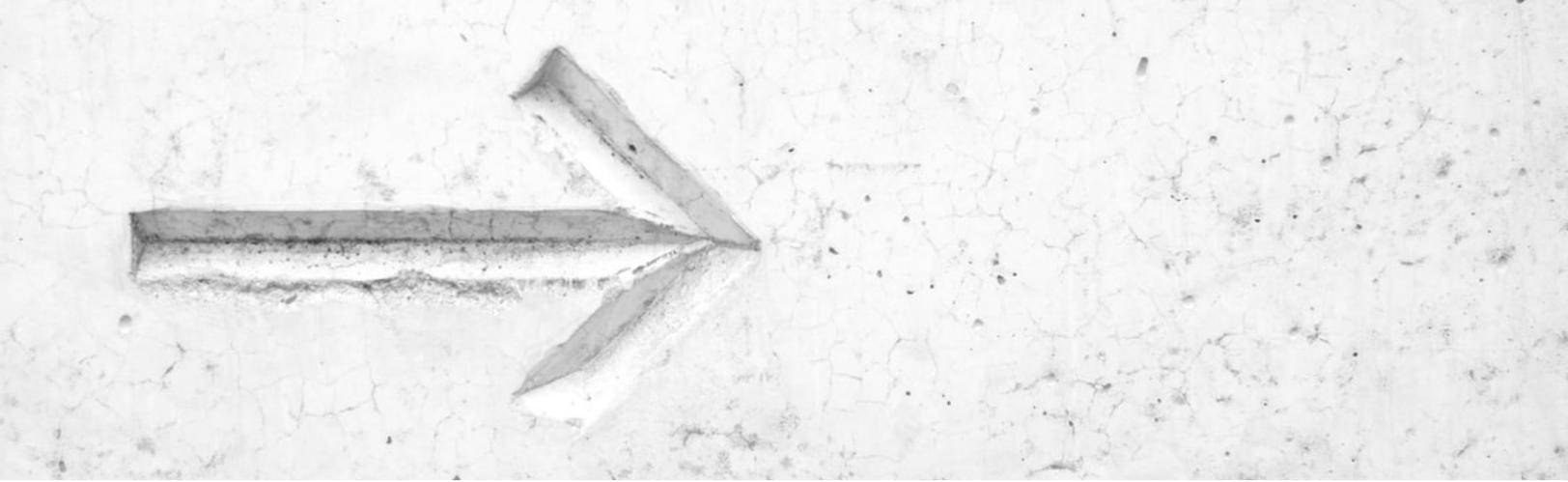
**Implement strong reporting practices and tracking** to safeguard against any impacts on the quality of patient care or compliance using an expedited process. Cross Country has conducted extensive research and analysis of its proprietary crisis credentialing model to identify any impacts of the streamlined process on quality or compliance. The crisis credentialing model reflects changes to several aspects of the process, including the timing of drug screens, reference guidelines, and streamlining annual mandatory education testing.



"During challenging times, we believe as partners to healthcare facilities across the country, it is our obligation to improve and streamline the credentialing process to move needed staff quickly while still ensuring safety and quality at the bedside and meeting the State and Federal requirements during a crisis. This may be the path forward for a long-term streamlined credentialing process in the 'new normal.'"

Henry 'Hank' Drummond, PhD, MDiv, BA, RN,  
Chief Clinical Officer  
Cross Country Healthcare

**To date, the new, streamlined credentialing process has had no negative effect on healthcare provider quality, performance, or compliance when compared to the pre-COVID credentialing process.**



## Pushing for a New Normal

Healthcare executives in charge of staffing know all too well the challenges that have traditionally characterized the medical credentialing process. In pre-COVID times, the process was time-consuming and costly. It could take weeks or months to credential a provider, meanwhile, facilities can lose millions of dollars in revenue during that time.

For facility staff, credentialing could take upwards of 20 hours per provider as they worked to check backgrounds, verify credentials, privileges, medical boards, education, and more. In addition, this slow credentialing process was costing providers, facilities, and the industry at large. Providers lost income, facilities lost revenues, and the credentialing process contributed to half of the estimated \$361 billion a year wasted on healthcare administration, according to an Institute of Medicine study.

The good news is a can-do spirit is fully present in healthcare's support teams, who are streamlining processes and reinventing systems to deploy caregivers as quickly as possible to where they are needed most. One result is that the credentialing and licensure process looks very different now than it did just a few short months ago. And many argue it should stay that way.

Beyond saving money and time, Drummond points to other benefits to a more streamlined credentialing process in the future, including:

- Lower wait times
- Improved patient satisfaction
- Better patient outcomes
- Improved provider experience
- Faster door to floor

So, what needs to happen to secure long-term changes to the credentialing process? Consider that providers move all the time even in a non-pandemic environment. Whether it is because they want to pursue education, a new job, or simply want to be near family, providers move. The ability to travel to hard hit states and regions to provide patient care support is critical during a crisis.

However, a patchwork of licensing laws prevents providers from practicing once they arrive at their destination, even if they have many years of experience and are fully trained.

**As State and Federal governments moved to ease some of these restrictions during the COVID-19 pandemic, it begs the question, why not keep them that way?**

For example, when New York was overwhelmed by the first wave of coronavirus infections, Governor Cuomo was one of many governors who suspended state regulations so that licensed personnel from all over the country could provide support. Arizona already had a universal license recognition law on the book, and Missouri and Iowa passed similar recognition statutes in early 2020.

Similarly, many states belong to single-occupation compacts that give licensees a quicker path to lawful practice in other member states. In fact, 36 states currently adhere to the Nurses Licensing Compact and 25 states have adopted the Federation of State Medical Boards Interstate Medical Licensure Compact (IMLC) for physicians.

Yet, according to Drummond, these compacts are often not the ideal solution. “Often, drafters of compacts opt to include unreasonably high standards for participation in the compact. For example, the IMLC limits compact participation to board-certified physicians, a credential that demonstrates additional training in a medical specialty but is not required in any state to practice medicine.”

During a national crisis, all physicians across all specialties provide value whether or not they are board-certified and the easing of this restriction could allow more doctors to move across state lines and provide support where they are needed most.

“Moving forward, healthcare leaders will need to push for licensure reform and National Licensure Compact enhancements with their elected state officials,” says Drummond.

“In addition, facilities will need to evaluate how their credentialing processes may have changed during the pandemic and determine if the crisis process worked. And, most importantly if it did, why not adopt it as a standard?”

**Cross Country Healthcare leaders are doing their part to continue this discussion.**

In addition to serving as Cross Country’s Chief Clinical Officer, Hank Drummond is spearheading efforts to evolve credentialing and licensing practices both within client facilities and the industry as a whole. He was recently asked to join the editorial board of the International Journal of Nursing Sciences and Clinical Practices (INJSCP), which publishes original research articles, review articles, clinical practice reports, commentaries, editorials, and cutting edge care research and practice standards throughout the world.

Drummond will also be participating in the upcoming Staffing Industry Analysts Healingcare Staffing Summit 2020.

Also doing her part to further credentialing reform, Diana ‘Di’ Hall, senior director of compliance and QI at Cross Country Locums, has been elected to the National Association Medical Staff Services (NAMSS) board of directors.

**For more information about Cross Country Healthcare and how we can help provide the on-demand healthcare talent you need during this time, contact us today.**

