

## **"How To" Document on Credentialing and Privileging Applications**

### **General Information**

- Credential- a document showing evidence of qualifications
- Credentialing is the process used by health care organizations to obtain, verify, assess, and validate previous experience (licensure, education, other experiences) or qualifications
- Privileging is the process used by organizations, after review of credentials, to grant authorization for a practitioner to provide a specific scope of patient care services
- To put it another way, in order for an organization to grant privileges to a practitioner, credentials must be checked.
- This system is separate, but linked, to establishing collaborative drug therapy management (CDTM) agreements. CDTM agreements state what the pharmacist will do with regards to patient care. Privileging authorizes the pharmacist to do those things in a certain institution. It's feasible that, if the pharmacist practices at different institutions, they would need to be privileged at each. Even if working under the same CDTM.

### **Credentialing document**

- Most of the information on the credentialing application is used to verify previous experience. Therefore, your organization's application will probably look similar to what is used for other privileged providers (MD, PA, NP, etc)
- This template is an example of what a credentialing application may look like. It's very comprehensive and your institution may not require all of the information listed in the document. Compare this template with other credentialing forms at your institution. It will also need to be determined what credentials a pharmacist will need to provide services in your specific institution. For specialty and/or specific medication management services (especially when the pharmacist is involved in adding or modifying drug therapy), most institutions require credentials that exceed pharmacy license.
- Specific information
  - Primary practice – where the pharmacist will be working. This may be as general as the institution, or as specific as a certain clinic.
  - Supervising physician – what physician is “responsible” for the pharmacist. For most pharmacists, this will be one MD, although the pharmacist might have collaborative agreements with several MDs. In this instance, the supervising physician may be the clinic director, department chair, or perhaps the chair of the P&T committee. This is similar to a mid-level provider (PA, NP) applying for privileges.
  - Personal information – can be as broad or as limited as your institution will accept. Model this portion of your document after other credentialing documents in your institution.

- Professional/Graduate education – all degrees should be included. Include whatever contact information you will need to verify the applicant completed each education endeavor.
- Post-Graduate education - generally any residencies, fellowships, etc.
  - Program director name – once again this may be used to verify completion. Either the current director or the director that was there when the applicant completed the education is acceptable. Regardless, it should provide information that is easily verified.
- Professional work history – generally only refers to jobs held as a pharmacist or in the pharmacy profession.
- Professional references – whether this is required will depend on your institution’s credentialing model. Base the number of references needed (and if they are needed) on what is accepted by your institution. These should be health care professionals that have directly observed the pharmacist’s practice.
- Licenses and registrations – in some states pharmacists may register with the medical board and receive a license number. If this is not the case in your state, this may be deleted.
- Clinical privileges held – the applicant should list any other institution that has privileged them. If this has occurred, it may be possible to use the previous institution’s credentialing information for verification.
- Certifications – these should be applicable to the pharmacist’s practice that helps determine competency for the privileges. May include such things as: Board of Pharmaceutical Specialties certification (BCPS, BCPP, BCNSP, BCOP, BCNP), patient-specific certification (geriatrics), disease-specific certification (anticoagulation, diabetes, asthma), etc.
- DEA number – once again, some pharmacists may have this. If this is not the case/ability in your state, leave this out
- Personal health status – some privileging systems require this, some don’t. Some may modify this section to include basic health information such as annual PPD test results or hepatitis B vaccinations. Model this after your institution’s other credentialing documents.
- Disciplinary actions – should be verified with state licensure and previous employers. Again, model this portion after your institution’s other documents.
- Professional liability insurance – some require, some don’t. Generally this means personal liability insurance and not necessarily what the institution provides. Many experts consider this to be mandatory for any practitioner that is not an employee of the hospital and strongly encouraged (if not mandatory) for employees.
- Statement of understanding and agreement – This will be similar to your institutions other credentialing forms. It basically gives permission of the institution to contact different organizations to verify the credentials of the applicant.
- Supervising physician statement – Refer to your institution’s credentialing process for other health care providers. Typically, this is a statement that the physician is aware they are considered the “supervising” MD, and that they

will abide by whatever policies are in place for such a position. It's possible that your institution doesn't have such guidelines. If this is the case, this may be deleted.

- Other documents – generally these are copies of licenses, diplomas, etc. Depending on how the credentialing process is set up at your institution, you may want to require letters from peers, institutions, etc, or set up a system to verify these credentials (phone calls, verification systems).

## **Privileging application**

- This serves as a companion document to the credentialing template. It may be filled out concomitantly or the applicant may apply for privileges after credentials are verified.
- This reviews what the pharmacist will be doing and to what kind of patients they will be providing care within the institution
- Specific sections
  - Definition – privileged pharmacists can have many definitions or titles. We have used the “clinical pharmacist practitioner” title, however, your institution may want to develop another title. The definition and scope of what a pharmacist will be doing should be in accordance with your state pharmacy practice act.
  - Governing policies – refer to whatever policies your institution has regarding pharmacist credentialing and privileging. These will need to be developed and will be specific to your institution. In addition to specific policies, you may also want to include other policies such as HIPPA, communication, etc.
  - Credentials/Qualifications –
    - If your state pharmacy practice act defines what is required to practice collaboratively, this will need to be included here as well as any institutional requirements
  - Primary source verification – how credentials are verified
    - National practitioner data bank – reviews any actions against the applicants license
    - Primary source – contact directly from the school, residency, certificate program, etc. This could be in the form of letters, phone calls, etc. Will be defined in your credentialing process.
    - Credentialing verification organizations (CVOs) are independent companies that verify applicants’ credentials for you; a fee will be charged for this service.
  - Re-credentialing criteria – what the pharmacist needs to do to become re-privileged in your institution. Re-credentialing requirements will be specific to your institution and may be similar to other health care practitioners.
    - Volume – you may want to include a certain number of patients that need to be followed over the privileging time period to maintain competency. This could be very general (Shall see at least 100 patients a year in their clinic) or very specific (Shall follow at least 10 hospitalized anticoagulation patients a week at the University hospital)
    - Quality improvement – should be a policy stating how the institution will know if the pharmacist is doing a good job. This could include what information will be collected, who will review the data, and how often it will be reviewed. Consider this similar

to a chart review. This will also probably be specified in any CDTM.

- Peer review process – how and if this will happen. Who will review and how often are two questions to be addressed in this section. This may be combined with the quality improvement process, but is generally more extensive than a chart review/co-signature by a supervising physician.
- Renewal date – the maximum renewal time for privileging is 2 years. Your institution may want to use a shorter time period. This will most likely be similar to other privileging renewals in your institution.
- Scope of privileges
  - This specifies what the pharmacist will do and for what type of patients in a very general sense. The CDTM will provide more specific activities.
  - Age – will need to have age-specific competencies if this is included
  - Emergency care responsibilities – what happens after hours or in an emergency – what actions are taken and who is responsible. This is typically contained in the collaborative practice agreement.
  - Medication privileges – what types of prescribing practices will the pharmacist perform. This will need to be consistent with what is allowed under your state’s pharmacy practice act. Make sure to keep this general enough to cover any aspects that pharmacists may do in your institution.
    - Formulary medications – these may be specifically delineated in a pharmacist’s CDTM, but can be added as a broad statement here
  - Other activities – consider including anything here that a pharmacist might do that’s outside the general prescribing process
  - Supervising physician access – this may be dictated by your state’s pharmacy practice act, your institution, or by billing requirements.
- Process of evaluation – this statement will provide how the pharmacist will be evaluated for re-privileging
- Signatures – anyone that is involved in reviewing the application at an administrative level must sign the document. This may include: clinical coordinator, director of pharmacy, college of pharmacy department chair, chair of pharmacy privileging committee, chair of hospital privileging committee, chair of medical executive committee, etc.

### **References**

- Am J Health-Syst Pharm 2004;61:661
- <http://www.pharmacycredentialing.org/ccp/whitepaper.htm>
- <http://www.nispcnet.org/>