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HCPro presents...

KADLEC REVERSED:

Navigating Exclusive Contracts and Employment
Agreements to Ensure Physician Competency

Live Webcast presented on:

Wednesday, September 24, 2008



HCPro presents...

KADLEC REVERSED:

Navigating Exclusive Contracts and Employment
Agreements to Ensure Physician Competency

Presented by: Michael R. Callahan

Michael R. Callahan, JD, concentrates his practice in health care, assisting hospital and health system clients on a variety of health care legal issues including health care antitrust, health care and HIPAA regulatory compliance, accreditation matters and general corporate, medical staff credentialing, hospital/medical staff relations, and mergers and acquisitions. He leads the Firm's HIPAA and Corporate Compliance Group.

Mr. Callahan is recognized for his experience and knowledge of the health care industry. He is a frequent speaker on topics including, integrated delivery systems, hospital/physician joint ventures, physician recruitment and retention, medical staff matters, Joint Commission and HFAP accreditation, Medicare fraud and abuse and HIPAA.



Presented by: Michael R. Callahan

(cont'd)

He has presented around the country before organizations such as the American Health Lawyers Association, the American Academy of Hospital Attorneys, the American Medical Association, the American Hospital Association, the American Bar Association, the American College of Healthcare Executives, and the National Association of Medical Staff Services. Mr. Callahan has been recognized by his peers for his legal acumen, and has been listed as an Illinois Leading Lawyer in Antitrust; as an Illinois Super Lawyer for Health Care (2007-2008); in *Best Lawyers in America* (1991-2008); in *Corporate Counsel*; in *Marquis Who's Who in American Law*; and in *Chambers USA: America's Leading Lawyers for Business* (2005-2008). In addition, he has an AV Peer Review Rating by *LexisNexis Martindale-Hubbell*. He is also the recipient of the 1995 Illinois Association Medical Staff Services Leadership Award.



Presented by: Michael R. Callahan

(cont'd)

Mr. Callahan is President of the Board of Directors for Northlight Theatre and a member of the Illinois Association of Healthcare Attorneys. He has served in positions as Chairman of the Health and Hospital Committee of the Chicago Bar Association, the Board of the Illinois Association of Health Care Attorneys, and as Co-Editor of the *Antitrust Health Care Chronicle*, an antitrust health care publication for the Section of Antitrust Law of the American Bar Association. Mr. Callahan has been a past member of the Steering Committee of the Hospital and Physicians Relations Committee of the American Academy of Hospital Attorneys (AAHA) and Chairperson of its Joint Venture Task Force, as well as two separate Task Forces of the AAHA and the Section of Antitrust Law of the American Bar Association examining the Health Care Quality Improvement Act.



Presented by: Michael R. Callahan

(cont'd)

He served on the DePaul College of Law Alumni Board and is also an Adjunct Professor in DePaul's Masters in Health Law Program where he teaches a course on managed care.

Mr. Callahan received his B.A. from Northern Illinois University (1975), and earned his J.D. from DePaul University College of Law (1979) where he served as an editor on the *Law Review* board. After graduation, he served as a law clerk to Justice Daniel P. Ward on the Illinois Supreme Court. Mr. Callahan is admitted to practice in Illinois (1979) and before the U.S. Court of Appeals, 7th Circuit, and the U.S. District Court, Northern District of Illinois.



Presented by: William K. Cors

William K. Cors, MD, MMM, CMSL, is an experienced physician executive with a background that includes fifteen years of clinical practice and over twelve years of executive hospital/health system management experience and experience as a healthcare consultant. He currently serves as the vice president of medical staff services for The Greeley Company, a division of HCPPro, Inc. in Marblehead, Massachusetts. This position involves overall operational responsibility for the national medical staff consulting practice. Dr. Cors has extensive experience in all facets of medical staff affairs, operations and development. His primary areas of expertise include strategic alignment of medical staff and hospital leadership and governance; credentialing, privileging and peer review; clinical resource management; improvement of quality of care and patient safety; public accountability preparedness; and



Presented by: William K. Cors (cont'd)

management of medical staff conflicts, change and disruptive behavior. In addition, he has wide experience in medical staff documents and regulatory accreditation. Dr. Cors holds an AB degree from the College of the Holy Cross, a MD from New Jersey College of Medicine and a Masters of Medical Management (MMM) from Tulane University. He is a Fellow of the American College of Physician Executives (FACPE). Dr. Cors is Board Certified in both Neurology and Medical Management. In addition, he has achieved recognition as a Certified Medical Staff Leader (CMSL). Dr. Cors holds an academic appointment in the Department of Neurosciences at Robert Wood Johnson Medical School, New Jersey. He was elected to the Board of Directors of the American College of Physician Executives (ACPE) in April



Presented by: William K. Cors (cont'd)

2007. In addition to working with medical staffs, hospitals and Boards across the country, Dr. Cors has authored and co-authored numerous publications. In Medical Staff Briefing, these include a 12 part series on improving physician-hospital relations in 2007 and a 12 part series on medical staff strategic development planning which is running in 2008. He was the lead author for the 2007 publication, *Medical Staff Leaders' Practical Guide, Sixth Edition*.



Case Scenarios & New Medical Staff Models



Scenario

- Dr. Cors has applied to your medical staff and has listed being a past member of the ABC Medical Center as part of his application. You write to the medical staff office (MSO) at ABC and receive a letter of “good standing,” which is standard operating procedure at ABC.
- What the candidate didn’t tell you is that his employer, ABC, terminated his agreement because of suspected substance abuse and complaints of unprofessional behavior.



Scenario (cont'd)

- Since the employment agreement was not handled by the MSO at ABC but rather by a separate physician business department, the MSO had no knowledge of what occurred or even that he was terminated until receiving your reference request.
- The employment agreement was linked to hospital privileges. Termination also precluded access to the medical staff right to due process.
- This problem never saw the light of day at ABC. What do you do now?



What's the Problem?

- There's a lot of change and confusion
 - New medical staff models
 - Many ways to bypass medical staff due process
 - Many “deals” negotiated between physicians and hospitals to have problems go away
 - Increasing public scrutiny and awareness of patient safety
 - Legal decisions affecting the request and release of information concerning physician performance



We're in Transition

- Traditionally, independent physicians made up the majority of medical staff members at most community hospitals
- But more and more hospitals are moving to new models, including employment of physicians and increased use of exclusive contracting for services
- And more and more physicians are seeking such arrangements



Employment and Exclusive Contracts: From the Hospital's Point of View

- Better alignment with physicians
- Recruitment and retention strategy
- Performance managed through the contract or employment agreement
- Meet business/strategic objectives
- Administrative burden eased should physician prove to be:
 - Incompetent
 - Impaired
 - Disruptive



Employment and Exclusive Contracts: From the Physicians' Point of View

- Guaranteed paycheck at regular intervals
- Control over hours worked
- Balance work with home and family
- Contract/agreement gives them an easy way out if going gets tough
 - They can walk
 - No NPDB report
 - Can land on their feet somewhere else



Kadlec Background

- Lakeview Hospital entered into an exclusive anesthesia services agreement with Lakeview Anesthesia Associates (LAA).
- Dr. Berry was employed by LAA and later became one of its partners.
- According to the trial and appellate court decisions, when Dr. Berry was discovered to be impaired, Lakeview's CEO confronted LAA about his concern regarding Berry's threat to patients.
- Shortly thereafter, LAA terminated Dr. Berry because he reported to work in an impaired physical, mental, and emotional state which prevented him from performing his duties and which put patients at significant risk.



Kadlec Background (cont'd)

- Despite clear knowledge and evidence of Dr. Berry's impairment, the hospital did not report him to the Louisiana Medical Board or to the National Practitioner Data Bank and no information was given to Kadlec Medical Center.
- Most likely, there was a clean sweep provision in both the Lakeview agreement with LAA and in the LAA agreement with Dr. Berry – physician agrees to waive his or her right to a medical staff fair hearing if terminated by the group or if the group is terminated by the hospital.
- Nothing in the record to show or suggest that any hearing or other form of review took place.



Overview of Exclusive Contracts

- Rationale
 - Provides for the organized provision of hospital-based services, i.e., anesthesia, radiology, pathology, and emergency room.
 - Results in 24/7 coverage.
 - Use of some exclusive group physicians enhances quality and continuity of care.
 - Avoids cherry picking of better paying cases and procedures and assures treatment of Medicaid and indigent care patients.



Overview of Exclusive Contracts

(cont'd)

- Allows for better administrative supervision through an incorporated physician group and medical director as opposed to a department chair attempting to organize a group of independent practitioners.
- Easier to remove an individual physician and/or group based on contract terms that usually avoid the need for any fair hearing or investigation into quality of care issues.
- One result of these clean sweep provisions is that physicians are usually allowed to walk away without a Data Bank or state report.



Overview of Exclusive Contracts

(cont'd)

- This allows the physician greater flexibility in terms of finding a new position.
- Because there usually is no investigation or fair hearing and therefore, less documentation to confirm a quality of care or impairment issue, hospitals usually are reluctant to report or to give an adverse response on a questionnaire.



Some Key Contract Terms

- Clean sweep provision

“As a condition of obtaining and maintaining this exclusive services agreement, the group and each shareholder or employed physician within the group, agrees to waive all fair hearing and appeals rights set forth in the Hospital’s medical staff bylaws. If there is a conflict between this contract term and the bylaws, the contract shall prevail. Group shall be required to incorporate this waiver provision into its physician agreements and shall provide to the hospital a signed waiver of hearing rights form for each physician.”



Some Key Contract Terms (cont'd)

- Hospital right to request termination or removal from hospital site

“In the event that the hospital can document any patterns of substandard care or disruptive behavior in violation of the code of conduct which the group has not addressed in a manner acceptable to the hospital, after providing prior notice and an opportunity for the physician or group to resolve, the hospital may request that the group terminate this physician or relocate him/her to a different site other than the hospital.”



Some Key Contract Terms (cont'd)

- There are many variations of this provision depending on the bargaining leverage of the hospital and group and sometimes the level of influence exerted by the medical staff.
- These variations can include:
 - A requirement that there be some type of review process for any identified quality or behavioral issue which is independent of the bylaws before a termination/transfer request can be made.



Some Key Contract Terms (cont'd)

- A requirement that the physician in question is entitled to some limited hearing or review rights separate from the fair hearing procedures under the bylaws.
- Some groups may be able to negotiate that all bylaw hearing and appeals rights apply - such agreements are in the distinct minority.



Some Key Contract Terms (cont'd)

- Right of hospital to seek periodic outside review

“Hospital, at any time, shall be entitled to seek and retain an independent, outside review of any of the department’s/group’s cases, outcomes, utilization, quality assurance and other information relating to compliance with hospital policies and its obligations under this agreement. Group shall also comply with all performance improvement, quality assurance, credentialing and privileging and other related policies and procedures adopted by the hospital and shall report any findings, studies, reports, and incidents involving any quality of care, quality assurance, or behavioral issues which may adversely affect patient care.”



Some Key Contract Terms (cont'd)

- Although groups typically comprise the entire department, they still operate under a group mentality from an operations and information-sharing standpoint, i.e., they keep things close to the vest.
- It is not easy for a physician to sit in judgment of another physician. It is even more difficult when the physician is your partner.



Some Key Contract Terms (cont'd)

- This reality gives rise to inherent conflicts of interest which need to be monitored.
- Group should be obligated to report to the MEC and/or other appropriate committee any adverse findings.
- Group should be requested to comply with the requirements imposed on all departments and department chairs.
- Should consider sending out random cases for periodic review and share results with group in order to maintain quality health care services.



Resulting “Kadlec” Problems

- As a result of “clean sweep” and similar provisions, hospitals and groups take the easy way out and avoid any investigation or corrective action under the bylaws when quality of care or behavioral/impairment issues are suspected or initially identified.
- Because documentation is limited at best and/or because a physician is not given a fair hearing before termination, hospitals rarely (if ever) report these individuals to the state or to the Data Bank.



Resulting “Kadlec” Problems (cont’d)

- Sending a report to the Data Bank without a hearing would deny a hospital the immunity protections under the Health Care Quality Improvement Act (HCQIA).
- Filing a report without documentation or proof may subject hospital to defamation or other legal claims.
- For these same reasons, hospitals are reluctant to give a bad reference or to provide adverse information in response to third-party inquiries.
- If hospital provides a truthful response to a third-party inquiry, the question will be asked as to why it did not report the physician to the Data Bank or to the state.
- The result, as in Kadlec, is that an impaired or unqualified physician will eventually obtain a position at an unsuspecting facility because they are not able to make a truly informed decision.



An Alternative Contract Provision to Consider

“In the event that any physician member of the group has been identified, through any source, as evidencing quality of care or behavioral issues which may or have had an adverse impact on patient care or which are in violation of the code of conduct, the hospital shall have the option of pursuing either formal corrective action under the bylaws or the procedures identified under the code of conduct or the physician wellness committee. If the hospital chooses any of these options, the physician shall be required to participate in the applicable process and shall be afforded all hearing and other rights as identified in the bylaws or relevant policies. If, at any time, the physician refuses to participate or chooses to resign from the group or the medical staff, the hospital will determine whether it has a statutory obligation to report this resignation to the National Practitioner Data Bank and/or the State of _____.”



An Alternative Contract Provision to Consider (cont'd)

- Hospitals need to decide whether they will simply turn their heads and let an impaired or unqualified physician resign without any Data Bank or other reports or to pursue the various corrective action and other options available under the bylaws and related policies.
- The proposed contract language gives the hospital the option of whether to simply request termination/transfer as per the terms of the agreement without going through a hearing or other investigative process or to allow for a true analysis and assessment of the physician in the hopes of getting them back on track in order to stay with the group.
- Option also allows appropriate documentation in the event that the physician needs to be terminated and reported.



An Alternative Contract Provision to Consider (cont'd)

- For example, if the physician in question is simply very difficult to get along with but is not impaired or is not a substandard practitioner, hospital can simply request termination/transfer if efforts to improve behavior and professionalism have failed because no Data Bank report would be required.
- This is a more balanced approach which the group and individual physicians, along with the medical staff, may embrace.



An Alternative Contract Provision to Consider (cont'd)

- Advantages
 - Gives hospital an option on how to deal with a physician who is or may be impaired or unqualified.
 - If internal bylaw procedures followed, i.e., corrective action, code of conduct, physician wellness, it allows for a fairer and more balanced approach to dealing with identified problems and will provide the same fair hearing and other rights which are given to independent members of the medical staff.
 - If the process eventually results in an decision to terminate or suspend a physician, after going through the fair hearing procedures, hospital will have sufficient documentation to support a report and therefore can take advantage of the HCQIA and other immunity protections.



An Alternative Contract Provision to Consider (cont'd)

- Hospital industry will be placed on notice about the impaired/unqualified practitioner.
- Reduces, if not eliminates, a Kadlec-type claim against the Hospital for not disclosing nature of physician problem.
- Disadvantages
 - Adds an administrative burden that otherwise is avoided by simply having a clean sweep provision.



An Alternative Contract Provision to Consider (cont'd)

- Because there may not be sufficient documentation of an impairment or adequate evidence of substandard care, hospital may be able to justify its decision to cut a deal or to allow the physician to resign or be terminated without a report.
- Because the suggested clause gives the hospital the option of which course to take, can the hospital be criticized for simply terminating rather than pursuing one of the other options? In other words, does inclusion in the agreement require the hospital to take this option?
- Group might try to argue that it too should have this option and/or the medical staff may try to exert some pressure to make the option reciprocal.



Ten Best Practices for Requesting and Gathering Information

1. Follow the fundamentals: have an excellent credentialing process
2. Use multiple sources to obtain the information you need
3. Use an absolute waiver form
4. Best practice professional reference forms
5. Ask specific questions and accept only specific answers



Ten Best Practices for Requesting and Gathering Information (cont'd)

6. Don't be pressured into making a decision
7. Send reference requests directly to all individuals with professional knowledge of the applicant
8. Don't pressure another hospital into disclosing information but...
9. Consider "neutral letters" a red flag until proved otherwise
10. Expand your list of potential red flags



Best Practice #1: Have an Excellent Credentialing Process

- There is no substitute for a rigorous and vigorous credentialing process characterized by:
 - Best practice principles and guidelines
 - Clear policies
 - Consistent process
 - Consistently applied
 - By experienced medical staff professionals
 - And seasoned physician credentials committee members
 - With no exception



An Excellent Credentialing Process

- The Greeley Company's Credentialing and Privileging Principles and Guidelines is one such model (Exhibit A)



Credentialing and Privileging

Principles and Guidelines

Guiding principles

1. Credentialing exists to protect patients.
2. No one works without a ticket!
 - Medical staff privileges with quality monitoring through the medical staff
 - Job description with supervision and annual performance evaluation
 - Contract with scope-of-service agreement
3. Credentialing consists of four steps.
4. Follow the 5Ps.
5. Excellent credentialing requires clear criteria consistently applied.
6. Don't confuse membership with privileges.
7. Before granting privileges, solve the Competency Equation.
8. To match competency with privileges, use the Greeley Competency Triangle.
9. Don't deny unnecessarily!
10. Place the burden on the applicant.
11. Because "there is no reason to deny" is not a good enough reason to grant.
12. Beware the two types of credentialing errors: information errors and decision errors.

The four steps

1. Establish policies and rules (medical staff, governing board)
2. Collect, verify, and summarize information (management and medical staff)
3. Evaluate and recommend (medical staff)
4. Review, grant, or deny (governing board)

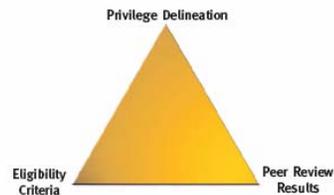
The 5Ps

Our **P**olicy is to follow our **P**olicy. In the absence of a **P**olicy, our **P**olicy is to develop a **P**olicy.

The Competency Equation

Competency = Have you done it recently + When you did it, did you do it well?

The Greeley Competency Triangle



Credentialing errors to avoid

Information Errors: Information existed that could have been known but wasn't, and the information would have impacted a credentialing decision.

Decision Errors: The necessary information was known, but leaders failed to make the wise decision.

The Greeley Company is a nationally-respected consulting and training company known for providing practical, effective strategies and solutions to assist the leaders of today's healthcare organizations. Our consultants and educators are physician leaders and senior healthcare professionals with hands-on experience in hospital, ambulatory, physician practice, and managed care settings. We partner with our clients to produce high-impact results that serve the best interests of their organization, their patients, and the communities they serve.



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Best Practice #2: Use Multiple Sources to Obtain the Information You Need

- Professional references
- Expand your universe of professional references
- Pick up the phone
- Google search
- Post names of new applicants in medical staff lounge



Best Practice #3: Use an Absolute Waiver Form

- Credentialing policy clearly articulates type of release and waiver
- All applicants sign an “authorization, release, and absolute waiver” form
- No signed waiver means application not processed
- No exceptions to the policy!



Best Practice #3: Use an Absolute Waiver Form (cont'd)

As part of my application for medical staff membership and clinical privileges at _____, I hereby authorize any employees and other representatives or agents of _____, including the hospital and any of its parent, subsidiary, or affiliated corporations, (“hospital representatives”) to release any and all relevant information, including summaries, correspondence, minutes, or other written documentation, or to engage in any valid discussion relating to the past and present evaluation of my professional training, experience, character, (cont'd)



Best Practice #3: Use an Absolute Waiver Form (cont'd)

(cont'd) conduct, judgment, or other matters relevant to a determination of my overall qualifications. I further acknowledge and consent to agree to an absolute and unconditional release of liability and waiver of any and all claims, lawsuits, or challenges against any hospital representative regarding the release of any requested information and further, that all such hospital representatives shall have the full benefit of this release and absolute waiver as well as any legal protections afforded under the law.



Authorization, Release and Absolute Waiver

As part of my application for Medical Staff membership and clinical privileges at _____, I hereby authorize any employees and other representatives or agents of _____, including the hospital and any of its parent, subsidiary, or affiliated corporations, ("hospital representatives") to release any and all relevant information, including summaries, correspondence, minutes or other written documentation, or to engage in any valid discussion relating to the past and present evaluation of my professional training, experience, character, conduct, judgment or other matters relevant to a determination of my overall qualifications. I further acknowledge and consent to agree to an absolute and unconditional release of liability and waiver of any and all claims, lawsuits or challenges against any hospital representative regarding the release of any requested information and further, that all such hospital representatives shall have the full benefit of this release and absolute waiver as well as any legal protections afforded under the law.

Best Practice #4: Best Practice Professional Reference Forms

- Peer reference forms (Exhibit B)
 - Compare forms to best practice
 - Review state mandated information
 - Make sure all forms of corrective and remedial actions are captured by the questions



Corrective and Remedial Actions

- Reprimand
- Probation
- Voluntary relinquishment of privileges
- Withdrawal of applications
- Monitoring
- Proctoring
- Mandatory consultations with and without prior approval
- Reductions in privileges



Corrective and Remedial Actions

(cont'd)

- Concurrent review of cases
- Administrative suspensions
- Adverse licensure decisions
- Adverse employment decisions
- Transfers
- Resignations
- Full explanation of time gaps and moves



Best Practice #4: Best Practice Professional Reference Forms

- Seek information on multiple dimensions of physician performance
 - Patient care
 - Medical knowledge
 - Practice based learning and improvement
 - Interpersonal and communication skills
 - Professionalism
 - Systems based practice



Best Practice #4: Best Practice Professional Reference Forms (cont'd)

- Avoid “yes’ or “no.” Add also
 - Prefer not to comment
 - Uncertain how to answer
 - Unable to answer because _____
 - Other _____



Best Practices for Professional References: The Applicant

- Applicant obligated to provide any and all information updates responsive to the application questions during the pendency of the application
- If physician provides false, misleading, or incomplete information, application deemed withdrawn!
- Application should make clear and require that physician signs and attests to the accuracy of the information
 - Avoids the “my assistant filled it out” excuse
- If physician does not sign, then do not process the application



Best practice #5: Ask Specific Questions and Accept Only Specific Answers

- Use any questionable responses on your professional reference form to formulate specific questions
- Accept only specific answers to your questions
- If the answer is not specific enough, ask a more specific question
- Keep going until you get what you need
- If hospital or other professional references do not respond, application is not processed unless information can be obtained from reliable and independent source



Best Practices for Asking Specific Questions: Example - Impairment

- For impairment, consider specific questions
 - Formal accusations
 - Disruptive behavior
 - Unprofessional conduct
 - Asked to seek evaluation or counseling
 - Need to comply with ADA for employment
 - Form of questions important to avoid discrimination
 - Authorization to review rehab records



Best Practices for Asking Specific Questions: What About Verbal Responses?

- It may be tempting to give or receive credentialing information over the phone because of how quickly and easily information can be exchanged BUT
- Unless you can prove you received the information it is virtually useless
- Information obtained by phone can start the process as long as you receive written information in a timely manner



Best Practice #6: Don't be Pressured into Making a Decision

- All too often, MSPs and credential committees are asked to
 - Expedite an application for a new partner to an established private practice
 - Push through an application for a physician hired by or contracted by the hospital through the physician recruitment office because of “urgent hospital need”



Best Practice #6: Don't be Pressured into Making a Decision

- Solution: Clear credentialing policy that describes process and stick to it
- Cutting corners inevitably will lead to
 - Information errors
 - OR WORSE
 - Decision errors



Credentialing Errors to Avoid

- Information error: Information existed that could have been known but wasn't, and the information would have impacted a credentialing decision
- Decision error: The necessary information was known, but leaders failed to make the wise decision



Best Practice #7: Send Reference Requests to All Individuals with Professional Knowledge of Applicant

- Hospital medical staff offices (certainly)
- Who signed their employment check
- Who administered their contract
- What office/person at the hospital handled their employment agreement or contract (Hint: it's rarely the medical staff office)
- Requests directly to CEO and/or VPMA
- Group chairperson



Best Practices for Professional References

- Do not allow partners/relatives to provide sole references
- Multiplicity of professional references: Program directors, department chairs, section chiefs, officers, etc.
- Not a sufficient response that hospital will not provide requested information. Burden is to produce.



Best practice #8: Don't Pressure Another Hospital to Disclose Information but...

- Whenever you run into a roadblock during the credentialing process, ask the applicant for assistance and do not advance the application until the problem is resolved to your satisfaction
- Remember, privileges are just that and not a right
- The burden to prove current competency is on the applicant



Best Practice #9: Consider “Neutral Letters” a Red Flag Until Proved Otherwise

- Responding hospitals can provide three kinds of information
 1. Positive information that doesn't raise suspicions
 2. Negative information that is used for what it's worth
 3. Information that tells you nothing (neutral, bare bones, name-rank-serial number)



Best Practice #9: Consider “Neutral Letters” a Red Flag Until Proved Otherwise (cont’d)

- Although it may be standard operating procedure to offer a neutral letter, you should suspect that information is being withheld until proved otherwise
- Have clearly articulated policy that such information is insufficient and application will not be processed until all relevant information is obtained or confirmed



Best Practice #9: Consider “Neutral Letters” a Red Flag Until Proved Otherwise (cont’d)

- Remind the applicant of your policy and inform them application will not be processed until all relevant information is obtained or confirmed and
- Put the burden on the applicant to have responding hospital reply differently OR identify sources to provide independent confirmation of completeness of information



Best Practice #10: Expand Your List of Potential Red Flags

- Red flags
 - Resignation as partner from group
 - Gaps in CV, particularly with employment or medical staff membership
 - Moved significant distances or has moved a lot over professional career
 - Change of specialties
 - Requesting fewer privileges than normally granted under a core privileging system



Best Practice #10: Expand Your List of Potential Red Flags (cont'd)

- Continued
 - Gaps in insurance coverage, change in carriers, reduction in coverage
 - Professional liability history
 - Reference letters are neutral
 - Category ratings are “poor,” “fair,” or “average”
 - Response from hospital simply gives dates of service or very limited information
 - Anything else that just doesn’t make sense, add up, smells bad, or doesn’t feel right



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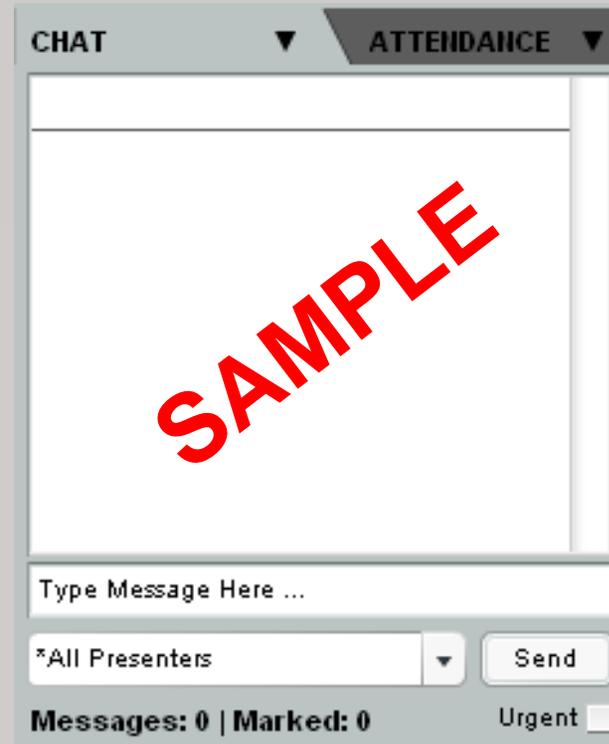
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Question & Answer

Please type your questions into text chat at this time.

Find the “CHAT” box located on the lower left corner of your screen. Click where you see the words “Type Message Here,” then type your message and click the “Send” button.



Thank you!

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next live Webcast:
Thursday, October 9, 2008
at 1:00pm Eastern

**The Professionalism and Interpersonal and Communication Skills
Competencies: Case Studies in Teaching and Assessing
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