

**(The below Executive Summary has been provided to WHA from DHFS)**

## **Executive Summary of Wisconsin Disaster Credentialing**

February, 2005

### **Origins**

The proposed credentials verification system for the state of Wisconsin began in April 2004 with a State Expert Panel, consisting of the Wisconsin Hospital Bioterrorism Preparedness Program of the Wisconsin Division of Public Health and members from the Wisconsin Association of Medical Staff Services. The charge for the Panel was to create a "best case" scenario for a credential verification process for volunteer healthcare professionals. The Panel felt that a staged process should be developed concentrating on physicians first, as their credentialing was felt to be the most demanding. Other healthcare disciplines will be included as the program matures.

At the same time, at the national level, the Health Resources and Services Administration (HRSA), which is the federal entity funding hospital preparedness, provided supplemental funding and technical assistance to establish national guidelines for the Emergency System for the Advance Registration of Healthcare Professionals (ESAR-VP). Wisconsin is one of the 10 pilot states for this project.

### **Basis for WDC**

The result of the work of the Panel was the implementation of Wisconsin Disaster Credentialing (WDC), a web-based system that allows for real-time primary source verification of credentials and access to the hospital affiliation information of physicians.

The Panel felt that, with the resources expended by hospitals on credentialing, there was no need to reduplicate this effort. Thus, any physician, in good standing on a Medical Staff at any hospital, will be accepted for service in a disaster once his or her credentials are verified and their hospital affiliation accessed through WDC. This due to the fact that all hospitals, either accredited by JCAHO or certified for participation in Medicare, are held to the same stringent standards for credentialing.

### **Credentialing Elements**

The Panel determined that the baseline credentialing elements should include the following elements, which will be verified for all practitioners through WDC:

1. Professional License (all licenses held)
2. CMS sanction information
3. AMA Profile
4. Board Certification and Specialty Training
5. DEA License
6. National Practitioner Databank query

Wisconsin hospital-affiliated physicians will have additional information included in WDC:

1. Primary Contact information
2. Staff category
3. Primary specialty with corresponding clinical privileges
4. Special qualifications
5. Privilege limitation (if any)
6. Professional Liability carrier and amount of coverage

### **WDC Technology**

The Panel also recommended that available technology be used to provide immediate credential verification for physicians versus use of identification cards or “smart” cards due to the cost and labor intensive efforts needed to maintain such a manual system. WDC is using CredentialSmart, a vendor used by a number of hospitals in the state. WDC, through CredentialSmart can only be accessed in a disaster and, periodically, throughout the year, it can be used, with permission, for the purpose of exercising the system.

### **Participation**

Although use of the system by hospitals is voluntary, it is highly recommended, as it achieves optimal efficiencies and provides immediate verification of credential information for non-hospital-affiliated physicians and responders from out of state. Other processes for the credentialing and privileging of physicians in a disaster can either be very labor and time intensive and/or open the hospital to significant liability due to abbreviated credentialing and privileging processes.

All hospitals, which become “Authorized Users,” will have access to the real-time primary source verification service of WDC at no cost. The only cost incurred is the cost of the actual query, either in a disaster or in an exercise. Hospitals that choose to participate in the Affiliations section of WDC also incur no cost outside of the staff time necessary to upload this information initially and then to update the information at least monthly.

### **Current Status**

WDC is in the process of implementation. WDC will be managed by a group of users, who will set the parameters for WDC and establish policies and procedures. Each hospital will be receiving information for participation in the Affiliations section of WDC. Once the number of hospitals participating in the Affiliations section has been determined, there will be training made available to all hospitals on the use and access of WDC.