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MEMORANDUM

Date: June 18, 2008

To: Medical Examining Board

Re: Credentialing Staff Changes, Options to Streamline the Physician
Credentialing Process and Comparisons with Other States

A. Physician Credentialing Staff Changes

Currently one full time staff person, Tamie Buckingham, licenses physicians. One limited term employee (LTE), Abby Listenbee, enters new applications, sorts and alphabetizes mail, and matches documents to pending files.

Starting May 19th, another LTE, Brittany Haberman, will work half-time with Ms. Buckingham on physician licensing. Ms. Haberman has conducted file review and granted physician licenses in the past.

Sometime in the new fiscal year (after July 1st), a vacant position from the Division of Credential Processing's Business Unit will be moved to the Division's Health Unit, so that one more full time staff person will be assigned to share physician licensing with Ms. Buckingham. They will most likely split the alphabet in the same manner as was done prior to the position cuts in 2003/2004.

B. Options for Streamlining the Credentialing Process

The following options for streamlining of the credentialing process are the result of a comprehensive review by Cathy Pond, Administrator of the Credential Processing Division since 2003, of the current licensing requirements, in consultation with credentialing staff most involved in the review of physician applications. They are merely her suggestions for the Board's consideration, but they reflect thoughtful reflection on the process by those with the most knowledge of it. Also noted is whether a statute, rule, or policy change would be needed should the Board elect to amend the current process and the Federation of State Medical Board's (FSMB) response to the questions.

- 1) Currently post-graduate training is verified by primary source in all cases. Most states require more post-graduate training than the one year requirement in Wisconsin. Could there be some cut-off point where verification of post-graduate training is not needed for physicians who have practiced in other states? 10 years? 5 years? (This would require a rule change.)

FSMB Response: No – all training is verified no matter the length of time in practice.

- 2) Both verified documentary evidence of graduation from a medical or osteopathic school approved by the Board (a certification of professional education signed and sealed by the school) and a photocopy of the diploma conferring the degree of doctor of medicine or doctor of osteopathy granted to the applicant by such school are required. It would seem the certification of professional education should be enough. (This would require a rule change.)

FSMB Response – The states vary in this regard. Some require a form to be completed, some require transcripts and some copies of diplomas. Certification of education should be enough.

- 3) Separate hospital privilege and employment verification forms are currently required. Could the hospital privilege form and employment verification forms be combined? The Credentialing Division completed a draft of a new combined form for Board review. (No existing statute or rule addresses this.)

FSMB Response – Most other states have a combined form.

- 4) Currently verifications of all state licenses are obtained from all other jurisdictions where the physician has ever held a license. Could the Division only request verifications from states where the physician worked in the last five years knowing that every other state was verified at some time by another licensing Board? (No existing statute or rule addresses this.)

FSMB Response – Other states require verification of all previous licenses held which is recommended by the Federation Credentials Verification Service (FCVS).

- 5) Could we start to encourage the Federation of State Medical Boards (FSMB) to come up with some system for verifying multiple state licenses like the NURSUS system for the National Council of State Boards of Nursing (NCSBN)? NURSUS is a license discipline information system that receives regular updates of personal and licensing information from participating Boards of Nursing. All Boards of Nursing, including non-participating Boards, have access to information within NURSUS and are able to enter and edit discipline information. (No existing statute or rule addresses this.)

FSMB Response – The Federation is currently moving in this direction with the development and expansion of the All Licensed Physicians Database. The all licensed physician database currently contains all states and we are now working on the currency of the data. We continue to explore technologies that will allow us to more effectively and efficiently collect the information for all boards. We do have a number of boards that currently provide the data on a regular schedule (30 days or less). In all honesty, it may be some time before we are able to perform real-time licensure verifications with the degree of accuracy needed.

- 6) How many different disciplinary reports are needed? We currently request the self-query report from the National Practitioners Databank (NPDB), the American Medical Association (AMA) profile, and the discipline query from the FSMB. For applicants who took the United States Medical Licensing Examination (USMLE), the score report includes the same information as the FSMB query. (No existing statute or rule addresses this.)
FSMB Response – NPDB and AMA data can be unreliable but can serve as a double check of self-reported data. Strongly recommend a query to FSMB for disciplinary history and to obtain the USMLE score.
- 7) Regarding malpractice history, the application form requires a copy of all claims or lawsuits filed against the applicant and a copy of the final settlement or disposition. Does the Board need to see:
- a) Cases that were dismissed;
 - b) Cases involving a (low) dollar amount, where staff would assume the case was settled without fault just to avoid going further with it?
- (No existing statute or rule addresses this.)
Note: The Board’s legal counsel will provide further information on this subject.
FSMB Response – Just because the dollar amount was low does not indicate it was without fault.
- 8) The credentialing specialist asks that several documents be updated prior to issuing the license if the file has been open for six months or more. This causes much duplicated paperwork for those physicians who were delayed in the process. Could a change be made to update the timeframe to one year instead of six months so it would match the timeframe when an application is considered abandoned if there has been no activity on it? (No existing statute or rule addresses the time frame.)
FSMB Response – Most other states have a one year timeframe.

C. Other States Comparison

Michigan

- Verification from all states where a license has been held. **Wisconsin requires verification from all states.**
- Certification forms for medical and post-graduate education. **Wisconsin requires both a certification of professional education and a photocopy of the diploma.** Note: Wisconsin (like many states) accepts the FSMB’s FCVS in lieu of the certificate of post-graduate training, the medical education verification form, and the discipline inquiry report;
- Malpractice: Application questions: 1) Have you had 3 or more malpractice settlements, awards or judgments in any consecutive 5 year period? 2) Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more in any consecutive 5 year period? **Wisconsin requires copies of all claims or lawsuits filed and a copy of final settlement or disposition;**
- The application is certified by the applicant when signed. **Wisconsin requires an affidavit;**

- Chronology of education and professional medical experience is required. **Wisconsin requires disclosure of pre-professional, professional, post graduate and other education;**
- Endorsement variations: 1) If the applicant has been licensed in another state and engaged in the practice of medicine for the past 10 years, verifications from all states are still needed, but no certificate of medical education or post-graduate training are required; 2) If the applicant has been licensed in another state and engaged in the practice of medicine for less than the past 10 years, no certificate of medical education is required but post graduate certification is required. **Wisconsin's post-graduate verification, and medical school certificate and diploma copy requirements do not vary based upon license/practice status history;**

Illinois

- Verification of employment form for 5 years preceding the date of application. **Wisconsin requires verification from employers for 5 years preceding the date of application;**
- Transcripts from pre-medical and medical school education plus a diploma copy or transcripts plus a certificate of graduation. **Wisconsin does not require transcripts;**
- Certificate of post-graduate clinical training. **Verified in all cases in Wisconsin;**
- Certification of license from the original and current licensing jurisdictions. **Wisconsin requires verification of license from all states where a license has been held;**
- Disclosures relating to educational history and other state licenses. **Wisconsin requires disclosure of pre-professional, professional, post graduate and other education;**
- Application question relating to complete discipline history from all jurisdictions. **Wisconsin requires verification of license from all states and requires a discipline (Board action search) report to be filed. FCVS is accepted;**
- No hospital privilege verification or reporting of actions. **Wisconsin requires verification of hospital privilege, employment or appointment for the five years preceding application;**
- Application is certified under penalty of perjury. **Wisconsin requires an affidavit;**

Minnesota

- Copy of diploma. **Wisconsin requires both a certification of professional education and a photocopy of the diploma;**
- Copy of first year of post-graduate training certification. **Wisconsin requires verification of post-graduate education;**
- Verification from each state Board where a medical license is held. **Wisconsin requires verification of license from all states and requires a discipline (Board action search) report to be filed. FCVS is accepted;**
- Malpractice: For each suit in which the applicant is named, detailed clinical explanation of the situation and insurance papers or other formal documentation

- of the outcomes is required. **Wisconsin requires copies of all claims or lawsuits filed and a copy of final settlement or disposition;**
- Separate verification forms from all medical schools attended; all postgraduate internship, residency, fellowship, research or other medical training programs and specialty board certifications. **Wisconsin requires both a certification of professional education and a photocopy of the diploma, in addition to verification of post-graduate training;**
 - Verification from each hospital where privileged in the past 10 years, not including post-graduate training. **Wisconsin requires verification of hospital privilege, employment or appointment for the five years preceding application;**
 - Recommendations from two physicians named as references during the past 5 years of practice. **Not required in Wisconsin;**
 - NPDB self query. **Required in Wisconsin;**
 - Signed facilities list form. **Not required in Wisconsin;**
 - Time accountability from high school to the date of application. **Wisconsin requires verification of employment and hospital privileges for the 5 years preceding application, in addition to education and work history queries on the application form;**

Iowa

- List of all schools attended;
- Diploma with a certificate of authenticity. **Wisconsin requires both a certification of professional education and a photocopy of the diploma;**
- Licenses in any other state must be verified. **Wisconsin requires verification of license from all states;**
- All postgraduate training programs must be verified. **Wisconsin requires verification of post-graduate training;**
- Chronology of activities since the date of Medical School entrance to the present;
- Verification of hospital privileges within the last 5 years, excluding those granted as part of post-graduate training. **Wisconsin requires verification of employment and hospital privileges for the 5 years preceding application, in addition to education and work history queries on the application form;**
- Question on application regarding negative actions imposed by hospitals. **Wisconsin asks whether hospital privileges have ever been limited or removed;**
- Question on application regarding any malpractice suits filed, and judgments or settlements paid. Professional liability suit information form must be completed. **Wisconsin requires copies of all claims or lawsuits filed and a copy of final settlement or disposition;**
- Criminal background check packet is sent out after the application is submitted. **Wisconsin queries for criminal background information on the application;**
- Proposed practice site information requested. **Wisconsin requires copies of all claims or lawsuits filed and a copy of final settlement or disposition;**
- Signed affidavit required. **Wisconsin requires an affidavit;**

- Copy of any medical license held. **Wisconsin requires verification of license from all states;**
- Question on application if license ever denied or surrendered license or DEA permit and whether an investigation was pending at the time. **Wisconsin asks if the DEA license has ever been withdrawn, denied or if the applicant was ever warned by the DEA. It does not query regarding a revocation or pending investigation.**