

Common Credentialing Advisory Group

Meeting Summary

February 11, 2014, 1:00 - 3:00 pm
Oregon Travel Experience Board Room, Salem

Committee Members in Attendance

Debra Bartel (<i>By Phone</i>)	Stephen Godowski (<i>By Phone</i>)
William Donlon (<i>By Phone</i>)	Rebecca Jensen (<i>By Phone</i>)
Larlene Dunsmuir (<i>By Phone</i>)	Shannon Jones (<i>By Phone</i>)
Tooba Durrani (<i>By Phone</i>)	Michelle Murray (<i>By Phone</i>)
Denal Everidge (<i>By Phone</i>)	Joan Sonnenburg (<i>By Phone</i>)
Kevin Ewanchyna	Jean Steinberg (<i>By Phone</i>)

Committee Members not in Attendance

Mike Bond	Erick Doolen
Nancy DeSouza	Andre Fortin
Kathleen Haley	Laurence Sharp
Jim Dorigan	

OHA Staff in Attendance

Melissa Isavoran (OHA/OHPR)
Margie Fernando (OHA/OHPR)

Also in Attendance

Scott Gallant, Gallant Policy Advisors	Cathy Boudreau in place of Nancy DeSouza
Julie McCann, MODA Health	Tracy Humphreys, Office of Information Svcs
Kelly Fischer in place of Kathleen Haley	

Kevin Ewanchyna welcomed everyone to the meeting and reviewed the agenda. He expressed his appreciation to the Committee members who tried to attend in person, given the weather conditions.

Governance Discussion

Rebecca Jensen, Chair of the Advisory Committee on Physician Credentialing Information (ACPCI), provided a background and update on this committee. The ACPCI was formed as a result of HB 2144 in 1999. Their charge is to develop the uniform applications used by hospitals and health plans to credential and re-credential practitioners within the State of Oregon.

The membership of the ACPCI consists of nine members appointed by the Administrator of the OHA's Office for Oregon Health Policy and Research to represent providers, health plans, insurers, and hospitals across Oregon. They are subject matter experts in their field and have ample knowledge of national accreditation entity requirements. This committee meets at least once a year to review suggestions to amend the credentialing and re-credentialing forms used in Oregon. Staff of the ACPCI consists of Ariel Smits, MD, MPH, Medical Director of the OHA and Dorothy Allen, Program Specialist, who runs the program.

Melissa directed the committee to a comparison of existing roles and responsibilities of the ACPCI and CCAG and provided options for the roles and responsibilities of the two groups moving forward in the common credentialing process and once a common credentialing solution is operational. The comparison and options are listed in the Common Credentialing Governance Options document attached as materials for this meeting.

The committee discussed the three options, weighing the pros and cons for each option. Among the issues raised were:

- The ACPCI had the right mix of individuals who had the expertise to represent the State
- The CCAG is a broader and larger group, but should include ACPCI representation
- One single big group will not be able to handle the detail technical issues
- ACPCI recommendations to the OHA can be brought to the CCAG for input
- Having two groups working together will create consistent communication to providers
- In the future it may be possible to merge the two groups
- Having the CCAG to advise the OHA on ACPCI recommendations would be beneficial as changes to the form will have implications to the common credentialing solution
- The ACPCI can be limited to subject matter experts, while the CCAG can include a broader range of representation

There was a motion to adopt Option three where both the ACPCI and CCAG will continue. The motion was accepted. The ACPCI will continue to act on the technical form details, while the CCAG will act as the policy body for Common Credentialing. ACPCI recommendations will continue to be made to the OHA, but those recommendations will then be brought to the CCAG for input. Melissa will take the necessary steps to formalize option three in the credentialing rules currently being drafted.

Implementation Issues and Options

Melissa identified four main implementation issues:

- Provider and credentialing organization uptake concerns
- Health Care Regulatory Board technological capabilities
- Primary source Verification assignment
- Populating the Common Credentialing solution

There were concerns that the different interfaces with the Health Care Regulatory Boards (HCRBs) had varying levels of technology and it would create problems with uploading to the one main common credentialing solution. The committee discussed these issues and approved a motion to implement a phased in approach with the Oregon Medical Board and the Oregon Board of Nursing being among the first Boards to begin implementation, followed by the smaller Boards at a later date.

Melissa suggested that the OHA will discuss this with the Boards at their next Executive Board meeting and work to determine a sequential timeline to incorporate the smaller Boards. SB 604 does not specifically give direction on whether all Boards should be implemented at the same time, which should allow flexibility for a “phased” approach. Scott Gallant will discuss with Legislators and if required, remedial action on this bill could be put forward at the next session.

Melissa highlighted discussions with OHA's technical group of subject matter experts in regards to populating the common credentialing solution when developed. The technical group determined that using current credentialing information from credentialing organizations would be too complex and would create duplication and problems with inconsistent information. The best approach is considered to be using the Boards' data to populate the solution and then having practitioners attest to the information and provide any missing components. The vendor could then conduct primary source verification where needed. The Group agreed this would be the best approach. Details will be addressed prior to drafting the Request for Proposal.

Rulemaking Advisory Group Update

At the last meeting, it was decided that OHA's technical group of subject matter experts will act as the Rules Advisory Committee (RAC) for SB604. The first meeting of the RAC will be held on February 27, 2014. Melissa will create an initial set of draft rules based on SB 604 language, issues discussed and decided thus far, and then placeholders for additional details to be added in. The RAC will work over the next few months to review and populate the rules. Draft rules will be filed with the Secretary of State in April 2014.

RFI Update

Melissa informed the group that the RFI is still in progress. There were several questions from multiple vendors who showed an interest. All the questions and answers are posted on the ORPIN web page. There have been approximately 45 inquiries to date.

Public Comment

1. Mike Hmura, a Physical Therapist from PT Northwest.
Mr. Hmura's concern is that Physical Therapists have to wait 6 months before they can be credentialed. This process is preventing the hire of new graduates and preventing people from having access to care. Is there any way that this time period can be reduced to make it consistent with other health care professions? He suggested retroactive credentialing to alleviate the issue as a short term solution, but hopes that the committee can assist with finding a permanent solution for Physical Therapists.
2. Molly McGrew, from State Street Solutions, a government relations firm.
Mrs. McGrew represents several health care practitioners and would like to know what the process is for newly licensed Direct Entry Midwives in the State of Oregon. Melissa explained that at the beginning of the Common Credentialing process, the group agreed on the list of commonly credentialed practitioners and Direct Entry Midwives was not part of that list. However, in the future, there will be flexibility to add practitioners to that list.

Mrs. McGrew also commented that her husband, a Licensed Psychiatrist also went through the credentialing process and it made her realize how long this process was. She appreciates what this committee is doing.

Meeting adjourned at 1:30pm

The next meeting will be held on March 3, 2014 in Portland.