



It's Time for National Physician Credentialing

Executive Director's Message



By Bill Sandberg

AT ITS WEB SITE, www.medbd.ca.gov, the Medical Board of California warns physicians applying for a California license to expect the process to take 6 to 9 months. Without a California license number a physician cannot apply for Medicare, Medi-Cal, gain hospital privileges, obtain professional liability coverage, join a state or local medical society. The application and instructions to gain a California license is 25 pages long.

For a physician being recruited to California who wants to hit the road running, getting a license and all the other privileges needed would take 18 months. So much for running.

All organizations that license physicians, give them privileges, grant them membership, pay for their services, allow them to prescribe, discipline them and insure them, want the same original source materials.

Some of the required information: Live Scan fingerprints, 2 x 3 original head and shoulder photographs, letters in good standing, certified medical school transcripts, certified copies of medical degrees, examination scores directly from the reporting entity and a host of other forms, depending on whether you are US-trained or an IMG. Don't forget the DEA license and valid California driver's licenses that some require.

Many national entities collect these same data - like the National Practitioners Data Bank (NPDB), The Healthcare Integrity and Protection Data Bank (HIPDB), the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Board of the United States, the Veterans' Administration, the Department of Justice (DOJ), the Drug Enforcement Agency (DEA) and, of course, Medicare and its subcontractors. There must be others.

We have all of this redundancy and original source rules because no institution wants to be caught allowing a physician to practice who has managed to hide or run from personal or professional disasters. While it is getting harder for errant physicians to cover their tracks and sneak in somewhere else, it's still a devastating situation for an institution when a physician with a checkered past injures a patient or others.

So, why not create a single agency like the one housing the NPDB and the HIPDB and have it become the single source? Probably billions of dollars would be saved. Physicians could routinely check the accuracy of their credentials and the reports filed in their online folder. When errors crop up today, it's nearly impossible for a physician to clean up the problem across all the credentialing organizations. Perhaps liability could be removed for hospitals and others that have been duped. States could continue to license, collect fees and establish medical practice laws, but would have to accept the national file.

National credentialing would allow physicians to move about the country with very little hassle and would simplify recruitment by communities and health systems. It would be convenient in times of natural disaster. If my personal health records can be digitized and trusted to be protected by my physician and health system, why not your credentials?

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