

Executive Summary

Introduction

The National Association Medical Staff Services (NAMSS) is the preeminent organization for the development of individuals responsible for managing credentialing, privileging, practitioner/provider organizations, and regulatory compliance in the diverse healthcare industry. NAMSS's vision is to advance a healthcare environment that maximizes the patient experience, as well as continuously fosters public awareness of the vital role of medical staff professionals in the provision of safe, effective healthcare.

The most recent information available on staffing ratios is from the 1990's. In an effort to provide states and individual members with updated data and trends, the NAMSS 2009 Medical Staffing Study was commissioned. The focus of the study concentrates on the number and complexity of the application and verification process. The results may allow healthcare facilities to make general recommendations for staffing based on various demographic scenarios: facility/office/network/plan size, accreditation type and geographic region. The study also provides practitioners with a solid database of information to benchmark their facilities against and reference when justifying business needs. Further, study results indicate how tasks, roles and responsibilities of medical services staff have expanded and changed over time. It is recommended that such information be shared with medical services staff for educational or learning purposes.

How to Use This Report

In this report, job tasks per performance domain are broken down by Average Number of Applications Processed on a Monthly Basis and Type of Facility/Organization to allow readers to find the data that most closely represents their facility/organization, workflow, etc. When reviewing the results presented, data should be viewed as historical and typical among NAMSS members and non-member certificants, but not as standards. A variety of statistics are presented which allow users of this information to determine how the operational performance of their facility compares to similar or "like" facilities. Such data also may be used to identify variances in performance and tasks as they relate to facility and accreditation type, as well as plan size or regional/geographic location.

Following the "Staffing and Processing Information" section, the report is divided into seven sections, corresponding to the pre-established work domains of the medical staff professional:

- Credentialing and Privileging
- Primary Source Verification
- Compliance
- Operations
- Physician Outreach
- Human Resources
- Additional Performance Tasks

The first data table presented in each section shows the total number of hours spent performing each task within the given performance domain. NAMSS hopes that this information will allow practitioners at a high-level to pinpoint the average number of hours it takes their staff to complete specific tasks and whether their performance falls within the low, midpoint or high range in relation to other facilities. The second data table in each section illustrates, on average, the process used to perform each domain or task. This information may be useful when determining whether there is a need to enhance operational efficiencies. The final set of tables shows the individual results for each task within a performance domain segmented by the number of applications processed on a monthly basis and type of facility. This information should be used to benchmark individual facility performance against the norm of similar or "like" settings.

Respondent Profile

The following are general observations or themes that profile those that responded to the 2009 survey:

- The majority (70%) represent Acute Hospitals comprised of Medical Staff Directors (35%) and Medical Staff Coordinators (29%).

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Respondent Profile (continued)

- Fifty-nine percent of the facilities/organizations were located in either the South (30%) or the Midwest (29%) followed by 25 percent in the West and 17 percent on the East coast.
- Not surprising, few medical staff work in rural or small sized communities compared to those employed in urban or suburban areas.
- Most MSPs (77%) are non-exempt.
- Often times, facilities/organizations have between 101 and 500 credentialed medical staff that are comprised of physicians and dentists. It is less likely for a facility/organization to employ more than 250 other types of credentialing practitioners, such as advanced practice nurses RNs, LPNs, PAs and psychologists.
- When reviewing the results, large facilities/organizations tend to skew the average number of hours spent performing certain tasks, specifically in the performance domain of Primary Source Verification.

Key Findings

Results of the survey provide significant insights in three primary areas: staffing, operational performance and technology:

Staffing: MSPs in Acute Hospital Settings (especially non-exempt MSPs) are unique versus all others in total hours worked

- Most MSPs (46%) work a standard 38 to 40 hour week. Only a minority (5%) reported working over 55 hours weekly which typically occurs in the acute hospital setting. Interestingly, non-exempt employees are working more hours than exempt employees. This represents a significant shift in behavior as reported in the 2006 Salary Survey.
- On average, the ratio of MSPs to credentialed medical staff (e.g., physicians, dentists as applicable) is one to 89. In comparison, the ratio of MSPs to all credentialed staff (i.e., credentialed medical staff and practitioners) is one to 112. There is a significant correlation between the number of credentialed medical staff and the number of MSPs employed at a facility. Data indicate that the number of MSPs staff steadily increases as the total number of credentialed staff exceeds per 100. The table below shows the number of MSPs per credentialed medical staff and all credentialed staff:

| Ratio | Count | Mean | Percentile | | |
|---|-------|-------|------------------|-------------------------|------------------|
| | | | 25 th | Median/50 th | 75 th |
| # of MSPs to Credentialed Medical Staff | 634 | 1/89 | 1/214 | 1/144 | 1/90 |
| # of MSPs to All Credentialed Staff | 638 | 1/112 | 1/261 | 1/180 | 1/109 |

Further, data showed that the ratio of MSPs to credentialed medical staff tended to be significantly higher for those working in CVO or Health Plan settings. This affect directly influenced the 25th percentile and median/50th percentile scores.

Operational Performance: MSPs overall are focusing today on higher value-add (and time-consuming) activities vs. an historical focus (or perception) of 'clerical' work

- MSPs are spending the majority of their time performing credentialing and privileging tasks. Hours spent on primary source verification (26 hours) and operations (21 hours) are also areas in which a medical services staff spends a considerable amount of time each week. The table below shows (on average) how much time medical staff offices are spending per week performing tasks within each of the following domains:

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Key Findings (continued)

Average Number of Hours Per Week Spent by Medical Staff Offices on Each Performance Domain

| Performance Domains | Count | Mean | Lowest | Percentile | | | | Highest |
|-------------------------------|-------|-------|--------|------------------|------------------|-----------------------------|------------------|---------|
| | | | | 10 th | 25 th | Median/ 50 th | 75 th | |
| Credentialing and Privileging | 635 | 42.52 | 3.88 | 12.00 | 18.00 | 29.48 | 52.65 | 350.00 |
| Primary Source Verification | 634 | 26.22 | 0.76 | 5.92 | 9.33 | 15.96 | 31.00 | 359.00 |
| Compliance | 622 | 10.87 | 0.75 | 2.56 | 4.07 | 7.58 | 13.93 | 105.32 |
| Operations | 635 | 20.91 | 0.84 | 4.80 | 8.00 | 14.39 | 26.16 | 175.00 |
| Physician Outreach | 506 | 9.46 | 0.25 | 1.00 | 2.00 | 4.50 | 10.00 | 140.88 |
| Human Resource | 470 | 7.27 | 0.25 | 1.00 | 2.00 | 3.86 | 7.27 | 176.10 |
| Additional Tasks | 282 | 14.28 | 0.46 | 1.69 | 3.00 | 6.69 | 17.49 | 168.00 |

- In general, facilities described as Health Plan, Managed Care or CVOs are most likely to process more applications on a monthly basis, completing the process in a shorter turnaround time than other types of facilities. The table below shows the average and median number of all applications processed within a facility on a monthly basis and the typical turnaround time an application's status is marked complete and ready to go to committee by facility type:

Average Number of Applications Processed Monthly & Typical Turnaround Time to Verify Completion by Type of Facility

| Facility Type | Count | Average Number of Applications Processed Monthly | | Typical Turnaround Time to Verify Application as Complete (in days) | |
|---|-------|--|-----------------------------|---|-----------------------------|
| | | Mean | Median/ 50 th | Mean | Median/ 50 th |
| Acute Hospital | 453 | 28.21 | 20.00 | 52.79 | 45.00 |
| Specialty Hospital | 30 | 14.97 | 9.00 | 50.70 | 45.00 |
| Surgery Center | 10 | 15.05 | 6.75 | 43.40 | 45.00 |
| Health Plan | 13 | 156.88 | 155.00 | 36.92 | 35.00 |
| Managed Care | 17 | 94.44 | 45.00 | 41.06 | 31.50 |
| Academic Hospital/Teaching Institution | 44 | 48.59 | 47.00 | 54.81 | 52.00 |
| Credentialing Verification Organization (CVO) | 16 | 119.75 | 90.00 | 45.63 | 45.00 |
| Physician Practice | 16 | 49.54 | 20.00 | 46.67 | 30.00 |
| Other | 53 | 24.57 | 15.00 | 43.02 | 43.00 |

Technology: Use of software by MSP offices appears to result in much greater efficiencies in both time spent and human resources required

- Data show that the turnaround time to verify applications reduces significantly for those facilities that utilize licensed and/or hosted software. For example, Health Plan (85%) and Managed Care (71%) facilities are more likely to utilize licensed and/or hosted software than other types of facilities; and results show they process more applications, verifying them as completed and ready to go to committees more quickly.
- Facilities that process 25 applications or less each month are less likely to use any software. It is common for some Specialty Hospitals (37%) and Surgery Centers (44%) not to use software to support credentialing verification. Such facilities are processing fewer applications (on average) on a monthly-basis compared to others.
- Interestingly, Academic Hospital/Teaching Institutions (52%) are most likely to use web-based software to support their credentialing needs.

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Key Findings (continued)

- Generally, facilities/organizations are not solely utilizing electronic processes to perform tasks. Often times medical staff professionals perform their tasks manually and to a lesser degree are using a combination of manual and electronic processes to complete their work.