

SUBJECT: PRACTITIONER HEALTH ISSUES AND THE AMERICAN DISABILITIES ACT	REFERENCE #6006
DEPARTMENT: MEDICAL STAFF	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

- Before credentialing and granting privileges, the healthcare organization must identify any practitioner health concern that may directly affect his or her abilities for perform clinical activities requested. (JCAHO MS.5.4.3, MS.5.10.1 and MS.5.10.1.1) Most healthcare organizations have several detailed questions on the application forms that enquire about a practitioner’s health status. However, the American Disabilities Act (ADA) specifically prohibits an organization from discriminating against an individual based on physical or mental impairments. The issue becomes how far can a healthcare organization legally go to identify practitioner health concerns that affect clinical practice but not violate the ADA. This document examines the issue of practitioner’s health and discrimination by the healthcare organization and offers some practical suggestions.
- The American with Disabilities Act of 1990 is a landmark civil rights legislation that prohibits discrimination in all employment practices including job application, hiring, recruiting, promoting or laying off employees with disabilities.¹ Basically the Act gives civil rights to individuals with disabilities with the federal government the enforcer. A disability is defined as “a physical or mental impairment that substantially limits one or more major life activities:.. The definition includes physical disorder such as paralysis and vision defects but also mental retardation and mental illness. Alcoholics are covered by the ADA but not employees currently using illegal drugs.
- The ADA also imposes restrictions on medical examinations and inquires about a disability.² However, the employer is allowed to ask questions about the ability to perform job functions. The US Department of Justice (DOJ) website has a lot of resources to help organizations comply with this complicated act. In addition, it is strongly recommended that the MCO or healthcare organization’s counsel be very closely involved in any activities related to the ADA.
- For the MCO or healthcare organization, there are two places that present possible issues with the ADA compliance:
 - Identifying health issues in practitioners initially applying for medical staff appointment privileges.
 - Monitoring for health problems in practitioners already on the medical staff and have been granted privileges.

¹ Americans with Disabilities Act Questions and Answers at www.usdoj-gov/crt/ada.

² Americans with Disabilities Act Questions and Answers at www.usdoj-gov/crt/ada.

SUBJECT: MONITORING THE PRACTITIONER'S PERFORMANCE	REFERENCE #5002
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- The healthcare organization must continually monitor a practitioner's professional performance that includes clinical judgment, professional performance and clinical competence. This usually involves the information from other committees and organizations' bodies that are responsible for performance improvement. This information is reviewed before final approval of reappointment and renewal of privileges. Most healthcare organizations look at two types of practitioner's performance data: clinical and nonclinical.
- Nonclinical data refers to information about a practitioner that is not directly related to clinical activities. For example, many healthcare organizations review the following information about a practitioner before renewing privileges or recredentialing:
 - Completion of medical record in a timely fashion
 - Compliance with the healthcare organization's rules, regulations and policies
 - Attendance at required meetings
 - Service on medical committees and other administrative activities
 - Cooperation with other practitioners and hospital personnel
- Managed care organizations often add several additional criteria:
 - Patient complaints
 - Patient satisfaction survey information
 - Overutilization of outside consultants and inpatient services
- The healthcare organizations must also monitor the clinical practice of the individual practitioner. In large healthcare organizations, usually standing committees can provide feedback about a practitioner's clinical practice. For example, the following committees may be the first to spot an
 - Infection Control Committee
 - Mortality Review Board
 - Blood Usage Committee
 - Drug Usage or Pharmacy Committee

DELINEATION OF CLINICAL PRIVILEGES ALLIED HEALTH PRACTITIONER

Applicant's Name: _____

Supervising Physician/Group: _____

(Supervision: The opportunity or ability of the physician to provide or exercise control and direction over the services.)

Will function in joint collaboration with the physician or physician group with which he/she is associated.

Requested	FUNCTION
	Routine inpatient rounds, progress notes and orders, as needed
	History and physical examination of specific patients, interpretation and evaluation of data, and formulation of treatment protocols in conjunction with sponsoring physician
	Remove and/or apply dressings to observe the status of surgical incisions or wounds
	Other duties (please describe)

Allied Health Practitioner: _____ Date: _____

I have reviewed this list of duties/procedures and agree that this individual is qualified to perform them, as stated.

SIGNATURES:

Supervising Physician: _____ Date: _____

Medical Director: _____ Date: _____

Chair, Medical Staff Executive Committee: _____ Date: _____

Chair, Board of Trustees: _____ Date: _____

DELINEATION OF CLINICAL PRIVILEGES

DEPARTMENT OF MEDICINE

Name: _____, MD

Date: _____

Applicant: In the first columns below, place a check in the appropriate box for each privilege listed below.
A yes or no response must be entered for every item.

Chairperson: Place your initials in the appropriate column. An entry must be made for every item.

Yes	No	Clinical Privilege Requested	NA	Granted	Granted with Supervision	Denied
		Select one of the following levels of privileges. <u>Selection of an advanced category automatically includes the privileges for all lower categories.</u>				
<input type="checkbox"/>	<input type="checkbox"/>	Level I: Attend on ambulatory general medical problems. Request consultation where specific subspecialty expertise is appropriate. This category is for physicians with 3 years of Family Practice training who have only practiced Ambulatory Medicine for the last five (5) years.				
<input type="checkbox"/>	<input type="checkbox"/>	Level II: Attend and consult on Ambulatory and Inpatient General Internal Medicine problems. Request consultation where specific subspecialty expertise is appropriate. This category includes MDs with 3 years of Internal Medicine training who are board certified or have equivalent experience.				
<input type="checkbox"/>	<input type="checkbox"/>	Level III: Attend and perform consultations on both General Internal Medicine and a recognized subspecialty. This category includes those MDs who meet the criteria in Level II <u>and</u> who have also completed a fellowship in the relevant subspecialty.				
<input type="checkbox"/>	<input type="checkbox"/>	Level IV: Attend and perform consultations in the area of the recognized subspecialty only. This category has the same training requirements as Level III.				
<input type="checkbox"/>	<input type="checkbox"/>	Admitting Privileges				
<input type="checkbox"/>	<input type="checkbox"/>	Conscious IV Sedation (May require Anesthesia approval)				
		For Level II and Level III Privileges, check the subspecialty area(s) that apply:				
		<input type="checkbox"/> Allergy and Immunology				
		<input type="checkbox"/> Cardiology				
		<input type="checkbox"/> Critical Care				
		<input type="checkbox"/> Endocrinology and Metabolism				
		<input type="checkbox"/> Gastroenterology				
		<input type="checkbox"/> General Internal Medicine				
		<input type="checkbox"/> Hematology				
		<input type="checkbox"/> Infectious Disease				

