

### **SESSION 3:**

#### **CREDENTIALING CHALLENGES FOR SYSTEMS AND EMPLOYERS**

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October 10, 2025 (12:00 pm – 2:00 pm Eastern)

Hospitals and health systems are increasingly looking for ways to streamline the credentialing and privileging process, to facilitate faster onboarding, with less expense and hassle. It's easier said than done. Looking at the issues from both the Medical Staff side of things and the recruitment/employer/contractor side of things, we will cover a variety of credentialing issues challenging (and sometimes confounding) health systems and practitioner employers.

This includes tips and recommendations for better alignment of physician recruitment with the expectations of the Medical Staff (and with the Medical Staff's credentialing process). We will offer recommendations to get recruiters "singing from the same song sheet" as the Medical Staff Services Department (and Medical Staff), and also offer tips for incorporating eligibility for appointment and privileges into contracts for services (such as exclusive contracts with groups) and employment agreements with individual practitioners.

We will also address credentialing efficiencies being considered by many health systems, including system application forms, system credentials committees, and system bylaws templates. We will touch upon Medical Staff unification and the implications for credentialing and privileging.

Many health care systems are looking for ways to make it easier for credentialed practitioners from one facility to obtain privileges at an affiliate entity. Sometimes, the focus is on temporary privileging (expedited methods to get affiliated practitioners privileged to urgently cover gaps). Other times, the focus is on reducing any administrative burdens that may be preventing practitioners from expanding their practice to other system facilities. Can practitioners file just one application form? Will they be recredentialed for all facilities at the same time? What types of credentials have to be verified by each hospital versus being verified once on behalf of the entire system?

Finally, we will touch upon delegated credentialing for payors (which more and more health systems are undertaking, in an effort to speed up eligibility for reimbursement) and any changes to the bylaws and credentialing processes that may be required if you are moving in that direction.

#### **TOPICS TO BE COVERED:**

- Alignment of physician recruitment and employment with Medical Staff eligibility criteria and credentialing process, including tips on what you should be including in all employment and service contracts
- Modern day efficiencies in health system credentialing and privileging, from a designated CVO or centralized Medical Staff Services Department to full unification of the Medical Staff. We will discuss various options, along with the policy and process modifications that may be necessary when implementing various options. For example, will doctors who

are part of a unified Medical Staff have on-call obligations to the Emergency Departments at every hospital or campus? Can a standardized application form be used in a system when the hospitals do not have identical Medical Staff Bylaws? If a standardized and centralized application is used – what happens when a practitioner asks for privileges at a new facility in the middle of an existing appointment term? Do they have to be fully and separately credentialed – and then the reappointment date is simply aligned with the reappointment date applicable to the appointments/privileges at the other hospitals?

#### **SUPPLEMENTAL MATERIALS:**

- Sample Medical Staff Bylaws/policy language addressing information sharing within a health system
- Sample Medical Staff Bylaws/policy language addressing the designation of a primary practice location within a multi-campus hospital or unified medical staff
- Sample Medical Staff Bylaws/policy language providing a process for a system-wide medical staff committee (e.g., a system bylaws committee) to review and make recommendations on any new system/template Medical Staff governance documents

#### **LEARNING OBJECTIVES:**

Upon completion of this audio conference, participants should be able to:

1. Begin implementing strategies to make it easier/faster for practitioners to apply for and obtain clinical privileges at multiple hospitals within the health care system;
2. More accurately identify candidates for recruitment and employment who are likely to encounter “bumps” along the credentialing path and communicate more carefully about the steps that will need to be taken to overcome those challenges and move forward with the employment process;
3. Develop processes that promote consistency within a health system with respect to Medical Staff Bylaws and other medical staff policies; and
4. Identify areas where the Medical Staff Bylaws and related policies may require amendment if the hospital is performing delegated credentialing for payors.