Credentialing Resource Center Journal

Q&A: The makings of an MSP

New NAMSS releases feature definitions, competencies for the profession

September was a banner month for the National Association Medical Staff Services' (NAMSS) professional development and advocacy work. Against the backdrop of its 40th educational conference in Boston, the organization rolled out two resources intended to broaden professional awareness, pave viable career paths, and establish national standards for MSPs.

During the conference's opening keynote presentation, NAMSS unveiled *The State of the Medical Services Profession*. The special report, based on 2014 research, spotlights the evolution of medical staff services from a clerical position to a multifaceted career, summarizes core functions and experience-based skill sets for the profession, and points to factors that will shape its trajectory in the years ahead.

Hot on the heels of this reveal, NAMSS submitted comments to the Office of Management and Budget (OMB) requesting the inclusion of a detailed occupational listing for MSPs in the 2018 Standard Occupational Classification (SOC) system and associated manual.

Federal statistical agencies and other organizations use the SOC to classify workers into occupational categories for the purpose of sharing, analyzing, and comparing meaningful workforce data. The latest version of the SOC, which took effect in 2010, features 840 detailed occupations.

NAMSS' September comments represent the latest push in a long-running campaign to expand access and robustness of MSP statistics through formal recognition in the SOC.

"There is currently no clear estimate of how many individuals are serving as MSPs nationwide," the NAMSS comments state. "Inclusion of the profession as a detailed occupational classification in the SOC would bridge this data gap and allow for the identification of those who are performing the essential functions and responsibilities of an MSP in various professional healthcare settings."

NAMSS first requested publication of a detailed occupational entry for MSPs in the 2010 SOC. The OMB's SOC policy committee denied this request on the grounds that the profession's duties were sufficiently covered in the entries for human resources and compliance occupations.

When development began for the 2018 SOC, NAMSS again called for the inclusion of MSPs, this time recommending placement of the entry in the "medical and health services managers" category (11-911X) and providing a specific definition. The committee denied the proposal, citing potential classification and data collection issues. "Each occupation is assigned to only one category at the lowest level of classification … Medical Service Professionals could be classified in more than one existing SOC occupation based on the work performed," the committee wrote in its response.

The OMB published its latest summary of proposed updates to the 2018 SOC in the *Federal Register* on July 22. The notice includes a list of 16 brand-new detailed occupations; an entry for MSPs is not among them.

NAMSS' September comments—which reflect input from a cross-section of the association's board, staff, and membership—articulate the nuanced distinction between medical staff services and similarly situated professions already in the SOC. The comments also incorporate findings from *The State of the Medical Services Profession* report to illustrate MSPs' hallmark competencies in credentialing, privileging, primary source verification, peer review, compliance, departmental operations, and medical staff management.

The OMB expects to finalize the SOC revision by spring 2017. If the agency moves forward without an MSP entry, the profession faces a long wait before resuming the cause; the next planned update to the SOC is not until 2028.

CRCJ reached out to NAMSS president **Bonnie Enloe Gutierrez, CPMSM, CPCS,** for more insight into both of NAMSS' September releases. In the following Q&A, Gutierrez, who also serves as medical staff services director for the South Denver (Colorado) Operating Group of Centura Health, reveals what the interconnected advocacy efforts mean for the modern MSP.

Q: What has inspired NAMSS' repeated petitioning of the OMB to publish a detailed occupational listing for MSPs in the *SOC Manual*?

A: NAMSS continues to pursue recognition of MSPs in the *SOC Manual* because of the unique and crucial role that MSPs play in the healthcare industry. We are the gatekeepers of patient safety, the first line of defense in ensuring providers are who they say they are and are as qualified as they say they are. We undergo rigorous certification and training for the specific duties we perform. Recognition of MSPs in the *SOC Manual* would serve as validation of what we already know to be true: that MSPs are distinct from other recognized occupations and are vital to ensuring safe patient care through a qualified medical staff.

Q: What are the next steps in this effort?

A: NAMSS is seeking a meeting to further advance the arguments made in our submitted SOC comments. We will continue to advocate for MSPs to ensure that they receive the recognition they so rightly deserve.

Q: What drove development of *The State of the Medical Services Profession* report?

A: In the course of developing education courses for our members through surveys, focus groups, and research, NAMSS realized that there was an important story to tell about the MSP profession. We realized that there was a need for a comprehensive resource on the state of the profession and the various roles and functions of the MSP throughout the healthcare industry.

Q: Do these initiatives reflect any broader trends in the profession and/or in the overarching healthcare industry?

A: The work of MSPs throughout the healthcare industry will continue to be affected by the move from volume-based to value-based medicine. Physicians and other practitioner payments are increasingly based on quality outcomes. The public has direct access to a wealth of information on practitioners' performance and patient/member satisfaction. Healthcare providers will continue to have a greater interest in recruiting and retaining high-quality, rather than highly productive, practitioners.

Greater recognition of the MSP profession and a clearer understanding of MSPs' roles and functions through these initiatives will help them remain at the forefront of their organizations' efforts to provide safe, high-quality care.

Q: What feedback have you received from MSPs?

A: We have heard from many of our MSP members supporting the SOC comments. They know better than anyone that they play a unique role in the healthcare industry, and NAMSS is honored to speak on their behalf. Our introduction of *The State of the Profession* at our 2016 annual conference in Boston was met with great enthusiasm, as well. Our members clearly appreciate the value of this report, both in its ability to increase the recognition of the MSP profession and as a professional development tool.

Q: How can MSPs use the new NAMSS report to facilitate their daily work, foster professional development, and/or propel career advancement?

A: The new NAMSS *State of the Profession Report* is a versatile document that can be used by MSPs to fit the needs of their own situation, their staff, and their management. It is an educational tool meant to build awareness of the history, role, and importance of the MSP profession. Specifically, I believe that this report clearly delineates areas of responsibility and could be used by MSPs to work with their chief medical officers and HR departments to ensure that they have accurate job descriptions in place. As we all know, job descriptions are a necessary tool in ensuring that our roles are appropriately ranked within organizations for reporting structures, titles, salaries, etc.

Q: What can MSPs do to improve recognition and support of their profession within and beyond their organization?

A: Being able to clearly articulate their value, core functions, and role within the constantly changing healthcare landscape will further expand the profession's reach and importance. This is where the new *State of the Profession* report can be particularly useful. For example, this report is an excellent tool for recruiting the next generation of MSPs. With an appropriate degree of passion, it explains our value in the patient safety arena and should motivate young professionals to seek administrative roles in healthcare.

Sidebar: Immediate uses

The National Association Medical Staff Services' (NAMSS) latest advocacy initiatives establish parameters for medical staff services and seek to broaden general understanding of the profession. But the road to systemic

change is often long. How, if at all, can MSPs leverage the organization's Standard Occupational Classification (SOC) comments and *The State of the Medical Services Profession* report in their more immediate duties, career goals, and departmental operations?

For **Barbara Warstler, MBA, CPMSM,** director of medical staff services and credentialing at University Hospitals (UH) in Cleveland, the resources present two major opportunities for individual and department-level use:

- Spread the word about the distinctive, complex, and skilled nature of the profession
- Standardize roles and responsibilities

Spread the word

A clearly defined and reflective scope of work is just as important for MSPs as for the practitioners they credential. NAMSS' SOC comments and special report showcase the diversity and specialization in the field, upping the "street credibility" of a profession whose rapid evolution can elude general understanding, says Warstler. For example, hospital leaders who have been in healthcare for a long time may mistake medical staff service's clerical roots for the current state of play.

"Really, an MSP is not a secretary," Warstler says. "What we're asked to manage on a day-to-day basis is so complicated." She points to MSPs' numerous potential areas of expertise and influence, which include regulatory and legal compliance, medical education, IT, data management, recruitment, marketing, organizational politics, and interpersonal communication. MSPs can use the NAMSS resources to educate decision-makers on the array of high-level duties they regularly perform.

Having the research and language to substantiate MSPs' multidimensional value can aid appeals for competitive compensation as a means of recruiting and retaining quality talent, says Warstler. Targeted education can also streamline the daily workflow, challenging the tendency to route physician-related miscellany to the medical staff services department.

"If people don't know where to give a duty to and it kind of relates to a physician, they give it to the medical staff office, and our job is really not to be the catchall," says Warstler.

Warstler hopes the future will hold more consistent acknowledgement of MSPs' expertise and important contributions to quality care, patient safety, and their employer's financial health. "I'd really like to see the profession have a seat at the strategic table," she says.

Standardize roles and responsibilities

Currently, facility-specific factors like location and size too often dictate the degree of respect MSPs receive—and the volume of responsibilities they shoulder, says Warstler.

Integrating the NAMSS report's core competencies in departmental organization is one way to promote uniform professional recognition from within. During the next revision of her department's job descriptions, Warstler plans to shore up position-specific competencies with verbiage from the report.

"I really want to use that as a foundation for our job descriptions so that we're on the same page as NAMSS," she explains, emphasizing the importance of standardization in elevating the profession's standing. MSPs can also use the report to build an internal promotion structure or to retool an existing one.

Through UH's medical staff services and credentialing career ladder, which Warstler kicked off four years ago, an entry-level hire begins as either a credentialing assistant or credentialing quality control specialist and can work his or her way up the departmental rungs as a medical staff services and credentialing coordinator, analyst, and team lead. MSPs who demonstrate exemplary skill in a role can advance to a senior level, which comes with more responsibility and a higher salary. Promotion is contingent on the employee's ability to meet a number of performance benchmarks and requirements. That's where the NAMSS report comes in handy, says Warstler, who will be reviewing criteria for advancement to ensure they reflect the constellation of competency areas present in the report. The alignment is already strong, she notes.

For example, one of the requirements for a UH credentialing assistant to advance to a senior credentialing assistant is participation in the development of two medical staff policies and/or privilege forms, a directive that corresponds to the NAMSS report's core functional area of "Conduct, Participate In, and Maintain Current Clinical Competency Evaluations and Peer Review." The career ladder task requires candidates to research minimum qualifications to perform a given procedure or scope of practice, which is a key aspect of managing current clinical competency evaluations, says Warstler. Click here for the complete career ladder criteria for advancing to senior credentialing assistant.

Beyond formal uses, MSPs should see the NAMSS resources as justification for tooting their own horn, says Warstler, who considers self-advocacy another key to wider acknowledgement.

“Our job as MSPs is to continually educate people about what we do, the special niche knowledge that we do have, and the value that we bring to the organization,” says Warstler. “We really are the front door to patient safety, so I think we just have to keep talking about it.”

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