



THE LIGHTHOUSE

The official publication of the Maine Association Medical Staff Services, published by and for the MeAMSS membership

President's Message

By Frederica Jackson, CPMSM

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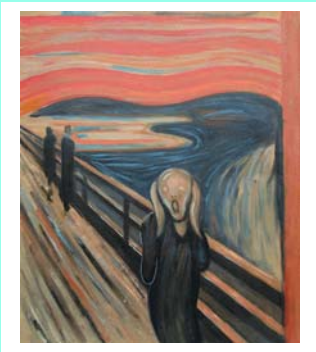
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Greetings from Portland...

Sorry to have missed everyone at the educational session on September 9th. I hear it was an excellent program. Thanks to MaryCarol, once again, for her superb job in setting these up. Thank you, as well, to Betsy Balchen for generously hosting the meeting in Belfast. Also, thanks to Ron Lambert for filling in for me. I think he'll make a first-rate President!

There was an article on the front page of the September 21 *Wall Street Journal* that caught the eye of a number of our members. It was about a bad doctor by the name of John Anderson King, DO. I've read about Dr. King before, but his story still boggles my mind.

This was not his first cover story. I shall detail Dr. King's ignoble history for those of you who missed the *Journal* article.

He was a 1984 graduate of Maine's very own University of New England College of Medicine. He trained as a resident at five different institutions in three different specialties: orthopedic surgery, OB/GYN and anesthesiology. From 1985 to 1987 he dropped out of two anesthesiology programs before completing a third at Case Western University Medical Center. In 1989 he resigned from Walker Regional Medical Center in Alabama after his privileges were suspended for falsifying patient records.

He trained as a resident in OB/GYN at Albert Einstein Medical Center in Philadelphia from 1990-1992 but never completed the program although the circumstances of this were never explained. In 1995 Dr. King was terminated after two years of an orthopedic surgical residency program at Hillcrest Health Center in Ohio for marginal performance. He responded with a suit alleging poor training. To settle the suit, he was allowed to resign from the residency program, removing the black mark from his records there.

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President's Message Continued:

Dr. King spent the next two years “performing the duties of an orthopedic resident” at Lincoln Medical Center in the Bronx but was never an approved resident so he didn’t receive formal credit for the educational program. Nonetheless, he was able to obtain privileges to perform orthopedic surgery at Jackson County Hospital in Marianna Florida in 1997. While working there, he was named in four malpractice suits, all of which were settled but none of which were reported to the NPDB. Also while working at Jackson County, he was arrested and charged with theft of two logbooks from the OR. The case was resolved without a conviction by his paying a fine and serving six months probation. He moved on to Doctors Hospital in Groves, Texas, where he worked from 2000-2002 as an orthopedic surgeon. His privileges at that hospital and his Texas license were eventually suspended and ultimately revoked due to substandard medical care.

With all this in his background, Dr. King was able to get himself hired at Putnam General Hospital in Hurricane, West Virginia, in November 2002. Putnam is a for-profit hospital owned by HCA. In May 2003, the hospital became concerned about some of Dr. King’s surgeries. An outside reviewer was brought in and described Dr. King as a “snake-oil salesman” not competent to practice medicine. Dr. King resigned from Putnam before the investigation was completed and surrendered his West Virginia license. In the seven months he worked for Putnam, he performed approximately 500 orthopedic surgical procedures. To date 100 malpractice suits have been filed against Dr. King and the hospital. None of the suits has been resolved and Dr. King’s current whereabouts are unknown. He’d managed to obtain licenses in eight states during his dubious career. At least four of those have been suspended or revoked.

How is it that a physician with such a dubious career could manage to get hired and privileged to provide patient care? And to perform orthopedic surgery no less! How is it that he was able to perform 500 operations before Putnam Hospital became concerned about him? With such a high percentage of bad outcomes, some of them alarming, I find it hard to believe that it took seven months for the hospital to notice something was wrong.

Although the AMA Physician Profile and the NPDB both contained faulty and/or incomplete information and past employers didn’t share all they knew about Dr. King, there were some significant red flags that should have triggered Putnam to dig deeper during their credentialing process. The most glaring evidence was the unstable pattern of Dr. King’s post-graduate training. I know if my Medical Staff had an applicant who had trained at five different institutions in three different specialties there would be some pretty intense scrutiny as to why. Instead, Putnam claims it didn’t examine his anesthesiology or OB/GYN training because Dr. King wasn’t hired to work in those specialties. You’d think with all that training he’d at least be board certified or eligible for certification by some specialty board of the ABMS or AOA. He is not. While that might have been acceptable 20 years ago, it should raise some eyebrows today. Putnam’s processes were shamefully shoddy and smack of old school credentialing.

This tragedy could have been prevented. It is an example of why we Medical Staff Services Professionals play such an important role in ensuring that those practitioners who render medical care are competent to do so and that our patients can expect quality, safe medical care. It is our job to ensure that there are proper safeguards against these quacks in a field where people’s lives and health are at stake. It is up to us to hold our Medical Staff leaders to the highest credentialing and peer review standards because, let’s face it, some of them just don’t get it.

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President's Message Continued

Share this story with your Medical Staff and remind them that this is why you seem so rigid and unwilling to bend your rules and policies. Remind them not to laugh at you when your suspicions about an applicant are based solely on the fact that he makes 'the hairs on the back of your neck stand on end'. Remind them that none of us wants to end up on "60 Minutes" or on the front cover of the *Wall Street Journal*...

A couple of other things I'd like to mention

As you may know, Sarah Wilkins resigned from the Board due to a change in employment that has taken her to a new, unrelated profession. I would like to welcome Becky West as our new member-at-large to the Board. Becky has worked diligently as a member of the Nominating Committee and has been an active member and supporter of MeAMSS. I appreciate her willingness to serve and look forward to working with Becky on the Board.

The next educational session will be held on Friday, November 4th in conjunction with National Medical Staff Services Professionals Week. Sadly, I will have to miss that meeting due to another conflict. While I'm disappointed to miss my last meeting as your President, the show must go on.

I hope everyone has a wonderful National Medical Staff Services Professional Week!
Freddie

Update from DHHS
By Denise Osgood, RN, CNA, CPHQ

The Medical Staff and Allied Health Staff chapter went before the Hospital Licensing Review Board on September 20 for consideration of any immediate revisions above and beyond the corrections of errors. The Review Board solicited input from the Maine Hospital Association, and the Review Board recommended that corrections in language only be made as soon as possible. The Hospital Licensing Review Board will review the comments and concerns received regarding Chapter IX (many of which were interpretive in nature) at a future board meeting.

MeAMSS Board

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Frederica Jackson, CPMSM
jacksonf@mercyme.com

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Ron Lambert, CPCS
rlambert@yorkhospital.com

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Kim Pelletier, CPMSM
kpelletier@emh.org

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mtibbetts@emh.org

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carterd@mercyme.com

Education Chair

MaryCarol Rumsey, CPMSM
mcrumsey@sjhealth.com

Lighthouse Editor

Claudia Edwards, CPMSM
cedwards@mainehospital.org

Media Chair

Allison Meyer, CPCS
allisonm@martinspoint.org

Membership Chair

Jamie Mark, CPCS
jamie.mark@martinspoint.org

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bwest@carymed.org

HELPFUL WEBSITES

jcaho.org
namss.org
docboard.org
msleader.com
msspnextus.com
qualityforum.org
credentialinfo.com

www.npdb-hipdb.com/npdb/html/00010_frameset.htm
www.npdb-hipdb.com/hipdb/html/00010_frameset.htm

(The last two are interactive quiz sites)

Upcoming Education Session

November 4, 2005

Mid Coast Hospital, Brunswick

We're on the Web!
Check us out!
meamss.org

REPORT FROM THE EDUCATION COMMITTEE

The Education Committee undertook a retrospective review of the programs brought to our members for the past two years. Programs were developed based upon your input so that we could bring you sessions that would assist you in your profession.

Below is a listing of programs for the period September 2003 to September 2005 (in descending order).

Date	Topics	CEUs
09/05/05	Update from the BOLIM – Dan Sprague, Assistant Executive Director Telemedicine, The Latest Credentialing Nightmare – Cheryl Schilke, RN, CPMSM, Synernet JCAHO’s New Survey Process: Tracer Methodology , Vonda Hatch, RN, Risk Mgr. Regulatory Requirements for Licensure and All Those Acronyms – Lena McDougal, CPMSM, CPCS	5
06/23/05	MHA Summer Forum – The Art of Vision – Erik Wahl The Deeper Dimensions of Leadership – Thomas Atchison, Ed.D. MeAMSS session: The Nuts and Bolts of a Good Quality Program – Mary D. Finnegan, BSN, M.Ed., Risk Mgr, Goodall Hospital Discussion of DHHS and Medical Staff Chapter of the Regulations – Denise Osgood, RN, CNA, CPHQ	5
03/18/05	Professional Behavior and the Consequences of Non-Compliance - Randall Manning, Exec Dir, BOLIM Disaster Privileges – Kaye Pierson, LPN, Mid Coast Hospital The Art of Taking Minutes – Claudia Edwards, CPMSM Core Privileges – Ron Lambert, CPCS	5
11/05/04	Update from the Board of Osteopathic Medicine – Sue Strout Topics from the NAMSS Conference: The Art of Vision – Kim Pelletier, CPMSM The Recredentialing Process – Mary Gifford, CPMSM Conflict Management – Ling Chen Walking the Tightrope of Organizational Politics – Cheryl Schilke, CPMSM	4
09/10/04	Update from BOLIM – Dan Sprague, Assistant Exec. Dir. Medico-legal Issues in the State of Maine , Mary Mayhew, MHA Regulatory Requirements for Ambulatory Surgery Centers - Stephanie Roop, RN Introduction to Maine’s Physician Practice Forum – Warene Eldridge, MMA and Tammy Butts, MHA	3
05/14/04	Second Day Biennial Conference at Sunday River: The Newly Revised State Regulations – Mary Dufort, RN, BSN, M.Ed Hospitalists: The Changing Face of Healthcare – Donald Krasue, MD Contracting for Delegated Credentialing – Cheryl Schilke, RN, CPMSM Overview of Credentialing and Privileging for Locum Tenens – Besse Karras	6

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05/13/04	First Day Biennial Conference at Sunday River: Bylaws and Other Hot Legal Topics- Elizabeth Snelson, Esq Disruptive Physicians: How to Develop a Plan for Zero Tolerance – Elizabeth Snelson, Esq. Clinical Privileges – Cross Specialty & New Technology – Jonathan Burroughs, MD Conducting Criminal Background Investigations on Physicians/AHP: Making the Case and Process – Raymond R. Jacobs	6
03/19/04	What’s New at the State Licensing Board – Randal Manning, Executive Director, BOLIM Pathways to Excellence: Informing Patients, Rewarding Providers – Ted Rooney, RN Podiatrist: The Licensure and Complaint Process in Maine – Roy Corbin, DPM, Maine Board of Licensure of Podiatric Medicine Credentialing 101: Primary Source Verification – Ron Lambert, CPCS	5
12/05/03	Leadership Series: Communication – How you get your message across may be even more important than your message. – Cheryl Schilke, CMSC Reports from the NAMSS Conference: Customer Service – Never Say No? – MaryCarol Rumsey, CMSC NAMSS Potpourri – An Overview of Several Sessions - Kim Pelletier, CMSC What it’s Like Being a First-time Attendee at the National Conference – Melissa Tibbetts J-1 Visa Program for the State of Maine – Sophie Glidden	4
09/12/03	Physician Orientation Program – Kaye Pierson, LPN JCAHO Standards vs. NCQA Standards for Credentialing – Lisa Miller Everything You Need to Know About CMEs – Gail Begin Update on Advanced Practice Nurses from Maine Board of Nursing and the Maine Board of Licensure in Medicine – Virginia deLorimier, MSN, RN & Randal Manning Maine Physician Health Program – David Simmons, MD	4.5
Total CEUs		47.50

All of these programs received accreditation from NAMSS, and in just a two-year period! Anyone who attended all sessions would have accumulated more than the required CEUs for recertification and for the low cost of roughly \$8.50/credit hour (member rates), a considerable bargain compared to the costs of CEUs elsewhere!

Recertification Requirements of NAMSS:

Thirty (30) CEUs are required per three-year cycle to maintain certification. Of those, at least fifteen (15) CEUs must be NAMSS accredited activities. Up to fifteen (15) other CEUs may be obtained through other qualifying activities.

One may obtain qualifying CEUs through October 31 of the year in which his/her certification expires. Any CEUs awarded after that date would count toward the next recertification cycle. The certification cycle begins at the time of notification of successful completion of the certification examination (either June or November) and continues through October 31 three years later, and every three years thereafter.

The Committee would appreciate it if you would review the past programs and let us know which of these topics and/or speakers you feel should be featured at a future program.

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SAVE THE DATE!

At the September 9 education session, we announced that we have set the date and place for the MeAMSS biennial conference. The conference will be held **May 18 and 19, 2006** at **Village by the Sea** in Wells, Maine. The facility is very clean and spacious. Rooms (actually condominiums) are priced reasonably. A one-bedroom unit is \$86 and the two-bedroom, \$113. An additional 7% Maine lodging tax will be added to these rates. The facility claims that the one-bedroom unit can accommodate up to four guests and the two-bedroom up to six. Having viewed one of the one-bedroom units, we can tell you that there is a kitchenette, a bedroom with its own bath, another bathroom and a sleeper couch in the living room.

Your feedback is important to us. We have been discussing possible topics for this event. If you have suggestions on topics and/or speakers, please contact any of the members of the Education Committee (MaryCarol Rumsey, CPMSM; Kim Pelletier, CPMSM; Melissa Tibbetts; and Claudia Edwards CPMSM).

Pros and Cons of the CAQH Application *Submitted by Susan Flanders and Cheryl Schilke, RN, CPMSM*

Maine Hospital Association/Maine Medical Association's Physician Practice Management Forum held a panel discussion September 13, 2005, at the Maine Medical Association building in Manchester for the purpose of discussing the "Pros and Cons of CAQH Credentialing". About 12 people were in attendance. Panel participants were

- Richard Galica, Product Manager, Credentialing, CAQH
- Tony Fournier, Provider Relations Consultant, Harvard Pilgrim
- Joni Jones, Project Manager, Credentialing, Anthem
- Cheryl Schilke, RN, CPMSM, Director, Credentialing Services, Synernet CVO (representing the Maine Uniform Applications)

Richard Galica began the session by reviewing the history of the CAQH application and which organizations are utilizing it in Maine and nationally. In addition, he noted the following changes that have been made in the CAQH process:

- Re-attestations have been changed to 120 days, from the 90 days.
- More insurance companies are coming onboard. The major behavioral health companies are in the contracting process but haven't signed on as yet.
- A revision to the CAQH application is due to come out in the Dec/Jan time frame.

Joni Jones of Anthem, spoke in favor of the CAQH application. The number of incomplete applications for participating providers has dropped dramatically, and turnaround time for re-credentialing is also down.

Tony Fournier, Harvard Pilgrim, noted that Harvard Pilgrim does not currently participate in CAQH. Currently Harvard accepts the Maine Uniform and the Harvard Pilgrim applications but will accept a paper copy of the CAQH application. Their turnaround time and incomplete application review process has been adversely affected by accepting the different applications. Harvard Pilgrim has recently started to use Igenix for source verifications in the

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credentialing process and is considering signing up with CAQH through Igenix, in the near future.

Cheryl Schilke informed the group that MeAMSS is concerned that the CAQH application does not contain all the necessary JCAHO/Maine Hospital Licensing questions and contains information related to offices that is not needed by hospitals. Therefore, to the best of MeAMSS' knowledge, no Maine hospital is accepting the CAQH at this time.

Mr. Galica reported that the revision due for release by January 2006 has been revised to include JCAHO questions and has been reviewed with the JCAHO. Once the revision is available, MeAMSS will be offered an opportunity to review the application and make a recommendation to the membership on accepting a paper copy of the CAQH application for medical staff membership.

Questions/Concerns Posed to Panel Participants:

A physician who had a malpractice claim back in the 70's, does not have the exact date (only the year). Because the CAQH application requires a month and year, recommendations from both Anthem and CAQH were to use a "guess" as to the month. The doctor was very concerned that he was being asked to falsify his application.

Response: In the next revision the application will ask for the past ten years only for malpractice history.

Residency and affiliated universities are not listed in the drop down menus. Typing in all this information is redundant, time consuming and inefficient.

Response: The "FREIDA" site has been given to the Anthem representative who has forwarded the request to CAQH with the hope that this will be added to the drop down menus.

Current managed care network participants have been invited in to CAQH via a PIN number provided by the company. When a new provider joins the group, it is sometimes not clear how the new provider information can be entered into CAQH.

Response: New providers must contact the Provider Representative at any/all participating managed care companies (in Maine they are Anthem, Aetna or Cigna) for the group/practice in order to be processed for a new contract or addition to an existing contract. The Provider Representative will also forward a CAQH PIN number so that the credentialing application can be completed on line. Credentialing and contracting must be done at the same time.

The group learned that enhancements to the CAQH database are done twice per year. Sue Flanders talked with Richard Galica (CAQH) and offered to be a contact person between CAQH and MeAMSS for requesting enhancements to the computer system and for relaying concerns of the membership in utilizing the database. Please contact Sue with any questions or concerns sue.flanders@mainegeneral.org.

NOTE: At the September 9 MeAMSS meeting a member had asked about additional training in completing CAQH applications. The question was raised at this discussion, and Cindy Meserve, Provider Rep at Anthem, answered that there were no training sessions scheduled but that any CAQH member could contact their provider representative to learn if, or when, any additional training might be offered.

The CAQH application is free to physicians. However, there is a cost of several thousand dollars per year plus the \$4.50 per provider application that is assessed to health maintenance organizations. The cost of using the CAQH application was not discussed at the September 13 meeting.

NETWORK QUESTION

Submitted by Mary Gifford, CPMSM, Eastern Maine Medical Center

“Does your institution require all physicians to have a DEA registration? If not, could you please share with me what you have for criteria in your policies or Bylaws that details which individuals must maintain a DEA registration.” Below is a summary of the responses received:

St. Joseph Hospital	Bylaws contain the DHHS required language, “if applicable”. There is no specific list of who fits the “if applicable”; however, pathologists are not required to have a DEA
Maine Medical Center	Bylaws state where applicable - no specific list of what is applicable - pathologists do not have DEA's including some others, determined case by case, ex. would be someone who is retired and not practicing much, etc.
Southern Maine Medical Center	Bylaws just state where applicable - do not require pathologists to have DEA's
Anthem Blue Cross	Requires all physicians to have DEA's except pathologists, diagnostic radiologists, nuclear medicine, clinical genetics or clinical cytogenetics
Waldo County General Hospital	They have no policy or bylaws regarding this - but all admitting primary care physicians have DEA's as well as most non-admitting ones
Acadia Hospital	Bylaws require DEA with same language from Chapter IX of the DHHS regulations "documented registration with the Drug Enforcement Administration, maintained continually while appointment is in effect"
Calais Hospital	A note is placed in the files of those who do not have DEA's
York Hospital	Require DEA of those who want to write scripts (ex. pathologists do not have DEA's)

Congratulations!

The Board is pleased to announce that **MaryCarol Rumsey, CPMSM**, is the winner of a free 2006 membership subscription. The drawing was held at the September 9 Education Session. Anyone who contributed articles to *The Lighthouse* for the past twelve months was eligible for this drawing. The Board would like to thank the following people who also submitted articles to the newsletter: Claudia Edwards, CPMSM; Mary Gifford, CPMSM; Frederica Jackson, CPMSM; Patricia O'Connor, MS; Kimberly Pelletier, CPMSM; Cheryl Schilke, RN, CPMSM; Melissa Tibbetts.



New Members

Please join us in welcoming the following new members:

- Pam Brown/Central Maine Medical Center
- Lexie Davis/Martin's Point Health Care
- Sarah Dickson/Neurosurgery Associates
- Nancy Horn/Spectrum Medical Group
- Faye Nelder/Maine Medical Center
- Connie Smith/Bangor Mental Health Institute