

# ADEA COHAEP Symposia Session III: Turf Wars—Directed Discussion and Conclusion

Todd Thierer DDS, MPH  
ADEA COHAEP Fall Meeting  
Hyatt Regency Chicago  
Chicago, IL  
October 30<sup>th</sup>, 2015

# Session 1 – Advanced Dental Education Programs

- Conflicts between generalists and specialists
- Who is qualified to teach advanced procedures?
- Best practices for training general dentists
- Best practices for navigating conflicts between general dentists and specialists and between specialties

# Who Should Perform A Certain Clinical Procedure?

- Overlap of scopes of practice between specialties/general dentistry
- How do we decide who can perform and/or teach specific procedures?
- Should all who are trained to do a specific procedure perform and teach those procedures?
- What is “General Dentistry”?

# Session 2:

## Advanced Dental Education vs Predoctoral Education

- Perceived competition for patients with predoctoral students and/or residents in other programs
- What should our residents be doing?
  - Are CODA standards the ceiling or the floor?
- How do we incorporate predoctoral training into advanced dental education programs and vice versa?

# **BACK TO THE FUTURE TRILOGY**

**ADEA**  
American Dental Education Association

## **PROCEEDINGS** **American Dental Education Association**

**Second ADEA  
Advanced Dental  
Education Summit  
*The Convergence of  
Specialties in  
Advanced Dental  
Education: Challenges  
and Opportunities***

**December 7-9, 2006**

# ADEA COHEAP SUMMIT 2006

16 90-minute working group sessions addressing the following :

- ***The increasing overlap of educational standards and its impact on the dental education system and scope of practice.***
- The increasing recognition of nonspecialty interest areas in general dentistry and its impact on the dental education system and scope of practice.
- The resources needed to maintain and sustain advanced education programs and how the dental professions, specialty groups, and academic dentistry will respond to this challenge.
- The role and responsibility of academic dentistry in improving access to care for the underserved and special needs populations.

# Summit Recommendations

- ADEA should lead a collaborative effort to identify and review shared education standards among specialties and determine best educational practices. By encouraging core courses and collaborative teaching, faculty workloads could be optimized, students could be better served, and the patients could benefit.
- ADEA should assemble a representative working group to evaluate standards that involve shared scopes of practice (including impact on projected resources). This recommendation is designed particularly to address the problem of unfunded mandates. The participants are concerned that new standards can stress programs' resources and faculty and need to be adequately considered.

# Summit Recommendations

- Promote interdisciplinary interaction where appropriate throughout all advanced education programs in didactic and clinical curricula. Interdisciplinary collaboration will improve communication, enhance educational quality, and reduce faculty workload.
- ADEA should actively promote diagnostic codes, which facilitate a common language. This will improve the ability to evaluate treatment outcomes, translating into better care for patients.
- Develop new strategies for integration of biomedical sciences and professional studies with the applied clinical sciences. This recommendation reinforces the preceding recommendation. New strategies are needed for improving predoctoral education, specifically in improving the integration of biomedical and clinical sciences. New strategies (e.g., evaluation of teaching strategies) are needed for improving retention of this information from the predoctoral level to the postdoctoral level.

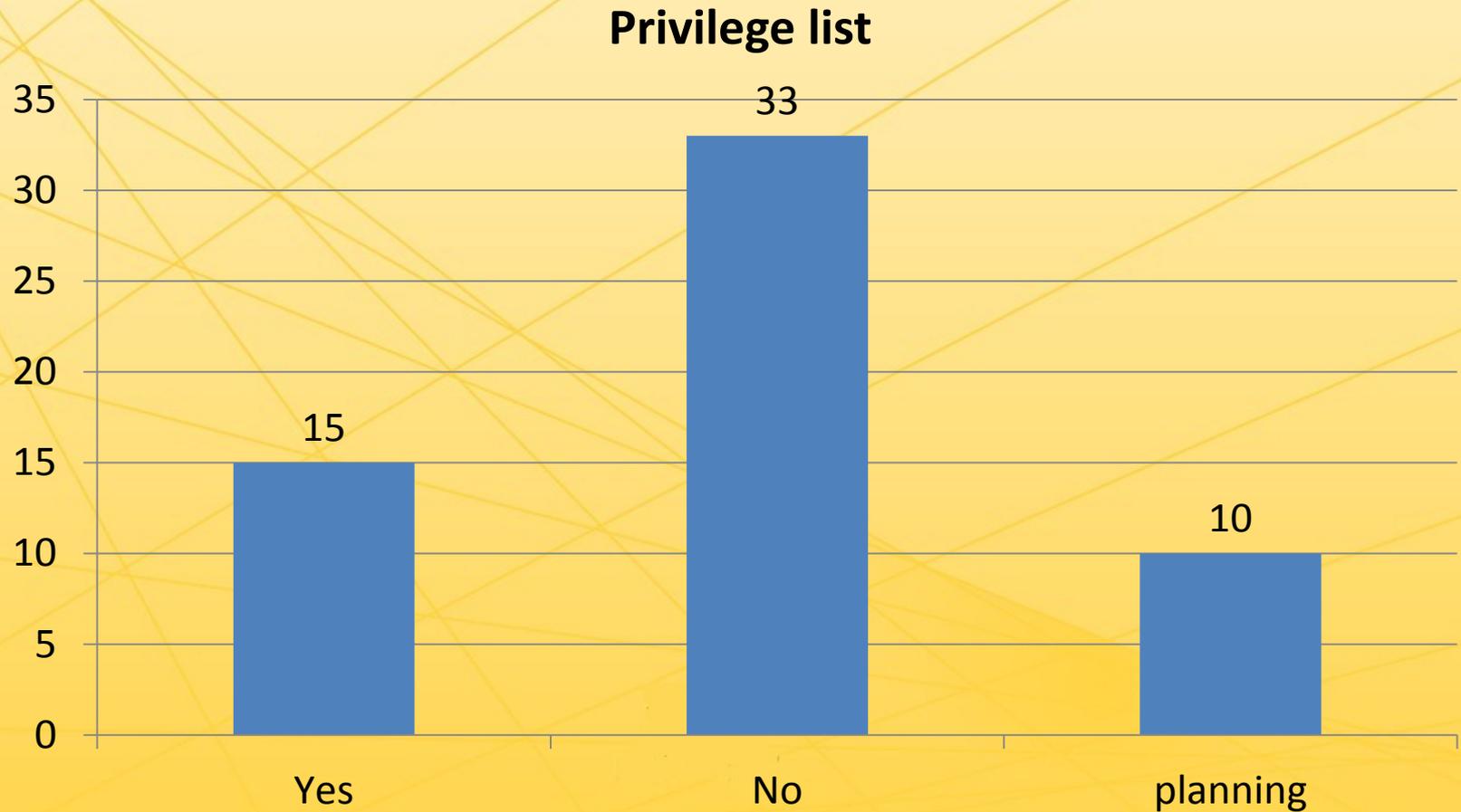
# A Potential Solution?

- Using Clinical Privileging and Credentialing to determine who can do what and where they can do it.
- Hospitals and other medical institutions have done this for many years.
- Dental Schools have a limited history

# Survey on Dental School Clinical Privileging and Credentialing

- Dr. Leon Assael – Dean University of Minnesota School of Dentistry
  - Presented at ADEA annual meeting in March of 2014
  - Credentialing and Clinical Privileges: Status in US and Canadian Dental Schools, 2014
  - Survey Monkey

# Do you have a clinical privilege list for your clinical faculty?



# What is Privileging?

- Privileging is a process that health care organizations employ to authorize practitioners to provide specific services to their patients.
- Institutions must verify that our practitioners possess the skills and expertise to manage and treat patients
- We must assure that our practitioners have the training and skill that enable them to manage and treat patients with a level of proficiency which minimizes the risk of causing harm.
- We must also assure that our practitioners are providing care in a manner consistent with our mission and educational objectives.

# What is Credentialing?

- Credentialing is the process of verifying the provider's vital information including:
  - Graduation from an accredited program, post-graduate specialty training (if applicable)
  - Past history of practice (through letters of recommendation and inquiry to the National Practitioner Data Bank)
  - Current licensure.
  - Background check
- Credentialing can also refer to providers being approved by third party payers

# How Can This Process Be Helpful?

- Defines who can perform and/or teach specific procedures
- Defined criteria for training and experience needed for clinical privileges
- Defined process for assessing faculty initial and continued competence
- Defined process for adding to or removing clinical privileges
- Defined process for addressing quality issues related to patient care

# Necessary Components

- Office/Area responsible for process
  - Data collection and maintenance
  - Works with HR to onboard faculty
  - Initial appointment/reappointment reappraisal
- Privileging/Credential Committee
  - Reviews initial applications and reappointments
  - Makes referrals (when appropriate) to peer review committee

# More Components

- Delineation of Privileges (DOP) Form
  - Approved and modified by Credentials/Privileging Committee
- Process for appealing denial of privileges
- Peer review committee
  - Reviews provider quality issues/complaints and makes recommendations to the Dean/Chief of Service
  - Hearing process for disciplinary actions and/or modification in privileges

# Process – Initial Appointment

- Faculty Hire Approved by Dean
- Onboarding through HR and Privileging/Credentialing Office
- Delineation of Privileges form filled out in conjunction with Division/Department Head
  - All specialists must be appointed in the division/department of their specialty
- Faculty member's file reviewed at Privileging/Credentialing Committee

# Initial Appointment

- Committee makes recommendation to Dean regarding DOP and appointment
- May have some initial assessment of competency
- Defined reappointment time frame

# Process – After Initial Appointment

- Ongoing Professional Performance Evaluation (OPPE)
  - Quality measures collected on faculty
  - Yearly review unless complaint/concern

# Process- Reappointment

- Update Faculty File including DOP
- Review of file by committee
- Recommendations to the Dean

# Underlying Assumptions

- Clinical privileging is based on experience, education and training
  - Cannot say “only my specialty should be doing this” unless training for that procedure is only available in specialty training
- Members of the Credentials/Privileging committee must put the needs of the school/institution above their own division/department needs

# Deeper Dives: DOP

- Approaches to Clinical Privileges
  - Privilege lists
  - Categorization
  - The descriptive approach
  - Delineation by codes
  - Combination approach
  - Criteria based core privileging

# Delineation of Privileges

- Core privileges can be established for specialties/general dentistry
  - Core privileges in specialty areas typically require completion of an accredited training program
  - General Dentistry core privileges can require residency or other training
- Additional privileges must be available
  - Advanced procedures for general dentists
  - Cross specialty procedures

# Delineation of Privileges

- Process must be flexible enough to incorporate new technologies/procedures
- Criteria for privileges must take into account
  - Education
  - Training
  - Experience
  - Current competence
    - must be defined how this is evaluated

# Process – Pain Points

- Resource intensive – additional costs in time and personnel
- DOP construction
- Agreement on criteria/training for DOP privileges
  - Could do ‘in-house’ training
- Assessment of training not done in the context of CODA approved programs
- Dual trained specialists

# Pain Points

- Assessment of competency (OPPE)
- Overlap of scopes of practice
- Sites of practice
  - Faculty Practice
  - Residency/Grad
  - Predoctoral
- Teaching vs. direct patient care

# Deeper Dive: Denying Privileges

- Applicant does not meet criteria
  - EASY!
- Applicant meets criteria but denied for other reasons
  - School/Institution has no need for the procedures that the provider is applying for
  - Other providers are meeting the needs of the institution for the procedures that the provider is applying for

# Denying Privileges

- Sites of Practice
  - May grant privileges at certain sites where those services are needed, e.g. faculty practice, but not in others, i.e. graduate/residency clinic
- Teaching
  - School/Institution must decide if they want to grant clinical privileges for direct patient care separately from supervisory privileges

# Denying Privileges

- Must be very careful and document well if denying requested privileges
- Always best to have applicant discuss and come to agreement on the DOP prior to submission to the committee

# Credentials/Privileging Process - Pros

- Provides a clear process for defining how providers get clinical privileges
- Provides a forum for specialty leaders (division/department heads, program directors) to discuss 'turf' issues in the context of a criteria driven process
- Provides an opportunity to evaluate faculty clinical competence

# Credentials/Privileging Process - Cons

- Resource intensive/costly
- Discussions can be contentious
- Faculty may perceive the additional paperwork/time spent to be burdensome, especially part-time faculty

# Summary and Conclusions

- Advanced Dental Education programs have increasing overlap in scope of practice
- As a result conflict is created in a variety of situations
  - Who does what?
  - Who teaches what?
  - How do you manage advanced dental education training in a dental school?

# Summary and Conclusions

- A robust credentialing/privileging process can allow resolution of overlapping scope of practice by utilizing a criteria driven process.
- A Credentialing/Privileging process can also be used to evaluate competency and evaluate quality of clinical care delivered

# Final Thoughts

- What should be driving this process?
  - Needs of patients
  - Needs of students
  - Needs of programs
  - Needs of institution
  - Needs of faculty
  - Finances

QUESTIONS???