

## **Carlecast 10 MD Credentialing**

**Dr. David Graham:** It's Carlecast #10 Physician Credentialing. Is your Doc Really that Good?

And welcome back to the Carlecast, where we give you doctors talking with doctors about issues important to your health. I am Dr. David Graham from the Carle Clinic in Urbana, Illinois, back with now show number 10. Wow, it is kind of nice to be in double digits. I know we had a little bit of a stutter in some of our show production. In posting of these shows, we straightened some issues out with server hosting and those sorts of things and we are definitely back on track to give you regular shows and regular podcasts looking at all kinds of different issues in terms of your health and, boy, do we have some good ones lined up here for the oncoming future.

The topic today is something I have actually been able to have a little bit experience with through my career and that is physician credentialing. What we mean by physician credentialing is how do we as hospitals and clinics make sure that the doctors you see in our institutions have the training that they say and we tell you they have and have the skills that they say and we tell you they have. Obviously, when you think about it, this ought to be a topic that is important to everybody. If nothing else, let's talk about truth in advertising.

The interview today is with Dr. Napoleon Knight. Dr. Knight started his career as an emergency room physician, continues to work in that field at Carle Foundation Hospital, but also has gotten some excellent advance training in physician administration and now works as the Vice President of Medical Affairs for Carle Foundation Hospital. In that capacity, he does a lot of work with physician credentialing has a lot of skills in the area and I think our talk today will be really interesting as we delve into the whole area of making sure your docs are up to snuff. So without further ado, Dr. Napoleon Knight.

**Dr. David Graham:** And I am here today with Dr. Napoleon Knight. Dr. Knight is the Vice President of Medical Affairs for Carle Foundation Hospital. He is also board certified in emergency medicine and continues to work for Carle Foundation Hospital as an Emergency Medicine doctor, as well as being a certified physician executive. Dr Knight, in his function as Vice President for Medical Affairs, works very closely to make sure of physician activities, physician responsibilities and physician qualifications and that's the topic we are looking at today.

Dr Knight, most of us are very comfortable with how we work with our primary care physicians in the office, but when we end up in the hospital, we may be seeing a physician we have never seen before. What sort of steps do you take here at Carle Foundation Hospital to help us be comfortable that the physician we are seeing is qualified in providing as excellent care as possible.

**Dr. Napoleon Knight:** Thanks a lot Dave. That's a great question. I think that's a question that is even more important for people today than it has ever been in the past. I think again because as you say the processes of care have changed and the primary care physician that a patient has may not be caring for that patient in the hospital environment.

For those who do not know from a hospital perspective what happens with people who are members of the medical staff there is a very extensive process that we go through to ensure that physicians have the appropriate training and education that they should. We do what's called primary source verification. It's a very extensive process that we go through going all the way back to make sure that physicians have completed college and have their degree, completed medical school, have their degree, gone through an appropriate residency or fellowship training, and have their certificates from those organizations. We verify that physicians have their licenses that are current and unrestrictive from the state of Illinois. We verify board certification or board eligibility. We do all that by going back to the source and verifying that to make sure that indeed the people who are applying to our institution are people who actually have that level of training and expertise. It's a rather time consuming process but it is a process that we are committed to doing and making sure that it is done as well as it could possibly be.

**Dr. David Graham:** When I put on my application that I did my residency here that I went to medical school there, that I have licensure in this specific state, you just don't take that at face value?

**Dr. Napoleon Knight:** No, we don't take that at face value. We have an excellent office here, the medical staff office and we actually have three people in the office who have the responsibility for actually contacting that institution to verify that that person who is applying to our medical staff is actually a person who attended or was trained in that facility and they have been verified for us that indeed that was true.

**Dr. David Graham:** Now the other part of applications is always letters of reference. We have all had various jobs through the years that asked for references. It becomes easy to think I want to pick someone who is going to give me a great reference. Who is going to say wonderful things. I walk on water. The sun rises in the east, etc. Are those good enough or do you take it a step further.

**Dr. Napoleon Knight:** I think that human nature being human nature, when you are applying for a job or various positions you will always want to get a letter from someone who is willing to say wonderful things about you and I understand that but we actually take the time to get references from other people practitioners haven't given us to verify what they told us is true. We might send out a request to another physician who worked with that physician in a group practice another physician who was in a department or division that that person was in, at another hospital just to get some additional verification from others

that they didn't give us the names of that what we are seeing on this application is actually what we are going to receive.

**Dr. David Graham:** So for example, if I am a physician dealing with trauma issues, you might reach out to another emergency room doctor because they are going to have seen them work quite often.

**Dr. Napoleon Knight:** Right. I think that's one of the things that you are trying to do. You are trying to reach out to people who actually have some degree of clinical involvement with that physician because that person is going to be able to give you details that you might not get otherwise. So an emergency room physician or an orthopedic surgeon, for example, could be someone we might talk to with respect to a trauma surgeon. If it was an ENT physician we might talk to an internist or pediatrician. If it was a pathologist we might talk to a surgeon or a radiologist that is doing biopsies, for example. That gives you a much better well-rounded view of that person.

**Dr. David Graham:** When we get letters or recommendations to fill out we are asked what we think of a person's qualifications of their skills as a physician, of their interactions with their peers and with patients. Now, as you said before, human nature being as it is, sometimes we don't want to say really what may be uncomfortable things about our colleagues, but we may not word things in such a way that they have such a totally glowing letter of reference either. Are there ways that you and the people on the credentials committee recognize these things and reach out further for more information?

**Dr. Napoleon Knight:** Sure. In the hospital, the credentials committee is a group of physicians and administrators that have the responsibility of reviewing the information that's sent into the medical staff office to make sure that the person that is applying has no issues and we feel that they are going to be a high performing member of our hospital medical staff. The people who are on our credentials committee serve without term limits. We feel that those people have gained a lot of wisdom over time. They have had the opportunity to review hundreds of applications over the years and so that group of people has developed the ability to read information in those files and if things don't look right, for example, there may be a blank that wasn't filled in, or there are a number of question marks after an entry on the letter of recommendation, you know that there are things that they are trying to tell you that they might not have said otherwise, and if those kind of things go on then we take the time to either send a request for more information, or it actually may involve me at times getting on the phone and calling and talking to that person to make sure there aren't any issues that we need to be aware of. It does take a little bit more time, but we feel that is an important part of our process to make sure that all of our questions are answered.

**Dr. David Graham:** Now you mentioned the credentials committee and this is certainly one layer of many they end up reviewing application.

And physicians on here are on here for quite a period time. Is this something that you can step into and in the first week have a comfortable understanding or do you need as you said time and further education to get, as you would say, really good at this.

**Dr. Napoleon Knight:** I think that people need to recognize that it is something that you need additional training to do.

Physicians are trained to be clinicians. This isn't the type of training that these physicians get in their residency programs or in their fellowship programs and so it is very important for us to provide these physicians with additional training so that we feel that they have the ability to do it and so that they have a comfort level in helping us with this very important job, as well. So we take the time to send people to annual training programs. We additionally have sometimes web casts that we are involved in with those physicians and sometimes we'll have even onsite training that we provide for them so that we and they are comfortable in an ongoing fashion.

**Dr. David Graham:** But as a physician who applies, thankfully, or maybe I am wrong. I go through this once. I go through a very involved process and do I have to do this again?

**Dr. Napoleon Knight:** Well fortunately or unfortunately, depending on your perspective you do. The joint commission that accredits hospital organizations says that we want this process to go on every two years. I think.

That is an important thing that we do for patients. It helps them understand that we take this obligation seriously. That means every two years; we go back through this process once again. We may not have to go back and verify all the information with respect to training because we've done that already but we do go back and we talk to other people. We review the quality of care that has been provided over a period of time. We talk to their department and division heads and other people who have been involved in working with that physician and again, we are doing that to check and make sure that this physician who when they came out of their training, who I think that most people say was at top of their game, we want to make sure that those physicians are doing that in a ongoing fashion.

We also take the time to verify that they are keeping up to date with their continuing education requirements. In the state of Illinois, every three years a physician has to accumulate at least 150 hours of continuing medical education to make sure they are staying contemporary with the literature. And contemporary with the treatment methodologies, as well.

**Dr. David Graham:** So when patients are seen by physicians, as I said at the beginning, that they might not have seen before, they can feel pretty comfortable

certainly at Carle Foundation Hospital that this physician is on the up and up, that they've had the training they say they have and that they are keeping up with their training.

**Dr. Napoleon Knight:** I would say they can be absolutely comfortable with that. It's a lot of work. It's a lot of time. It's a lot of energy and frankly it is a lot of money. We take a step of doing criminal background checks and that's activity that requires you to spend some resources to do it but we feel that's our obligation to make sure that the physicians that are taking care of patients when they come to our hospital are well trained and are staying contemporary with treatment methodologies and techniques as well.

**Dr. David Graham:** Well, certainly at least in my opinion at Carle, we have been at the forefront of doing this national requirements are to the point of making this pretty much making this standard for every hospital?

**Dr. Napoleon Knight:** Oh yes, the Joint Commission is again starting in 2007 is raising the bar again, which I think is a good thing, and they are pretty much mandating that every hospital have an ongoing system to ensure that hospitals have in place the ability to monitor track and make sure that every physician on their medical staff is staying as current as they possible can. I think that hospitals have been doing that in a limited fashion, in an ongoing fashion already. This is just raising the bar and saying that you need to take it to a higher level and so that's process we are in the early stages of adopting so when 2007 rolls around, we are ready to do it as well.

**Dr. David Graham:** Well Dr. Knight I want to thank you for your time. I know you are a busy fellow as the phone calls attest to. We will quit taking up your time today and appreciate it.

**Dr. Napoleon Knight:** all right. Thank you very much, appreciate it.

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**Dr. David Graham:** Well once again, I want to really thank Dr. Napoleon Knight for a nice conversation regarding physician credentialing. I hope as you had a chance to listen to this or read the transcript, if you wish, that you can start to feel more comfortable that at least most of the institutions you go to make a real effort in terms of checking out physicians before they come work there. I know that when I started learning about physician credentialing and all of the work that goes into it made me feel better about potentially getting any care in the future.

So my usual question becomes, "What else is going on in medicine these days?" What else can I find not quite ready for your typical practice, but yet have an important impact in the future of care and wow did I find a good one this week.

Researchers at MIT's Institute for Soldier Nano Technologies, and first of all how cool is it, that there is an institute for soldier nano technologies? Have been working on making a lab on a chip. Now the immediate idea of this just sounds really interesting in and of itself, but believe me the full impact of this can be really amazing. And what they're trying to do is make this lab on a chip fully portable so it does not need to have a lot of bulky equipment and can literally be taken in a shirt pocket in a back pack to help get these things done. Now what we're talking about are chips that are able in terms of micro or nano technology to do certain laboratory tests. And really the biggest difficulty that has come requires the whole notion of fluid, whether it be blood whether it be something else, being pumped from one channel to another. And these channels are very small, they're 10 microns, or 10 millionths of a meter wide. To give you an idea, that is just barely larger than your average red blood cell. Well in the past there's really only been two ways to get fluid through these kinds of extremely small channels. The first way has been to just mechanically force the fluid through there. That takes some pressure, it also takes a lot of bulky external plumbing, and it's not the kind of thing that you can really scale down to get with miniaturization.

The second approach that's been looking at is capillary electro osmosis. And let's put these in human terms. Basically what they do is they put a little electric field across the chip and the fluid flows as it's driven by that electronic field. Now current electro osmotic pumps require more than a hundred volts of electricity, and if you think of your basic battery where you're talking anywhere from 1.4 to nine volts on a small portable battery, that's going to be hard to achieve. But these folks at the MIT Institute for Soldier Nano Technologies have developed a micro pump which requires only battery power to get the same kind of flow. Now what that means is you can take basically a lab that is present on a chip, put it into a piece of equipment that's probably not much larger than even potentially say an iPod, use a very small amount of blood or fluid and do some interesting testing. Now certainly, given our current climate, the first development of these kinds of things are being worked towards rapid testing for various chemical or biological weapons. The chips that are used are small, they're cheap to make and they can easily be designed to be portable. But as usually happens with these kind of technologies, the spin off becomes much more interesting to everyday use. Think of it this way, you're in a car accident, you're in some sort of traumatic episode at home, you've called an ambulance because you're having chest pain. The ambulance, paramedics, the first responders, the fireman that also have emergency medical training, show up. And if you're having chest pain, they can with a very small amount of blood in this little lab they've got in the machine size of a walkman, do those initial tests to say is this really a heart attack or not. If you are found unconscious, you can immediately be doing tests for blood sugar, for various toxic substances, whether it be alcohol, whether it be something else, to try and immediately help figure out what it is that's going on. And this new technology, these micro electro osmotic pumps are going to make it much more possible to do that in the days to come. That is going to make emergency response medical care revolutionary in this near future.

And that brings us to the end of Carlecast #10. Once again I really want to thank Dr. Napoleon Knight, emergency physician and vice president of medical affairs for Carl Foundation Hospital for an excellent discussion on physician credentialing.

As I said earlier, I hope you feel more comfortable that the physician you're seeing that you may not be the most familiar with, you can at least be comfortable that he or she is who they say they are.

Once again I want to steer you to our website that is [www.carlecast.com](http://www.carlecast.com) where all of our past shows are archived. You can download these and listen to them at your leisure. You can also get transcripts of each of our shows if you want to get a written record of these things that we're talking about to refer to in the future. Please also refer your friends to our site. We don't mind having everybody listening to this that we can get. The more listeners the more we can bring interesting topics to you.

Speaking of bringing interesting topics to you, I know I've got some really good ones lined up here in the near future. But on the one page we also have a button for contacting us, to email the show. That's your way of helping to suggest to me, suggest to us, what topics you might want to hear about in the shows upcoming. As I've said every time, and I'll probably keep saying every time even though you may get sick of it, I can't answer specific case questions, but topics I can more than happily get in to for you. Find an expert in the field, get you the kind of discussion at a level that patients can appreciate, get past some of the jargon that gets used sometimes, and just help us all learn more about lots of topics and medicine. I also wouldn't mind hearing ways you think we might make this show better. I don't mind constructive criticism whatsoever. I'm not a professional at this, I'm a doctor, and if you can help me do this better I'd be glad to hear it. Also you can sign up for our shows on the iTunes Music Store, Yahoo Podcast, AOL Podcast, all of the standard big time podcast registries. I never go around asking people to list us on their favorites on places like Podcast Alley and Podcast Pickle, but you know if that helps us get some more listeners for the show, that wouldn't be such a bad thing either.

In the shows upcoming, our next shows going to be something a little bit different, we have at Carle over, more than 50 years, had an educational session called "Foundation Day," and I've got some really interesting interviews with some of the main speakers of our 50th Foundation Day. I think you might find that interesting, just some short notions on a lot of different topics. We're also going to be talking medical genetics, how it's used now, potential future uses for it. We're going to talk with one of our expert mammographers, talking about mammograms, and screening for women of breast cancer. We're going to be talking with a cardiologist about cholesterol, what are the truths, what are the myths, how low does that LDO really need to go.

So please stay tuned, stay subscribed, keep checking at the website and until next time, I am Dr. David Graham from the Carl Clinic in Urbana, Illinois asking you to stay healthy.

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