



Centralized Updated Virtual Repository of Credentialed Physicians

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My opinion

The question isn't why each hospital separately credentials physicians [1] but the question is why so many credentialing entities exist to credential physicians, again and again. Doesn't the constantly growing number of credentialing entities evaporate the sanctity of credentialing by becoming redundant, over-exhaustive, over-repetitive, costly and burdensome to not only the physicians but their referees too? There is always a simple solution to a simple problem but simple solutions don't always create jobs in the society. Therefore, it may always remain in society's best interests to keep processes complicated and problems unsolved. However, this unconquerable battle should not deter the pursuit of simple solution to the simple problem called Credentialing Physicians.

First question is why the physicians need to be credentialed [2-3]. The credentialing provides assurance that (a) the to-be-credentialed person is a physician with unrestricted license to practice what he/she is requesting to practice, and (b) if to-be-credentialed person has had restrictions imposed on his/her practice interfering with what he/she is requesting to practice, the credentialing entity can knowingly consider allowing him/her to practice. Secondary to immediate shortage of physicians, the credentialing entities may weigh risks and benefits while overlooking the restrictions before the shortage resolves, opening the opportunities to possibly replace the physicians who might have been credentialed despite restrictions.

Next question is which all credentialing entities must credential physicians. Firstly, the certifying agencies primarily certify physicians' knowledge to practice their specialties for time-limited periods before their knowledge needs mandatorily due updates. Secondly, the licensing authorities primarily track physicians' medicolegal astuteness as pertaining to patient safety. Thirdly, the physicians' employers, usually regional-national full-time or locum physician groups who must sign legal contracts with the physicians, must credential the physicians to allow them to work

under contractual obligations. Fourthly, the physicians' practice locations, usually the hospitals whose liabilities for patient safety risks may be the most at stake, must credential the physicians to ensure adequate containment of these liability risks. Finally, the physicians' payers, usually the third-party reimbursements aiming to avoid unnecessary and preventable ballooning of healthcare gross domestic product (GDP), must credential the physicians to weigh in whether the physicians (and their practice locations) can be reimbursed for practicing their licensed specialty in good-standing.

The final set of real questions is an irony.

Why do physicians, especially the locum ones, have to sign multi-page contracts again and again? Can't a one-time signed multi-page general-common contract suffice if it can incorporate redundant duplicities of all current contracts and thus be applicable for all job assignments? At the time of each specific job assignment, can't one-page specific -job contracts suffice as long as they outline which State's laws are applicable, how much the assignment pays and which non-compete restrictions will be applicable?

Why do physicians have to be credentialed at each new practice location (hospital)? Is the system unintentionally implying that the first practice location's credentialing process might have been imperfect, potentially overlooking the missing pieces in the physicians' past? Is each new practice location credentialing the physicians able to unearth those missing pieces, adding comprehensiveness to the physicians' credentials?

Why do physicians have to be credentialed by the third party payers again and again whenever any new practice location (hospital) gets added to their workplaces' resumes? Unless the third party payers are actually quantifying the readiness of new practice location to safely accommodate physician's specialty, are they unintentionally questioning their own credentialing processes performed so diligently, not so long ago, for the physician?

To answer all of the above, it is not difficult to envisage that, in modern digitally virtual era, entities like

DocuSign exists [4], where electronic signatures can be performed in momentsâ€™ clicks by physicians signing their contracts, referees providing them references, and practice locations or third party payers credentialing them recurrently. However, is anyone ever reading for a moment before signing the redundancies, especially when there are so many fine-print documents to sign, repeatedly [5]? Doesnâ€™t everyone want to contain these processes to bare minimum? Can anyoneâ€™s, including physiciansâ€™, past background, current affairs and future plans remain hidden in virtually non-private modern living irrespective of whatâ€™s stated and claimed to be true in obsolete and yet religiously followed age-old forms of credentialing processes? Instead of recurrently repeated redundant credentialing processes, modern era warrants and may eventually depend on the real time subjective-and-objective ratings which consumers (patients, employers, hospitals and payers) feedback to their physicians based on which the futuristic medicine can decide whether the rated physicians can continue to receive reimbursements, be privileged at practice locations, and maintain certifications and licenses to practice.Â Â

Summarily, if the society is ready to part with potentially redundant jobs created secondary to current and complicated credentialing processes, the simple solution is creation of a central virtual repository of credentialed physicians across the nation, on the lines of Federation Credentials Verification Service (FCVS) [6-7]. In this futuristic repository, all physiciansâ€™ credentialed data can automatically get updated when digitally capturing changes in physiciansâ€™ profiles during their continuously monitored virtual modern living. These automated updates can include but not be limited to any glitches in their certifications, licenses, contracts with practice locations, reimbursement histories and, most importantly, ratings by consumers (patients, employers, hospitals and payers). However, irrespective of consumersâ€™ heightened awareness about the constantly monitored-and-updated credibility of virtually credentialed physicians, the consumers can still decide to overlook the glitches in physiciansâ€™ history to fill out the healthcare delivery gaps secondary to specialistsâ€™ shortages until better options become available in the centralized updated virtual repository of Credentialed Physicians.

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