Core Privileging for Image-Guided Procedures

PREFACE

The American College of Radiology® (ACR®) Interventional Credentials Overview Committee was established on June 1, 2017, to address the need for core privileging for image-guided procedures. This led to the passage of Resolution 23 at the ACR Annual Meeting in 2019, to advocate for and support core privileging for image-guided procedures. A key component to the resolution was the creation of a library to assist members in their establishment of image-guided core privileges.

Members of the ACR Interventional Credentials Overview Committee who participated in this important project deserve our heartfelt thanks:

Chair: Dr. Philip Cook

Members: Drs. James Benenati, Kenneth Chin, Timothy Crummy, Laura Findeiss, Scott Goodwin, Neil Halin, Sanjeeva Kalva, John Kaufman, Robert Lewandowski, Alan Matsumoto, Mary Marx, Timothy Murphy, Parag Patel, Robert Pyatt and Charles Ray

We would also like to thank our collaborating partners for participating on this important project. Without the support of the Society of Interventional Radiology, Society for Pediatric Radiology, and the state radiology societies of Florida, California, Virginia, and Wisconsin, this would not have been possible.

INTRODUCTION

The ACR supports and encourages the use of core privileging methodology for physician privileging and re-privileging in the performance of image-guided procedures by diagnostic and interventional radiologists.

SUMMARY

A Library of Core Privileging Templates for Image-Guided Procedures has been collected and will be periodically updated to serve as references for those who wish to use core privileging for image-guided procedures. Different institutions have been successful in the use of core privileging and these are included. Examples are provided from several large urban university practices, a multispecialty clinic and a small community/rural referral hospital.

BACKGROUND

Privileges to practice medicine within particular areas of specialization are granted by hospitals or healthcare systems to physicians who are appropriately credentialed. Regulation of the credentialing process varies from state to state. Medical education and training and board certification are often used for both credentialing and privileging.

At a given hospital or other healthcare facility, a physician may be credentialed but not privileged. If not privileged, then a physician may NOT perform the procedures for which they may have credentials. A key component of the process is patient safety. Healthcare institutions have the responsibility to have properly licensed and competent healthcare providers and verifiable processes to grant initial and ongoing credentials and privileges.

The two most common approaches to the requesting and granting of procedural privileges involve either individually listed procedures or grouped core privileges. Individually listed procedures — sometimes referred to as “salad bar procedure lists” — frequently require experience documentation for both initial and re-credentialing for each separate procedure. The other common type of procedural privileging involves the granting of core privileges, which combines all present and potential procedures within a specialty into a single set or groups of privileges.

Individually listed procedural privileging has several challenges. These challenges may present issues with primary source verification of the number of procedures performed (typically within the past two years) and with limitations of information systems to document continued procedural volume (often used as a measure of competency).

In addition, there may be a wide variety of different image-guided procedures for which privileges are requested and performed by any qualified physician with significantly varying degrees of frequency. Medical advancements and changes in practice patterns may also alter procedural volumes over time.

Core privileging has many advantages. It streamlines the credentialing process for both the healthcare practitioner and the medical staff offices. It also recognizes that a given specialty has many procedures that constitute core skill sets (both knowledge and technical) and that these skill sets are translatable to other related applications and procedural developments within the specialty.

Initial and re-credentialing may take into account residency and/or fellowship training as well as board certification. Lifetime procedural experience may also be used. If procedural numbers are used, the numbers should be inclusive of a global compilation of an individual radiologist’s image-guided procedural experience. This methodology recognizes the translation of fundamentals related to image-guided procedures and our specialty.

The ACR now joins the American College of Obstetricians and Gynecologists, American College of Emergency Physicians and Society for Vascular Surgery in advocating for and supporting the core privileging process. Several well-respected radiology departments and hospitals across the country have relied upon the granting of core privileges for image-guided procedures for the past several years.

PROCESS

Establishment of image-guided core privileging requires several steps. ACR policy addresses the process of privileging radiologists. Privileging of physicians in other medical specialties who perform similar image-guided procedures is determined by those specialties and departments. If a hospital institutes a multispecialty privileging process, the ACR Core Privileging Policy should be used by the radiologists under that umbrella of core privileging.

Two or more core privilege procedural sets may need to be created and used at a given institution (e.g., stroke intervention and general image-guided core privileging documents). The core privileging documents of the American College of Emergency Physicians recognize different levels of expertise that may be needed (e.g., a level one trauma center versus a non-trauma community hospital). These documents also include distinct core privilege sets prepared for different practice needs.

Core privileges should be tailored to meet the procedural needs of a given healthcare institution and the skill sets of the proceduralist. A large urban university hospital, by its nature, would have different core privileges than a smaller community or rural practice or pediatric hospital.

This approach to privileging recognizes and hopes to facilitate the ongoing contributions of radiologists who are often necessary for patient access to procedural care in many different types of practices. Appropriately written core privileging documents may facilitate, as opposed to creating barriers to,

recruitment and retention of diagnostic and interventional radiologists across the spectrum of national healthcare settings.

Federal and individual state regulations may have separate privileging criteria that must be included for some procedures. Some examples of this situation are Y90 embolization, breast procedures and use of lasers.

A broad spectrum of procedures is typically included in core privileging. When a given radiologist does not possess the skills or experience for all procedures in a set of core privileges, he or she may opt out of being privileged for those specific image-guided procedures. The ethics of each individual physician and availability of mentoring, CME and additional post-graduate training could address best practices and staffing needs as determined locally, now and in the future.

Once a set of image-guided core procedural privileges is identified as meeting local institutional needs, these privileges will need to be presented and reviewed by the respective medical staff office and the hospital’s board of directors. Once instituted, the process of core privileging will be administered by the medical staff office and ultimately met with scrutiny by regulatory agencies such as The Joint Commission. The Joint Commission does not require one particular standard, but rather mandates that local institutions follow reasonably established internal policies and procedures with appropriate documentation.

Documents included in the Library:

1. Examples for Core Privileging of Image-Guided Procedures
2. Core Privileging Resolution
3. Current ACR Practice Parameters for Which Core Privileging May Apply

This list should not be interpreted as all-inclusive for procedures that would qualify for core privileging. For example, some diagnostic procedures such as CTA, MRA and vascular ultrasound may be included in image-guided interventional radiology core privileges.

The ACR Commission on Interventional and Cardiovascular Imaging hopes that you find this Library and introductory guide helpful in your endeavor to move toward implementation of an image-guided core privileging process in your respective institutions.

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