



Kansas Board of Healing Arts Licensing Summit: Leveraging Knowledge to ‘Move Further, Faster’

.....
Kathleen Selzler Lippert, JD

“Protecting the public and strengthening those who practice the healing arts” is the mission of the Kansas Board of Healing Arts (KBHA). One critical component of this mission is efficiently and effectively licensing qualified physicians and other health care professionals—a task that impacts many more individuals and organizations than just those who become licensed to practice.

The list of stakeholders impacted by the state’s medical licensing process is quite lengthy and diverse, ranging from patients, the public, medical schools and medical practices to locum tenens companies, hospitals, educational programs and national health-care-related organizations.

The challenge for state medical boards is ensuring that all of these stakeholders both understand the licensing process and are appropriately engaged with it. Kansas, like many states and territories, has in recent years sought ways to help demystify its licensing process—and in 2018 launched an innovation that proved remarkably effective in achieving this goal: its first-ever statewide Licensing Summit. Convened in June 2018, the Summit brought together nearly 80 individuals from diverse organizations to participate in a full day of presentations and group discussions aimed at sharing information and perspectives—with the end goal of moving the licensing process “further, faster”; that is, ensuring higher awareness and greater efficiency through connection.

Background

Beginning in 2010, KBHA had placed an emphasis on stakeholder communication and education as a means of raising awareness of the licensing process in Kansas. The agency offered presentations to stakeholder organizations on a variety of topics, including issues that impact the processing time of license applications and other core functions. While KBHA is the agency that issues physician licenses in Kansas, it is one part of a larger system. In addition to hospitals, credentialing services, insurance carriers and others, national entities such as the Interstate Medical Licensure Compact (IMLC), and

the Federation of State Medical Boards (FSMB) are key stakeholders who impact licensing in the state.

As it sought to effectively raise awareness of its processes, KBHA noted the increasing complexity of the landscape for communications. Each stakeholder entity it interacted with needed information about how other organizations contribute to the licensing process as well. Questions were routinely received from stakeholders related to how each entity’s role impacted efficient licensing. These discussions illustrated the need for a greater level of cross-communication.

As KBHA interacted with various organizations, a core set of common, key questions emerged—many of which demonstrated the need for greater awareness of the work of state medical boards in general and of new trends in medical regulation—not just the specific work for KBHA. Among these general questions were:

- How many state medical boards have a paperless application process?
- Are any state medical boards moving toward paperless applications?
- What successes and challenges have state medical boards experienced in their transition to paperless applications?
- How does a paperless application process impact locum tenens companies and other stakeholders?
- How is information shared between state medical boards?
- Do state medical boards have information that is available to another board, but not available to hospitals and other entities?
- Why does a hospital need to credential or privilege a physician if the provider has been licensed by the state medical board?
- What is the difference between licensure, privileging, and credentialing?
- How do locum tenens companies work with hospitals, providers, and state medical boards?

- What is the difference between the Federation Credentials Verification Service (FCVS) and the Uniform Application for Licensure (UA) and can these tools be utilized by hospitals and other entities?
- How does the IMLC help state medical boards, hospitals, and locum tenens companies?

Recognizing that there was no existing single venue that brought diverse stakeholders together to learn the details of how each participates in, is dependent on, or utilizes the state medical board licensing process, KBHA began to formulate the idea of hosting a “licensing summit.” In June 2018, the first-ever KBHA Licensing Summit was convened, featuring stakeholders who share the common mission of ensuring the effective licensing of qualified physicians. Approximately 80 individuals attended. More than half a dozen hospitals and practice groups from across Kansas were represented, as well as three different locum tenens companies from around the nation, and several other critical stakeholders, including Blue Cross Blue Shield of Kansas, the Kansas Health Care Stabilization Fund, the IMLC Commission, the FSMB, and Docs Who Care. Importantly, the Summit also included representatives of 10 state medical boards—extending the discussion beyond the borders of Kansas to include the wider state medical board community, which is increasingly connected in today’s changing medical landscape via telemedicine and greater physician mobility.

The Summit’s mission was simple: Leverage knowledge from the cross-section of attendees to move the licensing process “further, faster.”

Speed-Networking Base Camp

The Summit kicked off with “speed networking,” allowing all of the attending entities to introduce themselves and to share both their proudest moments and friction points connected with licensing. Participants also described their general responsibilities related to physician licensing, identified their core stakeholders, highlighted what they wished others knew about them, and expressed what they hoped to learn during the Summit.

Real-Time Survey

The Summit utilized an online real-time survey tool that allowed participants to ask questions and provide feedback concurrently with the presentations. Survey results from the speed-networking base camp set the tone for the Summit, identifying the following issues:

- What efficiencies might be adopted that continue to ensure patient safety?
- What processes are utilized by locum tenens agencies?
- How can locum tenens agencies and state medical boards work most effectively together?
- What can the IMLC do to assist and streamline licensing?
- How can participants work more cohesively with other agencies?
- How can the FSMB make physician data more portable?
- What fraud is being observed in the application process?
- What data can the FSMB provide to expedite the hospital privileging process?

Panel Discussion: What Speeds Up and Slows Down Licensing?

Speed networking segued into a panel discussion, during which state medical board licensing analysts and locum tenens consultants facilitated a discussion of factors that speed up and slow down the licensing process. The panelists shared a common mission of quickly and efficiently issuing licenses to qualified providers. The panelists discussed the expectations of licensing boards and locum tenens providers and how to make those expectations realistic. They also described the role of locum tenens services and how they serve and interact with hospitals, physicians and state licensing boards.

The panel also utilized several online real-time survey questions to advance their discussion with summit participants:



- Locum tenens agencies frequently ask, “what is still needed for licensure?” after the applicant has already been notified. How can this redundancy be reduced?
- Some states utilize online licensing checklists, which can be an effective tool. However, the applicants’ desire for immediate online updates, and their frustration with any delay, can have a detrimental impact upon the whole process. How can each stakeholder be instructed to have realistic expectations?
- How can stakeholders better understand each other’s expectations so both parties do what they need to license the provider in the most efficient and correct way?
- Do locum entities know if their physician client has an FCVS profile?

- Do locum entities require a physician to review the information prior to submission?
- Do locum companies check for red flags?

IMLC Jeopardy

The next segment of the Summit was presented in a format modeled on TV’s *Jeopardy* game show and focused on the *IMLC* (see Figure 1). By June 2018, 26 different medical licensing authorities had adopted the *IMLC*, with more to follow. The *IMLC Jeopardy* round asked questions to test attendees’ knowledge and understanding of the Compact.

Questions invited discussion on how the *IMLC* functions after one year of operation. Technical terms, such as State of Principle License (SPL) and Letter of Qualification (LOQ) — along with the intricacies

Figure 1
IMLC Jeopardy

Big Brother	You Need a License to Drive	Say What?	Houston, We Have a Problem	Potpourri
\$100	\$100	\$100	\$100	\$100
\$200	\$200	\$200	\$200	\$200
\$300	\$300	\$300	\$300	\$300

During the Summit, attendees participated in an exercise modeled on TV’s *Jeopardy* game show and focused on the *Interstate Medical Licensure Compact*.



cies of renewal cycles for providers licensed in a variety of jurisdictions—helped participants better understand the IMLC.

Working Lunch

IMLC Jeopardy segued into a working lunch, during which participants discussed the FCVS and the UA. FCVS and the UA are programs hosted by the FSMB and often provide elements that connect and support state medical board licensing. FCVS is required by 15 state medical boards and is accepted by

THE 2018 LICENSING SUMMIT...CREATED A FORUM WHERE PARTICIPANTS COULD SPEAK FACE-TO-FACE ON INDIVIDUAL AND GLOBAL ISSUES AND MAKE CONNECTIONS THAT WILL ENHANCE THEIR ABILITY TO TACKLE NEW CHALLENGES.

another 55 state boards. The working lunch metaphorically addressed the “puzzle pieces” of both programs, delineating the bits, parts, and pieces of FCVS and UA tools. Michael Dugan, FSMB Chief Operating Officer, and Jama Ball, Senior Director of FCVS, described where information is obtained and how it is verified. Participants learned that information in FCVS has been certified as meeting NCQA data requirements, and that FCVS has dropped its processing cycle times by more than half.

The Role and Needs of Hospitals: A Critical Component

The Summit’s next segment provided a 60,000-foot view of licensing from a hospital perspective. Like air traffic controllers who must keep all planes in the air and facilitate safe landings, hospitals and communities need physicians. The Kansas Association of Medical Staff Services (KAMSS or NAMSS on the national level) operates as the traffic controller connecting hospitals, communities and physicians. Deborah Stern, RN, JD, Senior Vice President of Clinical Services and General Counsel for the Kansas Hospital Association, provided a window into the needs of hospitals. To keep hospitals opera-

tional, physicians must be available to provide care, current providers must be able to take vacations, and new providers are needed. She explained the difference between KAMSS and the Kansas Association of Risk and Quality Management (KARQM) and how each group interacts with KBHA. Ms. Stern noted the difference between credentialing and privileging in a hospital and how the licensure process intersects with each. Online real-time survey questions provided state medical board and locums companies an opportunity to ask questions and learn how their work is put into practice in hospital systems.

Understanding Malpractice

Kansas health care design includes an element of malpractice tort reform that is facilitated by the Kansas Health Care Stabilization Fund (HCSF). The origins of the Health Care Provider Insurance Availability Act and how it intersects with active Kansas physician licensure is a source of confusion—and this was the topic of the next Summit segment. HCSF Executive Director Charles “Chip” Wheelen provided clarification and shared how the Kansas model for malpractice has created an environment that invites physicians to make Kansas their practice home.

Conclusion

The 2018 Licensing Summit provided an opportunity for participants to meet colleagues with whom they had previously only communicated via email, telephone and other electronic means. It created a forum where participants could speak face-to-face on individual and global issues and make connections that will enhance their ability to tackle new challenges that may arise in the future. As a result, participants left with information and contacts that will help them leverage licensing knowledge to move further, faster.

About the Author

Kathleen Selzler Lippert, JD, formerly served as the Executive Director of the Kansas Board of Healing Arts.