

Unified Medical Staff FAQs

Q. Why are we transitioning the traditional Medical Staff Department model to a more efficient and productive Unified Medical Staff St. Luke's model which is more advantageous to the Medical Staff and Network?

A. *Benefits/Rationale:*

- *Establish a network medical staff structure which reflects the network approach to providing quality care while assuring campus specific medical staff engagement and input.*
- *Standardize medical staff systems and processes across the network (bylaws, due process, OPPE, FPPE, fees).*
- *Establish "easy access" for providers seeking employment, credentialing, privileging and re-credentialing.*
- *Streamline processes to achieve or exceed regulatory requirements.*
- *Reduce/streamline the number of meetings/duplicative effort thereby promoting standardization and improving provider participation and attendance.*
- *Establish and maintain a formalized, multi-modal approach to provider communication.*
- *Decrease unnecessary and confusing variation in decision, actions, policies and procedures.*

Q. How will we assure all campuses will have representation in decisions and activities?

A. *Each campus will establish a Provider Advisory Committee which will serve as a formal council to facilitate communication between the hospital administration and local medical staff. Medical staff members will be representative of the specialties who practice at that campus. Among its membership the Network Medical Executive Committee (NMEC) will have a representative from each campus PAC.*

Each formal medical staff and hospital committee will have representation from network campuses.

Q. How will I receive communication?

A. *Routine network medical staff meetings will be held throughout the year. Members of the medical staff will have the option of attending the centralized*

network meeting or attending campus specific medical staff meeting. The time network meetings will be coordinated so their agenda will involve a network component (skype) and then a campus specific meeting facilitated by the VMPPA/Hospital President.

Additionally a process to communicate routine updates via email will be developed.

Q. If I have questions, concerns or complaints who do I contact?

A. *Same person(s) you do today! Depending on the circumstance you would approach the Hospital Department/Service Line Chair/Vice Chair, campus VPMA, Sr. VPMA, Hospital President or any member of hospital administration.*

Q. Will there be a Network Medical Staff President?

A. *Yes, the Network Medical Staff President will be selected from and by the members of the Network Medical Executive Committee. There will not be campus specific medical staff presidents.*

Q. How are my medical staff dues affected?

A. *Another benefit of a UMS structure is the centralization/coordination of medical staff fees (application fees/annual dues). As part of this process St. Luke's Network is examining ways to establish a fair and efficient standard for medical staff fees.*

Q. How will quality issues be handled?

A. *Same as today! Each service line is responsible for overseeing quality in their respective service lines. The benefit in this approach is the multidisciplinary representation which often results in a more comprehensive assessment and plan of action. Issues requiring further review will be referred to the NMS Peer Review committee (similar to MSQI).*

Q. When will the transition occur?

A. *Our plan will be to complete the transition in FY 19. In order to do so, we must approach the PA/NJ Departments of Health to ensure our model meets regulatory requirements. We believe we are one of the early adopters looking into applying this concept. We believe the model is supported by legal and practical positions. Further, to give our newest additions at Blue Mountain and Sacred Heart time to integrate into the Network operations, we will delay implementation at those campuses, likely for at least another year.*