



How VerityStream™ is Helping Hospitals and Health Systems Prepare for Emerging Trends:

An Interview with
VerityStream President, Michael Sousa





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VerityStream™ offers a unique combination of platform, content, and data that accelerates the credentialing, privileging and enrollment functions. It was built in response to industry changes with the goal of equipping today's hospitals and health systems to respond to those changes.

We recently sat down with VerityStream President, Michael Sousa, to learn more about some of the trends that impacted CredentialStream's development, and gain an understanding of what healthcare organizations need to prepare for in the years to come.

Question #1:
What are the biggest changes you foresee on the horizon for the healthcare industry?

MS: I think that before we look into the future, it's really important to understand how the industry has changed over the last several years. There are a few key trends we've noticed our customers grappling with. First, is a massive shift to hospital-employed providers and an increase in acquisitions of medical groups. Physician practice owners no longer make up the majority of patient care providers. A study from the Physicians Advocacy Institute revealed that 42 percent of physicians were employed by hospitals in July 2016, compared

to just one in four physicians in July 2012, and this number continues to grow.

Second, we're seeing significant growth in the number of non-physician providers. According to the American Association of Nurse Practitioners (AANP), there are now more than 248,000 Nurse Practitioners licensed in the United States, and 86.6 percent are certified in primary care. Data from the National Commission on Certification of Physician Assistants indicates that there are 123,000 Physician Assistants, and about 25 percent are practicing in primary care. This growth improves physician productivity and flexibility for patients and healthcare organizations.

Third, healthcare organizations are in the midst of transitioning from fee-for-service to value-based care reimbursement models. This transformation dramatically amplifies the marginal impact of every decision to add a new provider or grant a new privilege.

Question #2:

How do these trends affect those responsible for credentialing, privileging and enrollment functions?

MS: Collectively, these industry changes necessitate the reengineering of many functions, including credentialing, privileging, onboarding, enrollment, and performance management. This will require solutions designed to support these processes to be rethought, reimaged, and rebuilt. And, the bottom line is, the growing number of employed physicians and non-physician providers means there will be more to do.

We recently surveyed 683 medical services professionals (MSPs) and almost half of the respondents indicated that an increase in employees was having an extreme or very significant impact on their organization. When providers are employed by a hospital, the hospital assumes many responsibilities. They take on the provider enrollment process, they often underwrite malpractice insurance, and their list of onboarding tasks multiplies significantly. These are major shifts that are leading to sharp increases in responsibilities and workload.

Question #3:

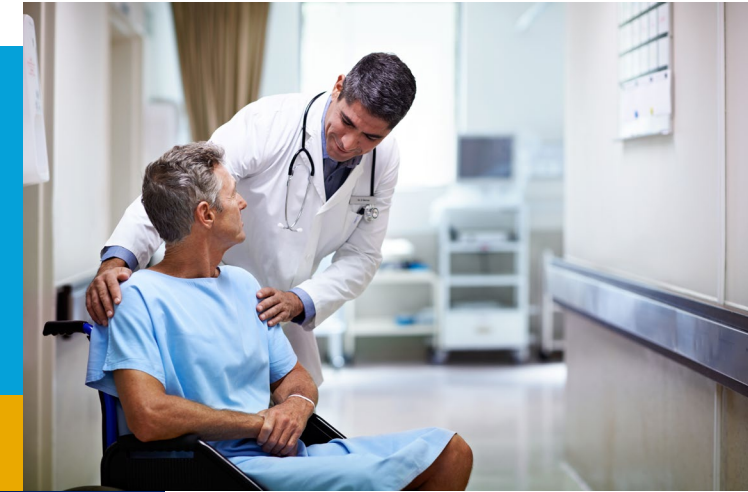
Do health systems themselves seem to be evolving?

MS: Yes. Years ago, a health system, by definition, was a collection of hospitals. Today, a health system still includes hospitals, but it has expanded to include a wide network of the people, institutions, and resources that deliver healthcare services. There's a multitude of care settings including urgent care, retail clinics, labs, ambulatory surgery centers, behavioral health resources, rehab facilities, home health, long-term care, and more. This evolving continuum of care has changed what MSPs, Credential Verification Organizations (CVOs), and enrollment professionals need to be successful and what a solution like ours needs to deliver.

Health systems are now also offering health plans, accelerated by the Affordable Care Act (ACA) and the launch of Accountable Care Organizations (ACOs). So, today, when a health system needs a solution to serve as a single source of truth on its providers, it has to be able to support multiple care settings, provider enrollment, corporate insurance and malpractice underwriting, quality, OPPE/FPPE, network management and health plan credentialing. The solutions needed today are much different than what health systems were seeking and implementing a decade or more ago.

Question #4:

Are you saying that in addition to Medicare and plans like Blue Cross



Blue Shield, consumers can now obtain healthcare coverage from health systems themselves?

MS: Yes, that's right. One result of the ACA is that an increasing number of today's health systems are now offering health plans. It's become a strategic imperative for many health systems, but as you can imagine, it presents a wide range of new challenges because these health systems now need to develop and manage their own physician networks and payer credentialing processes. To date, there really isn't a solution that fully equips a health system to also serve as a health plan because it's a relatively new requirement. While there have been a few healthcare systems that were also health plans in the past, such as Kaiser Permanente, these were exceptions. Now, it's becoming unusual to find a health system that doesn't have a health plan attached to it. We've kept our eye on this evolving trend and will be releasing functionality within our solution later in the year to address it.

Question #5:

I read recently that by 2030, the U.S. will have a deficit of as many as 104,900 doctors. How is the looming talent gap affecting the industry?

MS: The looming provider shortage will force healthcare organizations to prioritize ways to reduce administrative tasks that providers

are forced to endure. What if 5 percent of a provider's time that is currently allocated to administrative tasks could be recaptured for patient care? It'd be dramatic. At VerityStream, we're passionate about freeing up providers so they can spend more time with patients and less time with paper.

The shortage on the horizon also means that the battle for the best providers is underway and will continue to intensify. This is really changing the way hospitals and health systems recruit and manage credentialing and privileging. In the past, credentialing and privileging was used to identify any red flags before a provider began practicing. In the future, it will be about searching for the best person to meet the specific needs of a particular healthcare system, its service lines and patient population via the use of predictive analytics. For those familiar with Michael Lewis' book *Moneyball*, you can draw some parallels—the principles of *Moneyball* are coming to healthcare. Recruiting, credentialing and privileging will evolve from ensuring compliance to serving as an offensive, competitive weapon that is carried out effectively and with precision.

Question #6:

What will it take to lure the best talent once it's identified?

MS: When it comes to recruiting, credentialing, and privileging, many health systems are

still interfacing with providers in a kind of disjointed, disparaged way. This often results in a poor or frustrating provider experience. Functions like submitting an application, requesting privileges, completing insurance applications and conflict of interest surveys, participating in required training or simulations, etc., are all set up as point in time interactions.

At VerityStream, we feel that whether a provider needs to take a course, submit an application, update information, sign a document, take a test, review an OPPE profile, complete a case review, etc., they should be able to go to one place and get it done any time on any day. We architected our platform to make this possible because we believe that health systems that optimize the provider experience are going to be the clear winners in the battle for talent. For recruiting, credentialing, privileging, enrollment, and onboarding to be an offensive, competitive weapon, providers must be delighted—the provider experience must exceed expectations.

Question #7:

What else do health systems need to do to differentiate and succeed in the future?

MS: Change is constant in our industry, so health systems need to continually focus on increasing their efficiency if they are going

to keep up and remain competitive. So much in CredentialStream is about enabling our customers to accelerate their credentialing, privileging and enrollment functions. While some healthcare organizations have a database of provider information that allows them to support their processes, they don't have a system that allows them to leverage third party data that is accurate and readily available. They don't have out-of-the-box automation—so they waste a lot of time continually building processes and workflows. They struggle with mergers and acquisitions because they're using so many disparate solutions to manage functions with a lot of crossover. And, they don't have any way to do benchmarking, so they can't see where they are best in class and where there are opportunities to improve.

“...and when patients win—we all win.”

CredentialStream clients get all of the above and more. We feel strongly that all of the solution's game changing functionality will put our clients in a better competitive position. But most importantly, we believe that health systems using [CredentialStream](#) will be able to ensure that the quality of their providers on an incoming and ongoing basis is as good as it can get. CredentialStream users are in a position to provide the best possible care for their patients, and when patients win—we all win.