Credentialing is an effort that every medical facility, hospital, and surgery center must conduct. There are many and varied methods for this effort, but it is intended to protect patients, to manage risk, and for various regulatory requirements. The process also serves to verify an individual practitioners’ “credentials”. These credentials include; Licensure, Education, Training, etc.. Based on this evaluation of credentials, and of individual performance, practitioners are granted privileges for patient care, treatment, or services that will be provided at the facility. Like it or not, it is a necessary and unwavering task that must be carried out to ensure that individuals can perform their clinical duties based on relevant and recent education and certification.

At our surgery center, we process a great deal of requests for credentials. We have over 100 active credentials at our center and we process new applications every month for multiple specialties and for many difference types of clinicians. My credentialing specialist and I stay in very close contact and we normally discuss applications for privileges and approvals multiple times a week. This application, in the month of May, piqued our interest with a pervading sense of gloom that gave my team a moment of pause. The individual in question arrived at our center and demanded an application. He was forceful and seemingly overconfident. This was the first red flag. With all the years of experience in our office this had never happened. He then returned later in the week to ask about the status of his application for privileges as a Surgical Assistant. Also, an odd bit of behavior in the opinion of the office. When we initially discussed the pending status of his application, my Credentialing Specialist informed me that not only was it incomplete but, that she had been unable to verify some of this individual’s education. She informed me, additionally, that this individual had concurrent applications at three other local surgical centers requesting identical privileges. This individual claimed to have a Master’s Degree in Surgical Assistance, a Bachelor’s Degree in Chemistry from UCLA, and claimed to have been a graduate of the Hospital Corpsman Program from the US Naval School of Health Sciences. He claimed to be board certified by the National Board of Surgical Technology and Surgical Assisting and, to have multiple state licenses.

We started to pull the thread and, unfortunately, we were met with only the tip of the iceberg. Red flags in credentialing are not uncommon. They normally involve things like incorrect spelling of a name, dates that don’t match, the wrong Social Security Number, or gaps in time between jobs. However, this applicant had red flags in spades. He demanded the application to be rushed. He had an abundance of certifications, which is not the norm for surgical assistants. In fact, it was determined that he had forged his Master’s Degree Diploma. We also confirmed that he had NEVER been a student at the University in question, in fact we eventually engaged the legal team at this University to inform them of the situation. His Naval Background was not able to be verified. We even confirmed with the Naval School of Health Sciences that he didn’t graduate from the corpsman training program. This would have prevented him from even applying to the Surgical Assistant Program in the Navy.

 Unfortunately, this is not where the frustration ended. When we attempted to verify his employment at a local hospital, we were told that they don’t credential surgical assistants, or perform any primary source verification of ANY kind. More importantly, this individuals State Licenses from Colorado and Virginia, and his BOARD CERTIFICATION required no such diligence either. In addition, Maryland doesn’t require a license to be a surgical assistant. In fact, this individual used a forged degree and education to get a real license, a real board certification, and a real job in a real operating room, after having none of his credentials scrutinized and no primary sources verified.

As part of the quadruple aim here at SCA, our goal is to bring clinical quality, positive patient and physician experiences, all at a lower cost to the patient. These efforts converge with our work to credential our clinicians and allied health professionals.

We are here to improve healthcare in America. Despite the claims, we don’t cut corners and we don’t assume. We dig deeper and we pull the thread. We ask the tough questions to get to the root of the problem. Positive patient outcomes drive what we do, and getting credentialing right is an integral part of ensuring the clinical quality of our providers.