Association of Psychologists in Academic Health Centers

October 16, 2009
Hospital Privileges: Practicing at the Intersection of Competencies and Bureaucracies?

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Acknowledgements/Thanks

Catherine Grus, Ph.D., APA
Ronald Rozensky, Ph.D., A.B.P.P., University of Florida
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Jacob Miner, B.A., Wagner College
Barry Hong, Ph.D., FAACP Washington University
Kim Dixon, Ph.D., R.N. East Carolina University
Survey respondents
Regrettably,
I have no financial interests to disclose.
Why This Is Important

- Little recent attention to hospital privileges
- Increasing attention to competencies in Psychology
- Increasing efforts to assure current competence of health professionals
  - Joint Commission
- Lack of uniformity of standards across institutions
A Tale of 1 Psychologist

- 1985  Joined hospital staff
- 1988  Member, Psychology Standards Committee
- 1995  Chair, Psychology Standards Committee
- 1997  UMMC/Fairview Merger
- 1997  Chair, Psychology Standards Committee
- 2008  Privileges *not* accepted by Credentialing Office for special competencies in: biofeedback, hypnosis, sex therapy
What Had Happened?

- New documentation requirements for “Special Request Privileges” had been instituted by the hospital *without* input from psychologists:
  
  “Each…privilege requires documentation of training and/or experience specific to the privileges requested… *within the last two years in one of the following forms*” in addition to documenting that “these competencies are currently declared and approved by the Minnesota Board of Psychology”: 
Required Documentation of Special Privileges

- Letter from a residency program specific to the procedure; or
- Letter or certificate from an additional training course specific to the procedure; or
- Documentation of 5 completed cases specific to each procedure requested (copies of operative reports, chart notes, or a list of cases performed). Documentation must include date the procedure was performed, type of procedure and where performed (e.g., name of hospital or other facility).

1 By our hospital
What is a Hospital Psychologist to Do?
Who You Gonna Call?
Credentialing and Privileging of Psychologists in Hospitals: Where Are We Going In the Era of Competencies?

August 8, 2009

Panel presented at APA Convention, Toronto

1Panel presented at APA Convention, Toronto
GOAL: COMPETENT PSYCHOLOGISTS

Finding a psychologist
Competencies and Competence

- Competencies: discrete knowledge, skills, attitudes that are elements of competence
- Competence: presumes the integration of multiple competencies
A Model for Education and Training

- Competency models focus on learning outcomes
  - Assessment can be used to guide performance improvement
  - What is being measured (i.e., the competencies) relates to actual behaviors one will use in the course of one’s professional activities

- As compared to models of education and training focused on learning objectives
Competence

• “Habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”

• “Depends on habits of mind, including attentiveness, critical curiosity, self-awareness, and presence”

(Epstein & Hundert, 2002)
• Professional credentialing bodies are expected to certify individuals as competent
• 2006 APA policy statement related to requiring postdoctoral hours for licensure, more attention is being paid to competence for independent practice
• Health Professions Education: A Bridge to Quality (IOM, 2003)
  – ALL healthcare professionals will develop the following competencies:
    • Provide patient-centered care
    • Utilize informatics
    • Work in Inter-disciplinary teams
    • Employ evidenced-based improvements in care
    • Apply quality
• Interdisciplinary Competencies: Interprofessional Professionalism Work Group
Key Competency Initiatives in Professional Psychology

1990s
- CoA revises G&P

2000
- ADPTC / CCTC Competencies

2002
- APA Ethics code revised

2006
- APPIC Competencies Conf.

2007
- BEA Task Force on Competency Assessment

2008
- Competency Benchmarks

- Competency Assessment Toolkit

- Students with Competency Problems work group
Core Competencies

Foundational Competencies:
• Professionalism
• Reflective practice
• Scientific knowledge and methods
• Relationships
• Individual and cultural diversity
• Ethical and legal standards and policy
• Interdisciplinary systems

Functional Competencies:
• Assessment
• Intervention
• Consultation
• Research and evaluation
• Supervision
• Teaching
• Administration
• Advocacy
Competency Assessment “Toolkit”
(Kaslow et al., in press TEPP)

– Chair: Nadine Kaslow, Ph.D.
– Six members in workgroup
– Charge from APA Board of Educational Affairs: Develop a “Toolkit” for professional psychology
– Purpose: Promote broader implementation of competence assessment and provide information about application of assessment methods to the assessment of competence
– Coordinated with Benchmarks Work Group
Recent years have witnessed a burgeoning of interest in a competency-based approach to education and training at a national level.

Educational programs are expected to produce competence.

- Programs are accredited based in part on program outcomes and training in key competency domains.
Competence: A Focus Across Health Professions

• Graduate Medical Education:
  – Patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems based practice (July, 2007)

• Other health professions: dentistry, nursing, pharmacy
Why is Competence Relevant in Hospitals?
Are all equal?
“It’s worse than we thought—there’s going to be random testing for competence.”
Definitions

- **Credentialing**: “The process of evaluating a practitioner’s training, supervision, and experience by a review of supporting documents.”

- **Privileging**: The process of evaluating an individual practitioner’s professional qualifications, experience, competence, ability, and judgment for the purpose of granting the practitioner specific clinical privileges.
Well I’ll be darned! I guess he *does* have a license to do that.
Definitions

- **Staff Privileges**: Specifically delineated and granted privileges to treat patients admitted to a facility... reviewed by a credentials committee.

Purpose of Credentialing, Privileging, and Peer Review

- Ensure patient safety, appropriateness of care, effectiveness of care, and customer satisfaction
- Ensure that institution meets regulatory standards:
  - Licensure, statutes, rules, JCAHO standards
- Increase likelihood that psychology staff are competent to provide services
Purpose of Hospital Credentialing, Privileging, and Peer Review

- Reduce risk that individuals provide services beyond their competency
- Prevent unnecessary and avoidable substandard treatment
- Minimize institution's liability risk due to allowing incompetent, substandard, or negligent practices
Issues in Credentialing/Privileging

- Who establishes policies?
- Role of psychologists within hospital
  - Rights, privileges, responsibilities, and limitations (e.g., admitting privileges)
  - Peer review
- Standards
  - National vs. historical local standards for scope of practice and qualifications of practitioners
  - Supervision requirements
Credentialing/Privileging is Not Static!

- Expectations of consumers are evolving and changing
- Professions are changing
  - Scope of practice, autonomy
  - Interdisciplinary collaborations
- Institutions are changing
- The Joint Commission is changing
Joint Commission

- Formerly JCAHO
- Accredits most US hospitals
- Accreditation standards include credentialing and privileging of hospital medical staff
- Significant changes in 2007 and 2008
Joint Commission

- Credentialing
  - Verifying a practitioner’s qualifications to provide services
- Privileging
  - Evaluating credentials and performance for specific patient care services
Joint Commission

• Pre-2007 Rules on Credentialing and Privileging
  o Involves review of licensure, training/experience, current competence with respect to privileges requested, review of prior complaints
  o Renewed every 2 years – No News is Good News Standard
  o Complaints – Focused Review
Joint Commission Current Interest

- Quality Concerns
  - Subjective
  - Privileging “done by exception”
  - Low volume procedures
  - Focus appears to be on medical procedures
Joint Commission

- Revised Rules Require:
  - Intensive review before granting/renewal privileges
  - Ongoing monitoring of privileges
- Intended to move to an “evidence-based” process
- Borrows from the six areas of “General Competencies” of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS)
Joint Commission

- **NEW**  *Ongoing Professional Practice Evaluation*
  - **Who?** All practitioners
  - **What?** Collect and review data to ensure competence
  - **When?** More often than once/year
  - **Where?** By Department
  - **Why?** Maintain, revise, revoke privileges prior to renewal
How can these competence reviews work?

- Patient care
- Medical/clinical knowledge
- Professionalism
- Interpersonal & communication
- Practice-based Learning
- Systems-based practice

Peer Review Letter
Peer Review Letter
Peer Review Letter
Review Letter
CE
team player?
Joint Commission

- **Ongoing Professional Practice Evaluation**
  - Practitioners with Low Volume
    - Can use peer recommendations
    - If privilege not used in several years, could be difficult to show competence
Impact on Psychologists

- Unknown
- Recent conversations Maureen Testoni had with hospital psychologists
  - Most see no change
  - Some see tightening standards (e.g., quarterly documentation review; observation)
  - Two psychologists lost privileges; the privileges hadn’t been used in the several years
  - Some are working with their department chair to identify areas to measure
Where has Psychology Been in Hospital Privileges?
Beyond Admitting/Discharge

“Obtaining the specific privileges of admitting and discharging patients has been equated with professional autonomy. However, the focus on these two specific clinical privileges may be a misplaced emphasis to the extent it obscures a more fundamental issue, that is, participation by psychologists, as members of an autonomous profession, in the hospital processes that govern who can provide which patient care services...Psychologists need to be involved in the delineation of ...patient care responsibilities psychologists... have in a hospital...”

# Specially Requested Privileges in 3 Hospitals

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Howard</th>
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<tr>
<td>Intellectual Assessment Adult</td>
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<td>Personality Assessment-Projective Techniques</td>
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<tr>
<td>Polysomnography Interpretation/Sleep Disorders</td>
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<td>✔</td>
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<tr>
<td>Evaluation of Developmental Problems</td>
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<td>✔</td>
<td></td>
</tr>
<tr>
<td>Evaluation of Eating Disorders</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Sodium Amytal/WADA</td>
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<tr>
<td><strong>Intervention</strong></td>
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<td>Behavior Therapy</td>
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<td>Biofeedback</td>
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<td>Group Psychotherapy</td>
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<td>Eating Disorder Treatment</td>
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<tr>
<td>Sleep Disorder Treatment</td>
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Survey Methodology

- SurveyMonkey 60-item survey
- Solicitations sent to:
  - Multiple listservs: APAHC, Division 38
  - Databases (i.e., created for an earlier project)
- Responses: April 20 - June 28, 2009
- $N = 289$
Degree of Respondents

![Bar Chart]

- Ph.D.: 87%
- Psy.D.: 10%
- Ed.D.: 0.6%
- M.A./M.S.: 1.3%

Type of Degree
Length of Time on Hospital Staff

Number of Years Worked on Hospital Staff

<table>
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<tr>
<th>Percentage of Respondents</th>
<th>&lt;1</th>
<th>1 to 5</th>
<th>5 to 10</th>
<th>10 to 20</th>
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<td>31</td>
<td>18.2</td>
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Staff Psychologists’ Departments (%)
Hospital Staff (i.e. beds)
Hospital Staff Status

Percentage of Respondents

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<tr>
<th>Employment Status</th>
<th>Full Member</th>
<th>Limited Member</th>
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<tr>
<td>Medical Staff</td>
<td>36.6%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Professional Staff</td>
<td>13.8%</td>
<td>1.3%</td>
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<tr>
<td>Allied Health Staff</td>
<td>22.8%</td>
<td>1.0%</td>
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<tr>
<td>Hospital Employee</td>
<td>2.3%</td>
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<tr>
<td>Unsure</td>
<td>10.4%</td>
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# Psychologists’ Privileges to Provide Assessments

<table>
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<tr>
<th>Service</th>
<th>I can provide this service as a core or generic privilege %</th>
<th>I can provide this service as a specialized privilege %</th>
<th>Total Yes %</th>
<th>I cannot provide this privilege because I have not requested it %</th>
<th>I cannot provide this privilege because my request has been denied %</th>
<th>I cannot provide this privilege because psychologists are not granted this privilege in my hospital %</th>
<th>Total No %</th>
<th>Unsure/NA</th>
<th>n</th>
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<td>Diagnostic interview</td>
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<td>General psychological Assessment</td>
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<td>95.9</td>
<td>2.9</td>
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<td>3.3</td>
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<td>273</td>
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<td>Career Counseling and Vocational Assessment</td>
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<td>5.1</td>
<td>26.4</td>
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<td>30.9</td>
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<tr>
<td>Clinical Neuropsychological Assessment</td>
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<td>22.6</td>
<td>43.0</td>
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<td>265</td>
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<td>Wada Test</td>
<td>4.2</td>
<td>5.7</td>
<td>9.9</td>
<td>43.1</td>
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<td>16.0</td>
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<td>Disability Determination or Worker Compensation Evaluation</td>
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<td>5.7</td>
<td>37.6</td>
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<td>Child Custody Evaluation</td>
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<td>Forensic Evaluation (e.g., mental competency evaluation)</td>
<td>29.2</td>
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<td>33.8</td>
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<td>8.1</td>
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<td>Psychoeducational Evaluation</td>
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<td>Substance Abuse/CD</td>
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Yellow = Modal response.
# Psychologists’ Privileges to Provide Psychotherapies

<table>
<thead>
<tr>
<th></th>
<th>I can provide this service as a core or generic privilege %</th>
<th>I can provide this service as a specialized privilege %</th>
<th>Total Yes %</th>
<th>I cannot provide this privilege because I have not requested it %</th>
<th>I cannot provide this privilege because my request has been denied %</th>
<th>I cannot provide this privilege psychologists are not granted this privilege in my hospital %</th>
<th>Total No %</th>
<th>Unsure/NA</th>
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<tbody>
<tr>
<td>Individual Psychotherapy</td>
<td>81.1</td>
<td>12.4</td>
<td>93.5</td>
<td>2.9</td>
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<td>0.0</td>
<td>2.9</td>
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<td>Couples Psychotherapy</td>
<td>54.3</td>
<td>9.3</td>
<td>53.6</td>
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<td>Group Psychotherapy</td>
<td>66.8</td>
<td>12.2</td>
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<td>0.4</td>
<td>11.1</td>
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Yellow = Modal response.
### Psychologists' Privileges to Provide Special Services

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<td><strong>Biofeedback</strong></td>
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<td>Clinical Neuropsychological/Rehabilitation</td>
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<td>Consultation for medical inpatients</td>
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<td>EMDR</td>
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<td>55.5</td>
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*Yellow = Modal response.*
# Psychologists’ Privileges to Provide Special Services

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<tr>
<th>Service</th>
<th>I can provide this service as a core or generic privilege %</th>
<th>I can provide this service as a specialized privilege %</th>
<th>Total Yes %</th>
<th>I cannot provide this privilege because I have not requested it %</th>
<th>I cannot provide this privilege because my request has been denied %</th>
<th>I cannot provide this privilege psychologists are not granted this privilege in my hospital %</th>
<th>Total No %</th>
<th>Unsure/NA %</th>
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<tr>
<td>Evidence Based Practice/Empirically Supported Treatments</td>
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<td>5.0</td>
<td>81.6</td>
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<td>0.0</td>
<td>1.5</td>
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<td>Grief Counseling</td>
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<td>Hypnosis/Hypnotherapy</td>
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<td>Pain Management</td>
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<td>52.5</td>
<td>22.9</td>
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<tr>
<td>Stress Management</td>
<td>77.1</td>
<td>6.5</td>
<td>83.6</td>
<td>8.4</td>
<td>0.0</td>
<td>0.0</td>
<td>8.4</td>
<td>8.0</td>
<td>262</td>
</tr>
</tbody>
</table>

Yellow = Modal response.
### Psychologists’ Privileges to Provide Special Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Unsure (%)</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitting privileges to inpatient unit</td>
<td>11.0</td>
<td>60.6</td>
<td>25.4</td>
<td>10.2</td>
</tr>
<tr>
<td>Admitting privileges to outpatient unit</td>
<td>32.2</td>
<td>31.8</td>
<td>25.6</td>
<td>17.6</td>
</tr>
<tr>
<td>Discharge authority (deciding whether an inpatient can be discharged)</td>
<td>8.7</td>
<td>62.7</td>
<td>28.6</td>
<td>12.2</td>
</tr>
<tr>
<td>Behavioral orders</td>
<td>40.7</td>
<td>26.6</td>
<td>23.1</td>
<td>36.1</td>
</tr>
<tr>
<td>Orders for suicide precautions</td>
<td>29.0</td>
<td>34.0</td>
<td>37.0</td>
<td>45.8</td>
</tr>
<tr>
<td>Orders for restraints for a patient</td>
<td>11.1</td>
<td>45.0</td>
<td>43.9</td>
<td>60.6</td>
</tr>
<tr>
<td>Orders for observation (e.g., a &quot;sitter&quot;)</td>
<td>22.5</td>
<td>38.5</td>
<td>39.0</td>
<td>50.7</td>
</tr>
<tr>
<td>Orders for passes for patient to leave unit</td>
<td>9.6</td>
<td>43.5</td>
<td>47.9</td>
<td>60.0</td>
</tr>
<tr>
<td>Orders for lab tests</td>
<td>5.4</td>
<td>58.6</td>
<td>36.0</td>
<td>75.8</td>
</tr>
</tbody>
</table>

Yellow = Modal response.
## Hospital Privileges Over Time

<table>
<thead>
<tr>
<th></th>
<th>1982(^1)</th>
<th>1991(^2)</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment/Testing</td>
<td>28.4%</td>
<td>86.4%</td>
<td>&gt;96.7%</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>26.6%</td>
<td>80.4%</td>
<td>&gt;96.5%</td>
</tr>
<tr>
<td>Admitting</td>
<td>3.3%</td>
<td>5.8%</td>
<td>&gt;14.3%</td>
</tr>
<tr>
<td>Discharge</td>
<td>2.3%</td>
<td>3.7%</td>
<td>&gt;10.6%</td>
</tr>
</tbody>
</table>

---


# Required Evidence of “Continuing Competence”

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Yes %</th>
<th>No %</th>
<th>Unsure %</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attestation that you are currently competent to provide specified service</td>
<td>77.6</td>
<td>8.9</td>
<td>13.6</td>
<td>214</td>
</tr>
<tr>
<td>Coursework in specified area within last two years</td>
<td>10.8</td>
<td>69.2</td>
<td>20.0</td>
<td>195</td>
</tr>
<tr>
<td>Continuing education in specified area within last two years</td>
<td>47.8</td>
<td>35.6</td>
<td>16.6</td>
<td>205</td>
</tr>
<tr>
<td>Board certification within the past 2 years</td>
<td>15.8</td>
<td>66.8</td>
<td>17.3</td>
<td>196</td>
</tr>
<tr>
<td>Participation in peer review involving face-to-face interactions with other psychologists in your hospital</td>
<td>17.6</td>
<td>67.3</td>
<td>15.1</td>
<td>199</td>
</tr>
<tr>
<td>Biannual meeting with Chief Psychologist or designee to discuss your current competencies</td>
<td>12.1</td>
<td>72.7</td>
<td>15.2</td>
<td>198</td>
</tr>
<tr>
<td>Biannual meeting with a physician (e.g., department head) to discuss your current competencies</td>
<td>12.2</td>
<td>73.6</td>
<td>14.2</td>
<td>197</td>
</tr>
<tr>
<td>Audits of your services by Performance Improvement team</td>
<td>28.6</td>
<td>53.3</td>
<td>18.1</td>
<td>199</td>
</tr>
<tr>
<td>Identification of patients provided service within last two years</td>
<td>15.7</td>
<td>65.7</td>
<td>18.7</td>
<td>198</td>
</tr>
<tr>
<td>Dates of service provided within last two years (all or a minimum #)</td>
<td>13.7</td>
<td>68.0</td>
<td>18.3</td>
<td>197</td>
</tr>
<tr>
<td>Specification of number of times a specific service was provided within last two years</td>
<td>14.5</td>
<td>66.0</td>
<td>19.5</td>
<td>200</td>
</tr>
<tr>
<td>Clinical documentation (e.g., progress note) that service was provided within past two years</td>
<td>19.5</td>
<td>61.0</td>
<td>19.5</td>
<td>195</td>
</tr>
</tbody>
</table>

*Yellow = Modal response.*
Conclusions

- There is more to hospital privileges than admitting privileges, which is what the profession has focused on.
- Psychologists have different privileges at different hospitals.
- There is not consensus about “special request” or “specialty” privileges.
- Psychologists rarely get turned down for privileges they apply for if those privileges are allowed.
Psychologists’ Hospital Privileges Have Continued to Expand Over Time!
Conclusions

- Hospitals generally allow psychologists to provide whatever assessments they want
- Hospitals generally allow psychologists to provide whatever general therapies they wish
- Psychologists aren’t always sure whether or not they can provide a service or why (e.g., core vs. specialized?)
Conclusions

- Psychologists often do not have administrative privileges related to medical care
- The least likely privileges of psychologists are: admission, discharge, order lab tests, clinical psychopharmacology
Questions

1. How specialized should privileges be?
2. How should hospitals determine which, if any, specialized privileges are warranted?
3. How can hospitals best determine whether individual psychologists possess the “current competence” to be granted general/core privileges?
4. How can hospitals best determine whether individual psychologists possess the “current competence” to be granted specialized privileges?
5. What role should psychologists play in those determinations?
6. Is standardization possible/desirable across hospitals?
7. If so, how could it be achieved?
8. If so, who should develop guidelines?
The Challenge…

“… of delineating clinical privileges for psychologists is … (the) challenge that I think will sorely test the maturity of psychology as an autonomous profession in medical settings.