

ARTICLE

Establishing and Leveraging a CVO: A Gateway to Safety, Savings, and Simplification

| APR 27, 2022

<https://www.greeley.com/insights/establishing-and-leveraging-cvo-gateway-safety-savings-and-simplification>

WHY?

Deriving financial efficiencies and delivering quality care are often competing aims for healthcare system leaders—but they don't have to be. Through a Credentialing Verification Organization (CVO) model, organizations can achieve both simultaneously. And healthcare audiences are increasingly harnessing the benefits CVOs have to offer.

*A **Credentialing Verification Organization (CVO)** is created when multi-hospital and healthcare systems centralize the credentialing, privileging, and enrollment function rather than having a decentralized model.*

With great benefits, great responsibility

Credentialing, done as part of the CVO remit, is a huge responsibility. Before physicians can begin work and provide care to patients, they have to apply through the CVO. The CVO ensures that they're qualified and ready through a robust and timely primary source verification process. By extension, patients get the quality care they need.

WHY NOW?

Moving to a CVO model starts with an expected cost savings in mind for most organizations—and with good reason.

For example, in a non-CVO setup, a practitioner must apply to each hospital separately, incurring time and costs for separate background checks and verification requests. When you consider the number of practitioners applying each month, this outlay can be exorbitant. Implementing a CVO model can streamline and contain those costs.

So, yes, while dollars may drive the move to CVOs, other factors factor in just as significantly.

The M&A going on today

While more and more hospitals and systems are moving in the direction of CVOs, this model has been around for a long time.

In our current climate, more mergers and acquisitions abound. This is especially true with larger systems. But smaller, rural hospitals aren't off the radar, because they're increasingly becoming part of those larger systems.

To give you an idea of the scope of CVOs, it isn't unheard of to group *hundreds* of hospitals under one system across state lines.

Centralization: simplification spelled sideways

For hospitals and healthcare systems, M&A provides an opportunity for hospitals to centralize their processes—including credentialing, privileging and enrollment. Through CVOs, a practitioner needing privileges at multiple facilities within one organization only needs to complete one application—not individual applications for each hospital.

From the practitioner's perspective, their first impression of a healthcare system starts with the credentialing process; the simpler, the better. A centralized approach to the credentialing process is a significant physician satisfier, which will have a positive impact on their overall onboarding experience.

WHAT?

Fewer hoops, quicker start

If we explore the idea of centralization further, we can see the tremendous value CVOs offer through their ability to decrease credentialing time. It's quite a benefit! The less time it takes to credential a practitioner, the sooner they can start practicing. And the sooner they can start practicing, the sooner they can provide care, as well as generate revenue.

A reality I often see is hospitals with patients who are awaiting care—specialized and otherwise—due to a lack of credentialed and privileged physicians. The need to wait for care might stem from a backlog in new positions, but often it's due to a long turnaround time to process an application.

Consider a high-revenue specialty like orthopedics. If inefficient credentialing keeps a physician from practicing for a week, it might mean \$65,000 in lost revenue that week—plus patient wait time.

Regardless of the reason, the wait is unnecessary and avoidable. And a CVO can be the solution.

Reduce the credentialing application turnaround time

Facilities' processes vary greatly. So, one hospital might be efficient and capable of processing applications in 30 days. Others might take much longer, as long as 90-120 days in the extreme (in my experience). Longer turnaround times can result from using systems that aren't fully automated, or perhaps having loose, inefficient—even neglected—procedures.

For sake of comparison, a 45- to 60-day turnaround time is more common. Organizations that are optimizing their credentialing software systems and have implemented efficient and timely processes are in a better position to achieve a faster turnaround time, potentially 21 days or less.

Some hospitals contract with a CVO outside of their system. I recently worked with a hospital where the outsourced CVO was taking 85 days to do its work. The hospital then had to do its part, adding one to two more months to the process. After terminating the outsourced CVO contract and building an internal CVO, the hospital reduced that turnaround time by about two months, with an average 15-day turnaround time from application receipt to department chair review.

IMPACT?

CVOs, if implemented and run efficiently, offer benefits that affect many facets of healthcare organizations.

Financial savings

While CVOs aren't money-making departments by design, they can help generate revenue by accelerating onboarding. Clearing physicians to practice in under 30 days after applying takes efficient processes. But often, medical staff service departments need help to get there.

Streamlined processes

What can practitioners expect from a well-functioning CVO? A streamlined process and better overall experience:

- A single point of contact (vs. five or more)
- One application, one process
- A shorter runway to practicing
- Elimination of duplicate requests

Heightened operational reliability

The real impact of CVOs—arguably what matters most—is the role they play in their healthcare organization's journey to becoming a high reliability organization. CVOs support the Medical Staff Services Department's role as the gatekeepers to patient safety. While efficiencies and timeliness are necessary, a quality work product is most important and that's really what CVO directors/managers and all medical services professionals need to *always* focus on.

TAKEAWAYS

We're in a crisis in this country when it comes to a shortage of certain specialties. Not to oversimplify it, but the faster your organization can process a practitioner's file, the sooner patients can get the care they need. Here's how you can help.

1. Take time to save time: Change won't happen overnight. It takes time and effort to change processes and workflow, especially if you've relied on manual processes over optimizing software functionality.
2. Collaboration is key: It's critical to work collaboratively with HR, recruitment, and other departments. Because so many areas are involved with onboarding practitioners, support is essential. This even extends to scheduling start dates soon after onboarding is complete.
3. And so is cooperation: It can be a hurdle to help medical staff accept the change to automated processes, which optimize the credentialing software system's full functionality. Keep your organization's culture and aptitude for change in mind as you manage your move to a CVO model.

Given the benefits CVOs have to offer—from improved savings to improved service—the time to consider the merits of an efficient CVO model for your organization is now.

LEARN MORE ABOUT THE AUTHOR



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