Vendor Credentialing Forum Outcomes

Background

While the concept of vendor credentialing is relatively new, it is not new to Northern America and Canada. Hospitals and other healthcare facilities rely on meeting accreditation standards, and an assurance that patients are safe and that their care is of the highest level.

Third-party vendor credentialing providers in Australia, like in the USA in the last few years, are currently independently approaching healthcare facilities to provide a no cost monitoring service, resulting in an ad-hoc and unregulated process where these services are taken up by a facility. Inconsistency is costing companies who may be required to credential their staff with multiple third-party providers and processes in order for one MCR to gain access to different hospitals.

Purpose

It is with this high standard in mind that the MTAA, representing the Australian MedTech sector, funded Standards Australia to facilitate an industry wide forum to determine the need of an industry standard for vendors entering hospital and patient care settings. In addition, exploring such need, threats and opportunities and to work with industry stakeholders, hospitals and others to ensure standards are patient need driven, rather than commercially or red tape led. Last, but not least, to develop a scope for a new Australian Standard.

Overview

Over 50 participants attended the public forum representing the medical technology, IVD and pharmaceutical industries, the Australasian College of Infection Prevention and Control, Australia Commission on Safety and Quality Health Care, and third-party vendor credentialing (VC) companies. Attendees discussed whether establishing vendor credentialing is in the first instance necessary, and if so how it could be implemented to ensure:

- patient safety
- high quality care
- immediate access to medical products by patients
- efficient communication of product information and education provided by the medical company representative (MCR)
- efficient use of resources by healthcare facilities and medical companies
- MCR and patient and privacy.

Speakers

- Bronwyn Evans (CEO, Standards Australia)
- Susi Tegen (CE, Medical Technology Association of Australia)
- Bronwyn Walker (National Sector Manager, Standards Australia)
- Pat Callanan (Country Manager, American Medical Systems and MTAA Board Director)
- Samantha Dodd (CEO, Mitcham Private Hospital)
- Dr. Patricia Nicholson (Deakin University, President of VPNG, and ACORN Board Member)

Proceedings

The presentations and panel discussion presented a range of perspectives.

- Vendor credentialing in the Australian context.
- An overview of Standards Australia and the process for developing an Australian standard.
- An industry perspective including potential costs and benefits of vendor credentialing for the sector.
- A case study from a private healthcare facility that conducted a vendor credentialing pilot in 2014.
- Accreditation and critical factors for ensuring quality and safe patient care, including requirements of the ACORN Standards.

Group discussion based around six key questions concluded the following.

1. ***Who should be credentialed?***

- The MCR should be credentialed or meet a certain standard to assure Hospitals that their patients are safe, but the process should be managed by the MedTech company
- The healthcare facility should manage their access points, with the company as the employer of the MCR, responsible for ensuring all MCRs are adequately qualified.

2. ***What should be credentialed from the company perspective?***

- Third-party liability insurances, MCR background checks, immunisation records, and general "fit for work" requirements for employees should all be managed by the employer as part of the employment contract, with the employer having the right to audit when necessary
- The Hospital accreditation standards of *Safety and Quality Improvement Guide Standard 1: Governance for Safety and Quality in Health Service Organisations*
- ISO 9001 and were also mentioned as a quality management system already in place by larger companies.

3. ***What should be credentialed from the MCR perspective?***

- Specialist product training, healthcare access training, patient confidentiality statements, and immunisations should be credentialed by the MCR employer
- The company "HR team" would play a vital role
- Some training and certification may already be addressed in ISO 9001.

4. ***What measures need to be put in place to ensure confidentiality of MCR records required for credentialing by the third-party vendor credentialing providers?***

- All records would be managed by the employer, just as other confidential employee records are managed
- The healthcare facility would have the right to audit a company to check that MRC and company records were in place.

5. ***What falls outside the scope of credentialing requirements?***

- Vendor access falls outside of the scope of credentialing, and is the responsibility (and cost) of the healthcare facility.

6. ***Who should accredit the vendor credentialing companies, and how should this be managed?***

- This returned the discussion to the question: do we need third-party vendor credentialing?
- The overall agreement was that as a healthcare facility currently manages everything with their preferred suppliers through their tenders and contracts, and then third-party vendor credentialing providers are unnecessary
- However, if they were deemed to be required as a result of the Standard, a vendor credentialing company would need to be accredited by an accrediting body (such as JAZ-ANZ or NATA).

Outcomes

The majority agreed that there is a clear need for a *Vendor Credentialing Standard*. Patient safety was defined as the most important aspect of the scope. It was emphasised that if a Standard (or another solution) is not created to address vendor credentialing, then it will be managed commercially without the patients' wellbeing at the forefront of the decision, but rather as an ad hoc, inconsistent process with unnecessary red tape and costs that will need to be met.

Recommendations

1. A project proposal on vendor credentialing will be drafted and submitted by a designated proponent, assuming that it meets:
    a. patient needs
    b. healthcare facility accreditation requirements
    c. industry needs
2. The financial support to develop the standard will be met by those who will benefit from and require the standard
3. The forum's participants will continue to provide crucial stakeholder input throughout the process
4. Summary of this meeting to be sent to all invitees attend as an update and inclusion in future discussions and correspondence.

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