

SPECIALTY OF DERMATOLOGY

Delineation of Clinical Privileges

- Criteria for granting privileges:** Current board certification in Dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology.
- Or**
- Successful completion of an accredited ACGME or AOA accredited post-graduate training program in Dermatology and board certification within 5 years of program completion.
- Or**
- Current certification by the American Board of Dermatology and subspecialty certification in pediatric dermatology.
- Or**
- Successful completion of an ACGME accredited post-graduate training programs in dermatology and pediatric dermatology, and board certification within 5 years of program completion.

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having performed the privilege recently and performed it well.

Current clinical competence is assessed prior to granting privileges initially and reassessed when renewing privileges at reappointment.

This should not be confused with either Focused Professional Practice Evaluation (FPPE) or OPPE (Ongoing Professional Practice Evaluation).

- FPPE: an evaluation of clinical competence of all new privileges (as performed at Methodist Le Bonheur Healthcare) after they have been initially granted. This applies to all new applicants as well as to current members applying for new/additional privileges.
- OPPE: "periodic" (more frequent than annually) evaluation of professional practice.

Both FPPE and the current clinical competence assessment are privilege-specific. FPPE is conducted during the period after granting new/additional privileges.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:

- Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Members

- **For active staff members:** MLH source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities.
- **For courtesy staff members with low activity and for certain active staff with activity that has diminished and is now low:** Department chair recommendation should be obtained from their primary facility; and the practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

| Specialty/Procedure Delineation of Privilege Form | Education/Training Documentation for Initial Granting | Initial Application (Proof of current clinical competence) | FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year) | Maintenance Requirements |
|---|--|---|--|--|
| Dermatology Core | Current board certification in Dermatology by the American Board of Dermatology or the American Osteopathic Board of Dermatology Or Successful completion of an ACGME or AOA accredited post-graduate training program in Dermatology and board certification within 5 years of completion. | Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 cases | MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. |
| Dermatology Pediatric Core | Current board certification in Dermatology by the American Board of Dermatology and subspecialty certification in Pediatric Dermatology Or Successful completion of an ACGME accredited post-graduate training program in Dermatology and pediatric dermatology and board certification within 5 years of completion. | Aggregate data from primary practice facility for the previous 12 month time period indentifying the top 10 diagnosis codes and the number of inpatients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. Procedure list from primary practice facility for the previous 12 month time period identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation. | First 5 consults | MLH Data will be obtained for active members when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Courtesy members should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility. |
| <i>Use of Laser</i> | Completion of an approved eight hour minimum CME course which includes training | | First 5 cases | Case log documenting 5 procedures within the previous 24 months |

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|---|---|--|--|--|
| | <p>in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and a minimum of six hours observation and hands-on experience with lasers.</p> | | | |
| <i>MOHS Micrographic Surgery</i> | <p>Training in MMS during residency program in dermatology. Or If the residency program did not include MMS training the applicant must have successfully completed an approved MMS fellowship training program or a formal MMS training program that included preceptorship and proctored initial cases by an experienced MOHS surgeon</p> | <p>Case log documenting the performance of at least 100 procedures within the previous 12 months</p> | <p>First 5 cases</p> | <p>Case log documenting the performance of at least 100 procedures within the previous 24 months</p> |
| <i>Liposuction</i> | <p>Evidence of at least 30 continuing medical education hours covering the indications for, technical aspects of, and post-procedure management of liposuction (if not covered by the applicant's residency training program)</p> | <p>Case log documenting the performance of at least 50 procedures within the previous 24 months</p> | <p>First 5 cases</p> | <p>Case log documenting the performance of at least 50 procedures within the previous 24 months</p> |

Dermatology Core Privilege: Admit, evaluate, diagnose, treat and provide consultation to patients of all ages except as specifically excluded from practice, with benign and malignant disorders of the integumentary system (epidermis, dermis, subcutaneous tissue, hair, nails, mouth, external genitalia and cutaneous glands) as well as sexually transmitted diseases.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- diagnosis and treatment of skin cancers, melanomas, moles, and other tumors of the skin,
- management of contact dermatitis and other allergic and non-allergic skin disorders
- management of cosmetic disorders of the skin such as hair loss and scars and the skin changes associated with aging, including consultation.

The following procedures:

- simple excision and repair
- skin and nail biopsy
- scalp surgery
- skin grafting
- sclerotherapy
- electrosurgery
- collagen injections
- cryosurgery
- dermabrasion

Dermatology Pediatric Core Privilege: Admit, evaluate, diagnose, consult and provide care to infants and children under the age of 13 with diseases of the skin, e.g., infectious, immunologic, and neoplastic diseases.

Access, stabilize and determine disposition of patients with emergency conditions consistent with the Medical Staff policy regarding emergency or consultative services.

Privileges include but are not limited to:

- interpretation of specially prepared tissue sections
- cellular scrapings and smears of skin lesions by means of routine and special (electron and fluorescent) microscopes

Diagnostic and therapeutic procedures permitted include:

- skin biopsy

- nail biopsy
- excision and repair

Special: The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

Administration of moderate sedation: See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists.
Requires: Separate DOP, ACLS, NRP or PALS certification

Dermatology Clinical Privileges

Check below the particular privileges desired in Dermatology for each facility:

Please check (✓) applicable age categories for each privilege requested.

| Privilege Description | Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities | | | |
|--|--|----------------------------------|---|---|
| | Neonates (0-28 days) | Infants (29 days– 2 Years) | Children & Adolescents (2-18 years) | Adults & Adolescents (13 & Above) |
| Dermatology Core | | | | |
| Dermatology Pediatric Core | | | | |
| Special | | | | |
| MOHS Micrographic Surgery | | | | |
| Liposuction | | | | |
| Limitations | Clinical privileges are granted only to the extent privileges are available at each facility. | | | |
| Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility. | | | | |

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

- (a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation
- (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Physician's Signature

Date

Printed Name