



Coalition for Best Practices in
HCIR Standards

January 29, 2013

Ms. Laura Smith
Division of Healthcare Quality Evaluation
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Re: *April 25, 2012, Published Expectations for Non-licensed, Non-employee Individuals*

Dear Ms. Smith:

On behalf of the Coalition for Best Practices in Healthcare Industry Representatives Requirements (Coalition), we applaud the Joint Commission's efforts to ensure that our healthcare system functions as efficiently as possible while providing high quality care to patients. As such, we write to you today to convey our appreciation for and to provide comments on the expectations published on April 25, 2012, by the Joint Commission regarding non-licensed, non-employee individuals in healthcare organizations.

The Coalition is comprised of healthcare stakeholder groups, such as trade associations and individual companies that are impacted by vendor credentialing requirements. It is the mission of the Coalition to streamline the healthcare industry representative (HCIR) credentialing process for all stakeholders, while meeting the common goals of patient safety and confidentiality. It is our objective to achieve these principles through the development of industry recommendations and best practices. Members of the Coalition are committed to open and ongoing dialogue between industry and health care providers to facilitate safe and confidential patient care by ensuring continuing access to advances in medical technology.

The role of the Joint Commission in developing best practices for the standardization of HCIR credentials is critical. As a Coalition we are supportive of the expectations published earlier this year as a meaningful step toward streamlining the credentialing process.

Significant progress toward standardization of HCIR requirements has been made just in the last year. As you may know, in the fall of 2011 the Indiana vendor community and the Indiana Hospital Association developed consensus around recommended data sets and universally accepted credentialing documents for the first time. In June 2012, the Mayo Clinic Supply Chain Management published a white paper on "Standardizing Credentialing Requirements for Healthcare Industry Representatives." We are encouraged by these developments to streamline the credentialing process while providing hospitals with the flexibility needed to ensure patient safety.

The Coalition has developed a working document of "Joint Recommendations" that we respectfully submit for the Joint Commission to review. The attached Recommendations are the product of the work from the Indiana Hospital Association consensus recommendation, the Mayo Clinic white paper, and input from Coalition members. In an effort to reduce inefficiencies and healthcare costs, we are encouraging the healthcare community to support and/or adopt the Recommendations.

We would like to work with the Joint Commission toward refining the Recommendations so that they are thorough and beneficial to the healthcare providers. As such, we have identified where the Joint Commission expectations align with the Coalition Recommendations and areas where there may be outstanding questions or concerns:

1. EC.020101, EP7 is met by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*; Proof of Administrative Credentials. ([Section 6 \(1\)a,b,c, and e.](#))
2. LD.04.01.05, EPs 1 and 3 - As per the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*, healthcare organization-specific policies that are relevant to all HCIRs should be placed in the certification system for HCIRs to indicate they have read the documents, however this should not be construed as acceptance of the document nor would it override any contract terms and conditions between the two parties. A *brief* summary of key information *relevant to the HCIR* and their company is recommended rather than complete policies that are intended for HCO employees. ([Section 6\(2\)g.](#))
3. RI.01.01.01, EP 4 is met by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*; Proof of training on industry-recognized Code of Ethics (Advamed/PhRMA or similar). ([Section 6\(2\)f.](#))
4. RI.01.01.01, EP 5, or Effective Patient Communication, are not currently addressed by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*.
5. RI.01.01.01, EP 7 is met by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*; Proof of Training on HIPAA Guidelines. ([Section 6\(2\)c.](#))
6. IM.02.01.01, EPs 1 and 2 are met by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*; Proof of Training on HIPAA Guidelines and/or proof of Business Associate Agreement (if and only if HCIR meets the definition of a BAA). ([Section 6\(2\)c.](#) and [Section 7\(1\)f](#))
7. RI.01.03.01, EPs 1, 2, and 13 - As per the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*, healthcare organization-specific policies that are relevant to all HCIRs should be placed in the certification system for HCIRs to indicate they have read the documents, however this should not be construed as acceptance of the document nor would it override any contract terms and conditions between the two parties. A *brief* summary of key information *relevant to the HCIR* and their company is recommended rather than complete policies that are intended for HCO employees. ([Section 6\(2\)g.](#))
8. IC.010101, EP 1 is met by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*; Proof of Immunization Credentials. ([Section 6\(3\)a-f](#))
9. LD.04.04.05, EP 1 is met by the *Joint Recommendation for Healthcare Industry Representative (HCIR) Credentialing Requirements*; Proof of Training on the following (depending on HCIRs access level): Blood Borne Pathogens, Operating Room Protocol, Product Training/competency certifications and Product Compliance and Medical Device Reporting (MDR) requirements (as applicable). See also, Section 8. Enforcement. Electrical and Fire Safety Training, as well as knowledge of Patient Safety Goals *are not appropriate for HCIRs*, as they are intended for HCO employees and/or direct caregivers. ([Section 6\(2\)a, b, d, and e.](#) as applicable. [Section 7\(1\) h and i](#))

As indicated above, there are several areas of alignment between the Joint Commission's HCIR expectations and the Coalition's Recommendations. Unfortunately, the continued lack of consistency in the vendor credentialing process hinders the ability of HCIRs to provide critical healthcare products and services in a streamlined manner.

The Joint Commission's leadership on HCIR expectations is a positive step toward understanding the impacts of credentialing on the healthcare sector. To continue this meaningful dialogue, we ask that the Joint Commission use the Coalition as a resource on this important topic and reference the Coalition as the representative organization on the issue of HCIR credentialing moving forward.

Thank you for reviewing our concerns and considering our comments. Please contact Ashley Palmer (703) 838-6113 or Rhett Suhre (847) 938-2024, if you have any questions.

Sincerely,

Ashley Palmer
Coalition Co-Chair
Health Industry Distributors Association

Rhett Suhre
Coalition Co-Chair
AdvaMed

Coalition Steering Committee

Advanced Medical Technology Association
Ambulatory Surgery Center Association
Healthcare Industry Supply Chain Institute
Healthcare Manufacturers Management Council
Healthcare Products Coalition
Healthcare Supply Chain Association
Health Industry Distributors Association
Health Industry Representatives Association
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