

**Briefing Note:**  
**BC MQI - Provincial Practitioner Credentialing and Privileging System  
(CACTUS Software) Implementation**

6 January 2016

**BACKGROUND:**

The BC Medical Quality Initiative (BC MQI) is the new governance and operational framework for the projects established in response to issues raised in the 2011 Cochrane reports *Investigation into Medical Imaging and Credentialing and Quality Assurance* and by the *BC Auditor General Report on the Oversight of Physician Services, February 2014*.

With the movement from the design and development phases into implementation, new structures were established to coordinate and align activity and sustain operations over the longer term. The BC Medical Quality Initiative, a group of committed health care partners, operates on the principle that quality assurance and quality improvement is a responsibility shared by health authorities, professional associations, regulators, and other health partners.

The overarching goal is to develop a coordinated provincial system to improve the existing safeguards for medical staff practice to support quality medical care across BC.

The provision of quality medical care encompasses a range of activities, including

- supportive environments for medical staff to improve the quality of services they individually and collectively provide, and
- mechanisms and systems for health authorities and regulators to provide quality medical care assurances to the public, boards and Ministry of Health.

The suite of projects under the BC MQI includes the Provincial Practitioner Credentialing and Privileging Software System (CACTUS), and the Provincial Privileging Dictionaries.

New processes for credentialing and privileging medical staff were established to address inconsistencies in related business processes and to identify supports required for practice enhancement and professional development activities. This work has been undertaken collaboratively and in consultation with all health authorities, the Ministry of Health, the College of Physicians and Surgeons of BC, the Doctors of BC and other partners who have been involved and informed at each stage of development up to and including launch.

BC MQI's medical lead is Dr. Martin Wale, Interim Executive Vice President and Chief Medical Officer (Island Health) and Georgene Miller, VP Quality, Safety & Outcome Improvement (Provincial Health Services Authority) is BC MQI's administrative lead.

## BC MQI GOVERNANCE STRUCTURE

The governance structure includes three working groups and an oversight committee:

- 1. A quality assurance working group with representation from all the health authorities and regulators with respect to medical staff (physicians, dental surgeons, midwives and nurse practitioners)**

The role of this group is to share information, experiences and practices in order to assure the quality and safety of patient care across all medical practice and to serve as the User Group for the implementation of the Credentialing and Privileging System.

- 2. A physician quality improvement working group with broad representation from the Joint Collaborative Committees, the UBC Practice Improvement Hub as well as other partners**

This group coordinates and shares information and experiences in support of lifelong learning for physicians, maintenance of competencies and promotion of continuing professional development.

- 3. A multi-professional quality improvement working group with representation from health profession associations and several physicians from the physician quality improvement group**

This group brings relevant organizations together to share information and experiences on inter-professional team-based models of care to support the delivery of the best possible patient-centered care and positive health outcomes.

- 4. A Medical Quality Oversight Committee (MQOC)**

Periodically the co-chairs of these three groups come together as the Medical Quality Oversight Committee (MQOC) to identify gaps, share successes and strategies, and address opportunities and barriers that fall between organizational boundaries.

Additionally, a task group (under the MQOC) has been established to develop an overarching framework and criteria for the review, refresh and any new development requirements for the privileging dictionaries.

### CURRENT STATE:

Much of the current emphasis for the BC MQI and the Quality Assurance Working Group is the implementation of the new Credentialing and Privileging business processes and the CACTUS software system. Given the sensitivity of the new privileging processes, this is the main focus of this briefing note.

In parallel, the Quality Improvement Working Groups recognize that quality medical care is the professional responsibility of self-regulated professionals.

There is intent to undertake a comprehensive environmental scan of the physician and team-lead QI context and landscape in BC. These groups are also aware of the desired interplay between QA and QI activities at the individual, team and system levels.

The core of the CACTUS software system was launched in the spring of 2015. Additional modules and business processes related to privileging went live in late November 2015. New medical practitioners are using this latest phase (AppCentral) to submit their appointment applications. Eventually all medical practitioners will use this system for their reappointment application. Each health authority will determine when the system will be used for its reappointments. Given the operational priorities in health authorities these dates will vary throughout the province. The working schedule is attached in Appendix F. It is anticipated that all health authorities will be using the new system for appointments and reappointments by the end of 2016.

The new credentialing and privileging system also introduces 62 Privileging Dictionaries. These dictionaries provide consistent benchmarks for medical leaders to use as a basis for privileging conversations with their medical staff regarding how current experience is with the various procedures and practices they wish to perform.

More than 300 medical professionals and subject matter experts from various organizations across BC developed these dictionaries over the last three years. It is anticipated there will be some modifications to the dictionaries over time. However, until reviews begin in 2016 they are 'frozen' and will remain unchanged until the review and refresh framework is finalized and implemented. See Appendix G and H.

#### DICTIONARY TASK GROUP - REVIEW & REFRESH FRAMEWORK

A task group chaired by Dr. Becky Temple (Northern Health) and including previous co-chairs from the privileging panels and representatives from the BC MQI working groups is established. The task group will make recommendations to the Medical Quality Oversight Committee on key components of the framework for review and refresh of the privileging dictionaries. Their work will be completed by April 30, 2016. The objectives of this group include:

- establishing criteria for prioritizing the current 62 dictionaries for 'waves' of review and refresh;
- establishing rationale and criteria for method of review and refresh;
- identifying requirements for development of new dictionaries;
- confirming the pathway and escalation processes for areas of sensitivity and high risk impact;
- identifying resource requirements and recurring funding to support review and refresh activity;
- suggesting processes to support the BC MQI Office in responding to and managing emerging dictionary issues;

- establishing appeal and dispute resolution processes; and
- supporting the communications strategy by identifying key messages to communicate to medical staff relating to the dictionaries.

Any member of the medical staff can request a review or change to a dictionary by completing a change request form (see Appendix I).

#### SECURITY AND PERSONAL INFORMATION

The first time a physician or other medical practitioner applies for reappointment, the CACTUS software system will save and pre-populate information for future reappointments. Core information (name, license details, CMPA membership, and references) will be viewable across all BC health authorities. Other information, such as that relating to Department, is specific to the health authority awarding privileges. This has been done to facilitate the process for those applying for privileges in more than one health authority, and save duplicate data entry. This use is covered under Sections 33.1(1)(e)-(i) of the Freedom of Information and Protection of Privacy Act (FIPPA).

#### FOR MORE INFORMATION

Given the responsibilities and accountabilities of the health authorities relating to the ownership and implementation of all elements of the CACTUS Software System and associated Credentialing and Privileging business processes, it is intended that any questions concerning the system or business processes be first directed to the relevant medical department head or Medical Affairs office staff. In order to track, prioritize, respond and resolve issues as they arise, it is important to maintain close communications with the BC MQI Office. We request, therefore, that regardless of whether or not the medical staff office is able to resolve the issue, a form (see Appendix I) be completed and submitted online to the BC MQI Office. This is an important step to keep current of province-wide experiences with the changes being introduced.

#### ADDENDUMS:

- A. [Current members and terms of reference of the Medical Quality Oversight Committee \(MQOC\) and BC MQI Working Groups](#)
- B. [BC MQI Office - Organizational Chart and Overview of Roles](#)
- C. [Business Leads - Credentialing and Privileging Project](#)
- D. [Communications and Change Management Leads - Credentialing and Privileging Project](#)
- E. [Credentialing and Privileging Reappointment Timelines 2015-16](#)
- F. [Privileging Dictionary Feedback Pathway for Review and Escalation](#)
- G. [Current members and terms of reference of Privileging Dictionaries Task Group](#)
- H. [Privileging Dictionary Change Request Form](#)
- I. [Glossary](#)