

**STATEMENT**  
**for the Record**  
**of the**  
**American Medical Association**  
**to the**  
**Subcommittee on Oversight and Investigations**  
**of the**  
**Committee on Veterans' Affairs**  
**United States House of Representatives**  
**Hearing on**  
**VA's PROCEDURES FOR BACKGROUND CHECKS AND CREDENTIALING**  
**March 31, 2004**

The American Medical Association (AMA) is pleased to submit this statement for the record regarding the important issue of screening requirements for verification of professional credentials. Medical staff credentialing is generally a standardized process, and is regulated by state and federal laws and regulations. It requires primary source verification of an applicant's background, such as medical education, state licensure, and certification to determine his or her eligibility for medical staff membership and/or obtaining hospital privileges. The credentialing process is applicable to all physicians and other independent practitioners seeking clinical privileges regardless of whether they also seek or hold medical staff membership.

Our statement focuses on the AMA's Physician Masterfile (also known as the AMA Physician Profile), a well-established, reliable and cost-effective credentialing system that is widely used by hospitals and institutions, as well as health plans, to check on the qualifications of physicians, osteopaths and physician assistants. A majority of Department of Veterans Affairs' (DVA) hospitals utilize the Masterfile for their credentialing checks. The AMA is very pleased that the General Accounting Office recently concluded that there were no major problems with the credentialing of physicians in DVA facilities.

The AMA's Physician Masterfile was established by the AMA in 1906, in response to the need for a comprehensive biographic record of all US physicians. From the beginning, except for current practice data provided by the physician, all information on the Masterfile has been obtained or verified through those institutional sources that confer

credentials. Appropriate use of the Masterfile meets selected credentialing standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Masterfile includes current and historical data on all physicians, including AMA members and nonmembers. The Masterfile data span the continuum from undergraduate medical education through practice and comprise databases of 125 medical schools accredited by the Liaison Committee on Medical Education (LCME); 7,900 graduate medical education programs and 1,600 teaching institutions accredited by the Accreditation Council for Graduate Medical Education (ACGME); 820,000 physicians; and 19,000 medical group practices.

Masterfile data are collected on all doctors of medicine (MDs) in the United States who have completed or are completing requirements to practice medicine and on U.S.-trained physicians who are temporarily located overseas. Doctors of osteopathic medicine (DOs) who are members of the AMA, have enrolled in or completed residency training programs accredited by the ACGME, have been licensed or have had disciplinary actions taken by state licensing agencies, or have specifically requested that they be listed also are included.

The Masterfile also includes data on graduates of foreign medical schools who reside in the United States and who have met the educational and credentialing requirements necessary for recognition as physicians. Data on international medical graduates (IMGs) are included in the Masterfile when IMGs enter residency programs accredited by ACGME. The Masterfile also includes data on IMGs who are licensed to practice medicine but who have not entered ACGME-accredited programs and on physicians licensed to practice medicine in the United States but who are temporarily located abroad.

Physician records are never removed from the AMA Physician Masterfile, even in the case of a physician's death. The AMA maintains information on more than 130,000 deceased physicians. These data are shared with other organizations and agencies that credential physicians and are used to identify individuals who attempt to fraudulently assume the credentials of deceased physicians.

The AMA Physician Profile Service provides computerized printouts (e.g., "profiles") of individual physician records derived from the AMA Physician Masterfile to state licensing agencies, hospitals, group practices, managed care organizations, physician recruiters, and other organizations for the purpose of facilitating the credentials verification process. All of the information contained in the Profile is obtained from or verified with primary sources and is continuously updated. A more detailed description of how these primary source data elements are collected, maintained and verified is provided below.

## **Medical Schools**

A Masterfile record is created when individuals enter medical schools accredited by the LCME or, in the case of IMGs, upon entry into ACGME-accredited programs. The AMA Medical Student File is updated annually through freshman matriculation,

graduation and change of status reports. These data are provided and certified to the AMA by each medical school director, unless by exception, a student does not pass from years 1, 2, and 3 on schedule. The AMA receives the full name of each student, his or her school address, year and place of birth, gender, an indication if he or she has received a degree, did not receive a degree or is currently enrolled, and actual or expected year of graduation directly from each U.S. medical school.

Information received from LCME-accredited Canadian schools is stored electronically and is added to the file if the physician moves to the U.S. Graduation reports prepared by the osteopathic schools are supplied to the AMA by the American Osteopathic Association. This information is used to initiate a record on the AMA's medical student file. A unique record identifier, the medical education number (ME), is assigned to the record when the student enters medical school and can remain unchanged throughout that individual's career. Students are tracked for as long as it takes them to complete their undergraduate medical education.

### **Post Graduate Medical Training Programs**

Each year the AMA conducts the Survey of Graduate Medical Education (GME) Programs. Approximately 7,900 ACGME-accredited programs receive the electronic survey. Also surveyed are some 239 programs that offer medical specialty board-approved "combined specialty" programs. The survey collects data on over 97,000 individual residents in graduate medical education programs and is used to update physician records in the AMA Physician Masterfile.

The annual method of collecting this data begins in mid-May when the AMA receives the names of approximately 13,000 graduating medical students and their placement in residency programs from the National Residency Matching Program (NRMP). Information on current residents received from the residency program director in prior years as well as the NRMP data is then used to create the data diskette used in the survey process. The survey is sent to the program directors through a secure, password protected online application. The data included is the most recent information the AMA has on the program itself and its respective residents. Program directors are asked to verify or update the data on each record as appropriate and add any residents in their program whose records are not included.

The data collected via the survey includes the following variables: demographic information to ensure a match; year in program; post-graduate year; successfully completed training in the specialty/did not successfully complete training in the specialty; and reason for leaving, if applicable. The AMA maintains the sponsoring institution name rather than the clinical site or participating site, and that is what appears on the profile. Training segments that have not been successfully completed at a particular institution will have an "incomplete" heading next to them on the AMA Physician Profile. The completed surveys generally start to return to the AMA in mid-July, and the required return date is September 30th. Approximately one week after the due date, the staff follows up with phone calls to those programs that have yet to respond. As the

surveys are returned, they are uploaded to the AMA Physician Masterfile. Ninety-five percent of the responses to the survey are completed by December.

Recently, several changes have been implemented to improve the currency and double-check the quality of the data collected through the survey. For example, changes to the actual processing mechanism of the annual GME Survey system have resulted in greatly improving how current the data is. A follow-up mailing process has also been developed to acquire information from non-respondent institutions to the survey, non-accredited training programs, and those physicians with no known current medical training.

Systems have been designed to ensure 100% resolution of all records received from the survey, including unidentified U.S. graduates and IMGs who are in unaccredited programs or have not been certified by the Educational Commission for Foreign Medical Graduates (ECFMG). Quality assurance programs have been developed to compare the survey response and the data already included in the Masterfile and resolve differences.

### **State Licensing Agencies**

The state licensing agencies issue approximately 45,000 licenses per year. Each of the 67 state medical and osteopathic boards provides the AMA with data on an ongoing basis. Licensure data is obtained on a monthly basis for 60% of the boards while the other 40% provide data on a bi-monthly, quarterly, or semi-annual basis. Most of the state boards provide the degree (MD/DO); the date the license was initially granted; the expiration date (approximately 95% of all records have expiration dates); licensure status (active, inactive, denied or pending); and the licensure type (unlimited, limited or temporary). The "Last Reported" date is included on each profile to reflect the last time that data pertaining to that record was provided to the AMA from the individual licensing board.

### **State Disciplinary Actions/Federal Sanctions**

The AMA processes disciplinary action reports received directly from the state medical boards and osteopathic boards, as well as from the U.S. Department of Health and Human Services in relation to Medicare and Medicaid sanctions. The AMA flags the physician's file with a star that appears on the physician's profile. A record is flagged if a license has been revoked, suspended, surrendered or has a stipulation of a disciplinary nature. For historical purposes, flags are never removed from the Masterfile. Over 300 physician records are flagged each month. The Profile refers the user to the state agency that took the action for further information.

### **Educational Commission for Foreign Medical Graduates (ECFMG)**

Graduates of international medical schools (IMGs) who are residing in the United States generally are incorporated into the Masterfile upon entry into an ACGME-accredited program of graduate medical residency training. Background information is supplied to the AMA by the ACGME-accredited programs and by the ECFMG. ECFMG certification provides assurance to directors of ACGME-accredited residency and

fellowship programs that graduates of foreign medical schools have met minimum standards of eligibility required to enter such programs. ECFMG certification is also a prerequisite for licensure to practice medicine in most states and is one of the eligibility requirements to take Step 3 of the U.S. Medical Licensing Examination.

### **American Board of Medical Specialties**

Physicians certified by member boards of the American Board of Medical Specialties (ABMS) are reported to the AMA by the ABMS. The ABMS File provided to the AMA includes the following information: the physician's name; the name of the certifying Board or Boards; the certification or subcertification awarded; the certificate type; the date of the original certification, subcertification and any recertification; the date of expiration or revocation of the certification and any recertification; and the last reported date. The AMA records carry only information on board certifications issued by boards that are recognized by the Liaison Committee for Specialty Boards (LCSB). The LCSB is comprised of members from the AMA Council on Medical Education and ABMS member boards.

### **Federal Drug Enforcement Administration**

Federal Drug Enforcement Administration (DEA) Registration status information is updated quarterly. The information includes the DEA registration expiration date. Many states require their own controlled substances registration/license, and the AMA does not maintain this information.

### **Conclusion**

The AMA appreciates this opportunity to provide the Subcommittee with information about how the Masterfile and Physician Profile system work. We would welcome the opportunity to be of further assistance to the Subcommittee as its examination of the VA's credentialing procedures continues.