

STATEMENT ON ECONOMIC CREDENTIALING

Committee of Origin: Quality Management and Departmental Administration

(Approved by the ASA House of Delegates on October 15, 2003, and last amended on October 16, 2013)

The American Society of Anesthesiologists believes that the granting, renewal and termination of medical staff privileges should be based upon quality of professional care considerations only, and should occur pursuant to procedures set forth in the medical staff bylaws. The Society condemns the practice known as “economic credentialing,” by which decisions related to medical staff privileges are based on economic considerations that are unrelated to quality of care.

Economic privileging denotes the practice of granting medical staff privileges based on economic considerations unrelated to clinical quality of care or professional competence. Such profiling may include the conditioning of medical staff privileges on: 1) the making of direct or indirect payments to the hospital, facility, or their agents in amounts that exceed the fair market value of facilities or services provided to medical staff member; or 2) the requirement that members of a particular department of the medical staff accept less than fair market value for the provision of care to patients in the hospital or facility; or 3) the requirement not to provide professional services or hold an ownership interest in a competing hospital, facility, or organization.

The Society asserts:

That anesthesiologists should not, as a condition of medical staff privileges, be compelled to purchase goods or services at more than fair market value or to provide their services at less than fair market value.

That quality of care issues involved in the privileging process should be exclusively dealt with by the medical staff, and that medical staff privileges should be granted, renewed, or terminated only upon the recommendation of the medical staff.

That restrictions on the right to practice at or hold an ownership interest in a competing facility should not be a precondition for the granting of medical staff privileges.