



Position Statement
on
Opposing Financial-Based Credentialing
(Approved by the Board of Directors December 9, 1993:
Amended by the Board of Directors August 5, 2007)

The American Academy of Dermatology is opposed to economic credentialing—defined as the use of economic criteria unrelated to quality of care or professional competency in determining an individual’s qualifications for initial or continuing hospital medical staff membership or privileges and/or for participating in third-party payers’ provider panel. Consequently, the American Academy of Dermatology supports and endorses the pursuit against economic credentialing and is committed to potential restraint of trade claims should they arise.

The American Academy of Dermatology supports the American Medical Association’s efforts to actively oppose economic credentialing by hospitals or health plans and promotes the concept that any willing, qualified physician be allowed access to managed care networks.

Furthermore, the Academy advocates that managed care organizations, public and private third-party payers, government entities, employers, and other healthcare groups adhere to the following principles when designing, developing, and deploying physician profiling metrics and benchmarks.

Seek active involvement, from the start, from practicing dermatologists and their medical specialty associations;

- Make available profile data collection and analysis methodology as well as rationale and findings to dermatologists under review and their medical specialty associations;
- Ensure that any dermatologist profiling be based on valid data collection and profiling methodologies, including establishing statistically significant sample size.
- Acknowledge and disclose all limitations in data sources present in dermatologist profiling;
- Dermatologist profiles must be based on valid, accurate, and objective data, and be primarily for educational purposes;
- Guarantee to the greatest extent possible that dermatologist profiling initiatives shall use standards-based norms derived from widely accepted, dermatologist-developed practice parameters;
- Share dermatologist profiles and any other information that have been compiled related to physician performance with the dermatologist under review;
- Ensure that comparisons among dermatologist profiles shall adjust for patient case-mix, risks, control for physician specialty, and distinguish between the ordering of referring physician and the physician providing the service of procedure;
- Develop and institute effective safeguards to protect against unauthorized use or disclosure of physician profiles; and
- Evaluate on a regular basis the quality and accuracy of physician profiles, data sources, and methodologies.