



ASAM

American Society of Addiction Medicine

Public Policy Statement on Credentialing in Healthcare and Other Licensed Professionals with Addictive Illness

(This is the sixth in a set of eleven policy statements of the American Society of Addiction Medicine addressing Healthcare and other licensed professionals with Addictive Illness)

Background

The appropriate and effective credentialing of healthcare and other licensed professionals is an extensive and necessarily confidential process. In recent years, the credentials verification process related to healthcare and other licensed professionals has experienced increasing centralization with movement toward streamlining the procedure. As a result of this movement, there have been a greater number of agencies charged with various aspects of the credentialing process. The concern; in this multi-layered approach to the granting of hospital privileges, health plan network membership, and related efforts is the sharing of confidential information among a number of diverse agencies potentially involving re-release of information. Such centralized credentialing processes may contribute to an increased likelihood of inadvertent exposure of the healthcare providers' confidential personal medical information (PMI) into the public domain.

The American Society of Addiction Medicine acknowledges the potential value of a formal centralized credentialing process readily accessible to healthcare facilities, organizations, and systems of care. ASAM recognizes the process needs to address areas of public interest while simultaneously respecting the privacy of healthcare and other licensed professionals who have received, are currently receiving, or will be receiving medical treatment. This includes treatment and/or continuing care monitoring of potentially impairing illness by participation in a recognized monitoring program such as a Professionals Health Program (PHP). Given the favorable prognosis for healthcare professionals engaged in treatment and monitoring through a PHP, it would be inappropriate and unethical to deny them the same rights of confidentiality as that provided the general public experiencing similar illnesses (see *Public Policy Statement #7; Confidentiality in Healthcare and other Licensed Professionals with Potentially Impairing Illness*).

ASAM is concerned the recovering healthcare and other licensed professional may be inappropriately excluded from or denied; clinical privileges, provider panel membership and/or

other credentials to practice when a credentialing decision is based on outdated credentialing information of past behavior occurring during the acute phase of the professional's illness. Information utilized in credentialing decisions should be based on the professional's current level of health and future prognosis. Issues of prejudice, misguided fear and misinformation should never enter into credentialing decisions. When the healthcare and other licensed professional with a potentially impairing illness has entered into a phase of sustained remission of his or her disease state, and there is no evidence of current impairment of functioning; the denial of clinical privileges, provider panel membership, or related issues is without basis. Most importantly, credentialing information must be kept current, confidential and protected.

ASAM is particularly sensitive to the potential public safety issues regarding healthcare and other licensed professionals with any undiagnosed potentially impairing illness such as addiction. ASAM strongly endorses the significant benefits of early detection; qualified evaluations; accurate diagnoses; effective, evidence-based treatment; appropriate chronic disease management; with monitoring and documentation of the status of disease remission. Professionals Health Programs have demonstrated expertise and effectiveness in providing these services. With these recommended proven principles, ASAM reiterates the fact that addiction is a treatable illness. Recovering healthcare and other licensed professionals in remission of a potentially impairing illness and compliant with treatment, case management and monitoring, should receive fair and unbiased review of their credentialing applications.

The American Society of Addiction Medicine recommends that:

- 1) Any credentialing process must be sensitive to the special circumstances of healthcare and other licensed professionals in treatment and recovery from a potentially impairing illness such as addiction and /or psychiatric illness. Such processes should utilize accurate, up-to-date documentation reflective of current status of disease and must be fair, reasonable, unbiased, and performed in good faith.
- 2) All credentialing entities must remain acutely aware that illness does not equate to past or predict future impairment (see Public Policy Statement #2; "*Illness versus Impairment in Healthcare and other licensed Professionals*").
- 3) Credentialing decisions should be confidential and protected from unauthorized disclosure. In the case of an adverse credentialing decision, healthcare and other licensed professionals should have equal rights of appeal utilizing due process and the assurance of fair and unbiased hearings.
- 4) A healthcare or other licensed professional in recovery from a potentially impairing illness, who has demonstrated compliance with all aspects of recommended treatment, should not routinely be the subject of credentialing restrictions based on behavior occurring during the acute phase of illness. This would be contingent on the illness being in remission, stable and having no residual functional impairment potentially impacting the ability of the professional to safely, diligently and responsibly perform their duties.
- 5) Credentialing personnel should be sensitive to and understand that relapse can be a manifestation of the illness. A history of relapse does not equate to evidence of

defiance or functional impairment as evidenced by many other relapsing chronic medical illnesses (see Public Policy Statement #11; “*Relapse in Healthcare and Other Licensed Professionals*”).

- 6) Personal medical information (including treatment and PHP monitoring records) obtained through the course of an investigation by a credentialing and accreditation review board of a healthcare or other licensed professional must meet the same privacy and fiduciary standards of confidentiality as any other privileged and private information learned in the physician/patient relationship as that of the general public in similar circumstances.
- 7) Personal medical information obtained by a credentialing entity should not be disclosed to third parties. Re-release of health records by credentialing entities is unethical and should be prohibited by law in the absence of the appropriate written consent.