VIEWPOINTS

Which Comes First—Credentialing and Privileging in Pharmacy or Pharmacist Provider Status?

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The “which came first, the chicken or the egg?” causality dilemma can be applied to many situations in the advancement of health care and pharmacy practice. Whether the universal acknowledgment and application of credentialing and privileging in pharmacy should precede pharmacists being granted provider status is an issue that the profession should consider during this time of practice evolution.

The pharmacy profession has the opportunity and responsibility to proactively ensure that credentialing and privileging are addressed in all pharmacy practice settings. The Council on Credentialing in Pharmacy (CCP), a coalition of 10 national pharmacy organizations committed to providing leadership, guidance, public information, and coordination for credentialing programs in or relevant to the profession of pharmacy, recently published a resource paper on pharmacist credentialing and privileging.¹

The CCP defines credentialing as the process of granting a credential (a designation that indicates qualifications in a subject or area), and (2) the process by which an organization or institution obtains, verifies, and assesses an individual’s qualifications to provide patient care services. The council defines privileging as the process by which a health care organization, having reviewed an individual health care provider’s credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization.²

Thus, credentialing and privileging are distinct but related processes. Health care providers participating in health plans are required to undergo both a credentialing and privileging process to qualify for participation and payment for services.

Pharmacists and pharmacist patient care services are currently not included in key sections of the Social Security Act (such as Medicare Part B), which determines

eligibility for health care programs. Their absence from Medicare Part B can result in patients not being eligible to use pharmacists’ patient care services. As the profession pursues provider status and the role of the pharmacist on the health care team continues to expand into patient care, there is an increasing need to verify pharmacists’ ability to provide certain services. One way to achieve this is for organizations to develop a process for pharmacist credentialing and privileging. Aligning patient services with credentialing and privileging is a current method used to determine the ability and competency of other types of health care practitioners.³

The pharmacy profession has a tremendous opportunity to be prepared in the area of credentialing and privileging by defining our processes in the various settings where pharmacists practice and provide patient care. Credentialing and privileging in pharmacy will contribute to the benefits provided by these processes currently in place in other aspects of health care such as patient safety, quality improvement, and advancing the health care experience. This aspect of pharmacy practice does not have to be an example of “which came first?” as the profession can and should be prepared in this important and integral step in providing quality health care services to patients.

REFERENCES

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