
Physician Selection Criteria (IPA Development – Screening Discussion)

- 1) The physician must be certified by their professional organization in their discipline.
 - a) Board certified is preferable.
 - b) Board eligible and on track for board certification is the next level of preference.
 - c) Board eligibility (but not on a specific track or program for certification) is the least desirable category.
 - d) Licensed physician with no board eligibility is generally unacceptable.
- 2) The physician must have unrestricted medical staff privileges at a local hospital participating in the system.
- 3) The physician must have unrestricted medical malpractice coverage (appropriate to their specialty) and not in any way rated by the carrier.
- 4) The physician must have appropriate training and privileges for the procedures and admission categories which would normally be associated with their discipline. That is, a cardiologist should have cath-lab privileges, a gastroenterologist should have privileges in the GI lab, a surgeon in surgery, etc.
- 5) The physician should be qualified from the perspective of business suitability for contracting. Specifically, the physician should have a good credit rating and a credit history, and the physician should be eligible for life, health, and disability insurance at standard contracting rates.
- 6) The physician should be in a geographic location suitable to the project.
- 7) The specialty should be one which has a demonstrated need for the system.
- 8) The physician should have a history of contract compliance and demonstrated work ethic commensurate with the anticipated commitment.

Of course, credentialing and background checks should be done along with an on-site visit of the practice and a review of billing and coding.