

Medical Affairs/Quality Management
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OHSU DATA COLLECTION SHEET FOR INFUSION PROVIDERS

Please **TYPE** in all fields then **hand sign** the PDF and fax it to (503) 346-6801 or email it to mso@ohsu.edu

Contact the Medical Staff Office at (503) 494-8014 if you should have any questions

	First	Middle	Last		
Applicant name					
Degree Type					
Primary Practice Location					
Primary Practice Address			Work Phone		
City/State/Zip			Fax		
Home Address			Personal Email		
City/State/Zip			Home Phone		
Date of Birth			SSN		
Practice Specialty			NPI Number		
Medical School Name			Start Date	dd/mo/yr	End Date
Residency Program Name			Start Date	dd/mo/yr	End Date
Fellowship Program Name			Start Date	dd/mo/yr	End Date
Oregon License Number			Issue Date	dd/mo/yr	Exp. Date
DEA Certification Number			Issue Date	dd/mo/yr	Exp. Date
Board Certification			Issue Date	dd/mo/yr	Exp. Date
Board Name					
Board Specialty					
Professional Liability Insurance Company Name					
Insurance Policy Number			Issue Date	dd/mo/yr	Exp. Date
Per Incident Amount			Per Aggregate Amount		

Signature:

Date:

OREGON PRACTITIONER CREDENTIALING APPLICATION
AUTHORIZATION AND RELEASE OF INFORMATION FORM

Modified Releases Will Not Be Accepted

By submitting this application, I understand and agree to the following:

1. I understand and acknowledge that, as an applicant for medical staff membership at the designated hospital(s) and/or participation status with the health care related organization(s) [e.g. hospital, medical staff, medical group, independent practice association (IPA), health plan, health maintenance organization (HMO), preferred provider organization (PPO), physician hospital organization (PHO), medical society, professional association, medical school faculty position or other health delivery entity or system] indicated on this application, I have the burden of producing adequate information for proper evaluation of my competence, character, ethics, mental and physical health status, and other qualifications. In this application, I have provided information on my qualifications, professional training and experience, prior and current licensure, Drug Enforcement Agency registration and history, and applicable certifications. I have provided peer references familiar with my professional competence and ethical character, if requested. I have disclosed and explained any past or pending professional corrective action, licensure limitations or related matter, if any. I have reported my malpractice claims history, if any, and have attached or will provide a copy of a current certificate of professional liability coverage.
2. I further understand and acknowledge that the health care related organization(s) or designated agent would investigate the information in this application. By submitting this application, I agree to such investigation and to the disciplinary reporting and information exchange activities of the health care related organization(s) as a part of the verification and Credentialing process.
3. I authorize all individuals, institutions, entities of other hospitals or institutions with which I have been associated and all professional liability insurers with which I have had or currently have professional liability insurance, who may have information bearing on my professional qualifications, ethical standing, competence, and mental and physical health status, to consult with the designated health care related organization(s), their staffs and agents.
4. I consent to the inspection of records and documents that may be material to an evaluation of qualifications and my ability to carry out the clinical privileges/services I request. I authorize each and every individual and organization in custody of such records and documents to permit such inspection and copying. I am willing to make myself available for interviews, if required or requested.
5. I release from any liability, to the fullest extent permitted by law, all persons for their acts performed in a reasonable manner in conjunction with investigating and evaluating my application and qualifications, and I waive all legal claims against any representative of the health care related organization(s) or their respective agent(s) who acts in good faith and without malice in connection with the investigation of this application.
6. I understand and agree that the authorizations and releases given by me herein shall be valid so long as I am an applicant for or have medical staff membership and/or clinical privileges/participation status at the health care related organization(s) designated herein, unless revoked by me in writing.
7. For hospital or medical staff membership/clinical privileges, I acknowledge that I have been informed of, and hereby agree to abide by, the medical staff bylaws, rules, regulations and policies.
8. I agree to exhaust all available procedures and remedies as outlined in the bylaws, rules, regulations, and policies, and/or contractual agreements of the health care related organization(s) where I have membership and/or clinical privileges/participation status before initiating judicial action.
9. I further acknowledge that I have read and understand the foregoing Authorization and Release. A photocopy of this Authorization and Release shall be as effective as the original and authorization constitutes my written authorization and request to communicate any relevant information and to release any and all supportive documentation regarding this application.

Printed Name:	
Signature:	Date:

I grant permission for the release of the credentials information contained in this practitioner application to the following health care related organization(s):

Modification to the wording or format of the Oregon Practitioner Credentialing Application will invalidate the application.

Professional Board Approval: 8/1/13
Infusion Orders from Outside Providers

Definitions

1. Antineoplastic Class “100”: Classification that requires prescription by an attending or a chemotherapy-credentialed licensed independent practitioner (LIP). This is for medications that are categorized by OHSU’s Pharmacy and Therapeutics (P&T) Committee to be antineoplastic with high neutropenic potential and fatal side effects.
2. Antineoplastic Class “200”: Classification of an antineoplastic agent without provider restriction as categorized by OHSU’s P&T Committee. This classification requires the use of the classified agents to be restricted to patients that have been ruled out for pregnancy, being female and within child bearing potential, or patients with documented absolute neutrophil count of greater than 1000 cells/mm³.
3. Outside Providers: Providers who do not hold clinical privileges at OHSU.
4. Community Infusion Units: Infusion units located off OHSU’s main campus but are operated under OHSU’s Oregon hospital license.

Policy

To support business operations, allow ease of patient access to OHSU community infusion services and protect patient safety, OHSU may accept infusion orders from outside providers only under the following circumstances:

1. If in accordance with OHSU’s Antineoplastic Order Process policy (HC-PHR-103-POL) and OHSU’s High Risk Medications policy (HC-MM-106-RR); and
2. When orders are selected from:
 - a. Antineoplastic Class “100” drugs listed in “Appendix A”; or
 - b. Class “200” Agents listed in “Appendix B”; and
 - c. FDA-approved medications within the scope of the LIP’s practice; and
3. If the outside provider is successfully credentialed via one of OHSU’s approved mechanisms noted below and if the outside provider attests that he/she is responsible for the care of the patient and is acting within his/her scope of practice in Oregon.

Clinical privileges are not required for referral of patients with orders to OHSU’s Community Infusion Units.

Procedure

1. Before accepting any infusion orders and entering them into OHSU’s Epic system, pharmacy/nursing staff will verify that the ordering physician is credentialed via one of the following methods:
 - A. Listing on OHSU’s Medical Affairs Program intranet site which documents all providers who are currently credentialed, and privileged, to provide patient care at OHSU.
<https://www.ohsu.edu/medicalaffairs/psv/credverification.aspx>
 - B. Listing on Legacy Health System’s (LHS) website as a provider who is credentialed, and privileged, to provide patient care at any LHS location.
<https://msow.lhs.org/psv/credverification.aspx>
 - C. Clearance via credentials verification steps, to be done by OHSU’s Medical Affairs Office, as described in #2 below, if the provider does not meet the requirements of options A or B, above.

Orders from outside providers in this category may be denied if the outside physician fails to meet any of the requirements identified in #2 below, and may not be accepted until the Credentials Committee reviews the findings of the Medical Affairs Office and decides to either:

- i. Prohibit the provider from being an ordering practitioner at OHSU, if the finding is deemed to present a clinical risk to OHSU’s patients, or
 - ii. Approve the provider as an ordering practitioner.
2. Clearance via OHSU’s Medical Affairs Office (Option C, above) will include verification of all the following:
 - A. Current, valid MD or DO license in the state of Oregon. The license must not be subject to supervision, probation, monitoring, conditions or limitations.
 - B. Current, valid, unrestricted Drug Enforcement Administration number if ordering controlled substances.

Professional Board Approval: 8/1/13

- C. Successful completion of medical education, residency and/or fellowship training, consistent with the level of practice and specialty in which the provider is licensed to practice.
 - D. Evidence of current board certification in the specialty of practice for which the provider is placing orders, , eligibility for certification if the provider is within a grace period of graduation or other documentation of knowledge and professional competency determined acceptable to the Credentials Committee if not eligible for board certification.
 - E. Clearance of queries via:
 - a. National Practitioner Data Bank
 - b. Office of the Inspector General
 - c. Medicare Exclusion List
 - d. Federation of State Medical Boards, if applicable
 - F. Certificate of Insurance as evidence of current Professional Liability coverage, with limits of at least \$2M/\$4M, per OHSU Risk Management standard.
3. OHSU reserves the right to decline orders from outside providers who are cleared via methods A-C above, if:
- A. Concerns are identified that affect ability to maintain clinical privileges, to practice safely within their training, education and license scope of practice; or
 - B. New sanctions arise that present a risk to OHSU, as determined by OHSU; or
 - C. Clinical practices are identified to be outside OHSU’s acceptable standard of care, as determined by OHSU

Appendix A

Select Class 100 Agents	
Class: Cytotoxic, cell poisons	Class: Unlabeled Biologics
Methotrexate	Rituximab
Cytarabine	

Appendix B

Class 200 Agents	
Class: Hormonal Agents	Class: Genetically Targeted Agents
Abiraterone	Axitinib
Aminogluthethomide	Crizotinib
Anastrozole	Dastinib
Bicalutamide	Erlotinib
Degarelix	Everolimus
Exemestane	Imatinib mesylate
Flutamide	Lapatinib
Fulvestrant	Nilotinib
Goserlin acetate	Pazopanib
Histrelin acetate	Ruxolitinib
Letrozole	Sorafenib
Leuprolide acetate	Sunitinib
Nilutamide	Vandetanib
Raloxifene	Vemurafenib
Tamoxifen	Vismodegib
Toremifene	Vorinostat
Triptorelin panoate	Class: Cytotoxics, cell poisons
	Hydroxyurea
	Class: Imids
	Lenalidomide
	Thalidomide

References

- Antineoplastic Order Process policy (HC-PHR-103-POL)
- High Risk Medications policy (HC-MM-106-RR)