AMERICAN COLLEGE of NURSE-MIDWIVES
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POSITION STATEMENT

Principles for Credentialing and Privileging Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs)

It is the position of the American College of Nurse-Midwives (ACNM) that policy makers who develop language related to the credentialing and privileging of certified nurse-midwives (CNMs) and certified midwives (CMs) should incorporate the following principles:

The bylaws and guidelines of hospitals and other healthcare organizations should reflect the scope of practice of CNMs/CMs as defined by national standards and state laws.

Explanation: CNMs are licensed to practice in all 50 states and the District of Columbia, and CNMs meet The Joint Commission definition of a Licensed Independent Practitioner which is: "an individual permitted by law and by the organization to provide care, treatment, and services without direction or supervision".[1] As of January 2016, certified nurse-midwives are licensed to practice as Licensed Independent Practitioners (LIPs) in most states with some states requiring collaboration for overall practice or prescribing.[1] Hospitals that require direction and/or supervision by physicians of midwives who meet the LIP definition expose these physicians to vicarious liability, limit access to midwifery care, and risk the appearance of conflict of interest. In recognition of the finding by the Institute of Medicine that a team approach to healthcare delivery is a key characteristic of high performing health micro-systems[2] the American College of Nurse-Midwives (ACNM) strongly supports institutional bylaws and guidelines that facilitate consultation, collaboration and referral.

According to The Joint Commission, clinical practice guidelines should be the mechanism designated by healthcare organizations to determine "the circumstances under which consultation or management by a doctor of medicine or osteopathy, or other licensed independent practitioner is required"[1]

Explanation: Clinical practice guidelines need to be in a format that is easy to update as new data become available, and therefore are best developed by each individual midwifery practice in collaboration with its consulting physicians. In crafting this specific practice agreement, these individuals will consider many factors, including the clinical setting in which care is provided and the skills and expertise of the midwives and physicians.

The bylaws and guidelines of hospitals and other healthcare organizations should be written to assure that the midwife is accountable for the care she or he provides and should avoid requirements that create vicarious liability for other health care professionals.

Explanation: Policies that require, or even give the appearance that a physician has responsibility for the actions of CNMs/CMs create significant and unnecessary legal risk. Where

state laws and regulations permit CNMs/CMs to practice as independent practitioners, hospital bylaws should support them so doing, resulting in their being held individually responsible for their actions. Professional liability policies are available to CNMs/CMs to support this practice.

The bylaws and guidelines of hospitals and other healthcare organizations should not require routine physician co-signature on CNM/CM notes or orders in the medical record.

Explanation: Routine requirements for co-signature create significant barriers to care and discourage physicians from entering into collaborative relationships with CNMs/CMs. A co-signature can be misinterpreted to mean that a physician has assumed responsibility for a plan of care. A signature or separate chart entry would be appropriate to document physician concurrence with a plan or co-management of a medical problem.

The Centers for Medicare and Medicaid Services, in its State Operations Manual (Section A-0066 of Appendix A) has made very clear that while the Conditions of Participation require that Medicare patients be under the care of an MD or DO this does not apply to patients of a certified nurse-midwife who are covered by Medicaid or other payers.[3] Specifically, it states that "in a State that permits midwives to admit patients (and in accordance with hospital policy and practitioner privileges), CMS requires ONLY Medicare patients of a midwife be under the care of a doctor of medicine or osteopathy. CMS DOES NOT require Medicaid or other non-Medicare patients admitted by a midwife to be under the care of a doctor of medicine or osteopathy."[3] Medicare regulation at 42 CFR 424.13 specifies that inpatient stays *for Medicare patients* are only paid for if they are certified by a physician to be medically necessary. However, this certification is *only* required if the inpatient stay is 20 days or more in length or results in outlier costs to the hospital. CMS has clarified that the certification, which must be signed by a physician, is distinct from an inpatient admission order, which can be signed by other types of providers (such as CNMs) when permitted by applicable state requirements and hospital bylaws.

The requirements for credentialing, privileging and re-privileging of physicians and midwives as documented in the bylaws and guidelines of hospitals and other healthcare organizations should be equivalent. These should include:

- A reliable, consistent, and timely mechanism to process applications and verify credentials for physicians and midwives

- Comparable risk management policies that address credentialing and granting of privileges, including critical performance indicators, mechanisms for chart review, notification of disciplinary action, and the fair hearing and appeal process.

- Performance monitoring guidelines that reference all LIPs including certified nurse-midwives and/or certified midwives as applicable.

- The expectation of equal involvement of physicians and midwives in the development, implementation, and evaluation of mechanisms for continuous professional practice evaluation.

Requirements for continuous professional practice evaluation should be consistent for the procedures that CNMs/CMs and physicians perform in common and midwives should be included in the development of such guidelines.

Explanation: There is a recent trend in healthcare organizations to develop requirements for a "minimum" number of procedures as a measure of competence. However, there is concern that some such requirements could limit access to care without cause and/or increase the number of unnecessary medical interventions. For example, an organization that requires demonstration of a minimum number of episiotomies in order to re-credential may force a health care professional to perform this procedure on women who do not need the intervention.

Health care institutions should adopt a broad definition of medical or professional staff that does not designate categories of providers, for example, "those practitioners who have been granted appointment to the medical staff of this hospital as well as clinical privileges to attend patients."

Explanation: The quality of the medical staff reflects the degree to which all of its members are committed to supporting quality management activities, and can work effectively as a health care team. Some institutions have created a category for "Associates to the Medical Staff". The category "independent allied health professionals" or one specifically for midwives is also functional. However, the category "dependent allied health professional" is not appropriate, as a CNM/CM's authority to practice is not dependent on the authority of another provider's license.

The delineation of privileges for CNMs/CMs should clearly state that they can admit and discharge patients, and should provide a mechanism for recognizing expanded practices that are distinguished from the standard privileges granted to midwives. CNM/CMs who wish to obtain privileges for expanded practice procedures should do so in a manner consistent with Standard VIII of the *ACNM Standards for the Practice of Midwifery*[4] and the *Expansion of Midwifery Skills and Practice Beyond Basic Core Competencies Position Statement ACNM*.[5]

Explanation: Standard privileges reflect the clinical skills and judgments described in the *ACNM Core Competencies for Basic Midwifery Practice*[4], which are expected of all CNMs/CMs. Some midwives may choose to expand their practice by acquiring additional clinical skills or procedures e.g., vacuum assisted birth or circumcision.[5]

The degree of specificity of practice related documents should be inversely proportional to the degree of difficulty required to change the document.

Explanation: The content of hospital and medical staff bylaws, which can take months to change, should be very general. Department guidelines should be more specific, but should also include criteria for exceptions in the case of emergent patient and/or provider needs. Clinical practice guidelines, which can be changed quickly as new evidence dictates, are the appropriate venue for a greater degree of specificity.

References:

1. The Joint Commission. Accreditation Standards Book. Published January 2016 http://www.jcrinc.com/2016-accreditation-standards-books/
2. Institute of Medicine Committee on Quality of Healthcare in America. *Crossing the Quality Chasm: A New Health System for the 21st Century* Published 2001.
3. Center for Medicare and Medicaid Services- State Operations Manual Section A-0066 of Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals file:///Users/ruthcnm/Dropbox/ACNM/Clinical%20practice%20section/som107ap_a_hospitals.pdf
4. The American College of Nurse Midwives. *Standards for the Practice of Midwifery*. 2011 Retrieve on June 14, 2016 from: http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000051/Standards_for_Practice_of_Midwifery_Sept_2011.pdf
5. The American College of Nurse Midwives. *Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies* 2015 Retrieved on June 14, 2016 from: http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000066/Expansion-of-Midwifery-Practice-June-2015.pdf

* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC).

Source: American College of Nurse-Midwives
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