

**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO  
AUDIT & ADVISORY SERVICES**

**New Physician Onboarding  
Project 21-047**

**June 2021**



University of California  
San Francisco

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June 22, 2021

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**SUBJECT: New Physician Onboarding, Project #21-047**

As a planned internal audit for Fiscal Year 2021, Audit and Advisory Services (“A&AS”) conducted a review of the processes surrounding the onboarding and integration of new providers. The purpose of this review was to evaluate the processes surrounding onboarding and integrating new physicians (UCSF and affiliates physicians) for effectiveness and compliance with policies and procedures.

Our services were performed in accordance with the applicable International Standards for the Professional Practice of Internal Auditing as prescribed by the Institute of Internal Auditors (the “IIA Standards”).

Our review was completed and the preliminary draft report was provided to department management in May 2021. Management provided final comments and responses to our observations in June 2021. The opportunities for improvement and our recommendations have been discussed with department management.

This report is intended solely for the information and internal use of UCSF management and the Ethics, Compliance and Audit Board, and is not intended to be and should not be used by any other person or entity.

Sincerely,

Irene McGlynn  
Chief Audit Officer  
UCSF Audit and Advisory Services



## EXECUTIVE SUMMARY

### I. BACKGROUND

As a planned audit for Fiscal Year 2021, Audit & Advisory Services (A&AS) conducted a review of the processes surrounding the onboarding and integration of new providers.

Onboarding new physicians is a complex process, involving coordination among internal groups (the physician's home department, Office of Medical Affairs and Governance (OMAG), and Human Resources), several committees (Credentials Committee, Executive Medical Board, and Governance Advisory Council) and external parties.

Example of tasks for onboarding new physicians include:

- **Credentialing:** The process of obtaining, verifying and assessing the qualification of a practitioner to provide care or services for a health care organization. Credentials are documented evidence of licensure, education, training, experience, or other qualifications. OMAG personnel process credentialing applications for all healthcare practitioners practicing within the UCSF Medical Center, Langley Porter Psychiatric Hospital, and Clinically Integrated Network contract providers.
- **Privileging:** The process where a specific scope and content of patient care services are authorized for a practitioner by an organization, based on their credentials and performance.
- **Health Plan Enrollment:** The process of ensuring that all UCSF billing providers, including clinical affiliates are appropriately and accurately credentialed and enrolled into all commercially contracted health plans, Medicare, Medi-Cal and Tricare.
- **Department administrative tasks:** Initiate process to obtain ID badge and establish building access, request active directory accounts and ordering lab coats and computers.
- **University Appointment:** Faculty appointment or Management and Senior Professional (MSP) Staff Physicians appointment with concurrent Without Salary appointment.

### II. AUDIT PURPOSE AND SCOPE

The purpose of this review was to evaluate the processes surrounding onboarding and integrating new physicians (UCSF and affiliates physicians) for effectiveness and compliance with policies and procedures. The scope of the review covered physicians added during the period January – June 2020.

Procedures performed as part of the review included:

- Interview of OMAG and HR personnel regarding onboarding processes;
- Analytical reviews of timelines to evaluate applicant credentials and onboard new providers (for both OMAG and HR); and
- Identification of any changes and challenges encountered due to implementation of work-from-home (WFH) directives.

For more detailed steps, please refer to Appendix A.

Work performed was limited to the specific activities and procedures described above. As such, this report is not intended to, nor can it be relied upon to provide an assessment of compliance beyond those areas specifically reviewed. Fieldwork was completed in April 2021.

### III. **SUMMARY**

Based on work performed, OMAG's procedures to verify applicant credentials and onboard providers appear to be completed as required and follow the appropriate sequence. Also, OMAG's processes are sufficient to help ensure that providers are enrolled in health plans in a timely manner.

During the course of our review, OMAG was conducting a comprehensive review of their operations – looking for opportunities to merge provider credentialing and payor enrollment processes (as is done in other academic institutions). The expectation is this combination of workflows will provide an enhanced provider and staff experience, as the team is able to work collectively.

Additionally, OMAG appeared to be well equipped to adjust to work-from-home (WFH) status. Management had employed some telecommuting procedures prior to the pandemic and had these in place when the WFH directives were implemented. Our analysis found there was no appreciable difference between the timeline for onboarding physicians prior to or after institution of WFH directives (see Appendix B for details).

Human Resources (HR) provides departments with expectations of the processing time for faculty appointments (depending on series and rank, 2-12 months) and Management and Senior Professional (MSP) Staff Physicians appointments (3-4 months). Generally, appointments are processed within these timeframes. HR also provides training on the appointment processes (most recently in May 2021) to help provide tips, timelines, and guidance for a smooth appointment process.

An opportunity for improvement exists in the area of enhancing tools and integrating information from multiple units to facilitate the new physicians onboarding process. See Section IV for detailed observation and recommendation.

**IV. OPPORTUNITIES FOR IMPROVEMENTS**

No.	Observation	Risk/Effect	Recommendation
1	<p><b><i>Consider enhancing tools and integrating information from multiple units where possible to facilitate the new physicians onboarding process and to meet necessary requirements and timeline. As no one single reference source exists specifying all of the onboarding information required from new physicians or department managers all necessary tasks may not be completed timely; additionally, frustration may result from perceived inefficiencies in the process.</i></b></p> <p>Onboarding new physicians is a complex process, involving coordination among internal groups (the physician’s hiring department, Office of Medical Affairs and Governance (OMAG), and Human Resources) and external parties. Some tasks are performed in sequence while others can be carried out along parallel paths.</p> <p>OMAG has posted general timelines for the Applicant Responsibilities on their website. The guidelines also list Department/Clinic/Affiliated Group Expectations. Additionally, OMAG has developed a calculator to help set expectations by laying out a timeline, based on provider’s anticipated start date and has a dashboard, UC-Me for stakeholders to view the status of applications. Finally, prior to the implementation of work from home directives, OMAG hosted quarterly in person forums to discuss relevant processes, systems, and timelines.</p> <p>HR has developed and disseminated clear guidelines to set timeline expectations and has provided training on these guidelines. These guidelines include lead time suggestions for different types of academic appointments and Management and Senior Professional Staff Physicians appointment. The guidelines also include some additional factors that may prolong the timeframe (e.g., visa requirements and associated challenges), and, while HR is responsible for the packet and shepherding it through the approval process, there are required tasks performed by functions outside of HR (e.g. the Dean &amp; Vice Provost approval process and external items such as references).</p> <p>1. While OMAG and HR each provide timeframe guidelines for onboarding physicians, there is no crosswalk between the two to show all actions along a single timeline for hiring departments and providers.</p>	<p>Not sufficiently understanding all the steps required to onboard an applicant may potentially lead to missed deadlines of required actions and new physicians may be missing access and items essential to their work (e.g., E-prescribing, Badge access to buildings and rooms, Access to Pulse (VPN), Lab Coat. UCSF ID, and UCSF email address) as they start work.</p> <p>Additionally, as the time required to onboard physicians may not be clear to managers of departments with less hiring experience, new physicians may have to be first hired under a temporary appointment in order to expedite the process, requiring the completion of a second hiring packet. Two out of 70 (3%) of new physicians onboarded in the sample tested required both a temporary and permanent appointment.</p> <p>Finally, as stakeholders are unable to discern the status of</p>	<p>OMAG and HR management should evaluate presenting integrated timelines and expectations to help ensure that new hires have fully met needs upon their start date.</p> <p>Key stakeholders in the onboarding process should collaborate to identify required actions for onboarding and leading practices.</p> <p>OMAG should consider restarting the quarterly forum in a virtual format.</p> <p>To help enable transparency into the process for onboarding providers and departments, management should evaluate integrating systems or</p>

No.	Observation	Risk/Effect	Recommendation
	<p>2. Items like lab coats, badge access, email addresses, etc. are not included on these guidelines, as they are outside the purview of either OMAG or HR. An analysis of 263 new physicians onboarded during the period January – June 2020 found that some did not have a UCSF ID (5%, or 14 out of 263) or UCSF email address (1%, or two out of 263) by their first day.</p> <p>3. Systems are not sufficiently integrated to provide stakeholders visibility into the onboarding workflow. The Department of Medicine developed an online portal (TAO: Tool for Academic Onboarding, implemented on 3/1/2021) to consolidate all onboarding requirements in one site, allowing faculty to see what requirements remain; however, the tool is not used by any units outside of the Department of Medicine. The tool itself also has limitations: it does not integrate with other systems, actions are taken in outside systems, and there is no feedback from those systems into TAO to provide real-time information on tasks completed and remaining.</p>	<p>the pending application, required access requests may not be initiated timely, and dissatisfaction with process may result.</p>	<p>leveraging existing tools by including information from other departments to provide a more complete answer as to where a new provider is in the process and what process improvement opportunities exist.</p>

**APPENDIX A**

To conduct our review the following procedures were performed for the areas in scope:

- Reviewed governance, policies and procedures of new provider onboarding (including health plan enrollment).
- Discussed onboarding processes with OMAG and HR personnel.
- Inquired how these processes have changed due to implementation of work from home directives.
- Obtained a listing of the population of providers onboarded between 1/1 – 6/30/2020.
- Validated that appropriate onboard procedures were followed when necessary and in the appropriate sequence.
- Prepared an analytical review of the timeline to evaluate applicant credentials and onboard new providers for the population.
- Obtained suggested onboarding lead times from OMAG and HR and reviewed for completeness and expectations for timeframe.
- Compared suggested onboarding lead time to onboarding timeframe from data analytics and reviewed for root cause of noted delays.
- Stratified the population to compare those onboarded prior to 3/1/2020 and those completed on or after 3/1/2020, to evaluate the effect work from home directives had on the physician onboarding process.
- Compared health plan enrollment dates with Governance Advisory Council approval dates for the population and reviewed for enrollment dates outside of established timeframes.
- Reviewed the timeliness of badge and active directory access for the population.

**APPENDIX B**

## Physician Onboarding Data Analysis

We obtained a listing of providers onboarded between 1/1 – 6/30/2020. We calculate the time required to onboard physicians (from the date OMAG received initial notification from the department to the date of Governance Advisory Council (GAC) approval). Additionally, we stratified the population between those completed prior to 3/1/2020 to those completed on or after 3/1/2020, to evaluate the effect work from home directives had on the physician onboarding process.

Of the 174 items in the population, GAC approval took 109 days on average. This is within the timeframe OMAG suggests for applications to be approved (2 – 6 months).

Of the 174 items reviewed, 26 received GAC approval before 3/1/20. On average, these took 105 days for GAC approval. For 148 items completed on or after 3/1/20, they averaged 110 days for GAC approval. There was no appreciable difference between the timeline for onboarding physicians prior to or after institution of work from home directives.

	<b>Total Population</b>	<b>Completed Prior to 3/1/2020</b>	<b>Completed On or After 3/1/2020</b>
MINIMUM	34	45	34
MAXIMUM	291	283	291
AVERAGE	109	105	110
COUNT	174	26	148