



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
RHEUMATOLOGY
SPECIALTY OF INTERNAL MEDICINE AND SPECIALTY OF PEDIATRICS
DELINEATION OF PRIVILEGES**

Print Name _____

	YES	*	NO	I have participated in direct patient care in the hospital setting and/or outpatient practice setting within the past two (2) years.
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***If the answer is “No”, please do not complete this form. Contact the Medical Staff Office at (704) 355-2147 for additional instructions regarding the required proctoring process.**

- Initial appointment** **Reappointment** **Updated DOP** **Request for Clinical Privileges**

To be eligible for core privileges in Adult Rheumatology (CRHE-1), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Rheumatology by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) the applicant must:
 1. Provide documentation of successful completion of an ACGME or the AOA accredited Rheumatology Fellowship training program within the past five (5) years; **AND**
 2. Verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

- If the applicant is currently subspecialty certified in Rheumatology by the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM), the applicant must:
 1. Must be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty-four (24) rheumatology patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
 1. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least twenty-four (24) cases which include the diagnose and management of rheumatic diseases, musculoskeletal disorders and Osteoporosis cases that you have managed in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

REFERENCE ONLY

- Carolinas HealthCare System Kings Mountain applicants may be eligible for Core Rheumatology privileges by meeting the following qualifications:
 1. Demonstrate sufficient experience in Rheumatology skills to safely undertake the full spectrum of Rheumatology procedures. Experience must include evidence of current clinical competence during the past two (2) years. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

To be eligible for core privileges in Pediatric Rheumatology (CRHE-2), the applicant must meet the following qualifications:

- If the applicant is not currently subspecialty certified in Rheumatology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
 1. Provide documentation of successful completion of an ACGME or an AOA accredited Pediatric Rheumatology fellowship training program, within the past five (5) years; **AND**
 2. Provide verification from the fellowship program director that the Applicant successfully completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
- If the applicant is currently subspecialty certified in Pediatric Rheumatology by the American Board of Pediatrics (ABP) or the American Osteopathic Board of Pediatrics (AOBP), the applicant must:
 1. Be able to demonstrate that he/she has provided inpatient or consultative services for at least twenty-four (24) pediatric rheumatology patients during the past two (2) years in an accredited hospital or healthcare facility; **OR**
 1. Provide documentation from the Applicant's outpatient practice setting that he/she has provided outpatient or consultative services for at least twenty-four (24) cases which include the management of Rheumatoid Arthritis; collagen diseases, athletic injuries that you have managed in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Applicant's peers that refers patients to Appointee.

Print Name _____

NOTE 1: Physicians must apply for “CORE” privileges in order to be eligible for clinical privileges in the specialty of Rheumatology at any facility within Atrium Health.

NOTE 2: “CORE” privileges cannot be amended or altered in any way.

NOTE 3: If general Internal Medicine or general Pediatric Privileges are required, please request the appropriate additional Delineation of Privileges Forms.

NOTE 4: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ADULT RHEUMATOLOGY CORE PRIVILEGES
			N/A							CRHE-1	Privileges to evaluate, diagnose, treat and provide consultation to patients of all ages, except where specifically excluded from practice, with diseases of the joints, muscle, bones and tendons including but not limited to arthritis, back pain, muscle strains, common athletic injuries, and collagen diseases. Privileges also to include the diagnosis, care and management of disorders categorized generally as collagen vascular disorders and all types of inflammatory vasculitis, to include arteritis, venulitis and capillaritis.

Adult Rheumatology Core Privileges include, but are not limited to performance of history and physical exam, diagnostic arthroscopy, diagnostic aspiration of joints and interpretation of synovial fluid studies, nailfold capillary microscopy, intra-articular administration of flucocorticoids, therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and entheses; infectious/antimicrobial therapy; perform bone density test.

Maintenance Criteria for Continued Privileges (CRHE-1):

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of ten (10) inpatient consultations within the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee’s peers that refers patients to Appointee.
- OR**
1. Provide documentation from the Appointee’s outpatient practice setting of at least twenty-four (24) cases which include the diagnose and management of rheumatic diseases, musculoskeletal disorders and Osteoporosis cases that you have managed in the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee’s peers that refers patients to Appointee.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	ADULT RHEUMATOLOGY SPECIAL PRIVILEGES	Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							Must apply for and maintain Adult Rheumatology Core Privileges (CRHE-1)			
										CRHE-1(a)*	Interpretation of Bone Density Scan	24	

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CORE RHEUMATOLOGY PRIVILEGES – REHABILITATION HOSPITAL SETTING ONLY
N/A	N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	CRHE-3 Privileges include evaluation and management, as well as procedures approved for performance within the acute rehabilitation setting, in conjunction with the comprehensive rehabilitation treatment plan.

REFERRED

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC RHEUMATOLOGY CORE PRIVILEGES
			N/A							CRHE-2	Privileges to evaluate, diagnose and provide consultation and treatment to patients birth to young adulthood with proven or suspected acute and chronic rheumatic diseases or disorders of the joints, muscles, bones and tendons; including but not limited to management of arthritis, back pain, muscle strains, common athletic injuries and collagen diseases. Assess, stabilize and determine the disposition of patient with emergency conditions. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.

Pediatric Rheumatology Core Privileges include performance of history and physical exam, diagnostic arthroscopy, diagnostic aspiration of joints and interpretation of synovial fluid studies, nailfold capillary microscopy, intra-articular administration of flucocorticoids, therapeutic injection of diarthrodial joints, bursae, tenosynovial structures and enthuses; infectious/antimicrobial therapy; performance or interpretation of biopsies of tissues relevant to the diagnosis of rheumatic diseases, bone density measurements, controlled clinical trials in rheumatic diseases and electromyograms, nerve conduction studies and muscle/nerve biopsies.

MAINTENANCE CRITERIA FOR CONTINUED PRIVILEGES (CRHE-2):

1. In order to be eligible for reappointment the Appointee shall demonstrate current clinical competence by providing documentation of ten (10) inpatient consultations within the most recent two (2) years; **AND**
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee's peers that refers patients to Appointee.
- OR**
1. Provide documentation from the Appointee's outpatient practice setting of at least twenty-four (24) cases which include the management of Rheumatoid Arthritis; collagen diseases, and athletic injuries that you have managed in the most recent two (2) years;
 2. Submission of a Peer Review Evaluation Form completed by one of the Appointee's peers that refers patients to Appointee.

PRIVILEGES REQUESTED BY:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Atrium Health and;

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

Signature

Date

Print Name

CRHE-1(a) INTERPRETATION OF BONE DENSITY SCAN

EXPLANATION: Applicant shall present evidence of appropriate training and qualifications to perform Interpretation of Bone Density Scan.

QUALIFICATIONS: The applicant shall have the burden of producing adequate information for proper evaluation of his competence and qualifications and for resolving any doubts about such qualifications. This documentation may be provided by the applicant, and/or by a letter from the proctor stipulating that the procedures have been performed by the applicant under the direct supervision of the proctor.

The applicant must meet the following:

1. Provide documentation of the a current Dual-energy X-ray absorptiometry interpretation certification; **AND**
2. Provide a minimum number of twenty-four (24) interpretations within the past two (2) years; **OR**
2. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform Interpretation of Bone Density Scan. You must provide documentation of proctoring for twenty-four (24) interpretations.

Maintenance Criteria for Continued Privileges (CRHE-1(a)):

The Physician must submit a minimum of twenty-four (24) interpretations over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges as well as documentation of the a current Dual-energy X-ray absorptiometry interpretation certification. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

CASE LOG

Physician's Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CRHE-1(a))
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30				
			TOTAL	

