



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

Delineation of Privileges Department of Internal Medicine Division of Cardiovascular Medicine

Name: _____

Please Print or Type

LEVEL I CORE PRIVILEGES

General Medicine: To qualify for the subspecialty of Cardiovascular Medicine, a practitioner must first be trained in General Internal Medicine. Therefore a practitioner who is granted Cardiovascular Medicine privileges is automatically granted privileges in General Medicine that may be found at:

www.med.umich.edu/i/oca/pdfs/IM-General.pdf

LEVEL I CORE PRIVILEGES - HYPERTENSION

Minimum Training and Experience: Minimum formal training: Fellowship in Hypertension or equivalent.
Required previous experience: Active participation in the care of at least 24 patients with illnesses relevant to the practice of Hypertension during the past 12 months.

Appropriate education and experience are indicated by successful completion of a Hypertension fellowship training program and/or by the individual's demonstrated competence in the treatment areas or procedures. Determination of competence is based on the judgment of the Division Chief who will make use of treatment results and quality measures.

Scope of Practice/Privileges: Privileges include being able to admit, work up, diagnose, and provide treatment to patients presenting with systemic arterial hypertension and with dyslipidemias, particularly to those with refractory or severe conditions, including the provision of consultation.

Physicians with these privileges have the highest level of competence in Hypertension on a par with that considered appropriate for a subspecialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

Included in the practice of Hypertension are the following:

Intra-arterial cannulation and blood pressure monitoring

Requested (Applicant) Recommended approval (Service Chief/Chair)

Retinal photography interpretation

Requested (Applicant) Recommended approval (Service Chief/Chair)

Ambulatory blood pressure interpretation

Requested (Applicant) Recommended approval (Service Chief/Chair)

Finger and forearm plethysmography interpretation

Requested (Applicant) Recommended approval (Service Chief/Chair)

LEVEL I CORE Scope and Extent of Privileges for Practice of Cardiology

Minimum Training and Experience: Required previous experience: Active participation in the care of at least 24 patients with illnesses relevant to the practice Cardiology during the past 12 months. Fellowship in Cardiology or Pediatric Cardiology.* Minimum certification and Board status: Board certified in Cardiology by the American Board of Internal Medicine within 5 years of initial appointment, or Board certified in Pediatric Cardiology* by the American Board of Pediatrics within 5 years of initial appointment. Under exceptional circumstances, the Division Chief and Department Chair can request a waiver of the Board requirement if they determine that the applicant has received equivalent training and experience, and has achieved a high level of competence. Waiver requests will be submitted to the Credentialing Committee for approval.

These exceptional circumstances include:

- Cardiologists who trained prior to initiation of Cardiology Fellowship Programs.
- Cardiologists who are not board certified because they are foreign medical school graduates and conducted their cardiology training outside of the United States. These individuals will work toward cardiology board certification in the United States.

*Training/certification in Pediatric Cardiology for the requested privileges apply to the diagnosis and treatment of congenital heart diseases in adults, if so approved by the Chief of Cardiovascular Medicine.

For new Interventional Cardiology Faculty: completion of an approved fourth year of fellowship devoted to interventional training and an active candidate for board certification in Interventional Cardiology.

For new Invasive Electrophysiology faculty: completion of an approved fourth year of fellowship in invasive electrophysiology with corresponding active candidacy for board certification in electrophysiology.

Basic Echo credential: has completed a minimum of level II training and at least 150 transesophageal Echo's (TEE) as primary operator.

Scope of Practice/Privileges

Privileges include being able to admit, work up, diagnose, and provide treatment to patients with cardiovascular disease.

Physicians with these privileges have the highest level of competence in Cardiology on a par with that considered appropriate for a sub-specialist. They are qualified to act as consultants and should, in turn, request consultation from within or from outside the medical center whenever needed.

Included in the practice of Cardiology are the following:

General Non-invasive Assessment

Resting electrocardiogram

Exercise electrocardiogram stress test

Holter electrocardiogram monitor

“Event” electrocardiogram recordings

M-Mode and 2-D transthoracic echocardiograms with color flow and Doppler recording

Gated blood pool scans (“MUGA”) (interpretation only)

Planar and spect-Thallium stress tests (interpretation only)

 Requested (Applicant)

 Recommended approval (Service Chief/Chair)

LEVEL II

Scope of Practice/Privileges

- General Invasive Procedures
- Advanced Cardiac Life Support (ACLS), including cardioversion
- Arterial and venous catheters including central venous catheters
- Pulmonary artery catheters
- Thoracentesis
- Intra-aortic balloon pumps (IAPB)
- Temporary transvenous and transthoracic pacemakers
- Emergency pericardiocentesis
- Left and right heart catheterization
- Left and right heart angiography
- Coronary angiography

Requested (Applicant)

Recommended approval (Service Chief/Chair)

LEVEL III

Scope of Practice/Privileges:

- Advanced Non-invasive Assessment
- Transesophageal echocardiography
- Exercise and pharmacologic stress echocardiography
- Performance (including handling of nuclear tracers) of nuclear perfusion imaging

Minimum Training and Experience: Fellowship in Cardiology. Advanced training during Cardiology Fellowship in echocardiography which consists of one year of specialized, supervised training. Each trainee should conduct and analyze 150 TEEs as a primary operator.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

Scope of Practice/Privileges

- Advanced Cardiac Catheterization
- Coronary artery angioplasty
- Coronary artery stent placement
- Percutaneous valvuloplasty
- Transseptal cardiac catheterization
- Elective pericardiocentesis

Minimum Training and Experience: Fellowship in Cardiology. (See previous information.) Advanced training during Cardiology Fellowship in cardiac catheterization and PTCA which consists of one year of specialized, supervised training. Each trainee should conduct 250 coronary angioplasties during accredited interventional cardiology fellowship training program. To recredential, the faculty must perform ≥ 75 PCI's per year.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

Scope of Practice/Privileges: ENDOMYOCARDIAL BIOPSY

Minimum Training and Experience: Either advanced training during cardiology fellowship in cardiac catheterization and PTCA, which consists of one year of specialized supervised training which includes performance of endomyocardial biopsies as part of the training, or a cardiology fellowship with advanced (1 year) training in heart failure / transplant, or an equivalent experience which includes performance of at least 50 biopsies as primary operator. To recredential, the faculty must perform 10 per year.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Scope of Practice/Privileges

- Advanced Electrophysiologic Studies and Treatments
- Electrical programmed stimulation
- Transvenous arrhythmia ablation
- Transvenous defibrillator placement and programming
- Transvenous pacemaker placement and programming

Minimum Training and Experience

Fellowship in Cardiology (*see previous information*). Advanced training during Cardiology Fellowship in electrophysiology which consists of one year of specialized, supervised training. Each trainee should conduct and interpret 100 diagnostic procedures as a primary operator.

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Scope of Practice/Privileges

Non-cardiac vascular angiography (catheterization and injection of contrast media into arteries and veins and interpretation of the studies), for the diagnosis and management of vascular disease, excluding angiography in the vessels of the head and neck.

Minimum Training and Experience

Initial: The faculty must meet qualifications or be an active candidate to become certified by the American Board of Internal Medicine for Interventional Cardiology. The faculty must document having received training in the management of peripheral vascular disease, peripheral vascular anatomy, peripheral vascular interventional case selection, and interventional techniques. The faculty must have performed 100 diagnostic peripheral vascular angiography procedures. The faculty must have performed 50 peripheral vascular interventional procedures under the supervision of an experienced peripheral interventionist with greater than 50% of these as primary operator.

Reappointment: To renew privileges, the faculty must have performed at least 100 diagnostic and 100 interventional peripheral vascular procedures in the two year reappointment cycle (50 of each if re-privileging after one year).

- Requested (Applicant) Recommended approval (Service Chief/Chair)
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Scope of Practice/Privileges

Non-cardiac vascular intervention using percutaneous techniques (including but not limited to vascular occlusion techniques and placement of implantable devices such as stents and filters), for the diagnosis and management of vascular disease, excluding intervention in the vessels of the head and neck.

Minimum Training and Experience

Initial: The faculty must meet qualifications or be an active candidate to become certified by the American Board of Internal Medicine for Interventional Cardiology. The faculty must document having received training in

the management of peripheral vascular disease, peripheral vascular anatomy, peripheral vascular interventional case selection, and interventional techniques. The faculty must have performed 100 diagnostic peripheral vascular angiography procedures. The faculty must have performed 50 peripheral vascular interventional procedures under the supervision of an experienced peripheral interventionist with greater than 50% of these as primary operator.

Reappointment: To renew privileges, the faculty must have performed at least 100 diagnostic and 100 interventional peripheral vascular procedures in the two year reappointment cycle (50 of each if re-privileging after one year).

Requested (Applicant) **Recommended approval (Service Chief/Chair)**

Scope of Practice/Privileges

Stenting of the extracranial carotid artery and associated diagnostic angiography directly related to this procedure.

FPPE: The first 5 carotid stenting procedures will be proctored by a physician with carotid stenting privileges.

Minimum Training and Experience

Initial (all of the following)

1. Residency in ACGME approved training program in radiology with fellowship training in neuroradiology, or neurosurgery, or vascular surgery, or internal medicine with fellowship in cardiology, or neurology with fellowship training in stroke.
2. Interventional catheter-based training of at least six months duration requiring diagnostic and therapeutic vascular procedures in a structured fellowship setting.
3. At least 100 documented diagnostic and/or therapeutic vascular procedures as primary operator and 25 diagnostic and therapeutic carotid artery stenting procedures including cerebral angiography as primary operator.

Reappointment: Minimum of 50 interventional procedures per year of which 25 must be therapeutic interventions.

Requested (Applicant) **Recommended approval (Service Chief/Chair)**

Scope of Practice/Privileges

Admit, work up, diagnose, and provide treatment to patients with ventricular assist devices (VAD).

Minimum Training and Experience

Initial: Trained either through a Cardiovascular Disease Fellowship or Advanced Heart Failure and Transplant Fellowship with experience in advanced heart failure therapies. Recent experience and competency evaluating heart failure patients for ventricular assist device (VAD) candidacy, managing patients who have had ventricular devices implanted, and evaluating VAD patients for transplantation demonstrated by actively participating in the care of at least 10 patients within in the last 24 months.

Reappointment: To renew privileges, the faculty must have participated in the care of at least 10 patients for evaluation and management of heart failure and transplant or patients with ventricular assist devices.

Requested (Applicant) **Recommended approval (Service Chief/Chair)**

Scope of Practice/Privileges

Implantation of indwelling pulmonary arterial pressure sensing device to assist with evaluation and treatment of heart failure.

FPPE: The first 3 procedures will be proctored.

Minimum Training and Experience

Fellowship in Cardiology. Manufacturer specific training on implantation procedure.

Reappointment: Must complete 4 implants within last 24 months to maintain privileges.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for the following Special Privileges:

- CHEMOTHERAPY
- FLUOROSCOPY
- HYPERBARIC OXYGEN THERAPY
- LASER
- ROBOTIC SURGICAL PLATFORM
- SEDATION PRIVILEGES FOR A NON-ANESTHESIOLOGIST

PLEASE go to the appropriate Module in MLEARNING or the MSS website.

TO BE COMPLETED BY APPLICANT:

I meet the previously stated minimum criteria and request that my application be considered for the privileges as outlined above. I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials for membership to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval:

_____ As Requested _____ As Modified (please explain) _____

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Department Chair: _____ Date: _____ Service Chief: _____ Date: _____

CREDENTIALS COMMITTEE ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Credentials Committee Member: _____ Date: _____

EXECUTIVE COMMITTEE ON CLINICAL AFFAIRS ACTION:

_____ Approval as Requested _____ Not Approved (please explain) _____

Executive Committee On Clinical Affairs - Member: _____ Date: _____