



## VICTORS CARE CONCIERGE MEDICINE

### Delineation of Privileges

Name: \_\_\_\_\_

Please Print or Type

#### LEVEL I CORE PRIVILEGES REFER AND FOLLOW

**Minimum Training and Experience:** Applicant must have received an MD or DO degree from an approved school of medicine or osteopathy and have a valid Michigan medical license. Successful completion of an approved residency training program in Internal Medicine or Family Medicine is required. Applicant must be board certified by the American Board of Internal Medicine or Family Medicine or American Osteopathic Board of Internal Medicine or Family Physicians, or scheduled to take the next available exam. Certification must be maintained for the duration of privileges.

**FPPE:** Minimum review of five (5) charts per month by site medical director for a period of six (6) months.

**Renewal Criteria:** Participation in a minimum of fifty (50) cases over the prior two (2) years.

**Scope of Practice/Privileges:** These privileges are intended for Victor's Care practitioners who refer their patients to Michigan Medicine hospitalists or privileged practitioners for admission and management at Michigan Medicine facilities. Practitioners with this level of privileging may:

- order outpatient consults and referrals for specialty care
- order outpatient diagnostic and laboratory tests, and other outpatient services for their patients;
- documenting ambulatory care visits in the electronic health record for Victor's Care patients only
- visit their patients in the hospital but not direct the care of the patient when hospitalized;
- follow their patients' course of treatment by reviewing medical records and test results;
- discuss care of their patients with Michigan Medicine Attending physicians.

Physicians with these privileges may **not** admit patients, attend patients, exercise hospital clinical privileges, write inpatient orders or progress notes, perform consultations, assist in surgery, provide emergency care, or otherwise participate in the provision or management of clinical care to hospitalized patients at Michigan Medicine facilities.

Requested (Applicant)

Recommended approval (Service Chief/Chair)

**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 Michigan Medicine.

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.

Medical Director: \_\_\_\_\_ Date \_\_\_\_\_

Service Chief: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair: \_\_\_\_\_ Date \_\_\_\_\_

FOR MEDICAL STAFF SERVICES USE ONLY			
Committee	Date	Committee Decision	
Credentialing and Privileging Committee		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Executive Committee on Clinical Affairs		<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
Health System Board		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved