**ANDERSON FREE CLINIC QUALITY ASSURANCE PROTOCOLS that relates to medical and dental care provider**

1. Peer review
* The Medical Director will oversee a peer review process for all medical providers. He/she will conduct the peer reviews directly and/or designate another Clinic provider to conduct some or all of the peer reviews.
* Peer review may include but is not limited to the following:
	1. Review of at least two randomly-selected charts of patients treated by the provider within the past six months.
	2. Personal dialogue with provider.
	3. Obtaining references from outside sources familiar with the provider’s clinical competency.
* Documentation of peer review activities will be recorded in the confidential credentials file of each provider. If during the peer review process variations from accepted standards of practice are found, the involved provider will be notified of the findings in writing by the Medical Director. The involved provider will be asked to respond to the findings in writing, within 21 days, and if requested, indicate a plan of action for improvement or performance that meets accepted standards of practice.

**Prospective Providers**

***Overview***

A prospective provider is defined as any provider who wishes to join the AFC as a volunteer or employee.

***Prospective Provider Application***

Providers wishing to join AFC must complete the Provider Application (see addendum).

**Current Providers**

A current provider is defined as any dental or medical provider who has been previously approved to provide health-care services at AFC. Providers must continue to meet a set of requirements for continued participation as AFC provider.

With assistance from AMA, ADA and LLR Credential Services, AFC will verify that the following factors are present, using NCQA approved sources:

|  |  |
| --- | --- |
| A current valid license to practice is present and within the prescribed time limits | License will be verified in the primary state and in states where a provider will practice, from the state board by use of the state board website or other appropriate means |
| A valid DEA/CDS certificate if applicable and within the prescribed time limits | NTIS will be used to confirm registration. In instances where a registration has been recently renewed and NTIS is not up to date, a copy of the certificate from the practitioner will be accepted. DEA will be accepted in those states which have CDS registration |
| Board certification if the practitioner states on the application the he/she is board certified | Verification for board certification and residency will be done when the provider declares it using the specialty board as the source |
| A history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider | NPDB query in addition to the provider declaration |
| Malpractice coverage  | Declaration from the provider will be accepted but must include carrier, policy term and expiration date, and coverage amounts; a copy of the face sheet is also considered acceptable |
| Hospital privileges  | Declaration from the practitioner will be accepted but must include a history of all past and present issues regarding the loss of clinical privileges  |

Additionally, AFC will verify, using approved sources, whether any sanction activity in the following areas exist which may impact a provider’s ability to provide safe and appropriate care to enrollees:

|  |  |
| --- | --- |
| State sanctions, restrictions on licensure or limitations on scope of practice | National and state boards  |
| Medicare or Medicaid sanctions | NPDB and OIG website |

**Credentialing Process**

The following steps describe the process of credentialing and re-credentialing at AFC:

1. Should the Office Manager find that any information obtained during the credentialing or re-credentialing process varies substantially from the information submitted by the provider, she/he will immediately notify the Executive Director and the Service Area Director for decision on how provider of the variance will be notified, and will offer the provider the opportunity to correct erroneous information.
2. Medical or Dental Director reviews files, and may convene a Credentialing committee to approve and takes to Board of Directors for information

Providers who are found to have a valid license to practice, a valid DEA/CDS certificate, and who continue to demonstrate, in the opinion of the Medical Director, the capacity to perform quality medical procedures will be approved for continued participation in the provider panel. Incidents of NPBD reports do not preclude a provider from meeting the criteria established above if, in the professional opinion of the Medical Director, the incidents reported do not suggest an impairment of the capacity of that provider to perform quality medical procedures.

**QUALITY ASSURANCE PROGRAM EVALUATION**

The Quality Assurance Committee shall conduct an annual review of the QA program to assess its effectiveness. This review shall include evaluation of the effectiveness of the overall process, improvements realized, and the status of ongoing Quality Assurance activities. Results of this evaluation shall be used to improve the Anderson Free Clinical QA process. The results of the evaluation shall be submitted to the Board of Directors.

**COMMUNICATION OF QUALITY ASSURANCE ACTIVITIES**

On at least a yearly basis, reports summarizing the Clinic-wide Quality Assurance activities are submitted by the Medical Director to the Executive Director, to the Quality Assurance Committee and subsequently to the Board of Directors. This report shall also include information on teams that may be in place and the status of the team's recommendations.

**CONFIDENTIALITY**

Quality Assurance activities, including peer review, team activities and team reports, are protected as confidential.

When appropriate, risk managements activities will remain confidential.