



*Strengthening Oklahoma's Safety Net,
One Community At A Time*

Board Bulletin

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Taking Extra Steps to Achieve Highest Quality

As outlined in the “Quality Management (QM) Plan” template (June 2003), an effective Quality Assurance (QA) program is critical for community health centers (CHCs) to become ‘providers of choice’ in their communities. To receive Section 330 funding, CHCs have documented service area need. CHC leadership must recognize that “need” does not guarantee “demand” for health care services. Patients will only seek affordable health care if they perceive value in the services delivered. Previously, the structure and essential components of a QA plan have been reviewed. Additional tools must be incorporated for CHCs to achieve the highest level of quality care and truly be the ‘provider of choice’ in demand by the community.

Additional Components of an Effective QA Program

- **Utilization Management** – A tool used in conjunction with established clinical protocols to monitor the appropriateness of care. When incorporated into a QA plan, utilization management reviews health care services delivered to ensure they were provided in accordance with quality clinical practices and local, state, and Federal regulatory guidelines. Through this review process, CHC leadership should be able to monitor, evaluate and manage the quality and timeliness of health care delivered to all patients. Using a fair and consistent system, the medical necessity and appropriateness of care can be evaluated based on nationally recognized standards and also measured against clinical practice guidelines adopted internally by the CHC.
- **Credentialing, Re-credentialing, and Privileging** – It is critical for CHCs to do their homework when recruiting and selecting clinicians that have the background necessary to achieve excellence in quality. Every provider must be screened to ensure they have the appropriate qualifications for health care provision in accordance with the CHC scope of services. The credentialing process should ensure that CHC providers have no sanctions imposed by the State or the Centers for Medicare and Medicaid Services (CMS). As part of the QA plan, CHCs should re-credential existing providers to ensure ongoing compliance. Specific privileging for all contracted and employed providers must also be addressed. An essential component of the credentialing process is to check all CHC employees, particularly clinical providers, to ensure they have not been excluded from federal health care programs (e.g., Medicare, Medicaid) or de-barred/suspended from federal contracts by searching the following websites: www.oig.hhs.gov/fraud/exclusions.html, www.gsa.gov, and www.npdb-hipdb.com. Failure to do so could jeopardize CHC funding. 330 Program Expectations contained within the Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) 98-23 instruct CHCs to query the National Practitioner Data Bank and verify education and licenses.
- **Risk Management** – CHCs minimize patient risks by monitoring incident reports, sentinel events (unanticipated death or serious physical injury), infection control, lab quality control and patient safety. CHC leadership must think ‘proactively’ to reduce medical malpractice exposure and incorporate safeguards into policies and procedures. As part of QA activities, CHCs must use scenario-building to determine greatest areas for risk and then take steps to reduce exposure. Corporate compliance, a part of Risk Management, must be closely integrated with the overall CHC QA plan and routinely monitored by the governing board.
- **Health Records** – For several years, Federal Tort Claims Act (FTCA) representatives have been instructing CHCs to be particularly mindful of this area as a substantial part of all FTCA claims involved erroneous medical records. In most cases, it was not an issue of poor health care delivery but rather failure to document what had been done. CHCs must make it a priority to ensure that medical records are accurate, timely, complete, private and secure. Maintaining records in a manner that is current, systematically organized and readily available to all appropriate health care practitioners is critical to an effective QA program. CHCs are being encouraged to adopt electronic health records (EHR) designed to promote accuracy and greater access among clinicians to achieve optimum patient outcomes. When EHR systems are adopted, CHC boards must update policies and procedures accordingly to ensure privacy and security of patient health records.

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Oklahoma Primary Care Association
4300 N. Lincoln Blvd., Ste 203, OKC, OK 73105
(405) 424-2282, Ext. 104 • Fax (405) 424-1111 • www.okpca.org