Membership Standards

Accepted by FAM Committee as amended and with notes 8-25-14; accepted with revisions 9-9-16
Approved by the Board 9-19-14; approved with revisions 9-29-16; approved with revisions 1-27-17

VAFCC
VIRGINIA ASSOCIATION OF FREE AND CHARITABLE CLINICS

Please direct questions regarding this document to Linda D. Wilkinson, CEO, Linda@vafreeclinics.org or Kathryn Zapach, VP of Membership Support, Kathryn@vafreeclincs.org or phone (804) 340-3434.
Resources used to assist members of the Virginia Association of Free and Charitable Clinics with the implementation of these practices are available.

Dear Current and Potential Member Clinics,

The mission of the VAFCC is to support, strengthen, and advocate for our member clinics as they deliver quality health care to Virginia's low-income, uninsured and underinsured residents. In order to ensure quality care for these residents, the Virginia Association of Free and Charitable Clinics has formalized the following membership standards for all Full member clinics.

Many of these standards have been used in the Annual Membership Renewal Survey for at least three years. The additional standards are based on evidence-based best practices in nonprofit management, HHS/HRSA minimum standards for patient care in charitable health clinics that have been adapted for free and/or charitable clinics ("clinics"), the Patient Centered Medical Home model accredited by the National Center for Quality Assurance (NCQA), and the Meaningful Use Standards accredited by the Centers for Medicare and Medicaid Services (CMS) and numerous other sources that have been noted. The aforementioned NCQA and CMS sources have been used as *resources only* and do not indicate a requirement or expectation by VAFCC for its members to become PCMH-recognized or Meaningful Use certified.

The primary purposes of these standards is to create dual accountabilities for clinics and the VAFCC in documenting, for public stakeholders, partners, and funders, the quality and quantity of services/care delivered by member clinics. Secondarily, the standards will help the VAFCC develop strategic services to fulfill its mission to "support and strengthen member clinics" with a quality network of programs that will enhance clinics' administrative and clinical programs. Finally, these standards will be used to acquire and maintain Full Membership with the VAFCC. Per VAFCC Bylaws, Article II, Sections 4 and 5, the VAFCC Board of Directors reserves the right to limit membership to those clinics who meet these standards. Membership may be denied or terminated by the VAFCC Board of Directors if standards are not met.

Current and potential members will be expected to attest/pledge that they successfully incorporate these standards of practice within their organizations.

Sincerely,

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Linda Wilkinson, MPA
Chief Executive Officer

Please direct questions regarding this document to Linda D. Wilkinson, CEO, at Linda@vafreeclinics.org or phone 804-340-3434.
Resources used to assist members of the Virginia Association of Free and Charitable Clinics with the implementation of these practices are available.

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I. MISSION AND PROGRAM - The intent of this item is to demonstrate the vitality of definition of mission and program to the future direction of a nonprofit organization, such as the clinic.

A. Mission

1. The clinic ("the clinic") has a well-defined, Board-approved mission statement.
2. The mission is to provide health care services (including behavioral health, dental, medical and/or pharmaceutical services) to economically disadvantaged individuals who are uninsured or underinsured.
3. If the clinic is a program component of a larger nonprofit organization, such as a hospital or a church, then the clinic has its own mission statement.
4. The clinic's board and staff develop and execute a strategic plan.

B. Program

1. The clinic facilitates the delivery of health care services (dental, medical, pharmaceutical and/or mental health) through the integrated use of volunteer health care professionals.
2. If the clinic requests a minimal administrative fee or donation from uninsured patients, the free and/or charitable clinic does not deny an individual access to its health care services based on an individual's inability to pay the fee or make a donation.
3. The clinic does not balance bill a patient for health care services rendered and/or deny future services due to unpaid balances.
4. If a clinic participates with Medicare and/or Medicaid, the clinic accepts assignment (see definition and reference for Accepting Assignment under Notes on last page of this document).
5. The clinic is committed to minimizing barriers to care and is involved in community-based partnerships to eliminate those barriers.
6. The clinic has a proven ability to develop resources (raise funds, obtain in-kind resources, etc.) from a variety of sources.
7. The clinic has a process for determining eligibility for services, and uniformly uses and trains staff/volunteers on said process.
8. Eligibility standards are routinely re-evaluated (e.g. every quarter or six months or annually).
9. If the clinic utilizes Advanced Practice Clinicians such as Nurse Practioners or Physician Assistants, there is a written or electronic practice agreement between the nurse practitioner and the medical doctor (Virginia Code 54.1-2957).
10. If the clinic utilizes dental hygienists working under general supervision:
    a. there is a written or electronic order with consent by the dental hygienist in the record;
    b. services shall be rendered by the dental hygienist no more than 10 months from the date of the order; and
    c. duties shall only be performed if the requirements of the regulations are met (18VAC60-21-120).
11. Clinics may participate in public and/or private insurance options at the discretion of their clinic's own policy so long as all Membership Standards are maintained including compliance with the definition of a free and/or charitable clinic.
12. The clinic has procedures to collect patient information and/or data, evaluate the effectiveness, qualitative and quantitative outcome measurements, for their programs/services in relation to mission.
13. Clinics will abide by the established quality improvement policies to help ensure positive quality of care outcomes for all served.

II. GOVERNANCE - The intent of this item is to demonstrate the importance of written, applied, and enforced policies regarding the governance and structure of the Board, financial health of the organization, and general legal compliance issues affecting the clinic.

A. Conduct of the Board of Directors

1. If the clinic is a program component of a larger nonprofit organization, such as a church or a hospital, then the clinic has its own Advisory Board that acts in a similar capacity to a Board of Directors.
2. No individual, volunteer or paid, with operating authority is a voting member of the Board (i.e. could personally gain from a board decision).
3. Board membership strives to reflect the diversity of the community.
4. Board members serve without compensation.
5. The Board meets at least quarterly.
6. The Board maintains written meeting minutes that are dated and approved by the board.
7. The clinic has a conflict of interest policy that applies to Board members and the Board members sign a written conflict of interest statement at least annually that discloses actual, potential or perceived conflicts of interest.
8. The expectations for Board members are outlined in a job description.
9. Board members are involved in resource development for the organization.
10. Clinic bylaws include a "Removal of Board Member" clause.
11. In order to prevent a conflict of interest or perceived conflict of interest, spouses or family members (e.g. children, parents, siblings) of the Executive Director are not voting members of the Board of Directors.

B. Financial Accountability

1. The Board annually approves an operating budget, prior to the beginning of the new fiscal year.
2. Financial statements are reviewed by the Board at least quarterly.
3. The clinic has a Finance Committee or Treasurer that review financial statements at least quarterly.
4. If the clinic has annual revenue of $300,000 and above as reported on the clinic's IRS Form 990(EZ), an annual audit by an independent accounting firm is conducted. For the definition of an audit, please refer to the American Institute of Certified Public Accountants.
5. If the clinic has annual revenue less than $300,000, an annual financial review by an independent accounting firm is conducted For the definition of a financial review, please refer to the American Institute of Certified Public Accountants.
6. The clinic has Board approved financial controls in place to ensure proper and accurate accounting and disbursement of cash.
7. A Board policy provides employees and volunteers a confidential means to report suspected financial impropriety or misuse of organization resources.
8. The clinic saves financial records for the amount of time recommended by the American Institute of Certified Public Accountants.

C. Legal Compliance and Accountability

1. The clinic complies with applicable federal, state, and local laws and regulations.
2. The clinic has Board-approved bylaws or code of regulations.
3. The clinic is registered with the IRS as a 501(c)3 and has a current tax exemption letter on file.
4. The clinic abides by current IRS standards for filing a 990 or 990 EZ.
5. If the clinic solicits contributions, the clinic files an annual notice with the IRS Form 990 and is registered with the Virginia Department of Agriculture and Consumer Services.
6. The clinic acknowledges, in writing, any gifts over $250.00. (see Notes)
7. If the clinic has paid employees, the clinic withholds and files payroll taxes for employees.
8. The clinic carries workers' compensation coverage in compliance with Virginia law (all employers who employ three of more employees are required to carry coverage).
9. The clinic has directors' and officers' liability insurance.
10. The clinic has malpractice insurance.

III. HUMAN RESOURCES - The intent of this item is to demonstrate the importance of written, applied and enforced policies to ensure that the staff of the clinic, both volunteer and paid, meet the basic qualifications for their positions, receive regular feedback on performance, and are provided the training and support necessary to be successful in their roles.

1. The clinic has written personnel policies that are approved by the Board, governing the work and actions of employees and volunteers of the organization.
2. If the clinic provides pediatric services, the clinic conducts criminal background checks on all volunteers and staff that have unsupervised access to children. (for additional recommendations on protecting children and vulnerable populations, see Notes)
3. If the clinic has paid employees, the clinic has a system in place for regular written evaluation of employees annually.
4. The clinic orients new employees and volunteers. This orientation reviews the policies and procedures for the clinic, as well as job parameters and expectations.
5. The clinic has a written process for verifying that medical volunteers have an active license.
6. Professional volunteers are registered with VaRisk or other liability/malpractice insurance.
7. The clinic has a written confidentiality policy and/or form that all volunteers and staff must sign.
8. The clinic has a currently licensed medical doctor serving as medical director, dentist serving as dental director/coordinator**,** a licensed pharmacist serving as Pharmacist in Charge, or a licensed behavioral health clinician (e.g. LCSW, LPC, PhD, PsyD, LMFT) (either volunteer or paid) who is an advisor to the Board on clinical issues.
9. If the clinic is a clinical educational/service learning/internship site, the clinic has a written affiliation agreement with the sponsoring institution.
10. The clinic obtains written parental permission for volunteers who are under the age of 18.

IV. ACCOUNTABILITY – The intent of this item is to demonstrate the importance of written, applied, and enforced policies that will ensure both internal and external accountability and transparency measures.

1. The clinic makes a document available annually to the public that provides (written or electronic) the clinic's mission, program activities, and basic financial data (IRS Form 990 / EZ).
2. This document identifies the names of the organization's Board and management staff.
3. The clinic has clearly defined eligibility criteria for services and a method by which this information is conveyed to the public.
4. The clinic has a method for soliciting feedback from patients.
5. The clinic documents clinical advice in the patient medical record.
6. After hours telephone message directs callers to call "9-1-1" in an emergency.

V. MEDICAL/DENTAL RECORDS - The intent of this item is to ensure that all applicable medical information for a patient is documented appropriately in order to ensure the delivery and coordination of quality health care at the clinic while following broadly accepted "best practices."

A. Content

1. A clinic's medical records aspire to be accurate, current, complete and legible.
2. Medical records include at least the following information (in no particular order or format):
    - Patient's full name and birthdate
    - Full date, including day, month, and year on all entries
    - Provider's signature and appropriate title electronic or written
    - Intake form including:
        - Full patient name
        - Date of birth
        - Telephone number
        - Full address
        - Race/Ethnicity
        - Gender
        - Other sources of medical treatment
        - Information is checked for accuracy at each appointment
    - Release of Information Form When/If applicable
    - Voluntary Consent for Treatment Form
    - Medical history including:
        - Drug Allergies noted
        - If no allergies, a flag/notation is used to denote No Known Drug Allergies, "NKDA" (or similar notation) and date asked
        - Patient's past medical history and family medical history completed and documented by staff personnel

        - List of all medication names, dosages, and frequency taken by the patient, including prescribed, over-the-counter, and herbal/alternative medications
    - Chief Complaint
        - Chief current medical and social concerns and issues obtained during triage and the provider's assessment
    - Patient Assessment
        - Presenting/chief complaint
        - Vital signs, including temperature, pulse, respirations, blood pressure, weight, height, and pain level if present
        - Review of systems
        - Observation of patient's general condition and notation of problems noted in chart
    - Physical Examination
        - Subjective findings are documented
        - Objective physical findings are documented
        - Clinical impression
        - Plan of care and management
        - Listing of laboratory, radiographic, or other specials tests
        - Listing of any medical or social referrals made
        - Documentation of counseling or patient hand-outs provided
    - Medications
        - Medications prescribed and/or provided as samples are documented with name, dosage, instructions for dosing, amount, and number of refills
        - Documentation that counseling on potential drug interactions or side effects are provided according to Board of Pharmacy regulations on new prescriptions or as requested by patients.
    - Other Medical Information
        - Laboratory and radiographic tests ordered and/or referrals should be documented
        - Dates when tests results were received and/or referrals were completed are documented
        - Routine screenings are documented with date ordered, date test completed and result
        - Dental and optometric exam referral and completion dates are documented (if applicable)
        - For use of general anesthesia and/or sedation, clinics must abide by the regulations outline in 18VAC60-21-260 D (if applicable).
        - Vaccinations must be documented with completion dates
    - Signature by examining health professional, including title, should be in chart (or name in EHR) following each assessment.

B. Storage/Maintenance/Release

1. The clinic has a process for conducting regular audits of medical records per the Advanced Practice Agreement (e.g. quarterly, every six months or annually).

2. The clinic maintains medical records in a secure location for six (6) years (adults) or until the age of majority plus the statute of limitations for minors.
3. The clinic has a written policy on medical record retention and destruction.
4. The clinic trains staff and volunteers on proper medical record documentation and management.
5. The clinic has a form that must be signed by the patient before the release of any medical record.
6. The clinic has a written policy on protecting the privacy of patient's medical information and consistently/uniformly applies the policy.

VI. POLICIES AND PROCEDURES - The intent of this item is to ensure compliance with both legal and expected "best practices" in a health and human services nonprofit organization, such as the clinic.

A. **Medication**

1. If the clinic provides medication, the clinic complies with applicable federal and state laws and regulations.
2. If the clinic has health care providers who are paid staff and/or volunteers with prescriptive authority, it ensures that a copy or copies of pharmaceutical reference books or appropriate electronic applications are available for all staff and volunteers to access when writing prescriptions.
3. If the clinic dispenses medication, the clinic provides education and written or oral instructions to patients regarding the proper use of these medications.
4. Vaccine storage complies with all federal and state laws and regulations, including CDC Guidelines for vaccine storage and administration on CDC website.
5. Vaccination information is transmitted to the Virginia Department of Health (VDH) and/or CDC as required by either agency in a manner prescribed by VDH or the CDC (e.g. VIIS or facsimile).
6. The clinic has a process for assisting patients with obtaining medications for their condition(s). Any medications handled in the clinic will be obtained, stored and dispensed according to Board of Pharmacy regulations (which includes guidance for free clinic pharmacies), and best practice medication safety standards to ensure patients are protected from medication misuse, errors and adverse events. A part of this includes ensuring there is no drug diversion from the clinic, or potential for dispensing misbranded, adulterated or counterfeit drugs.

B. Data Collection

1. The clinic has a process to collect and aggregate data such as the number of unduplicated patients, patient visits, patient age and gender composition, the types of patient visits, the number and types of volunteers and the value of services provided.

C. Information and Referral

1. The clinic has a process to provide and coordinate referrals for patient needs (i.e. specialty care or social service related) that go beyond the scope of the clinic.
2. The clinic coordinates referrals by following up to obtain specialist's reports.
3. The clinic coordinates referrals by asking patients about self-referrals and requesting reports from clinicians.

4. The clinic provides patients with community-based information and referral resources such as the statewide "2-1-1" number to access services not provided at/through the clinic.
5. The clinic has a process for obtaining basic diagnostic testing for patients as prescribed.
6. The clinic has a process for emergency medical situations.
7. The clinic has a process for assisting patients with obtaining medications for their condition(s) per Board of Pharmacy regulations.
8. The clinic has written policies and procedures governing the use and removal of records from the clinic and the conditions for release of medical information.
9. Clinics track and report results of laboratory tests to patients after provider review.

D. Interpretation

1. The clinic has procedures in place to provide translation/interpretation services for patients who have limited English proficiency and/or who are hearing or visually impaired, which respect the patient's privacy. (Note: Title VI of the Civil Rights Act of 1964 and Title XVIII of the Social Security Act requires agencies receiving federal money to comply)

E. Laboratory

1. If the clinic provides point of care testing, it is appropriately registered or certified under the Clinical Laboratory Improvement Amendments ("CLIA") and follows CLIA Regulations (42 CFR Section 493 *et seq*.) as appropriate and/or required by state or federal law. This includes tests that require a CLIA waiver (like urine dip sticks, finger pricks, etc.)

F. Radiology

1. If the clinic has x-ray or other radiological equipment used for dental or medical purposes, the clinic follows federal and state regulations, including registering with the Virginia Department of Health as required by Virginia law and regulations.

G. Safety

1. The clinic follows Occupational Safety and Health Administration ("OSHA") regulations for issues such as fire safety, electrical equipment, blood borne pathogens, biohazardous waste, hepatitis B, hazard communication, and tuberculosis. (29 CFR Section 1910 *et seq*.).

2. Clinics shall utilize all materials and supplies used in the provision of direct patient care prior to the designated expiration date.

H. Patient Conduct

1. For clinics with a written policy regarding patient conduct related to issues such as abusive behavior, missed appointments, noncompliance or abuse of narcotics, the clinic provides this policy, or publicly posts, to patients upon intake/eligibility assessment.

I. Reporting & Fees/Dues

1. The clinic reports communicable diseases to the Virginia Department of Health per VDH guidelines.
2. The clinic immediately discloses any lawsuits or legal investigations to the VAFCC.

3. The clinic reports cases of suspected abuse or neglect to the appropriate authorities.
4. Standard reports required by VAFCC will be submitted by stated deadlines (e.g. Annual Membership Survey, State Funds or COPN Funds). ***Delays in submitting quarterly or annual reports will not be accepted by the Association and will result in loss of funding for that quarter by the clinic and/or suspended membership of the clinic in VAFCC by the Board of Directors.*
5. The clinic agrees to pay a management services fee on income distributed by the VAFCC which will be billed and payable within 30 days. Failure to pay said fees may result in membership suspension and/or suspension of further distributions from the VAFCC.
6. The clinic agrees to pay the VAFCC annual dues as approved by the VAFCC Board of Directors.
7. The clinic will send a representative to at least one VAFCC-sponsored conference in a calendar year to actively participate in membership decisions and to receive critical information on health care, best practices, membership requirements, etc. *(e.g. Annual Conference or Annual Executive Director Conference)*

Appendix of Links, Notes & Resources:

Sunshine Laws, Freedom of Information (Act 5 U.S.C.A. § 552): http://legal-dictionary.thefreedictionary.com/Sunshine+Law
Collaborative Agreement for Advanced Practitioners: http://law.lis.virginia.gov/vacode/54.1-2957
42 CFR Section 491.10 and 493 *et seq*: http://1.usa.gov/1hVOVps
29 CFR Section 1910 *et seq*:
https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_part_number=1926&p_toc_level=1
OSHA Regulations: https://www.osha.gov/law-regs.html
CLIA Regulations: http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html
IRS Filing Guidelines: https://www.irs.gov/charities-non-profits/form-990-series-which-forms-do-exempt-organizations-file-filing-phase-in
IRS Form 990, Revenue: Part I, Line 12
IRS Substantiation and Disclosure Requirements 2013 - http://www.irs.gov/pub/irs-pdf/p1771.pdf
High Risk or Accidental Situations - https://www.osha.gov/Publications/osha3148.pdf ; also refer to
http://www.ccohs.ca/oshanswers/hsprograms/workingalone.html
Criminal Background Checks for Persons Working with Children and Other Vulnerable Populations - https://www.ncjrs.gov/pdffiles/167248.pdf
http://www.naccrra.org/sites/default/files/default_site_pages/2012/background_checks_white_paper_final_july_6.pdf; and
http://law.lis.virginia.gov/vacode/title19.2/chapter23/section19.2-392.02/
Whistleblower information: Council of Nonprofits; http://bit.ly/1iFxT0G
Vaccine Storage: https://www.cdc.gov/vaccines/hcp/admin/storage/index.html
IRS Compliance Guide for 501(c)(3) Public Charities, "Governing Body," page 22: https://www.irs.gov/pub/irs-pdf/p4221pc.pdf

The organization has financial statements that have been prepared in accordance with accounting principles generally accepted in the United States of America within 6 months of its most-recently completed fiscal year, and no reportable conditions exist that have not been corrected. VAFCC encourages clinics to consider GAAP compliance when preparing statements and for accounting purposes.

Audit: Nonprofits that expend more than $500,000 of federal funds are required to conduct an annual audit. In addition, participating in the Combined Federal Campaign requires an audit at $100,000. Any other charitable organization with $1 million or more in total annual revenues (excluding houses of worship or other organizations that are exempt from filing Form 990) should have an audit conducted of their financial statements in accordance with GAAP.

Review (If audit is not required): Independent CPA review of the statement of financial position, the related statements of activities, the statement of functional expenses and the statement of cash flows in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants is required. Upon completion, a report is issued stating that a review has been performed in accordance with AICPA professional standards, that a review is less in scope than an audit, and that the CPA did not become aware of any material modifications that should be made in order for the statements to be in conformity with generally accepted accounting principles, or if applicable, another comprehensive basis of accounting. For further information on Financial Review, please refer to www.aicpa.org

Definition of clinical summary - summary that provides a patient with relevant and actionable information and instructions containing the patient name, provider's office contact information, date and location of visit, an updated medication list, updated vitals, reason(s) for visit, procedures and other instructions based on clinical discussions that took place during the office visit, any updates to a problem list, immunizations or medications administered during visit, summary of topics covered/considered during visit, time and location of next appointment/testing if scheduled, or a recommended appointment time if not scheduled, list of other appointments and tests that the patient needs to schedule with contact information, recommended patient decision aids, laboratory and other diagnostic test orders, test/laboratory results

Accepting Assignment – Under an **assignment**, the approved charge, determined by the Medicare or Medicaid carrier, shall be the full charge for the service covered. The participant shall not collect from the beneficiary or other person or organization for covered services more than the applicable deductible and coinsurance."

http://www.medicare.gov/your-medicare-costs/part-a-costs/assignment/costs-and-assignment.html

Section 1. DEFINITION OF CLINIC - Clinic Definition (VAFCC Bylaws)

Clinics are safety-net health care organizations that utilize a volunteer/staff model to provide a range of medical, dental, pharmacy, vision and/or behavioral health services to economically disadvantaged individuals. Such clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Entities that otherwise meet the above definition, but charge a nominal/sliding fee to patients, may still be considered free or charitable clinics provided essential services are delivered regardless of the patient's ability to pay. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured and/or have limited or no access to primary, specialty or prescription health care. (*Approved by Membership on March 14, 2013.*)

Section 2. Application and Approval

A Free Clinic that is interested in becoming a full voting member of the Association must complete and submit a membership application. As part of the application review process, the Association will conduct a site visit to the Free Clinic. The vote of a majority of the Board of Directors shall be necessary to approve all membership applications.

Section 3. Termination of Membership

Any member may be suspended or terminated from the Association, for cause, by an affirmative vote of at least two-thirds (2/3) of the Board present and voting at any regular or special meeting of the Board. Cause shall include, but not be limited to, failure to pay membership dues, management fees or submit satisfactory financial reports including an audit, financial review or IRS Form 990(EZ), or any member becoming ineligible for membership under the criteria set forth in above.

PREVIOUSLY PROPOSED MEMBERSHIP STANDARDS IDENTIFIED AS BEST PRACTICES

Governance:

1. Board meetings are open to staff, volunteers, and/or the general public unless in executive session. (Open Meeting laws may be applicable to those clinics receiving federal and/or state funds. See Sunshine Laws. Members are encouraged to seek legal advice on this matter.
2. The clinic's Bylaws address board member term limits.

Human Resources:

1. The clinic recognizes the contributions of both employees and volunteers.
2. The clinic has a written process for corrective action with staff and volunteers.
3. The clinic has a written policy for responding to grievances made by staff, volunteers and patients.

Accountability:

1. The clinic provides timely clinical advice via telephone or secure electronic message during office hours. **{**Timely clinical advice is DETERMINED BY each CLINIC}
2. The clinic documents clinical advice in the patient medical record. {DETERMINED BY CLINIC}
3. The clinic contacts patients who are in need of overdue, necessary medical services.
4. The clinic conducts pre-visit preparations for each patient.
5. The clinic collaborates with the patient to develop an individualized care plan inclusive of treatment goals that are reviewed and updated at each relevant visit.
6. The clinic gives the patient a written or oral plan of care.
7. The clinic assesses and addresses barriers when a patient has not met treatment goals.
8. The clinic provides the patient a clinical summary at each relevant visit, written or oral.
9. The clinic identifies patients who may benefit from additional case management support and provide necessary referrals if not within the capacity of the clinic.
10. The clinic provides educational resources or refers patients to educational resources to assist in self-management.

Medical Records:

1. If necessary, documentation of phone follow-up of any applicable test results with signature (or name in if used by the clinic) by the health professional taking or initiating the phone call, including title, should be in chart for each phone interaction.

Data Collection:

1. The clinic utilizes a process to define quality measures, collect relevant data, produce quality measures, and use the resulting information to improve or sustain the care provided by the clinic.

Information and Referral:

1. The clinic coordinates referrals by giving the consultant or specialist the clinical reason for the referral and pertinent clinical information.
2. The clinic coordinates referrals by establishing and documenting agreements with specialists in the medical record if co-management is necessary.