vRad Quality Assurance Process

Philosophy
Virtual Radiologic (vRad) maintains the highest professional standards for its radiologists by employing a stringent Quality Assurance (QA) Program. The program is under the direction of vRad's Medical Director and the Director of QA who also provide clinical leadership and manage the Quality Assurance Committee. The QA Committee is comprised of practicing vRad radiologists who encompass a wide range of subspecialties and are selected because of their demonstrated high quality of interpretations.

Client-Submitted Discrepancies
If a vRad client disagrees with a report issued by a vRad interpreting radiologist, the following protocol is used to address the case.

- **Submission by Client**
  Clients submit discrepancies through our Quality Assurance Client Portal (QA Portal). The client indicates the discrepancy details and submits the code they feel is appropriate for each QA Request. Please see the Help section on the QA Portal for step-by-step instructions. The QA Request is sent to the QA Committee and the interpreting radiologist.

- **Review by QA Committee**
  The QA Request is logged into a QA database, and the case is reviewed by at least one member of the QA Committee. If the QA Committee member believes that the vRad report was correct, the case will be coded as "No QA." If the QA Committee agrees there is a discrepancy, the case will be coded as one of the following:
  - Slight discrepancy with no effect on patient care
  - Minor discrepancy with no effect on patient care
  - Minor discrepancy with effect or possible effect on patient care
  - Major discrepancy

- **Review by vRad Interpreting Radiologist**
  Each QA Request is also reviewed by the interpreting radiologist, who must agree or disagree and explain the reason for their initial interpretation. If the interpreting radiologist disagrees with the QA Committee's decision, a QA Committee member contacts the interpreting radiologist to review the difference in opinion regarding the interpretation or coding.

- **Client Notification**
  The QA Committee administrator sends the client a notification via e-mail confirming vRad received the QA submission, and whether the case is pending or needs more information from the client.

  The QA Committee administrator sends the client an e-mail response when the QA Committee has reached its final decision. Alternately, the client facility may request a verbal communication from the QA Committee, in which case a committee member will contact the physician who filed the report, or his or her designee.

Client-Submitted Discrepancies, Continued

Internal Review

At least 1 percent of Final Reports are randomly selected daily for review by vRad radiologists. Newer tenured radiologists are subject to additional internal reviews. As an added layer of security, 100% of certain procedures are reviewed by an artificial intelligence (AI) system that screens for specific missed pathologies on both Preliminary and Final Reports.

The QA Committee reviews all discrepancies, categorizes the findings in the same fashion as above. Discrepancies on Final Reports are promptly brought to the attention of the interpreting radiologist, and the client is notified in writing of anything coded as a minor or major discrepancy. Discrepancies found on Preliminary Reports are verified with the Final Report findings and discussed with the onsite radiologist in cases of disagreement in diagnosis.

For minor and major discrepancies, an addendum may or may not be created, at the discretion of the Medical Director or QA Director. Any discrepancy that may affect patient care will be called to the local radiologist or referring physician by the vRad Medical Leadership, QA Committee member, or the original reading radiologist, unless an appropriate, documented follow up has already taken place related to the missed finding.

Statistical Analysis

The QA data collected as part of both processes, the Client-Submitted Discrepancies and the Internal Review of Final Interpretations, is stored in a database. Patient data is aggregated as appropriate according to vRad's implementation of the Privacy and Security Rules, pursuant to the Health Insurance Portability and Accountability Act (HIPAA).

The deidentified data is available on the QA Portal for use by client QA committees, including statistical review and reporting purposes.

OPPE & FPPE vRad's clinical practice uses the QA data for Ongoing Professional Performance Evaluations (OPPE) and Focused Professional Performance Evaluations (FPPE). A variety of quality metrics (including overall discrepancy rate, number of major discrepancies, severity of major discrepancies, and number of client requested removals for quality concerns) are reviewed for each radiologist on a quarterly basis. If there are significant concerns regarding the quality of a radiologist's performance, the Medical Director will begin the FPPE process to identify an improvement plan and will continue focused evaluation to ensure quality improvement. The Medical Leadership team reserves the right to implement an improvement plan outside of the quarterly review, if significant performance concerns have been identified.

Components of the improvement plan may include adjustment of reading speed, modification of shift lengths and times, correction of workflow and/or search pattern deficiencies, modification of the work environment and directed continuing medical education. In the event that satisfactory improvement does not occur, termination is left to the discretion of vRad's Medical Leadership Team. Additionally, the Medical Director may immediately suspend a radiologist from providing interpretations when necessary to comply with the law or in the interest of patient care.