

POLICY AND PROCEDURES

Title: Clinical Practice Guidelines	P&P Number:
Department: Health Services Operations	Units: All
Author: Ann Blume	Approver(s): Quality Committee and Sr. Medical Director Health Services Operations
Effective Date(s): 2/26/05	Review Frequency: Annual
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Revision Approver(s) & Date: Margaret S. Rowland, MD, CMO 12/8/09, 9/27/10; 8/22/11; 07/15/12; 8/27/13; 8/25/14; Quality Committee 10/26/15; Doug Luther Sr. Medical Director Health Services Operations 3/4/16	
Applies To: Administrative <input checked="" type="checkbox"/> CareOregon (Medicaid) <input checked="" type="checkbox"/> CareOregon Dental <input checked="" type="checkbox"/> and/or CareOregon Advantage (Medicare) <input checked="" type="checkbox"/> CareOregon Affiliated CCOs (<i>Check all that apply.</i>)	

PURPOSE

Practice guidelines are developed from scientific evidence or a consensus of health care professionals in the particular field such as the HERC/Oregon Health Authority. Practice guidelines are not intended to address all individual variations, but to reflect population-based recommendations. This policy describes the process used by CareOregon’s Quality Committee (QC) to adopt and implement practice guidelines. Evidence based practice guidelines are approved to improve the quality of care delivered to CareOregon members.

POLICY

CareOregon, through its QC, reviews and adopts practice guidelines that define standards of practice as they pertain to improving health care quality for major diseases/diagnoses and preventive strategies. Selection of guideline topics is based on an analysis of the CareOregon population analysis.

Whenever possible, guidelines are derived from nationally recognized/local sources and are evidenced based in their foundation. If a nationally recognized guideline is not available, CareOregon will involve board certified specialists in the development of the appropriate guidelines. CareOregon also uses the guidelines presented by the HERC. Guidelines are made available to practitioners via the appropriate websites.

Practice guidelines are reviewed and updated at least every two years and more frequently when updates are released by the issuing entity. CareOregon expects its practitioners will utilize the adopted guidelines in their practices, and recognizes the inability of the guidelines to address all individual circumstances.

CareOregon supports its members in self-management of their conditions by making practice guidelines available on the CareOregon and CareOregon Dental websites and through specific quality improvement initiatives/activities.

DEFINITION(S)

CMS	Centers for Medicare & Medicaid Services http://www.cms.hhs.gov
DQS	Dental Quality Subcommittee
EDD	Executive Dental Director
MAP	Oregon Division of Medical Assistance Programs http://www.oregon.gov/DHS
Practice guideline	A set of criteria that describes appropriate management for a specific population or diagnosis, i.e., health maintenance for children or diabetes management
SMDHSO	Senior Medical Director, Health Services Operations
QC	Quality Committee
HERC	Health Evidence Review Commission

PROCEDURES

1. CareOregon determines which practice guideline topics to develop or adopt through the use of a population analysis and Population Health program goals. Consideration and review is given to any guidelines that MAP and/or CMS has adopted as a standard benchmark. Additionally, the QC will consider guidelines for those diseases where standardized care would benefit the members. Guidelines may also be developed or adopted to address the needs of special populations.
2. The SMDHSO, EDD or designee develop and/or review a practice guideline.
 - A literature search is conducted, including a search for established practice guidelines from national organizations, professional associations, including the HERC, or other health staff considered content experts may be asked to assist with this process.
 - A previously-adopted guideline or a new guideline draft may be modified; based on the material retrieved from the literature search. Input will be sought from Board Certified specialists if guideline is not derived from a recognized source. The practice guideline draft will be presented to the QC for review and discussion if necessary.
 - The SMDHSO or EDD may also choose to send a revised version to contracted providers who treat the condition or perform the procedure, requesting feedback. The SMDHSO or EDD may elect to utilize a sample of the provider population for this purpose. The QC or DQS may review and discuss the feedback received and the SMDHSO, EDD or content specialists incorporate any changes into the final version
 - Member benefits will be reviewed to ensure that approved guidelines are services that are covered in the member benefit package.
3. After review by the QC or DQS, any changes are formally incorporated into the guideline.
4. The SMDHSO, EDD or designee will notify Communication Department to upload the new guidelines to the CareOregon or CareOregon Dental website for providers to access.
5. Medical Guidelines: Provider Services will distribute a Provider Alert e-mail to communicate where to find guidelines that have been reviewed, updated and/or posted on the provider pages of the website on a routine basis. Dental Guidelines: Dental Staff will communicate electronically or by mail where to find guidelines that have been reviewed, updated and/or posted on the provider pages of the dental website on a routine basis.

6. Practice guidelines information will be included in new provider orientation packets. The Provider Manual will direct providers to the CareOregon or CareOregon Dental website for all approved Practice Guidelines. Providers will also be notified via the website and the Provider Manual that paper copies of any or all approved CareOregon Practice Guidelines are available upon request.
7. The QC work plan includes a calendar that indicates when approved guidelines are due for their two-year review. When revised guidelines are presented to committee for review and approval, a summary of the changes to the guidelines is distributed to the committee members.
8. Any new guidelines established by the Health Services Commission and adopted by MAP will be incorporated into current processes.
9. To ensure providers are in practice with the guidelines CareOregon performs the following monitoring process:
 - a. Under the supervision of the SMDHSO or EDD, each Medical or Dental Director involved in utilization management and coverage determinations reviews CareOregon's and the Oregon Health Authority's Practice Guidelines annually, or whenever they are updated. CareOregon Medical or Dental Directors review all clinical records submitted in connection with prior authorization requests and appeals of coverage denials to ensure consistency with the Oregon Health Authority's evidence-based practice guidelines, and provide feedback to specialists and primary care providers reflecting adherence to OHA guidelines. In addition to the OHA guidelines, CareOregon provides links to well-validated national practice guidelines for common conditions. These are presented as a convenience for providers; adherence to these general guidelines is not formally assessed. Pharmaceutical management of chronic and acute conditions is continuously reviewed for adherence to evidence-based best practices by pharmacists, with Medical Director back-up.
 - b. During investigations of member complaints
 - c. Through discussion and monitoring of use in clinical workgroups and through provider reporting related to opioid use.

RELATED CAREOREGON POLICIES AND PROCEDURES AND DOCUMENTS

OTHER RELATED DOCUMENTS AND SOURCES

2014 HP Standards NCQA, QI 9: Clinical Practice Guidelines
NCQA, MA16: Clinical Practice Guidelines (MA2013)