

Title: EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES	Policy #: 0013 Dept: QI
	Reviewed/Approved By: Quality & Compliance Committee
Adopted: 12/2004	Last Revision: 6/2016
Revision Dates: 8/2008, 7/2010, 11/2010; 3/2014; 3/2015	Review Frequency: Every two years
Sources: OAR 410-120-0000; OAR 410-141-3200; 42 CFR 438.236	

DEFINITION:

The CCO: Primary Health and OHMS as delegated by Primary Health collectively will be referred to as The CCO (Coordinated Care Organization).

Subcontractor: Any Participating Provider or any other individual, entity, facility, or organization that has entered into a subcontract with the Contractor or with any Subcontractor for any portion of the Work under this Contract.

PURPOSE:

Practice guidelines are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field. Practice guidelines are not intended to address all individual variations, but to reflect population-based recommendations. This policy describes the process used by The CCO’s Quality and Compliance Committee (QCC) to adopt and implement practice guidelines for physical health/substance abuse. The CCO delegates the adoption and implementation of practice guidelines to the subcontractors for mental health, dental health and transportation. Evidence based practice guidelines are approved to improve the quality of care delivered to Primary Health members.

POLICY:

The CCO through its QCC, reviews and adopts practice guidelines that define standards of practice as they pertain to improving health care quality for major diseases/diagnoses. Whenever possible, guidelines are derived from nationally recognized /local sources. If a nationally recognized guideline is not available, the CCO will involve board certified specialists in the development of the appropriate guidelines. Information on new guidelines may be disseminated through the CCO’s memos, education seminars, the Primary Health website and individual provider education.

Evidence based guidelines are the basis for any disease management programs. The CCO expects its practitioners will utilize the adopted guidelines in their practices, and recognizes the inability of the guidelines to address all individual circumstances.



PROCEDURES:

1. The CCO determines which practice guideline topics to develop or adopt through the use of a population analysis and Quality Improvement Program goals. Consideration and review is given to any guidelines that DMAP and/or CMS has adopted as a standard benchmark. Additionally, the QCC will consider guidelines for those diseases where standardized care would benefit our members. Guidelines may also be developed or adopted to address the needs of special populations.
2. The Medical Director or relevant specialists develop or review a practice guideline.
 - A literature search is conducted, including a search for established practice guidelines from national organizations, professional associations, or other health plans. Member services staff 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. The Medical Director or relevant specialist initiates the modification. The practice guideline draft will be presented to the QCC for review and discussion.
 - Member benefits will be reviewed to ensure that approved guidelines are services that are covered in the member benefit package.
3. After discussion at the QCC, any changes are incorporated into the guideline.
4. The Medical Director or designee may send a revised version to all contracted providers who treat the condition or perform the procedure, requesting feedback. The Medical Director may elect to utilize a sample of the provider population for this purpose.
5. The QCC reviews and discusses the feedback received and the Medical Director or relevant specialists incorporate any changes into the final version.
6. Once approved by the QCC, the Member Services staff member who presents the guideline to the QCC is responsible for ensuring that the updated guideline is communicated to providers.
7. A provider letter or Provider education will be used to communicate guidelines that have been reviewed and updated.
8. Practice Guidelines information will be included in new provider orientation packets. Providers will be given provider portal access where most of the approved Primary Health Practice Guidelines reside.
9. The QCC reviews adopted guidelines every two years to ensure they are consistent with current research and national standards. Guidelines will be reviewed more frequently if they are revised or updated by the issuing entity. Revisions will be made as needed.
10. 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 and providers.
11. Any new guidelines established by the Health Services Commission and adopted by DMAP will be incorporated into the CCO's processes.

USE OF GUIDELINES IN AUTHORIZATIONS OR DENIALS OF REFERRALS AND REQUESTS:

If a request for services or referral meets the criteria in the Evidence-Based Clinical Practice Guidelines, authorization would most likely be granted for a covered diagnosis or procedure.

In some cases, the CCO follows the Health Service Commission guidelines relative to some of the covered services and diagnosis, such as the use of PET scanners, chemotherapy directed at treatment of cancers with extremely poor prognosis and life expectancy, some surgeries such as hysterectomies, etc. The CCO may also utilize Medicare guidelines if they are available for the service or item in question. In addition, if the CCO finds an evidence based guideline exists for a service or item in question, the CCO may consider following the directive of that guideline, even if the guideline has not been formally adopted by the CCO. Application of any clinical guidelines to direct the decision making process for services or items requested will be supervised by the Medical Director. All denials based on the application of an Evidence Based Guideline will be reviewed by the Medical Director or his designee.

If there is a controversy about whether a service should be approved, the case would be reviewed by the QCC. If there is a guideline for a particular case, the Evidence-Based Clinical Practice Guidelines would be followed.

MONITORING:

Annually, the Director of Member Services will review a sample of authorizations to determine that guidelines are systematically applied to authorizations. Additionally, during the grievance and appeal process, requests are reviewed to see if current guidelines were followed and may service as this review.

If it is found that guidelines are not being applied consistently, corrective action/training that is sanctioned by QCC, will be utilized. This will be followed by a random authorization sampling to assure adherence.

RESPONSIBILITY:

The operational process of monitoring compliance to this policy will fall upon the CCO's Member Services Department. Outcomes will be reported to the Quality and Compliance Committee and any concerns shall be reported to the Board of Directors.

