

**Clinical Practice Guidelines**  
**POLICY AND PROCEDURES**



315 SW Fifth Avenue, Suite 900  
Portland, Oregon 97204  
503-416-4100 or 800-224-4840  
877-416-4161 (TTY/TDD)  
www.careoregon.org

<b>Title:</b> Clinical Practice Guidelines	<b>P&amp;P Number:</b>
<b>Department:</b> Medical Management	<b>Units:</b> All
<b>Author:</b> Ann Blume	<b>Approver:</b> Margaret S. Rowland, MD, CMO QIC Committee
<b>Effective Date(s):</b> 2/26/05	<b>Review Frequency:</b> Annual
<b>Revision Date(s):</b> 4/10/2007, 10/12/09, 12/8/09, 9/27/10; 8/22/11	<b>Revision Author(s):</b> Joyce Caramella/Nola Horton-Jones
<b>Revision Approver(s) &amp; Date:</b> Margaret S. Rowland, MD, CMO 12/8/09, 9/27/10; 8/22/11	
<b>Applies To:</b> Administrative <input checked="" type="checkbox"/> CareOregon (Medicaid) <input checked="" type="checkbox"/> and/or CareOregon Advantage (Medicare) <input type="checkbox"/> (Check all that apply.)	

**PURPOSE**

Practice guidelines are developed from scientific 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 CareOregon’s Quality Improvement Committee (QIC) 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 Quality Improvement Committee (QIC), reviews and adopts practice guidelines that define standards of practice as they pertain to improving health care quality for major diseases/diagnoses. Selection of guideline topics is based on an analysis of the CareOregon Population Analysis, which is reviewed by the Quality Improvement Committee (QIC) on an annual basis.

Whenever possible, guidelines are derived from nationally recognized /local sources. If a nationally recognized guideline is not available CareOregon will involve board certified specialists in the development of the appropriate guidelines. Guidelines are made available to practitioners via CareOregon’s website.

Evidence based guidelines are the basis for any disease management programs.

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 website and through specific quality improvement initiatives/activities.

## DEFINITION(S)

<b>CMO</b>	Chief Medical Officer
<b>CMS</b>	Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">http://www.cms.hhs.gov</a>
<b>DMAP</b>	Oregon Division of Medical Assistance Programs <a href="http://www.oregon.gov/DHS">http://www.oregon.gov/DHS</a>
<b>Practice guideline</b>	A set of criteria that describes appropriate management for a specific population or diagnosis, i.e., health maintenance for children or diabetes
<b>QIC</b>	Quality Improvement Committee

## PROCEDURES

1. CareOregon 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 QIC 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 CMO 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. Quality Improvement 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 CMO or relevant specialist initiates the modification. The practice guideline draft will be presented to the QIC 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 QIC, any changes are incorporated into the guideline.
4. The CMO or designee may send a revised version to all contracted providers who treat the condition or perform the procedure, requesting feedback. The CMO may elect to utilize a sample of the provider population for this purpose.
5. The QIC reviews and discusses the feedback received and the CMO or relevant specialists incorporate any changes into the final version.
6. Once approved by the QIC, the guideline will be posted on the CareOregon Provider website. The QI staff member who presents the guideline to the QIC is responsible for ensuring that the updated guideline is posted to the website and that the Communications staff is notified so they can include the information in the new provider newsletter postcard.
7. The provider newsletter will be used to communicate guidelines that have been reviewed, updated and/or posted on the provider website. Providers are notified of a new edition of the Provider newsletter via mailed postcard.

8. Practice Guidelines information will be included in new provider orientation packets. The Provider Manual will direct providers to the CareOregon 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 from the Quality Improvement (QI) department.
9. Once approved, the QI staff who present the guideline to the QIC directs the Communications Department to provide practice guidelines that impact a member's ability for self-care improvement/health promotion to members. Guidelines are made available to members from the CareOregon website. The member newsletter, which is mailed to all members, will be used to communicate that new guidelines or revised guidelines have been posted on the member website. Appropriate Guidelines will be published/updated in the member's handbooks as well.
10. The QIC reviews adopted guidelines biennially to insure 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. Websites are updated accordingly. All updates and/or revisions are communicated via the provider website and the next provider newsletter following adoption of guideline revisions.
11. The QIC work plan includes a calendar that indicates when approved guidelines are due for their 2-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.
12. Any new guidelines established by the Health Services Commission and adopted by DMAP will be incorporated into the QI processes.

## **RELATED CAREOREGON POLICIES AND PROCEDURES AND DOCUMENTS**

### **OTHER RELATED DOCUMENTS AND SOURCES**

NCQA, QI 9: Clinical Practice Guidelines (HP 2010)

NCQA, MA17: Clinical Practice Guidelines (MA2010)