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<b>DEPT/OPS AREA:</b> QUALITY & RISK MANAGEMENT	<b>POLICY NAME:</b> USE OF EVIDENCE-BASED GUIDELINES	<b>POLICY NUMBER:</b> QRM0000
<b>EFFECTIVE (ORIGINAL) DATE:</b>		<b>REVISED DATE:</b>
<b>APPROVAL DATE:</b>	<b>DATE REVIEWED:</b>	<b>APPROVED BY:</b> BOARD OF DIRECTORS

**APPLIES TO:**

**POLICY STATEMENT:**

Evidence-based guidelines are systematically developed statements that help physicians, other practitioners, case managers, and client make decisions about appropriate health care for specific clinical circumstances. These guidelines have a sound scientific basis, such as clinical literature and expert consensus. The evidence-based guidelines used by **HEALTHCARE ORGANIZATION** are designed to assist the primary care provider in diagnosis and treatment. They are not intended to replace a clinician’s judgment or establish a protocol for all patients.

The use of evidence-based guidelines allows **HEALTHCARE ORGANIZATION** to measure the impact of the guideline implementation on outcomes of care and may reduce practitioner variation in diagnosis and treatment. Implementation and measurement may be demonstrated using clinical protocols, proactive reminders of recommended tests or screenings, workflow organizers, electronic health record templates, patient registries demonstrating appropriate treatment plans.

Certain behavioral health disorders such as depression may have a high prevalence in the population. Since these disorders may first be recognized in primary care, it is important that there be guidelines available to support appropriate treatment.

Since evidence-based guidelines are based on the scientific data and expert opinion available at the time the guideline is adopted, the guideline must be reevaluated and updated when more data and information on the guideline topic become available.

Appropriate participating practitioners are involved in the adoption of the clinical practice guidelines so that they understand, accept and use them.

This policy is reviewed at least every two years. Modifications are presented to **HEALTHCARE ORGANIZATION**’s Quality Improvement Committee (QIC) for review with a recommendation made to the Board of Directors for approval.

**RESPONSIBILITY:**

**HEALTHCARE ORGANIZATION**’s Board of Directors (BOD) has ultimate responsibility for the approval of this policy. They delegate oversight of this Policy to the QIC, which in turn delegates implementation to the Medical Director. The Medical Director delegates the responsibility of guideline review for revisions and for distribution to all appropriate practitioners to the Quality Manager.

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**IMPLEMENTATION:**

Evidence-based guideline review and all tools utilized by HEALTHCARE ORGANIZATION to implement each guideline will be scheduled at a minimum of at least every three years or when new scientific evidence or national standards are published before the three year review date.

The selection of evidence-based guidelines is based on relevance to the HEALTHCARE ORGANIZATION's population.

There must be evidence that practitioners who use the guideline have an opportunity to give advice during the development/review process for any center-developed clinical protocol or guideline implementation tool. When HEALTHCARE ORGANIZATION adds new practitioners subsequent to the original adoption and/or distribution there must be evidence that HEALTHCARE ORGANIZATION makes available the protocols and guidelines to those individuals.

HEALTHCARE ORGANIZATION will distribute or make available adopted evidence-based guidelines to all the practitioners who are likely to use them. Distribution may be considered complete when guidelines are contained within an electronic medical record or are Internet based resources and evidence is demonstrated that each practitioner has access (e.g., login).

**MONITORING:**

HEALTHCARE ORGANIZATION measures its performance against important aspects of adopted evidence-based guidelines. HEALTHCARE ORGANIZATION will measure important aspects for at least 3 preventive care measures/services and 3 chronic care measures consistent with or in addition to the required HRSA/BPHC clinical indicators. Performance measurement may be population based and/or practice based and must meet UDS standards for reporting, as applicable. HEALTHCARE ORGANIZATION may evaluate data on a sample of the clients to determine whether the treatment its clients are receiving follows the evidence-based guidelines. If the evaluation is practice based, HEALTHCARE ORGANIZATION may identify a sample of practitioners or practices and evaluates administrative data and/or sample of records of treatment of the preventive care measures or chronic care.

The methodology HEALTHCARE ORGANIZATION employs must allow HEALTHCARE ORGANIZATION to use the results to improve practitioner performance. The methodology must allow HEALTHCARE ORGANIZATION to aggregate results and to analyze areas or parts of the guidelines that are not being used.

At least every three years each protocol and/or guideline is reviewed against patient education materials, drug formulary, covered services, and patient financial responsibility to identify areas in which the evidence-based guidelines may be inconsistent with the program delivery of services. During the review process all patient materials is reviewed for literacy.

**CLINICAL PRACTICE GUIDELINES:**

1. American Diabetes Association's (ADA) Standards of Medical Care in Diabetes Position Statement [www.guideline.gov](http://www.guideline.gov)
2. USPSTF (US Preventive Services Task Force) Preventive Health Guidelines

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[www.ahrq.gov/clinic/USpstfix.htm](http://www.ahrq.gov/clinic/USpstfix.htm)

3. NHLBI (National, Heart and Blood Institute): Expert Panel 3: Diagnosis and Management of Asthma  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
4. NHLBI JNC (Joint National Committee)7: Prevention, Detection, and Evaluation of High Blood Pressure  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
5. NHLBI Clinical Guidelines on the Identification, Evaluation, and Treatment of Obesity in Adults  
[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)
6. American Academy of Pediatrics (AAP): Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity  
[www.pediatrics.aappublications.org/cgi/content/full/102/3/e29](http://www.pediatrics.aappublications.org/cgi/content/full/102/3/e29)
7. Prenatal/Perinatal Care Preventive Health Guidelines
  - The American College of Obstetricians and Gynecologists. ACOG’s Antepartum Record, Washington, DC.
  - Guidelines for Perinatal Care, 5th edition, American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.
  - American Diabetes Association Clinical Practice Recommendations. Gestational Diabetes, *Diabetes Care*, Volume 26: Supplement 1, [http://care.diabetesjournals.org/content/vol26/suppl\\_1](http://care.diabetesjournals.org/content/vol26/suppl_1)
  - American Academy of Pediatrics. Breastfeeding and the Use of Human Milk, Pediatrics  
[www.aap.org/advocacy/releases/feb05breastfeeding.htm](http://www.aap.org/advocacy/releases/feb05breastfeeding.htm)
  - The American College of Obstetricians and Gynecologists. [www.acog.org](http://www.acog.org)
  - American Academy of Family Practice. [www.aafp.org](http://www.aafp.org)

**REFERENCES:**

Sections 330(a), Sections 330(h)(2) of the PHS Act (Clinical Services)  
 Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25(c)(2), (3) and 42 CFR Part 51.c.303(c) (1-2)  
 (Quality, Peer Review  
 NCQA PCMH Standards: 3E

**KEYWORDS:**

Evidence based, Guidelines, PCMH 3E