

Title: Evidence-Based Clinical Practice Guideline Development for DVHA

Issuance Date: April 26, 2023

Applicable Regulations, Guidelines, and AHS Policy:

Federal statute or rule:

438.236

IGA/MOU:

2.9.2.1

Waiver:

Global Commitment Waiver 1115

Purpose:

This Standard Operating Procedure (SOP) provides DVHA with a consistent process for identifying, developing, adopting, disseminating, and evaluation of clinical practice guidelines. These guidelines are based upon valid and reliable evidence or a consensus of health care professionals. Clinical practice guidelines are “systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances,” (Institute of Medicine, 1990). Guidelines are developed and monitored in order to link DVHA’s work with, and assess progress towards, the Institute for Healthcare Improvement’s (IHI) Triple Aim, whose three dimensions include: improving the members’ experience of care, improving the health of our members and reducing the cost of healthcare.

All guidelines support the following objectives:

- Describe appropriate care based on the best available scientific evidence and broad consensus,
- Reduce inappropriate variation in practice,
- Provide a more rational basis for referral,
- Provide a focus for continuing education,
- Promote efficient use of resources,
- Act as a focus for quality control, including audits.

Procedure:

DVHA develops and adopts clinical practice guidelines in a manner that meets the following requirements:

- Develop and adopt in collaboration with other agency partners when possible.
- Base guidelines on valid and reliable clinical evidence or a consensus of health care professionals in the field.
- Consider the needs of the Global Commitment to Health Waiver members.
- Adopt in consultation with health care professionals.

Guidelines are disseminated to all affected providers and upon request to Medicaid enrollees and potential enrollees. They are monitored to assure consistency with DVHA's utilization management program, enrollee education, and coverage guidelines. These are reviewed and updated at a minimum of every three years, or as needed by the SME as directed by the Nursing Operations Director or designee.

IDENTIFICATION

DVHA uses outcome data from:

- Select HEDIS measures,
- Under/over utilization reports,
- Provider profiles,
- Consumer Assessment of Health Plans Study (CAHPS),
- Pharmacy data,
- Other relevant data from claims,
- Other sources which identify prevalent and/or costly medical conditions that would benefit from the development of clinical practice guidelines following national standards and best practices.

In addition to DVHA's internal identification process, DVHA will actively engage in all health improvement initiatives for the Medicaid populations that are adopted by the legislature.

DEVELOPMENT

Guidelines are developed with the intent of improving healthcare delivery. As appropriate, DVHA works collaboratively with other Intergovernmental Agreement (IGA) partners to develop guidelines intended for use with the entire population, which is not limited only to Medicaid members.

As with any clinical guideline, DVHA's adopted guidelines are intended to augment, not replace, sound clinical judgement. All guidelines are developed and modified in accordance with the [U.S. Preventive Services Task Force Standards for Guideline Development \(uspreventiveservicestaskforce.org\)](https://www.uspreventiveservicestaskforce.org)

Guidelines targeted solely for the Global Commitment to Health Waiver members are developed within DVHA, drawing upon external national sources for evidence-based

Standard Operating Procedure

standards and documented consensus among health care professionals. Once drafted, DVHA circulates draft guidelines to subject matter relevant experts, who are identified by DVHA.

DVHA also works with other relevant IGA partners(s) to develop guidelines intended for a population broader than only Medicaid. A subject matter expert from the IGA partner is responsible for identifying and leading the development process, with support from a DVHA member.

ADOPTION

An ad hoc group of topic SMEs from DVHA meet to review the comments and determine final revisions to the guidelines using consensus decision making. The guidelines are sent to the DVHA Chief Medical Officer for final review before going to the deputy commissioner for final approval.

Final guidelines will be signed by the DVHA Chief Medical Officer and disseminated to all DVHA members, reviewers, and others as determined by the DVHA Chief Medical Officer.

DISSEMINATION

Member Provider Relations (MPR) is responsible for posting all clinical practice guidelines on the DVHA website and make guidelines available upon request to all providers and members. The Clinical Services Team coordinates with MPR. on updating materials.

In addition to making the guidelines publicly available, DVHA engages in specific Global Commitment to Health Waiver Beneficiary and Provider education activities such as:

- Global Commitment to Health Waiver Beneficiary Education: Activities for improving member knowledge and self- management of health conditions, including the development of and distribution of educational materials.
- Provider Education: Provider education includes both preventive and disease-specific components, as well as administrative support tools.

MONITORING

DVHA units use many data resources to monitor and analyze internal adherence to clinical practice guidelines: HEDIS, Consumer Assessment of Health Plans Study (CAHPS), health and quality improvement initiatives, under/over utilization analyses, pharmacy utilization data, medical chart reviews, and financial and member reporting. Routine monitoring and analyses allow DVHA to determine the activities to target to improve utilization and the quality of care outcomes, as well as quality of service for Global Commitment to Health Waiver members.

The Clinical Services Team has SOPs for Quality of Care and Clinical Audit process. Through these SOPs, provider activity is monitored, and unusual activity is communicated to the DVHA Special Investigations Unit when warranted.

Revision History:

| Date | Summary of Revisions |
|-----------|-----------------------|
| 3/14/2022 | OMU review, accepted. |
| 4/26/2023 | Review, minor edits |

Table 1 Revision History