

PreferredOne®

Department of Origin: Quality Management	Approved by: Quality Management Committee	Date approved: 7/12/18
Department(s) Affected: Quality Management, Network Management	Effective Date: 7/12/18	
Procedure Description: Clinical Practice Guidelines	Replaces Effective Procedure Dated: 7/13/2017	
Reference #: QM/C003	Page:	1 of 3

PRODUCT APPLICATION:

- ☒ PreferredOne Community Health Plan (PCHP)
- ☐ PreferredOne Administrative Services, Inc. (PAS)
- ☐ PreferredOne (PPO)
- ☒ PreferredOne Insurance Company (PIC)

BACKGROUND:

PreferredOne adopts Institute of Clinical Systems Improvement (ICSI) clinical practice guidelines. Clinicians from ICSI member medical organizations survey scientific literature and draft health care guidelines based on the best available evidence. These guidelines are subjected to an intensive review process that involves physicians and other health care professionals from ICSI member organizations before they are made available for general use. More than 50 guidelines for the prevention or treatment of specific health conditions have been developed and are updated annually.

PreferredOne adopts the guidelines listed below for distribution in the contracted networks and performance measurement.

PROCEDURE:

I. PreferredOne adopts the following ICSI guidelines and supports implementation within its provider network:

- A. Asthma, Diagnosis and Management of
- B. Diabetes Mellitus in Adults, Type 2; Diagnosis and Management of
- C. Depression, Adult in Primary Care
- D. ADHD, Attention Deficit Hyperactivity Disorder in Primary Care for School-Age Children and Adolescents
- E. Preventive Health
 - Prenatal Care, Routine
 - Preventive Services for Children and Adolescents
 - Preventive Services for Adults

II. Distribution and Update of Guidelines

- A. PreferredOne's adopted guidelines are distributed via the provider newsletter to the contracted network and posted on the PreferredOne Web site. Adopted guidelines are always available upon request.
- B. Guidelines are reviewed approximately every 18 months following publication to reevaluate scientific literature and to incorporate suggestions provided by medical groups who are members of ICSI. The ICSI workgroup revises the guideline to incorporate the improvements needed to ensure the best possible quality of care. When guidelines are revised PreferredOne will send out the updated guideline(s) to all practitioners via the provider newsletter.
- C. On an annual basis, practitioners are notified that all guidelines are available at www.icsi.org

III. Performance Measurement - baseline assessment for the initial adoption of the guidelines was conducted in fall of 2007, first network assessment report available in June 2008. Annual assessment to be conducted on an ongoing basis. The ICSI guidelines provide the basis for measurement and monitoring of clinical indicators and quality improvement initiatives. The annual measures that will be used to assess performance for each clinical guideline adopted are as follows:

- A. Asthma, Diagnosis and Management of

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1. Medication Compliance, percentage of patients with persistent asthma who were dispensed appropriate medication and that remained on them for at least 75% of their treatment period (HEDIS technical specification)
 2. Optimal Asthma Care Measure (Minnesota Community Measurement Measure) This measure examines the percentage of patients, ages 5-50, with persistent asthma who have reached the following three targets to control their asthma:
 - Evidence of well-controlled asthma
 - Not at risk for elevated exacerbation as evidenced by patient-reported emergency department visits and hospitalizations
- B. Diabetes Mellitus in Adults, Type 2; Diagnosis and Management of
- The percentage of members 18-75 years of age with diabetes who had each of the following:
1. HbA1c control (<8.0%) (HEDIS technical specifications)
 2. BP control (<140/90 mm Hg) (HEDIS technical specifications)
- C. Depression, Adult in Primary Care
1. Percentage of patients who have had a response to treatment at 12 months (+/- 30 days) after diagnosis or initiating treatment, e.g., had a PHQ-9 score decreased by 50% from initial score at 12 months (+/- 30 days)
 2. Percentage of patients who have reached remission at 12 months (+/- 30 days) after initiating treatment, e.g., had a PHQ-9 score less than 5 at 12 months (+/- 30 days)
- D. ADHD, Attention Deficit Hyperactivity Disorder in Primary Care for School-Age Children and Adolescents
1. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase (HEDIS technical specifications)
 2. Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended (HEDIS technical specifications)
- E. Preventive Health
1. Preventive Services for Children and Adolescents
 - a. Percentage of patients who by their second birthday have the following immunization status (HEDIS technical specifications):
 - Four DTaP/DT
 - Three IPV
 - One MMR
 - Three Hib
 - Three Hepatitis B
 - One VAR, or documented chicken pox disease
 - Four pneumococcal
 - Two Hepatitis A
 - Rotavirus:
 - Two doses of the two-dose vaccine, or
 - One dose of the two-dose and two doses of the three-dose vaccine, or

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- Three doses of the three-dose vaccine

- Two Influenza

b. Percentage of sexually active women age 16-24 years of age who had at least one test for chlamydia during the measurement year (HEDIS technical specifications).

2. Preventive Services for Adults

a. Breast Cancer Screening. The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the previous two years (HEDIS technical specifications).

b. Colorectal Cancer Screening. The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer (HEDIS technical specifications).

One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.

IV. PreferredOne has utilized the ICSI's practice guidelines as the clinical basis for its chronic illness management programs for Diabetes and Asthma and will ensure program materials are consistent with the practice guidelines.

REFERENCES:

- NCQA Standards and Guidelines for the Accreditation of Health Plans
 - o QI 7 Clinical Practice Guidelines
 - o QI 6 Disease Management

DOCUMENT HISTORY:

Created Date: 1/24/06
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