

Promotion of Evidence-Based Medicine

Effective Date: 10/24/2017

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Policy

- A. It is the policy of the ACO to promote and adhere, when appropriate, to Evidence-Based Medicine (EBM) defined processes that foster the development, implementation, review, and updating of evidence-based guidelines in the delivery of care to Beneficiaries.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities (collectively referred to herein as "the ACO").

Procedure

- A. The ACO will utilize nationally-available, evidence-based guidelines and methods to identify the most appropriate clinical care processes.
- B. Such identified EBM will be utilized, where possible, to coordinate Beneficiary care based on the conditions, diseases, or clinical needs identified.
- C. Suggested guidelines for use include: National Quality Forum, Institute for Clinical Systems Improvement, CMS Agency for Research and Quality, CMS National Coverage Determination Guidelines, CMS Quality Incentive Program Guidelines, and specialty-specific guidelines.
- D. Within the ACO, the Quality Improvement & Care Coordination (QICC) Subcommittee and Governing Body will monitor the use of guidelines appropriate to care coordination. EBM protocols may include the following concepts:
 - 1. Pre-visit planning;
 - 2. Clinical (practitioner-driven) and non-clinical standing orders;
 - 3. Beneficiary education tools;
 - 4. Beneficiary self-coordination support tools and processes, including counseling for adopting health behaviors;
 - 5. Individual care plan development and processes to determine challenges that may be barriers to meeting treatment goals;
 - 6. Process for monitoring medication reconciliation and adherence;
 - 7. Beneficiary-centered tools that develop resources to meet the cultural and linguistic needs of the Beneficiaries and their families;
 - 8. Community resources and referrals, including identifying specialty care related to important conditions;

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9. Specific plans for preventing emergency room visits, hospitalizations and post-visit follow-up, including communicating with Beneficiaries with conditions overdue for visits/services or who have not kept planned care visits; and,
 10. Referring high-risk Beneficiaries and/or non-adherent Beneficiaries for further care coordination services.
- E. The ACO will utilize the following tools within the Electronic Medical Record (EMR) or appropriate documentation system that provide support for EBM protocols:
1. Clinical documentation system (EMR, hospital system, care coordination system);
 2. Proven knowledgebase and Beneficiary education tools (e.g., Healthwise);
 3. Approved online sites where EBM guidelines are available (defined by practice or specialty); and,
 4. Community resources with specialty expertise.

Reporting

- A. N/A

Related Documentation

- A. 42 CFR §425.112
- B. ACO Application Narratives: Promoting Beneficiary Engagement, Promoting Coordination of Care, Promoting Evidence-Based Medicine
- C. ACO Terms & Definitions Policy
- D. Beneficiary Risk Identification & Stratification Policy
- E. Care Coordination Program Policy
- F. Medicare Shared Savings Program Quality Measures
- G. Quality Improvement Work Plan
- H. Social Security Act 1899(b)(2)(G)