

## Promotion of Evidence-Based Medicine

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Effective Date: 01/01/2018

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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 Next Generation Participants, Preferred Providers, Next Generation Professionals 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 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;

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8. Community resources and referrals, including identifying specialty care related to important conditions;
  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., Krames);
  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. Next Generation ACO Model Participation Agreement Section VII.A, IX
- 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
- B. Next Generational ACO Model Quality Measures:
  1. Measure ACO-5: Health Promotion and Education
- F. NCQA Standards and Guidelines for the Accreditation of ACOs:
  1. PO 2, Element A: Decision Support
  2. PC 1, Element D: Implement Evidence-Based Guidelines

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- G. Quality Improvement Work Plan
- H. Social Security Act 1899(b)(2)(G)