

Chapter 24

Clinical Practice Guidelines

Overview

This chapter includes UCare's Clinical Practice Guidelines.

This Chapter Includes:

[Clinical Practice Guideline Overview](#)

[Preventive Services for Adults Guideline](#)

[Preventive Services for Children and Adolescents Guideline](#)

[Prenatal Care, Routine Guideline](#)

[Diabetes, Type 2 Diagnosis and Management Guideline](#)

[Asthma, Diagnosis and Management Guideline](#)

[Obesity, Prevention and Management Guideline](#)

Clinical Practice Guideline Overview

UCare adopts and disseminates clinical practice guidelines to enhance patient and clinical decision-making, improve health care outcomes, and meet state and federal regulatory requirements. Guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of members.

UCare adopts guidelines to assist health care professionals and providers in recommended courses of intervention, but not as a substitute for the advice of a physician or other knowledgeable health care professional or provider. Guidelines can serve as a tool to identify areas of clinical improvement.

UCare, through the Quality Improvement Advisory and Credentialing Committee (QIACC), adopts clinical practice guidelines from nationally or locally recognized sources. The primary source for UCare's guidelines is the Institute for Clinical Systems Improvement (ICSI). If ICSI does not have a guideline for the desired topic, other guideline sources may be used. These sources may include medical specialty societies and other professional organizations. The guidelines are based on reasonable medical evidence or a consensus on clinical treatment patterns by physicians in the selected field of practice.

The UCare QIACC reviews and approves the content of the guidelines at least every two years. To determine provider compliance with current guidelines, UCare annually audits clinic performance against established guidelines using a reasonable sample and appropriate data source. The results are included in the Annual Quality Program Evaluation and assessed for desired outcomes.

The format of UCare's clinical practice guidelines includes the primary source with a direct link to online content, modifications (if needed) for our unique populations, rationale for modifications, and additional references if available.

Currently, UCare has six clinical practice guidelines:

- 1. Preventive Services for Adults**
Primary Source: Institute for Clinical Systems Improvement
- 2. Preventive Services for Children and Adolescents**
Primary Source: Institute for Clinical Systems Improvement
- 3. Prenatal Care, Routine**
Primary Source: Institute for Clinical Systems Improvement
- 4. Diabetes, Type 2 Diagnosis and Management**
Primary Source: Institute for Clinical Systems Improvement
- 5. Asthma, Diagnosis and Management**
Primary Source: Institute for Clinical Systems Improvement
- 6. Obesity, Prevention and Management**
Primary Source: Institute for Clinical Systems Improvement

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UCare Practice Guideline

Topic: Preventive Services for Adults

Primary Source: Institute for Clinical Systems Improvement (ICSI)

Guideline:

The following ICSI Guideline has been adopted as the UCare Clinical Practice Guideline with the noted modifications:

Preventive Services for Adults direct link at:

http://www.icsi.org/guidelines_and_more/gl_os_prot/preventive_health_maintenance/preventive_services_for_adults/preventive_services_for_adults_11.html

Click on “+ Show Additional Materials” to view guideline [Executive Summary](#) and [Summary of Changes](#) documents.

UCare Modifications of ICSI Guideline:

- Adopted with the following notation.

Notation:

- UCare providers should consider the use of Fluzone High-Dose vaccine for members 65 years and older as this may offer a stronger immune response according to the Centers for Disease Control and Prevention.

Additional Guideline References:

- Immunization Guideline (ICSI) direct link: http://www.icsi.org/guidelines_and_more/gl_os_prot/preventive_health_maintenance/immunizations_guideline/immunizations_guideline_38399.html
- Preventive Services Recommended by US Preventive Services Task Force (USPSTF) direct link: <http://www.ahrq.gov/clinic/uspstfix.htm>
- Centers for Disease Control and Prevention direct link: http://www.cdc.gov/flu/protect/vaccine/qa_fluzone.htm

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UCare Practice Guideline

Topic: Preventive Services for Children and Adolescents

Primary Source: Institute for Clinical Systems Improvement (ICSI)

Guideline:

The following ICSI Guideline has been adopted as the UCare Clinical Practice Guideline with the noted modifications:

Preventive Services for Children and Adolescents direct link at:

http://www.icsi.org/guidelines_and_more/guidelines_order_sets_protocols/preventive_health_maintenance/preventive_services_for_children_guideline/preventive_services_for_children_and_adolescents_762.html

Click on “+ Show Additional Materials” to view guideline Executive Summary and Summary of Changes documents.

UCare Modifications of ICSI Guideline: Adopted with modifications.

- Follow Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screenings, which include blood lead testing.
- At the discretion of the provider and based upon the individual risks of the member, annual or more frequent well child visits are recommended.

Rationale for modifications:

- UCare guideline must at a minimum follow C&TC state regulatory requirements.
- UCare guideline must recognize the unique nature of it’s public program populations.

Additional Guideline References:

- Immunization Guideline (ICSI) direct link:
http://www.icsi.org/guidelines_and_more/gl_os_prot/preventive_health_maintenance/immunizations_guideline/immunizations_guideline_38399.html
- Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screenings direct link: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3379-eng>
- Schedule of Age-Related Dental Standards direct link:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_144708.
- Child and Teen Checkups website direct link:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_006270

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UCare Practice Guideline

Topic: Prenatal Care, Routine

Primary Source: Institute for Clinical Systems Improvement (ICSI)

Guideline:

The following ICSI Guideline has been adopted as the UCare Clinical Practice Guideline with the noted modifications:

Prenatal Care, Routine direct link at:

http://www.icsi.org/guidelines_and_more/guidelines_order_sets_protocols/womens_health/prenatal_care_4/prenatal_care_routine_3.html

Click on “+ Show Additional Materials” to view guideline Executive Summary and Summary of Changes documents.

UCare Modifications of ICSI Guideline:

- Adopted without modifications.

Notation:

- HIV screening is recommended after general consent for medical care is obtained and the patient is notified that testing will be performed unless the patient declines (opt-out screening).

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UCare Practice Guideline

Topic: Diabetes, Type 2 Diagnosis and Management

Primary Source: Institute for Clinical Systems Improvement (ICSI)

Guideline:

The following ICSI Guideline has been adopted as the UCare Clinical Practice Guideline with the noted modifications:

Diabetes, Type 2 Diagnosis and Management direct link at:

http://www.icsi.org/guidelines_and_more/guidelines_order_sets_protocols/other_health_care_conditions/diabetes_mellitus_type_2/diabetes_mellitus_type_2_management_of_6.html

Click on “+ Show Additional Materials” to view guideline Executive Summary and Summary of Changes documents.

UCare Modifications of ICSI Guideline:

- Adopted without modifications.

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UCare Practice Guideline

Topic: Asthma, Diagnosis and Management

Primary Source: Institute for Clinical Systems Improvement (ICSI)

Guideline:

The following ICSI Guideline has been adopted as the UCare Clinical Practice Guideline with the noted modifications:

Asthma, Diagnosis and Management direct link at:

http://www.icsi.org/guidelines_and_more/guidelines_order_sets_protocols/respiratory/asthma_outpatient/asthma_diagnosis_and_outpatient_management_of_12572.html

Click on “+ Show Additional Materials” to view guideline Executive Summary and Summary of Changes documents.

UCare Modifications of ICSI Guideline:

- Adopted without modifications.

Notation:

- UCare would like to highlight the ICSI Guideline Annotation, “Determine Level of Asthma Control.” This is a key feature to the assessment and management of asthma. Questionnaires such as the Asthma Control Test (ACT) can offer valuable insight into the member’s level of control.

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UCare Practice Guideline

Topic: Obesity, Prevention and Management

Primary Source: Institute for Clinical Systems Improvement (ICSI)

Guideline:

The following ICSI Guideline has been adopted as the UCare Clinical Practice Guideline with the noted modifications:

Obesity, Prevention and Management direct link at:

http://www.icsi.org/guidelines_and_more/gl_os_prot/preventive_health_maintenance/obesity/obesity_prevention_and_management_of_mature_adolescents_and_adults_.html

Click on “+ Show Additional Materials” to view guideline Executive Summary and Summary of Changes documents.

UCare Modifications of ICSI Guideline: Adopted with modifications.

- Under Annotation, “Advise Weight Maintenance and Manage Other Risk Factors,” it is important to monitor BMI for trending at each visit. This assists in guidance and recommendations.
- To measure member commitment to goals and progress with the management strategy, it may be more appropriate to reassess members after four weeks of implementation versus the 12 weeks recommended by ICSI.
- Engage family members in education and support.

Rationale for Modifications:

- Trending of BMI can indentify potential issues for members whose BMI is in the normal range but may be trending upward over time.
- It is important at the beginning of a weight management strategy implementation to assess member commitment. Waiting for 12 weeks to have a reassessment may be too long for some members.
- Research supports family and the community have a major effect in helping create improvement in obesity treatment.

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