

Clinical Practice Guideline (CPG) Update



This update is specific to the CPGs monitored by DCH. It includes a summary of findings for reviews conducted Q4, 2021 – Q2, 2022. It also includes updates to the guidelines/audit tools made by DCH in November 2022:

■ Diabetes ■ Hypertension ■ Depression

*DCH requires CMOs to monitor Providers and measure compliance with the applicable clinical practice guidelines until ninety percent (90%) or more of total allocated providers are reviewed by the end of the review year. This is done through CPG medical record audits (MRAs).

- The medical records to be audited under the MRA will be selected on a quarterly basis using a true random sample. The actual number of providers audited each quarter will reflect no less than 20% of the total allocated providers within the CMO.
- Reviewers must utilize the DCH-approved forms.
- A deficiency occurs if a provider scores a total compliance rate of less than eighty percent (80%).

DIABETES

*The DCH audit tool incorporates the standards, established by the American Diabetes Association, for the treatment of Diabetes.

- <https://professional.diabetes.org/content-page/practice-guidelines-resources#:~:text=The%202020%20Standards%20of%20Medical%20Care%20in%20Diabetes%20includes%20all,evaluate%20the%20quality%20of%20care>
- <https://clinical.diabetesjournals.org/content/diaclin/early/2019/12/18/cd20-as01.full.pdf>
- https://care.diabetesjournals.org/content/42/Supplement_1/S148
- https://care.diabetesjournals.org/content/43/Supplement_1/S163

The overall results for the Q4, 2021–Q2, 2022 audit was 76.27%, A summary of the top three findings greater than (>) and less than (<) 80% for this time period's audit results are below.

Top Three Indicators >80%	Result
7. Documentation of Personal History: comorbid conditions, celiac disease screen in children with type 1, HBP or abnormal lipids presence of hemoglobinopathies or anemias, macrovascular and microvascular complications) at initial visit or as indicated.	98.22%
10. Documentation and assessment of current medication regimen and adherence (e.g., medication-taking behavior, medication intolerance or side effects, complementary and alternative medication	97.85%
8. Documentation of Interval history at Follow-up visit or Annual Visit. (Changes in medical/family history since last visit). Change in physical activity and sleep pattern.	95.72%

Top Three Indicators <80%	Result
18. Documentation of Vitamin B12 test was ordered if patient is on Metformin (when indicated) at Initial or annual visit or as indicated by previous findings if indicated.	17.31%
3. Documentation of Last Dilated or Retinal eye exam	32.9%
5. Documentation of Comprehensive foot exam: include evaluation of sensation and vascular status, assessment of nails, skins, ulcers.	39.34%

*Information taken directly from the applicable DCH CPG template FINAL2022. QICPG01012023

HYPERTENSION

*The DCH audit tool incorporates the standards, established and published by the American College of Cardiology and American Academy of Family Physicians, for the management and treatment of Hypertension.

- <https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2017/11/09/11/41/2017-guideline-for-high-blood-pressure-in-adults>
- <https://jamanetwork.com/journals/jama/article-abstract/2779190> <https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.120.15026>
- <https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.120.15026>
- <https://publications.aap.org/pediatrics/article/140/3/e20171904/38358/Clinical-Practice-Guideline-for-Screening-and>

The overall results for the Q4, 2021 – Q2, 2022 audit was 78.57%, A summary of the top three findings greater than (>) and less than (<) 80% for this time period's audit results are below.

Top Three Indicators >80%	Result
14. Referral to sub-specialty at Initial visit, follow-up visit, or annual visit as indicated.	99.39%
10. Documentation of treatment or medication(s) therapy at Initial visit, follow-up visit, or annual visit as indicated	98.82%
3. Documentation of co-morbid conditions (e.g., obesity, diabetes) at initial visit, and follow-up visit as indicated	98.09%

Top Three Indicators <80%	Result
15. Documentation of Social network (e.g., existing social supports, identify surrogate decision maker, advanced care plan, identify social determinations of health) at Initial visit, follow-up visit, or annual visit.	36.92%
9. Documentation of tobacco, alcohol, and substance use at Initial visit, follow-up visit, or annual visit if indicated.	53.42%
6. Documentation of personal history of nutritional history, activity level, medication/treatment and psychosocial. (If child, documentation of perinatal history) at initial visit, follow-up visit, or annual visit if indicated.	54.10%

DEPRESSION

*This audit tool incorporates the standards, established and published by the American Psychological Association (APA), for the management and treatment of Depression.

- <https://www.apa.org/depression-guideline/guideline.pdf>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5310101/>
- <https://www.mayoclinic.org/diseases-conditions/teen-depression/in-depth/antidepressants/art-20047502> (new resource effective 12.2022)

The overall results for the Q4, 2021 – Q2, 2022 audit was 88.73%, A summary of the top three findings greater than (>) and less than (<) 80% for this time period's audit results are below.

Top Three Indicators >80%	Result
11. Established diagnosis according to current diagnostic criteria	100%
17. Documentation of medication monitoring and management (if member prescribed medication).	100%
19. Documentation of current medication regimen	100%

Top Three Indicators <80%	Result
25. Documentation of a safety plan in the chart and evidence that it has been reviewed with the member (and caregivers, as indicated).	45.87%
18. Documentation of psychotherapy sessions or consultation with therapy provider.	60%
3. History taken includes history of depression, suicidal ideation, and attempts.	76.66%

The CPG medical record audit tool was updated by DCH in November 2022. Please review the tools on the Peach State Health Plan website (<https://www.pshpgeorgia.com/providers/quality-improvement/practice-guidelines.html>)

*Information taken directly from the applicable DCH CPG template FINAL2022. QICPG01012023