Subject: Dissemination of Clinical Practice Guidelines  

Objective:
I. To ensure that Health Share/Tuality Health Alliance (THA) makes the Clinical Practice Guidelines used in THA Medical Management utilization/medical necessity referral determinations known to THA Providers.

II. To ensure that THA provides more than one avenue of dissemination of Clinical Practice Guidelines to providers and/or members.

III. To ensure that practitioners and members make decisions about appropriate healthcare for specific clinical circumstances.

Policy:
I. The THA Quality Management Committee (QMC) is responsible for the review, adoption, and approval of clinical practice guidelines. This QMC process includes the development and dissemination of clinical practice guidelines adopted from nationally recognized sources, with solicitation for comments from the THA Medical Director and QMC members.

II. THA engages in an active process of choosing guidelines that are appropriate to its membership and uses these guidelines as the standard to measure performance. THA recognizes that the benefits of promoting guidelines for use include:
   - Decreasing variations in practice patterns;
   - Increasing appropriateness of care; and
   - Improving health outcomes and health status.

III. THA utilizes the following guidelines in the practice of referral reviews and prior authorizations:
   - THA-developed Clinical Practice Guidelines;
   - Guidelines from the Oregon Health Services Commission;
   - McKesson InterQual Guidelines;
   - National Clearinghouse Guidelines; and
   - Guidelines developed by nationally-recognized Federal organizations or associations.

IV. In the event that a conflict exists between guidelines, the guideline that is most appropriate for the needs and positive outcome of the member/patient will be utilized.
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V. The guidelines are located and available for dissemination from the THA Policy Manual, THA Internet site (www.tualityhealthalliance.org), and upon request.
   a. When a referral or prior authorization is requested, the THA Medical Director may contact the referring provider if the request does not meet criteria for approval.
   b. In the event that a member requests a copy of the guidelines used in making a referral or authorization decision, the guidelines will be printed and mailed to the member, or alternatively an Adobe Acrobat file may be sent electronically to the member.
   c. If a provider prefers a printed copy of the guidelines, these can be printed and faxed or mailed per the provider’s request.
   d. Once guidelines are provided, the request should be logged in the Case Management folder.

VI. Guidelines are reviewed and updated as needed, at a minimum every two years.

References:
Health Share RAE Participation Agreement
NCQA Clinical Practice Guidelines
Oregon Health Authority Health Plan Services Contract 2013

Formulated: June 5, 2007
Reviewed: October 2013
May 2015
Revised: February 2009
August 2011

THA Plan Director
THA Medical Director