

## **20 PRACTICE GUIDELINES**

### **20.1 OVERVIEW**

As part of its Quality Assessment and Performance Improvement Program, The Plan has adopted practice guidelines for the prevention and/or early detection of disease and the evaluation and treatment of health conditions that may affect our members. Practice guidelines should be used to facilitate rather than replace professional medical judgment. These preventive care and treatment guidelines do not address all medical conditions and are intended to replace the physician's or other provider's clinical judgment in preventive care or in the management of any disease entity. Treatment decisions should be informed by the best medical evidence available and should take into account the patient's values and beliefs. Ultimately it is the physician's professional responsibility to recommend the best course of evaluation and treatment for each individual patient.

Prevention and treatment guidelines issued by government agencies and professional and advocacy organizations change from time to time as knowledge evolves, and are sometimes in conflict with each other. They are not perfect, as they reflect the state of medical knowledge, which is so often incomplete, at the time they were issued. The Plan is not in a position to resolve these conflicts or to independently verify each and every set of guidelines and recommendations. The purpose in adopting these guidelines is to assist physicians in understanding the standard of care and in some instances to discourage providers from recommending excessive levels of care or unproven tests and treatments that do not add value for the patient and may increase the risk of harm and/or lead to increased costs to the health care system. Physicians and other professionals have an obligation to keep up with the changes taking place in medical practice and to apply the most current knowledge to the care of their patients, with the understanding that it is not always clear what the best course of action may be for any given patient.

In addition to the peer-reviewed medical literature and reports issued by professional organizations, one way for practitioners to keep up with evolving guidelines is through the National Guideline Clearinghouse, a public resource for evidence-based guidelines run by the Agency for Health Care Research and Quality ([www.guideline.gov](http://www.guideline.gov)).

#### **20.1.1 PREVENTIVE CARE FOR CHILDREN AND ADOLESCENTS**

The Plan adopted as its pediatric preventive care standards the New York State Child Teen Health Program (C/THP) guidelines. In addition, the Plan recommends the use of the American Medical Association's Guidelines for Adolescent Preventive Services. These can be found in Appendices 15 and 16 in this Provider Manual. The United States Preventive

Services Task Force also has evidence-based recommendations for children and adolescents (see the next section).

### **20.1.2 PREVENTIVE CARE FOR ADULTS**

The Plan has adopted the recommendations of the United States Preventive Services Task Force as its adult preventive care and screening guidelines. These guidelines are designed as recommendations to assist our providers to tailor a plan of appropriate preventive care to meet the needs of their patients. These guidelines are quite extensive; they can be found at <http://www.ahrq.gov/clinic/uspstfix.htm#>. We recommend that providers make use of the Agency for Healthcare Research and Quality's Electronic Preventive Services Selector (ePSS). This is a quick, hands-on tool designed to help primary care clinicians identify and offer the screening, counseling, and preventive medication services that are appropriate for their patients. The ePSS is based on the current, evidence-based recommendations of the USPSTF and can be searched by specific patient characteristics, such as age, sex, and selected behavioral risk factors. It is available both as a Web-based selector and as a downloadable PDA application at <http://epss.ahrq.gov/ePSS/index.jsp>.

Please note that the New York HIV Testing law as amended in September 2010 is not addressed by the USPSTF screening guidelines. Details on the New York requirements for what needs to be explained to patients undergoing testing can be found below in Section 20.1.7 and in Section 22.

### **20.1.3 PRENATAL CARE**

See Chapter 7 or Appendix 18 for the current standards for prenatal and postpartum care in New York State.

### **20.1.4 CARING FOR ADULTS AND CHILDREN WITH ASTHMA**

The Plan adopted the guidelines developed by the New York State Consensus Asthma Guideline Expert Panel, to assist providers in the management and treatment of asthma in children and adults. These can be found in Appendix 26. They are also available through the Plan web site,

The Plan strongly recommends that providers use the New York City Department of Health and Mental Hygiene ***Asthma Action Plan***, as appropriate for their patients. This tool is designed to assist members in working with the provider to manage their asthma. A supply of ***Asthma Action Plans*** can be ordered by calling the city wide Asthma Action Line at 1-877-ASTHMA-0 (1-877-278-4620) and are also available on the NYSDOH website. The forms are available in English and Spanish. A sample form is in Tab # 25 in the Appendix.

### **20.1.5 LEAD POISONING PREVENTION GUIDELINES AND MANAGEMENT**

The Plan expects providers to follow New York City Department of Health and Mental Hygiene (NYCDOHMH) guidelines for lead poisoning prevention and management – see Appendix 33.

### **20.1.6 CARING FOR ADULTS AND CHILDREN WITH TUBERCULOSIS (TB)**

The most detailed guidelines for diagnosing and treating tuberculosis can be found in the New York City Department of Health and Mental Hygiene’s “Clinical Policies and Protocols” from 2008, found at <http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-protocol.pdf>.

For information on testing and treatment for latent tuberculosis, please refer to the April 2006 edition of City Health Information, which can be found at: <http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-4.pdf>

When caring for members with tuberculosis, providers are responsible for:

- timely and accurate reporting of suspect and confirmed TB disease as required by the New York City Health Code;
- cooperating with the New York City Department of Health and Mental Hygiene if investigation or outbreak control efforts affects their patients, including providing access to member medical and laboratory records, reports and data;
- offer HIV counseling and testing to members with active TB;
- assure follow-up of members who miss scheduled visits;
- distribute TB related health education material; and promote TB related education with special emphasis on high-risk patients.

### **20.1.7 CARING FOR ADULTS AND CHILDREN WITH HIV/AIDS**

The Plan adopted treatment guidelines from the AIDS Institute of the New York State Department of Health, which can be found in the following publications:

- Criteria For The Medical Care of Adults With HIV Infection
- Criteria For The Medical Care of Children and Adolescents With HIV Infection
- Protocols For The Primary Care Of Adults And Adolescents With HIV Infection
- Protocols For The Primary Care Of Children And Adolescents With HIV Infection

These publications can be ordered directly from the AIDS Institute, as appropriate to your specialty. Publications are free of charge. An order form is in Tab # 21 in the Appendix.

Providers should have sufficient HIV Education and Prevention materials in their office waiting rooms that address:

- How HIV is spread
- High risk behaviors and risk-reduction strategies
- Testing options: rapid vs. conventional, anonymous vs. confidential.
- What test results mean with explanation of the “window period”
- The confidentiality of getting tested, test results, case reporting, and partner notification.

These publications can be ordered directly from the AIDS Institute an order form is in Tab # 21 in the Appendix.

Before ordering HIV testing, providers should do the following:

- ✧ Inform members being asked to consent to HIV testing about the seven points of information as required by the September 2010 changes to the New York HIV Testing Law
  - HIV is the virus that causes AIDS and can be transmitted through: unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles); by HIV-infected pregnant women to their infants during pregnancy or delivery; or while breast feeding.
  - There are treatments for HIV/AIDS that can help an individual stay healthy.
  - Individuals with HIV/AIDS can adopt safe practices to protect uninfected persons from acquiring HIV and infected people from acquiring additional strains of HIV.
  - Testing is voluntary and can be done anonymously at a public testing center.
  - The law protects the confidentiality of HIV test results and other related information.
  - The law prohibits discrimination based on an individual’s HIV status and services are available to help with such consequences.
  - Consent for HIV related testing remains in effect until it is withdrawn verbally or in writing. If the consent was given for a specific period of time, it remains in effect for that time period only. In any case, persons may withdraw their consent at any time.

- ✧ This information may be provided by the person ordering the test or through his representative (the representative can be a medical or non-medical person) through oral, written or electronic mechanisms with no formal pre-test counseling required. For adults not able to consent for themselves, the Family Health Care Decisions Act stipulates who is able to consent for care in a variety of circumstances.
- ✧ Answer all questions about the waiting room materials
- ✧ Identify individual risk by taking a sexual history, drug history and other potential exposure history
- ✧ Evaluate testing readiness including mental health and risk of test-related violence
- ✧ Recommend the Rapid HIV Test rather than the conventional test if available
- ✧ Answer all questions about the informed consent process
- ✧ Obtain oral or written consent

Should the patient choose to take the Rapid HIV Test, the provider should make a plan to deliver the results whether negative or positive. Results should be provided simply and clearly.

- ✧ If patient has a negative result, the provider must discuss the “window period”; and if indicated, recommend a re-test in three months. Establish a risk reduction plan.
- ✧ If patient receives a positive result, the provider should refer the patient for treatment and support; elicit partners and plan for notification; assess potential risk of domestic violence for each partner; establish a risk reduction plan to avoid transmission; and, make an appointment to return for confirmatory results.

If you would like to refer an HIV member to Case Management, you or the member should contact the Plan’s Care Coordination Department.

### **20.1.8 EXPANDED SYRINGE ACCESS PROGRAM (ESAP)**

Since HIV disease transmission also occurs through use of contaminated needles and syringes, under the Public Health Law of New York State patients over the age of 18 can get syringes and needles through the ESAP program. There are also disposal and exchange sites located in New York. To learn more about this program refer patients to the New York State HIV/AIDS Information Hotline-1-800-541-2437.

### **20.1.9 MEDICAL CARE OF PATIENTS WITH DIABETES MELLITUS**

The Plan adopted the “Guidelines for Adult Diabetes Care” developed by the New York Diabetes Coalition – see Appendix 27. These are based on the American Diabetes Association Clinical Practice Recommendations (see the latest version at [http://care.diabetesjournals.org/content/33/Supplement\\_1](http://care.diabetesjournals.org/content/33/Supplement_1) ). Adherence to these guidelines is an important part of the effort to control diabetes and prevent end-organ damage leading to blindness, chronic kidney failure and limb loss.

### **20.1.10 GUIDELINES FOR HIGH BLOOD CHOLESTEROL MANAGEMENT**

The Plan adopted the National Institutes of Health (NIH) National Cholesterol Education Program’s (NCEP) Third Report of the Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (ATP III) from 2004 as the standard of care for the management of high blood cholesterol. This can be found at <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>.

### **20.1.11 GUIDELINES FOR HIGH BLOOD PRESSURE PREVENTION, DETECTION AND TREATMENT IN ADULTS**

The Plan adopted guidelines from the National Heart, Lung and Blood Institute’s Seventh Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, (JNC VII), a summary of which is in Appendix 35. More details can be found at <http://www.nhlbi.nih.gov/guidelines/hypertension/>.

### **20.1.12 GUIDELINES FOR SMOKING CESSATION**

Guidelines for smoking cessation can be found in Appendix 28. Smoking Cessation treatments are available to Plan members. For Medicaid and Family Health Plus members, the Plan covers smoking cessation counseling and provides pharmacy benefits for smoking cessation products. For Child Health Plus members, please call the Plan Care Coordination line.

The Plan provides a Smoking Cessation Program for its members and encourages our providers to refer members who smoke to the program. For more information, call the Plan’s Care Coordination line and ask about our Smoking Cessation Program.

**Please encourage your patients to call the toll free New York State Smokers’ Quitline at 1-866-697-8487, or to visit [www.nysmokefree.com](http://www.nysmokefree.com) for information on how to quit smoking.**