

2009 Clinical Practice Guideline Updates

Updates to Clinical Practice Guidelines

Adult Preventive Services (Ages 18-49)

- *The number of changes are too numerous to detail, please review enclosed CPG.*

Adult Preventive Services (Ages 50-65+)

- *The number of changes are too numerous to detail, please review enclosed CPG.*

Diagnosis and Management of Adults with Chronic Kidney Disease

- *In the Core Principals of Treatment Section, “epoetin therapy” was replaced with “erythropoiesis stimulating agent (ESA)” throughout this section. In addition, “ESA if Hgb (Hct) < 11(33%)” was changed to “ESA if Hgb (Hct) < 10 (30%)”.*

Management of Adults with Major Depression

- *In the Eligible Population Section, “including prenatal and postpartum populations” was added.*
- *In the Recommendations Section, “Criteria for Major Depression” was updated to require at least 5 symptoms for at least two weeks, one of which must be either depressed mood or loss of interest. The following were also added as potential evidence of chronic depression: Markedly diminished interest or pleasure in all or almost all activities, significant weight loss or gain (>5% body weight or an increase or decrease in appetite, insomnia/hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feeling of worthlessness or inappropriate guilt, diminished concentration or indecisiveness, recurrent thoughts of death or suicide (Recognition may be increased with the use of a validated screening tool (e.g. PHQ-9, HANDS, CES-D Revised, Zung, PRIME-MD).*
- *“At the First Prenatal Care Visit through end of first postpartum year” was added to the Frequency Section.*
- *In the Screening for Suicide Risk Section, “suicide thinking” was changed to “suicidal ideation”.*
- *The “Referral to, and coordination with a Behavioral Health Specialist when” Section was merged with the existing “Management of patients who are prescribed antidepressant medication” Section. In this same section “Additional counseling as desired” was added to the eligible criteria, and “Alcohol or substance abuse” was removed.*
- *Also in the above Section, the Recommendation was changed from “if partial response after 6 weeks” to “If no response after 2-3 weeks”.*
- *In the Frequency Section, the recommendation was changed from “Medication for at least 6 months” to “Medication for at least 9-12 months after acute symptoms resolve.” “Schedule at least 3 follow-up visits in the first 12 weeks” was revised to include “one of which can be telephonic”.*

Management and Prevention of Osteoporosis

- *Name change, formerly known as Management of Osteoporosis.*
- *In the Eligible Population Section, “Patients at high risk for osteoporosis” was included in the eligible population.*
- *In the Recommendation Section, under Modifiable evidence “or BMI ≤ 20” was added to the low body weight level of evidence. In this same section, “Low Calcium Intake was replaced with “Calcium or Vitamin D deficiency” and “Alcoholism” was replaced with “Excessive alcohol intake (more than 2 drinks per day)”. “Uncorrected visual impairment” and “Recurrent falls” were both removed from this Guideline.*
- *In the Recommendations Section, under Non-Modifiable evidence, “Age” was changed to “Advanced Age (>65)” and “Gender” was replaced with “Female gender”. History of traumatic fracture was added to this section and “CT Scan for screening is not recommended” was also added. The following recommendations were removed: Personal or family history of fragility, Poor health / frailty, Dementia, Hypogonadism in males, Fracture without substantial trauma.*

- *In the Frequency Section, “Adult height assessments annually” was removed; recommending only at periodic well exams.*
- *In the Core Principles of Treatment and Prevention Section, Dietary calcium intake was changed to 1200 mg/d and 800-1000 IU Vitamin D3, recommendation was formerly 1200-1600 Mg/d and 400 -800 units vitamin D. In addition, Modifiable was added to “Address Risk factors above”.*
- *In the Eligible population Section, “Patients requiring therapy to prevent osteoporosis” was replaced with “Patients requiring therapy to reduce high risk fractures.”*
- *The Pharmacological Management Section was divided into two sections. The new section is “Patient Selection for Pharmacological Management based on DEXA” and the recommendations formerly found in the Pharmacological Management section are now found in this new section. The following recommendations are now located under the Pharmacological Management section: “Consider oral biphosphonate, generic if available” and “Consider referral to endocrine or bone and mineral metabolism specialist if patient does not tolerate treatment or shows progression or recurrent fracture after 2 Years on treatment”.*
- *The Medication recommendations and recommended dosage was removed from this CPG.*
- *The Referral Section was also removed from this Guideline.*

Management of Overweight and Obesity in the Adult

- *Name change only, formerly Identification, Evaluation, and Treatment of Overweight and Obesity in the Adult.*

Medical Management of Adults with Hypertension

- *Name change only, formerly Medical Management of Adults with Essential Hypertension.*

Screening and Management of Hyperlipidemia

- *Name change only, formerly Management of Hyperlipidemia.*

No Updates

Acute Pharyngitis in Children

General Principals for the Diagnosis and Management of Asthma (*Previously approved by HPM PAC 8/08*)

Management of Asthma in Children 0-4 Years (*Previously approved by HPM PAC 8/08*)

Management of Asthma in Children 5-11 Years (*Previously approved by HPM PAC 8/08*)

Management of Asthma in Youth 12 Years & Older and Adults (*Previously approved by HPM PAC 8/08*)

Prevention and Identification of Childhood Overweight

Treatment of Childhood Overweight and Obesity

Outpatient Management of Uncomplicated Deep Vein Thrombosis

Management of Diabetes Mellitus

Management of Adults with Chronic Heart Failure

Medical Management of Adults with Osteoarthritis

Prevention of Unintended Pregnancy in Adults 18 Years and Older

Routine Prenatal and Postnatal Care

Routine Preventive Services for Infants and Children (Birth - 24 Months)

Routine Preventive Services for Children and Adolescents (Ages 2 - 18)

Management of ADHD

Management of Adults with Wounds

Appropriate Treatment for Children with Upper Respiratory Infection

Screening, Diagnosis, and Referral for Substance Use Disorders

Tobacco Control

New Clinical Practice Guidelines

Management of Uncomplicated Acute Bronchitis in Adults

Management of Acute Low Back Pain

Please Note: All MQIC Guidelines now have a new format.

Changes in HEDIS CPG rates:

The following changes have taken place for rates in HEDIS 2008 when compared to the rates in HEDIS 2007:

- **Management of Diabetes Mellitus:** With the exception of Blood Pressure <130/80, which dropped 2.41%, all diabetic measures increased with the lowest increase being LDL-C screening at an increase from last year of only .11%. The highest increase was for Blood Pressure < 140/90 with an increase of 9.1%. This is the first year that Blood Pressure measures for diabetes can be compared to the previous year.
- **Acute Pharyngitis in Children:** The rate increased this year by 5.72%. This is compared to a decrease the previous year of almost the same rate.
- **Management of Adults with Major Depression:** (Not submitted to NCQA): The continuation phase increased by 3.21% and the acute phase increased by 2.57% with optimal contact increasing by .95%.
- **Management of Persistent Asthma in Adults and Children Older than 5 years of age:** All rates decreased in this measure.
- **Management of ADHD:** The initiation phase increased by 1.05% and the continuation and maintenance Phase increased by 2.7%.
- **Screening and Management of Hyperlipidemia:** The rate for LDL-C Screening increased by 6.02% and the LDL-C <100 increased by 13.2%.
- **Medical Management of Adults with Hypertension:** The rate on this measure increased by 1.33% compared to a significant decrease last year.
- **Appropriate Treatment for Children with Upper Respiratory Infection:** This rate increased by 1.34%.