PHM INITIATIVE

Alliance Medical Center – Clinical Quality Guideline Review and Implementation Procedure

The below document is an example clinical guideline procedure from Alliance Medical Center that details the organization's process to update and implement clinical guidelines as recommendations change over time.

The last page of this document is a companion list of preventive health guidelines. The list of approved guidelines is updated annually by the organization's medical leadership team.

In this example protocol, dated from January 2025, specific clinical recommendations may not be up to date with current recommendations. For clinical guideline recommendations, please see the PHMI Recommended Clinical Guidelines.

This Document is for informational purposes only and for independent evaluation by the CHCs participating in PHMI; the CHCs remain solely responsible to assess this Document and determining whether to use such and whether it is appropriate for its own purposes and compliance obligations.

AMC Standard Operating Procedure
PROCEDURE: XXX.XX Guidelines for Preventive Health Screenings
DEPARTMENT: Medical
POLICY LINK:
PROCEDURE OWNER: Chief Medical Officer
APPROVED: 1/7/2025
REPLACES POLICY #: N/A
Revised/Reviewed Date: N/A

PURPOSE: To identify key evidence-based clinical guidelines that direct preventive health services offered patients at Alliance Medical Center and to provide the process that updates guidelines as recommendations change over time

SCOPE: This procedure applies to all medical staff that provide direct patient care at all Alliance Medical Center (AMC) sites.

PROCEDURE:

Preventive Health Services Guidelines

Standards of care at AMC are directed by national expert bodies that provide recommendations for quality and excellence in preventive care services. AMC strives to adhere to these high standards for recommending, ordering, and delivery of preventive health care services.

Clinical leaders, including but not limited to the Chief Medical Officer (CMO), will direct the review and implementation of updated preventive care services. Consultation will be sought from providers of different areas including pediatrics, ob-gyn, family medicine or specialty areas as appropriate. Examples of preventive care include cancer screening, vaccination schedules, and screening tests for chronic illnesses such as osteoporosis, diabetes, and hypertension.

See the attached table of screening guidelines used at AMC.

Review of the Evidence

Recommendations for care evolve over time based on new medical evidence. AMC CMO or their designee, in consultation with the Director of Quality, will assess preventive health guidelines to make updates based on new recommendations not less than annually. Consultation with local community clinic coalitions, our regional Medi-Cal insurance plan and HEDIS measures will all be considered in the determination of quality guidelines.

Implementation of New Guidelines
Updated recommendations will be reviewed by the Quality Committee and integrated into clinical workflows. Other organizational stakeholders for workflow implementation include but not limited to:
- EPIC workflows to drive highest standards of care in health care maintenance dashboards
- Standing Orders to align with metrics in workflows for Medical Assistants, Nurses, and Community Health Workers
- Other policies and procedures may require review and updates depending on the change in the AMC quality guideline used
- Quality Department staff to update dashboards, data queries, quality reports, tracking, etc.
- Clinical leadership to train appropriate care team staff and providers on guidelines
- Outreach processes for updates to health messages, text, and outreach processes
Implementation planning is conducted at the Clinical Operations Committee where there is representation from all departments above. It also provides s forum for feedback from staff and providers.

Feedback from Patients
Data may be collected in various formats. AMC has a long-standing process for feedback from patient advisory groups as one example. The English and Spanish-speaking patient advisory groups will be used as needed for direct feedback from patients and patient focus groups may be deployed to inform steps in process improvement as needed.

Feedback from Staff
A typical roll out process at AMC would be to create a project proposal that comes to the Clinical Operations Committee. This committee has attendees that represent medical, behavioral health, operations, EPIC, nursing and front office leaders. We will then make an initial plan for a pilot and identify staff to begin the project with support from a planning sub-group with appropriate stakeholders. Often quality staff is involved to assist with tracking data to inform how well the new workflow is being implemented toward goals.

Data
AMC is involved in multiple quality programs simultaneously and provides quality outcome data for Uniform Data System (UDS), Partnership Health Plan Quality Improvement Program (QIP), Aliados Health Performance Improvement Program (PIP), and HEDIS. The quality department works to analyze, track, and report out data according to these metrics. Report out is to AMC leadership, providers, staff, auditing agencies, and the programs above. The Quality Committee meets monthly to review data and quarterly data is reported to the board of directors. Quality data is reported to providers and clinical teams approximately quarterly. Individual provider data is provided in the form of Screening Opportunity Reports (missed opportunity reports) for cancer screenings beginning in 2024 with the colorectal cancer screening rates. Other metrics will be developed for individual provider feedback going forward.

Measures tracked include the programs above. These metrics change annually as do the targets for quality. For 2024, the following tables show quality metrics and goals for two key quality programs. AMC quality and clinical leaders set the goals for the UDS program. For the QIP program, goals are set by Partnership Health Plan Quality Committee.

Partnership Health Plan Quality Improvement Program

Partnership Patients Only	QIP Measure (50th Threshold %)	AMC Goal 2024 (90th Threshold %)
Breast Cancer Screening	52%	64%
Cervical Cancer Screening	57%	68%
Child and Adolescent Well Care	48%	62%
Childhood Immunization	31%	46%
Colorectal Cancer Screening	32% (25th threshold %)	40% (50th threshold %)
Blood Pressure Control	62%	73%
Diabetes Control A1c <9	52%	60%
Diabetic Reitnal Eye Exams	52%	65%
Immunization for Adolescents	34%	50%
Lead Screening	63%	79%
Well Child Care by 15 Months of Life	59%	68%

Uniform Data Systems

UDS Quality Performance Measures Program Year 2024	
Measure	AMC Goals 2024
BMI Screening & Follow Up- Adults	85%
Breast Cancer Screening	63%
Cervical Cancer Screening	75%
Childhood Immunizations Combo 10	45%
Colorectal Cancer Screening	45%
Controlling High Blood Pressure	73%
Dental Sealant	92%
Depression Remission at 12 Months	20%
Depression Screening & Follow up	80%
Diabetes: Hba1c Poor Control >9%	30%
HIV Linkage to Care	100%
HIV Screening	80%
IVD-Appropriate Medication	80%
Low Birth Weight	5%
Prenatal Care First Trimester Entry	80%
Statin Therapy for Cardiovascular Disease	76%
Tobacco Use Screening & Cessation Intervention	95%
Weight Assessment & Counseling-Peds	65%

Staff and Provider Training

Staff and providers are oriented to the quality program at onboarding with a focused orientation by the Director of Quality or their designee. Monthly Staff and providers are updated on or review current guidelines on a periodic basis in Provider Meetings, Staff Meetings, and other ongoing training opportunities within the health center. Additional trainings may be made available through continuous medical education, seminars, lunch and learns, or other programs as needed.

Clinical Decision-Making Support Tools

These clinical tools are available to providers inside and external to the electronic health record. Guidelines are embedded into the Health Care Maintenance dashboard in EPIC according to AMC

clinical guidelines. EPIC dashboards are updated as needed to remain current with evolving guidelines in coordination with our EPIC program staff and EPIC site staff. Quality guidelines, for example, the ASCCP cervical cancer screening guidelines, are embedded into the results function of EPIC to drive evidenced-based follow-up intervals for cervical cancer screening and diagnostic testing. We encourage and pay for the ASCCP app for providers to use actively in clinic. In addition, UpToDate subscriptions are available to each clinical provider at AMC for clinical questions. Finally, clinical staff are onboarded to use clinical guidelines in applications from the internet including USPSTF, ASCCP, and birth control prescribing. Every provider at AMC is provided an account with UpToDate to inform quality clinical care and providers are enrolled in MAVEN, a curbside consult service for providers to ask clinical questions with same-day response.

Reviewed: 1/7/25, AMC Chief Medical Officer
See Attachments: 1. CDSS tools 2. Quality Metric table

Preventive Health Guidelines
Alliance Medical Center
Updated January 2025

PREVENTIVE HEALTH TOPIC	GUIDELINE	GUIDELINE SUMMARY
Cancer Screening		
Breast Cancer Screening	USPSTF 2024	Women ages 40 thru 75 years with digital mammography each 2 years
Cervical Cancer Screening	ASCCP 2019 USPSTF 2018	Women ages 21-29 years- Reflex Testing with cervical cytology and reflex to hr-HPV testing if abnormal cytology, each 3 years Women ages 30-65 years- Co-Testing with cervical cytology and hr-HPV testing, each 5 years
Colorectal Cancer Screening	USPSTF 2021	Adults ages 45 to 75 years with Cologuard each 3 years or colonoscopy each 10 years
Lung Cancer Screening	USPSTF 2021	Adults aged 50 to 80 years annually with low-density lung CT for those who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Discontinue screening once a person has not smoked for 15 years, cannot undergo surgery, or has low life expectancy
Prostate Cancer Screening	USPSTF 2018	Men ages 55 to 69 years, PSA-based screening should be provided after a risk benefit discussion about the harms of screening between the patient and clinician
Skin Cancer Screening & Prevention	USPSTF 2023 CDPH 2024	Insufficient evidence to screen adolescents and adults CDPH recommends sun exposure prevention health education at well child visits preschool thru high school years
Cardiovascular Disease Screening		
Screening and Diagnosis for Diabetes	USPSTF 2021 ADA 2025	Screen biennially for prediabetes and type 2 diabetes in adults ages 35 to 70 years who have overweight or obesity Diagnosis of diabetes rBG ≥126 mg/mL, a1c ≥5.6, symptoms
Screening for Hypertension	USPSTF 2021	All adults 18 years and over with office BP measure
Screening for High Cholesterol	USPSTF 2022	Screen and treat for lipid disorders in all men aged 35 and older and women aged 45 and older at increased risk for CAD
Other Adult Screenings		
Abdominal Aortic Aneurysm	USPSTF 2019	Men ages 65 to 75 years who have ever smoked with one-time ultrasound
Osteoporosis	USPSTF 2018	Women ages 65 and over once and age <65 years if high risk; Men have insufficient evidence for screening
Gonorrhea & Chlamydia	USPSTF 2021	All sexually active women (including pregnant persons) 24 years or younger and in women 25 years or older who are at increased risk for STI; screening evidence is insufficient for men.
Hepatitis C	USPSTF 2020	All adults ages 18-79 years
HIV	USPSTF 2019	People ages 15-64 years
Vaccination Schedules		
Adult	ACIP and CDC annually	Recommended Adult Immunization Schedule for ages 19 years or older; 2024 U.S.
Adolescent-Ages 6-19 years		Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC
Pediatric-Infants to 6 years		Vaccine Schedules | Childhood Vaccines | CDC
Pregnant Persons		Guidelines for Vaccinating Pregnant Persons | Pregnancy & Vaccines | CDC