This document applies to the following Participating Organizations:

- EHP
- Johns Hopkins Advantage MD
- Priority Partners
- US Family Health Plan

Keywords: Guidelines

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I. ACTION

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II. POLICY DISCLAIMER

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement.

Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

III. POLICY

JHHC seeks to enrich clinical care and administrative services in every area of the health care delivery system. Clinical Practice Guidelines support providers in treating chronic disease, providing preventive care, and maintaining office operations.

All JHHC guidelines are based on national medical association and health organization recommendations, approved by the medical policy-making committees, and reviewed every two years or when national guidelines change.

This policy applies to Clinical Practice Guidelines selected to be used for all JHHC products.
These guidelines address the following:

- ADHD
- ASTHMA
- BACK PAIN
- CHRONIC KIDNEY DISEASE
- CORONARY ARTERY DISEASE
- COPD
- DEPRESSION
- DIABETES
- DIABETES TESTING DURING PREGNANCY
- GERIATRIC CARE
- HEART FAILURE
- HYPERTENSION
- OBESITY
- OPIOIDS FOR CHRONIC PAIN
- OSTEOARTHRITIS

IV. POLICY CRITERIA

CLINICAL PRACTICE GUIDELINES

ADHD


ASTHMA


BACK PAIN

• National Institute for Health and Care Excellence. (2016). Low Back Pain and Sciatica in over 16s: Assessment and Management.

CHRONIC KIDNEY DISEASE


CORONARY ARTERY DISEASE


COPD


DEPRESSION


DIABETES

• National Diabetes Education Program of the National Institute of Health and the Centers for Disease Control and Prevention. (2014). Guiding Principles for the Care of People With or at Risk for Diabetes.

GERIATRIC CARE

• American Geriatrics Society. (2012). Patient-Centered Care for Older Adults with Multiple Chronic Conditions: A Stepwise Approach from the American Geriatrics Society.

HEART FAILURE


HYPERTENSION

• American Heart Association, American College of Cardiology, and the Centers for Disease Control and Prevention. (2014). *An Effective Approach to High Blood Pressure Control.*

**OBESITY**

• Department of Veterans Affairs and Department of Defense. (2014). *Management of Obesity and Overweight.*

**OPIOIDS FOR CHRONIC PAIN**


**OSTEOARTHRITIS**


**V. DEFINITIONS**

**Clinical Practice Guideline:** A document created by JHHC or a nationally recognized medical organization with the aim of guiding decisions and providing criteria regarding diagnosis, management, and treatment in specific areas of healthcare based on an examination of current evidence in the medical literature.

**VI. BACKGROUND**

Clinical Practice Guidelines are systematically developed statements that provide best-practice recommendations intended to optimize patient care and assist clinicians in decision-making about appropriate healthcare for specific clinical conditions and circumstances (AHRQ). Guideline development is based on rigorous, systematic review and analysis of published medical literature and assessment of the benefits and harms of various treatment options.

According the Health and Medicine Division (HMD) of the National Academies of Sciences, formerly, the Institute of Medicine (IOM), ideally, guidelines are developed by a multidisciplinary panel of clinicians and other experts in the field of study and should include patients to be affected by the guideline. All evidence should be summarized, including any gaps in evidence and each recommendation should be rated to inform about the quality of the evidence and strength of the recommendation. Additionally, the roll of expert opinion in recommendation development should be disclosed.
Guidelines are a tool and not intended to be fixed protocols, as individual patients may require alternate management based on comorbidities, cultural preferences, availability of resources, and biological differences, including immune response and variability in drug metabolism (UptoDate).

VII. REFERENCE STATEMENT
Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

VIII. REFERENCES


Note: Additional references are embedded in the above policy criteria.

IX. APPROVALS
Historic Effective Dates: 9/5/13, 9/5/14, 6/5/15, 6/3/16, 6/2/17

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