



CIPA Western New York IPA, Inc.  
A Partnership for Medical Excellence

<b>Policy Name:</b> Disease Management Program Content Evaluation Criteria	<b>Policy Number: 007-2009</b>	
<b>Effective Date:</b>  March 25, 2010	<b>Revised Date:</b>  February 25, 2010	<b>Reviewed Date:</b>  February 25, 2010
<b>Implemented By:</b>  V.P. Medical Affairs, CIPA	<b>Signature:</b>	

**Purpose:** To insure that information and interventions directed towards patients to improve the management of a condition or health maintenance is current and evaluated for inclusion into the program.

**Policy:** Program content is reviewed initially and every 3 years or as information is made available based on the following criteria:

1. Accuracy –consistent with practice guidelines ( if not consistent with guidelines then action must be taken to make them consistent)
2. Source – recognized or not from a recognized source
3. Cost and benefit for the patient
4. Impact on outcomes- assessment of value to patients in terms of ability to improve outcomes for the population managed
5. Benefits outweigh drawbacks

**PROCEDURE:**

1. The CIPA Disease Management Department is responsible for program content , insuring that it is consistent with the clinical practice guidelines

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2. The CIPA Disease Management Department is responsible to perform a review of government research sources, professional societies, and foundations or clinical or technical literature on a biannual basis.
3. New and existing program content is reviewed per the attached review sheet (See attachment A) and submitted to the CIPA V.P. of Medical Affairs. \*
4. The CIPA V.P. of Medical Affairs will determine if the new information requires review by a board certified physician in the specialty the content impacts on. The specialist would make a recommendation to CIPA regarding inclusion or exclusion of the new information.
5. The CIPA V.P. of Medical Affairs will determine whether the program content should be reviewed by the CIPA Clinical Integration Committee.
6. New information adopted by CIPA for the patient oriented disease management program will be disseminated on the CIPA website as well as an email/fax blast as appropriate
7. All communications made to the practitioners/offices will be dated and saved for future reference.
8. Practitioner offices providing delegated CIPA disease management must inform CIPA disease management of all items used to work with patients. All program content given to practices by CIPA or used by the office other than what CIPA provides must be evaluated by CIPA.
9. On a semiannual basis CIPA disease management will assess practices for materials and provide feedbacks on what materials are appropriate or not according to assessment.
10. A log will be kept at the CIPA office of dates when materials were evaluated as well as patient education materials

\*number 6 and 7 on audit tool referring to information is easy for the patient to understand and to use is determined by a layperson review.

**Reference:**

**2010 NCQA DM Standards and Guidelines for the Accreditation, EB2, Element A and B, PT 4, Element C**

**Criteria Review sheet for Disease Management Program Content**

**Description of New Information: what is the information, where it is to be utilized such as education classes, forms, incorporated into guidelines, what is the source** \_\_\_\_\_

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	Yes	No	N/A	Comments
<b>1. Information is from a recognized source</b>				
<b>2. Information is consistent with practice guidelines</b>				
<b>3. Information is applicable to the treatment of the chronic condition</b>				
<b>4. Information provides added cost to the patient</b>				
<b>5. Information provides benefit to the patient</b>				
<b>6. Information is easy for the patient to use</b>				
<b>7. Information is easy for the patient to understand</b>  Note: Use <a href="http://www.plainlanguage.gov">www.plainlanguage.gov</a>				
<b>8. Benefit to the patient outweighs the cost</b>				
<b>9. Information may have impact on outcomes</b>				
<b>10. Information is easy to implement</b>				
<b>11. Information is not costly for the practitioner to implement</b>				
<b>12. Benefit for practitioner to implement outweighs the cost</b>				

**REVIEWER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CIPA V.P. MEDICAL AFFAIRS SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CIC COMMITTEE CHAIR APPROVAL (AS NEEDED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

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