OPTUM Serve™

Evidence-Based Clinical Practice Guidelines

Clinical practice guidelines (CPGs) are designed to inform shared decision-making by clinicians and patients regarding diagnosis, treatment and other care management. In particular, evidence-based CPGs are informed by a rigorous methodology including systematic reviews of evidence and assessment of the benefits and harms of alternative care options.

Properly implemented, evidence-based CPGs can support high-quality care, reduce errors, improve patient outcomes and promote health care system accountability. CPGs are not "cookbook medicine" and do not substitute for clinical judgment. Rather, CPGs are used in the context of a provider's clinical judgment and individual patient needs to inform personalized care. CPGs must remain current with emerging evidence about new and existing health care interventions and related clinical insights.

OptumServe (via its subsidiary, The Lewin Group) leverages an interdisciplinary team of clinicians, health services researchers and health informaticians who use their expertise in systematic reviews, evidence-based health care, meeting facilitation and project management to support work groups of clinical experts from public and private sector organizations develop and update evidence-based CPGs.

Department of Veterans Affairs (VA) and Department of Defense (DoD) Clinical Practice Guidelines

VA/DoD CPGs are developed and updated to serve the needs of Veterans as well as deployed and non-deployed active duty service members, their beneficiaries, and retirees and their beneficiaries, and the respective VA and DoD health care delivery systems. In their joint effort, the Veterans Health Administration (VHA) and the DoD have been developing CPGs for high-priority health topics since the 1990s. These CPGs cover a range of chronic diseases, mental health disorders, pain conditions, rehabilitation, women's health and certain military-related conditions.

About OptumServe

OptumServe is the federal health services business of Optum and UnitedHealth Group (NYSE: UNH). We are proud to partner with the Departments of Defense, Health and Human Services, Veterans Affairs and other organizations to help modernize the U.S. health system and improve the health and wellbeing of those we collectively serve. The OptumServe Consulting team (formerly The Lewin Group) has 50 years of experience solving problems for leading organizations in the public, nonprofit and private sectors. We understand the industry and provide high-quality products and strategic consultation to help clients maximize the delivery of programs and services.

OptumServe has facilitated and provided technical and managerial support for the VA/DoD program since 2012 for development and/or updating of more than 20 CPGs, including on these topics:

- Asthma
- Chronic kidney disease
- Chronic multi-symptom illness
- Chronic obstructive pulmonary disease
- Concussion/mild traumatic brain injury
- Dyslipidemia
- Headache
- Hip & knee osteoarthritis (non-surgical)
- Hypertension
- Low back pain
- Lower limb amputation rehabilitation
- Major depressive disorder
- Opioid therapy for chronic pain
- Overweight and obesity
- Posttraumatic stress disorder and acute stress reaction
- Pregnancy
- Sleep disorders
- Stroke rehabilitation
- Substance use disorders
- Suicide prevention
- Type 2 diabetes mellitus in primary care
- Upper extremity amputee rehabilitation

Key Elements of the Process

Work group. For the joint VA/DoD program, 8-10 clinical experts from each agency are selected for a CPG work group based on their expertise and experience pertaining to that CPG topic.

Key questions. Each work group develops a set of key questions (or evidence questions) that define the scope of the CPG and guide a systematic literature review. Each key question is structured in the "PICOT" format, i.e., specifying the Patient population, Intervention, Comparator intervention, Outcomes, Timing (e.g., follow-up time to track outcomes), and sometimes other elements such as practice setting. Typically, CPG updates have 12 key questions and CPGs on new topics have 20 key questions.

Patient focus group. A focus group comprising patients who have the CPG topic condition is conducted to gain input on patient values and preferences, outcomes that are important to the patient experience, and other perspectives for input to the key questions and other considerations for the work group. A summary report of the patient focus group is provided to the CPG work group.

Systematic review. The systematic review (SR) of the peer-reviewed literature and certain other sources as needed (e.g., government health task forces) is performed and organized by the key questions.

Evidence quality ratings. The studies retrieved by the SR for each key question are screened for relevance to the key questions. For the studies determined to be in scope, the quality of evidence is assessed at two levels:

- Quality of the individual studies is assessed using the U.S. Preventive Services Task Force (USPSTF) method
- Quality of the assembled body of studies for each key question is assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) method.

Evidence report. The findings of the SR are assembled in a comprehensive evidence report and presented to the CPG work group.

Recommendations. Based on the findings of the SR, the patient focus group summary report, and their clinical judgment, the CPG work group develops a set of evidence-based recommendations and accompanying text and detailed references.

- Recommendations are derived using four domains specified by GRADE, including confidence in the quality of evidence, balance of benefits and harms, patient values and preferences, and other implications (e.g., resource use, feasibility, equity and patient subgroup considerations).
- In addition, the work group develops a set of algorithms to depict the flow of clinical decision-making consistent with the recommendations.
- The CPG work group deliberations include a multi-day, face-to-face meeting and a series of web-based teleconferences.

Drafts and final. Each work group develops and refines their CPG in a series of three drafts, with review by additional VA and DoD clinical experts as well as external reviewers from, e.g., medical professional organizations, provider institutions and government health agencies, for rendering a final version.

Dissemination tools. In addition to the full-text CPG, each work group develops accompanying dissemination tools, including a clinician summary, patient summary and pocket card. Each work group also identifies a short set of metrics that could be used as markers of adherence to selected CPG recommendations.

Learn more about OptumServe
Call: 1-800-765-6092
Email: innovate@optum.com
Visit: optumserve.com/consulting

OptumServe.com

3160 Fairview Park Drive, Suite 600 • Falls Church, VA • 22042

OptumServe is a trademark of Optum, Inc. All other trademarks are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2020 Optum, Inc. All rights reserved. WF2247648 5/20