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Owner Tony Smith:
Payer Data
Analyst
Area PQN VII / TACO
Applicability Privia Health -
Corporate Site
Only

Evidence Based Medicine

1. Purpose:

Provide a description of the ACO's commitment to the use and promotion of evidence based medicine (EBM).

2. Scope:

The Accountable Care Organization, Ltd. and participants and provider/suppliers in the Medicare Shared Savings Program.

3. Definitions:

- ACO Participant - An entity identified by a Medicare-enrolled billing TIN through which one or more ACO providers/suppliers bill Medicare, that alone or together with one or more other ACO participants compose an ACO, and that is included on the list of ACO participants that is required under 42 C.F.R. § 425.118.
- ACO Provider/Supplier - An individual or entity that: (1) is a provider or supplier under Medicare regulations; (2) is enrolled in Medicare; (3) bills for items and services furnished to Medicare fee-for-service beneficiaries during the agreement period under a Medicare billing number assigned to the TIN of an ACO participant; and (4) is included on the list of ACO providers/suppliers that is required under 42 C.F.R. §425.118.
- ACO Related Individual - ACO officers, directors, employees, ACO Participant, ACO Provider/Supplier, or any other individual or entity providing functions or services related to ACO Activities.
- Beneficiary - Medicare Fee-For-Service beneficiary attributed to the ACO by CMS.
- Specialty Collaborative - The Specialty Collaborative Program is a forum for the ACO to focus the needs and ingenuity of our specialists into a collective set of initiatives that are meaningful

to our providers, lay the foundation for a national presence, and drive value to our patients.

4. Policy:

It is the policy of the ACO to encourage and promote the use of evidence based medicine by all ACO Related Individuals and to utilize these standards in the management of appropriate clinical guidelines.

5. Procedure:

- A. The ACOs promotion of evidence based clinical guidelines is critical to achieving positive healthcare outcomes, minimizing unwarranted practice variation and promoting cost-effective utilization for a diverse beneficiary population; including identification of high-risk Beneficiaries, multiple chronic condition Beneficiaries, and additional target populations who would benefit from care coordination.
- B. The ACO's Governing Body has responsibility for ongoing clinical practice guideline review and approval for promoting the use of evidence based medicine (EBM) across the ACO. The ACO leverages a Specialty Collaborative for clinical practice guideline review and promoting the use of EBM.
 1. The Governing Body and Specialty Collaboratives reviews clinical literature, evaluates the unique health needs and resources of the ACO's service area, gathers specialty specific best practice information, and solicits expert input whenever the body of available research literature is not conclusive.
 2. The Governing Body determines which guidelines should be implemented within the ACO based on those diagnoses with significant potential for the ACO to achieve quality improvements taking into account the circumstances of individual beneficiaries.
 3. The Specialty Collaborative shares best practices on quality, population health, and patient safety initiatives.
- C. Guideline recommendations made by the ACO's Governing Body and Specialty Collaborative are shared with ACO Participants and Provider/Suppliers as well as the Care Coordination Team through various mechanisms. Guidelines are then implemented and utilized as appropriate based on the clinical decision making of the provider, the individual circumstances of each Beneficiary and in accordance with the ACO's Care Coordination policy.
- D. The ACO's approach to EBM involves the effective use of information technology and empowering both providers and staff to take responsibility for providing optimal evidence-based guideline care for every beneficiary. For example, the ACO uses clinical decision support tools to promote care pathways for patients with certain chronic conditions, like diabetes. The ACO also uses EHR to remind clinicians about timely preventative care.
- E. At no time shall the ACO's evidence based medicine standards or guidelines be used to influence or remove the ability of the provider to make clinical decisions based on the individual circumstances, preferences or best interests of the beneficiary.
- F. Enforcement. ACO Participants and Provider/Suppliers are required to follow all applicable ACO policies. Failure to comply with ACO processes, including utilization of evidence based medicine standards and guidelines, will result in remedial and/or disciplinary actions as

appropriate in accordance with the ACO's [Corrective and/or Disciplinary Action Policy](#).

Approval Signatures

Step Description	Approver	Date
PQN Leadership #1	Nico Salas: AVP, Non-Platform Operations	04/2026
Compliance Review	Policy Admin	04/2026
Approver 1	Tony Smith: Payer Data Analyst	04/2026
	Tony Smith: Payer Data Analyst	04/2026