



Clinical Prevention Initiative **Governance Guidelines**

Mission

To maximize the effectiveness and reach of high priority, evidence-based clinical preventive services delivered by New Mexico health care professionals, practices, and health care systems.

Goals

Short term:

1. Increase the number of NM health care providers and students who have the knowledge, motivation and skills to provide high priority, evidence-based clinical preventive services.
2. Increase the number of NM health care providers, administrators, and clinic staff who are knowledgeable about effective systems interventions to support delivery of preventive services.
3. Increase the number of NM policy makers who are knowledgeable about the role of policy in supporting delivery of preventive services.
4. Increase public awareness, understanding, and interest in receiving clinical preventive services.

Intermediate term:

1. Increase the delivery of high priority, evidence-based clinical preventive services through enhanced health care provider practices, implementation of effective systems interventions, and creation of supportive policies.
2. Increase the prevention or early detection and treatment of high priority conditions that may otherwise cause illness, premature death, poor quality of life, or disability amongst New Mexicans.
3. Increase the public's active participation in requesting and advocating for clinical preventive services.

Long term:

1. Decrease preventable illness, premature death, poor quality of life, and disability amongst New Mexicans.

Strategies

1. To identify and prioritize clinical preventive services requiring further attention.
2. To develop and lead educational and systems interventions for health care providers, students, administrators, clinic staff, the media, the general public, and policy makers for preventive services identified as highest priority.
3. To review and support clinical preventive service interventions developed and led by other groups and individuals. Such interventions must be consistent with CPI goals.
4. To evaluate the effectiveness and reach of CPI educational and systems interventions toward the realization of short term, intermediate, and long term goals.

Structure

1. CPI operates as an initiative of the New Mexico Medical Society (NMMS) and the New Mexico Department of Health (DOH.)
2. CPI maintains a Steering Committee, broadly representative of professional and payer groups supportive of the program. The members may represent NMMS, DOH, NMMRA, UNM Health Sciences Center, the Indian Health Service, health professional societies, Managed Care Organizations, or community-based primary care physicians, physician assistants, nurse practitioners, or dental health providers. The Steering Committee provides review and guidance of CPI work groups and staff.
3. CPI maintains an executive (governing) committee that is responsible to the NMMS and DOH. In addition to the co-chairpersons from NMMS and DOH, noted below, the NMMS President, or his/her designee, and the DOH Chief Medical Officer, or his/her designee, sit on the Executive Committee. An additional one to three Executive Committee members are elected or re-elected every two years by the Steering Committee.
4. A co-chairperson for the New Mexico Medical Society is appointed or re-appointed annually by the NMMS President and serves as member and co-chairperson of the executive and Steering Committees.
5. A co-chairperson for the New Mexico Department of Health is appointed or re-appointed annually by the NMDOH Chief Medical Officer and serves as member and co-chairperson of the executive and Steering Committees.
6. CPI maintains a work group for each of the high priority preventive topics chosen for intervention development. Each work group has a chairperson or co-chairperson chosen by the intervention group members.
7. Workgroup viability is dependent on active leadership and membership, a plan of action or scope of work, and funding support. Workgroups lacking any or all of these necessary components become dormant. If circumstances change and

all required components become available, the workgroup may become active again. While the workgroup is dormant, minimal activities such as having developed materials available for distribution, may occur.

Functions

1. NMMS is responsible for CPI staffing, contract management, financial management, and day-to-day program operation.
2. The NMMS co-chairperson provides oversight and reports to the NMMS as a committee chairperson.
3. The DOH co-chairperson provides oversight and reports to the Department as requested by the NMDOH Chief Medical Officer.
4. The Steering Committee meets quarterly to review CPI progress, evaluate potential prevention topics, and provide guidance. The Steering Committee may recommend actions, policies, positions, or program decisions to the Executive Committee.
5. The CPI Executive Committee meets (in person, conference call, e-mail conference) as needed to set policies, adopt positions, make decisions and determine program priorities. The NMMS President or his/her representative may pend any Executive Committee decision. Similarly, the DOH Chief Medical Officer or his/her representative may pend any CPI Executive Committee decision. If a decision is pended by either party, appropriate channels, to be determined by the NMMS President or DOH Chief Medical Officer for his/her organization, will be followed to reach a resolution. A response, which may include a veto, will be returned to the CPI Executive Committee and the CPI Steering Committee as soon as feasible.
6. Work groups are comprised of volunteers and the work group chairperson(s) is selected by the work group members to provide intervention development for selected clinical prevention topics. Intervention strategies are presented prior to implementation to the Executive Committee for final modification and approval.
7. The CPI, through its steering and Executive Committees, may choose one of four actions in response to clinical topics reviewed.
 - A. The topic is of very high priority and a CPI work group should be established.
 - B. The topic is of very high priority, but a group or organization external to the CPI is well suited to address it. The CPI will lend its resources and support to a proposed or ongoing intervention.
 - C. The topic is consistent with CPI priorities, but other topics should take priority for use of CPI resources. The CPI will provide a letter, or other self-limited support, to a proposed or ongoing intervention.

D. The topic is not consistent with CPI priorities. No position or action of support will be taken.

Executive Committee Procedures

1. Executive committee voting decisions require a simple majority with at least one vote from both the DOH Chief Medical Officer and NMMS President or their appointed proxy(ies).
2. Any and all funding support will be reviewed and approved by the Executive Committee prior to its acceptance by CPI to avoid potential conflicts of interest.
3. Before the CPI takes final action, the Executive Committee will review and approve certain issues (listed below). Requests and supporting material will be received from workgroup chairs or their representatives. Telephone representation from the workgroup may be requested by the Executive Committee at its meetings. Non-compliance with the restrictions and specifications in this section will be referred to the CPI Executive Committee for consideration of appropriate action.

The responsibility of the Executive Committee is to approve, reject, or modify requests initiated by the workgroups related to the following:

- Requested letters of support
- Responses to Requests for Proposals (RFPs) or applications for funding
- Legislative actions or positions
- Research activities requiring external contact such as surveys
- Administrative or guideline changes
- Advocacy activities that could be construed as lobbying
- Materials developed with the CPI name or logo or that represent CPI that are intended for public or media distribution to include but not limited to articles (in books, journals, magazines, newspapers, CPI website postings, etc), advertising or media campaigns, pamphlets, brochures, public service announcements, etc.
- Use of or reference to the Clinical Prevention Initiative name, logo, materials, etc. in public or media distribution to include but not limited to articles (in books, journals, magazines, newspapers, etc), advertising or media campaigns, pamphlets, brochures, public service announcements, etc. This restriction does not apply to use of or mention or reference to CPI in informational contexts (such as an interview on prevention or disseminating name and contact info for CPI in a health plan newsletter.)