POLICY TITLE: Clinical Practice Guidelines

Department: **Quality Improvement**					
Policy #31					
Approval Date: 04/23/2014		Last Revision Date: 02/17/2015			
Responsible Parties: Director of Quality Improvement, Medical Director, Director of Clinical Operations					
CORPORATE APPLICABILITY					
X	Clinical Services	☒	Member Services	☒	Operations / Claims
X	Quality Improvement	☒	Network Development	☒	Legal
X	Credentialing	☒	Practitioners	☒	Facilities
PRODUCT LINE APPLICABILITY					
X	Commercial	☒	Medicaid	☒	Medicare

Background/Purpose:

Carisk Behavioral Health (Carisk) is responsible for the implementation of Outcome and evidence-based systems of care specific to behavioral healthcare services. Compliance with this requirement will be assessed annually by Carisk.

Policy:

Carisk has a Clinical Practice Guideline Program in which nationally recognized Evidence-Based Practices for persons diagnosed with serious and persistent mental illnesses are adopted for use. Clinical Practice Guidelines adopted by Carisk are reviewed at least every two years. If indicated, the Guidelines are revised and redistributed.

Key Terms:

Benchmark: For a particular indicator or performance measure, the industry measure of best performance.

Clinical Practice Guideline (CPG): A systematically developed descriptive tool or standardized specification for care to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances. Clinical Practice Guidelines are typically developed through a formal process and are based on authoritative sources that include clinical literature and expert consensus. Clinical Practice guidelines may also be called practice parameters, practice guidelines, or guidelines.

Criteria: Systematically developed, objective and quantifiable statements used to assess the appropriateness of specific health care decisions, services and outcomes.

Evidence-Based Guidelines: Clinical Practice Guidelines that are known to be effective in improving health outcome. The effectiveness is determined by scientific evidence, or in the

absence of scientific evidence, professional standards, or in the absence of professional standards, expert opinion.

Performance Measure: An objective and quantifiable measure to assess performance relative to a defined function, process, or outcome.

Threshold: A level of measured performance that serves as a trigger for further analysis.

Procedures:

I. Adopting Clinical Practice Guidelines

1. Carisk adopts Clinical Practice Guidelines that are appropriate to its membership. The following Criteria are considered when establishing priorities for adopting Clinical Practice Guidelines:
   1.1. The degree of variability in treatment approaches or outcomes for the diagnosis or condition.
   1.2. The availability of scientific and medical literature related to the effectiveness of various treatment approaches.
   1.3. Input from Carisk staff and Physician Advisors.
   1.4. Requests from Practitioners or Members.
2. When adopting Practice Guidelines, Carisk's preference is to adopt evidence-based Guidelines that have been developed by recognized sources, such as medical specialty societies, using a methodologically sound process involving exhaustive review of the literature supplemented by expert consensus when the body of available research literature is not conclusive.
3. The Medical Director is responsible for the overseeing the processes of:
   3.1. Recommending Practice Guidelines for adoption by Carisk.
   3.2. Periodically reviewing previously adopted Guidelines.
4. The Quality Improvement Committee (QIC) is responsible for reviewing and approving Guidelines.
   4.1. The QIC may appoint a workgroup to assist in the processes.
   4.2. Members of the workgroup, if utilized, include Carisk clinical staff and may include outside experts or Network Practitioners.
5. If the workgroup or committee proposes adopting a published Guideline with modification, a written description of the modification, the rationale for the modification, and scientific evidence in support of the modification is prepared.

5.1. Modifications are not made solely to accommodate local practice or Practitioner preference in the absence of sound scientific evidence to support that the modification is:

5.1.1. Superior to the published Guideline, or

5.1.2. More appropriate to the treatment resources generally available to Members.

5.2. The most common reason for modifying Guidelines is that additional research supporting other treatment approaches has been published since the Guideline was developed.

6. Prior to adoption, input is gathered from:

6.1. Practitioners by submitting Guideline and modifications, if any, to an appropriate sample of Network Practitioners for review and comment by telephone, teleconference, mail, e-mail, focus group, or face-to-face meeting.

7. The workgroup or committee reviews the input from Practitioners, Members, and community agencies.

7.1. This information is integrated into a final recommendation for adoption of a Practice Guideline.

7.2. If the workgroup or committee determines that the Practice Guideline should be reviewed for possible revision in less than two years, this determination is included in an appropriate work plan at the time the Guideline is adopted.

8. The workgroup or committee is responsible for identifying at least two, preferably more, components of the Practice Guideline to be used to measure compliance with the Guideline.

8.1. The workgroup collaborates with the Director of Quality Improvement and the QIC to develop, for each of the components, a methodology and Criteria to measure compliance with the Guideline.

8.2. Measuring compliance with Clinical Practice Guidelines is part of the Quality Improvement work plan.

9. The QIC has the authority to adopt Clinical Practice Guidelines and processes for measuring compliance with Guidelines on behalf of Carisk.

II. Reviewing and Updating Clinical Practice Guidelines

1. The Medical Director is responsible for assuring that all Practice Guidelines are reviewed at least every two years.

2. Practice Guidelines will be reviewed sooner than two years:

2.1. On the recommendation of the workgroup that previously recommended adoption of the Guideline.

2.2. By request of Carisk staff or Network Practitioners, if they believe the Guideline is not current.

2.3. If measurement of compliance with the Guideline suggests that the Guideline may not represent current best practices.

2.4. If scientific evidence or changes to the Guidelines are published (i.e. Guideline Watch).

3. The QIC is responsible for the periodic review and approval of Guidelines.

3.1. The QIC may appoint a workgroup to assist in the process.

3.2. Members of the workgroup, if used, will include Carisk clinical staff and may include outside experts or Network Practitioners.

4. The review process includes:

4.1. A search of the recently published scientific and medical literature.

4.2. Solicitation of comments from Network Practitioners regarding the extent to which the Guideline represents current best practice.

4.3. Solicitation of comments from Carisk staff regarding the appropriateness of the Guideline.

4.4. A review of the results of the measuring compliance with the Guideline.

5. The QIC alone, or with written input from the workgroup, determines whether or not the Guideline requires revision.

5.1. If the Guideline requires modification, a written description of the modification, the rationale for the modification and scientific evidence that the modification is prepared.

5.2. Modifications are not made solely to accommodate local practice or Practitioner preference in the absence of sound scientific evidence that the modification is:

5.2.1. Superior to the published Guideline, or

5.2.2. More appropriate to the treatment resources generally available to the Members.

5.3. The most common reason for modifying Guidelines is that additional research supporting other treatment approaches has been published since the Guideline was developed.

5.4. If the QIC, with or without input from the workgroup, determines that the Practice Guideline should be reviewed for possible revision in less than two years, this determination is recorded in an appropriate work plan at the time the Guideline is adopted.

6. The workgroup is responsible for collaborating with the Director of Quality Improvement and the QIC to determine if any changes to the Practice Guideline measurements are required.

III. Consistency between Guidelines and Other Processes

1. The QIC is responsible for verifying that the Practice Guidelines adopted by Carisk are consistent with:

1.1. Utilization Management processes and Medical Necessity Criteria.

1.2. Member education materials.

1.3. Interpretation of covered benefits.

1.4. Other relevant Carisk processes.

2. The QIC reviews the Practice Guidelines for consistency with areas listed above.
3. If the QIC needs additional expertise or information to complete its review, it requests the involvement of other committees or Carisk staff.
4. The minutes of the QIC will contain evidence of a consideration of each of the issues listed above.
5. If any inconsistency is identified, endorsement of the new or revised Practice Guideline is delayed until the inconsistency is resolved.
6. If correction of the inconsistency is not within the purview of the QIC, a recommendation for action is forwarded to the appropriate committee.

IV. Notifying Members and Practitioners About Guidelines

1. All Practitioners are informed about the Practice Guidelines endorsed by Carisk at the time they are accepted into the Network.

1.1. This information is contained in the Carisk Provider Manual.

1.2. The information consists of a description of the Practice Guidelines and:

1.2.1. Copies of the Practice Guidelines or, if the Practice Guidelines are available publicly (free or for a charge), information on how to obtain copies of the Practice Guidelines.

1.2.2. If Carisk has modified publicly available Guidelines, Practitioners are supplied with a description of the modifications.

1.3. Carisk supplies Practitioners with a description of the components of the Guideline being measured to evaluate compliance with the Guideline.

2. Information about newly endorsed Guidelines or revisions to existing Guidelines is communicated to Practitioners via the Carisk website, with written notice to all relevant practitioners at least annually that information about Carisk's clinical practice guidelines is available on the website and that printed copies are available upon request. In addition to updating the information on the website, Carisk may send special mailings or other notices to affected practitioners. Such information is considered an addition to the Provider Manual.
3. Many Guidelines contain information that should be shared with Members receiving treatment for the diagnosis or condition, or undergoing the procedure covered in the Guideline.

3.1. The QIC is responsible for overseeing the development of the Member versions of the Guidelines or Member educational materials that are companions to the Guidelines, as appropriate.

3.1.1. This task may be delegated to a workgroup.

3.1.2. All materials are written at a sixth grade reading level, with the use of frequent headings, white space and bullets for ease in understanding.

3.1.3. All materials are written in languages pertinent to the Members.

3.2. Carisk disseminates these Member materials by one or more of the following mechanisms:

3.2.1. Targeted mailing approved to Members identified with the diagnosis or condition or undergoing treatment with the procedure addressed by the Guideline.

3.2.2. Posting on the Carisk Web site, provided that Members are notified:

3.2.2.1. Of the posting in writing, such as through the Member newsletter, as an insert in notification letters for UM decisions or specific mailings.

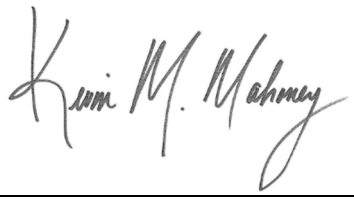
3.2.2.2. That hard copies of the materials are available upon request.

V. Measuring Performance against Guidelines

1. Carisk annually measures performance against two important aspects of three guidelines.

1.1 Guidelines for annual performance measurement are chosen based on analysis of member demographic data, top diagnoses, and collaboration with the Medical Director.

1.2 Performance measurement is included in the annual QI/UM evaluation.

Executive Vice President/Chief Operating Officer Approval: Kevin M. Mahoney

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