

MULTNOMAH COUNTY **CLINICAL PRACTICE GUIDELINES POLICY**



MULTNOMAH COUNTY OREGON

DEPARTMENT OF COUNTY HUMAN SERVICES
MENTAL HEALTH AND ADDICTION SERVICES DIVISION

SECTION: Verity Utilization Management

NUMBER: UM-002

TITLE: Clinical Guidelines

ORIGINATED: June 2007

REVIEW DATE:

APPROVED:

CONTACT PERSON:

David Cutler MD,
David Hidalgo, LCSW

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Applies to: All Verity Staff/Contracted Agencies

1 Attachment:

Criteria for Selection/Implementation of Clinical Practice Guidelines

POLICY GUIDELINE:

Verity Clinical Guidelines

Clinical practice guidelines that are consistent with the organization's mission and priorities are selected and implemented by a MHASD clinical leadership team.

Verity will provide clinical services through contracted county programs and through direct services. County direct service programs will be guided by approved Multnomah County clinical guidelines. When services are provided through a contractor Verity will encourage the use of approved clinical guidelines. In addition, Verity will specifically contract for ACT and DBT, evidence-based practices for working with SMI populations. Verity will also encourage other evidence-based practices throughout the network.

Clinical practice guidelines adopted by Verity have been developed by professional organizations that have developed current practice standards supported their review of published data. These standards are categorized both by diagnosis and other factors including treatment milieu, presenting problem and age of patient. Some will be current, some dating back 10 years. In all cases there may be other data that support interventions not designated in the practice guidelines. Because of the unique presenting or recurring problems encountered by clients, the guidelines are not meant to be absolute standards by which to measure care, but are provided in order to provide a baseline from which to reference individual treatment interventions.

PURPOSE:

1. Clinical practice guidelines provide a means to improve quality, enhance appropriate utilization of health care services, and enhance the value of health care services.
2. Clinical practice guidelines assist practitioners and patients in making clinical decisions on the prevention, diagnosis, treatment, and management of selected conditions.

3. Clinical practice guidelines can be used in designing program processes or checking the design of existing processes.

PROCEDURES:

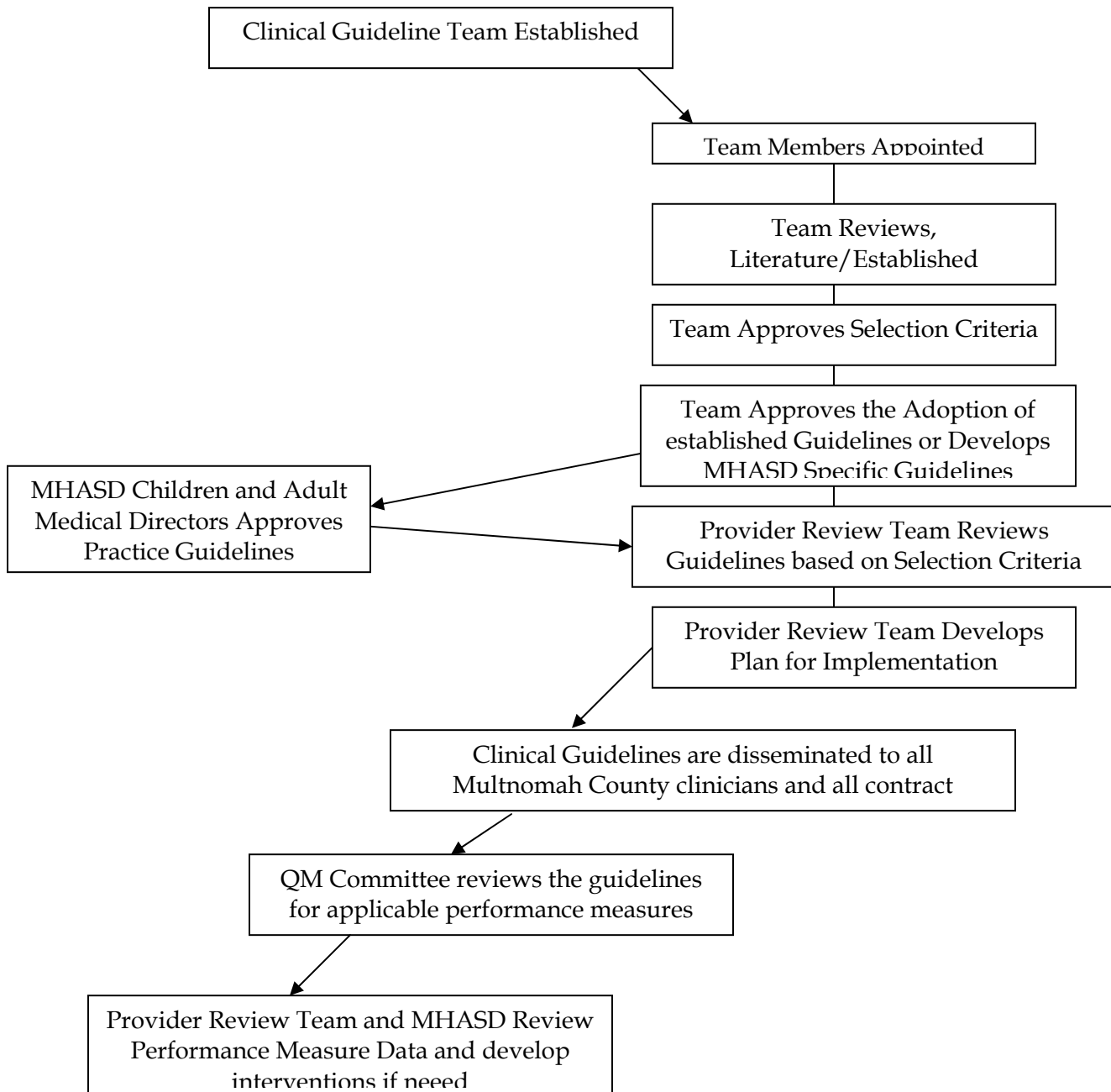
1. MHASD Management Team appoints the Verity Director to lead Clinical Guideline implementation process.
2. The Clinical Management Team is appointed by the Quality Management Director and consists of the medical director, child psychiatrist, QM Director, Verity Manager and the Sr. QM Coordinator.
3. The Clinical Management Team determines criteria for selection of practice guidelines (please see Criteria Selection attachment).
4. The members of the Provider Review Committee guide the development of new practice guidelines and the revision of existing guidelines.
5. New guidelines are reviewed by the Provider Review Committee prior to implementation (see review form).
6. New guidelines are presented to the MHASD Medical Director for approval.
7. Practice guidelines are disseminated to Multnomah County clinicians and to all contracted providers.
8. Effectiveness of practice guidelines is evaluated by QM indicators used in internal and contract performance measures, County QM consumer committees, and by chart reviews when indicated, which is directed by the Quality Management Department.
9. Results of reviews are reported to the MHASD Management Team.

DECISION PROCESS FOR THE ADOPTION OF CLINICAL PRACTICE GUIDELINES

MHASD MANAGEMENT TEAM

QM LEADERSHIP

CLINICAL LEADERSHIP



Criteria for the Selection/Implementation of Clinical Practice Guidelines

Clinical Guideline: _____

Rate the following criteria on a 5-point Likert scale:

1. Strongly Agree 2. Agree 3. Neutral 4. Disagree 5. Strongly Disagree

	1	2	3	4	5	N/A
1. The guideline is based on current professional knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The guideline has been reviewed periodically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The guideline contains measures for evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The guideline anticipates variation & provides for learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The guideline addresses a frequently occurring diagnosis in clients served by Multnomah County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The guideline will not require modification to be applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The guideline will assist treatment providers in making treatment decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adoption of the guideline recommended: _____ Not recommended: _____

Reviewer's signature _____ Date _____