EXPANDING THE PRACTICE SPECTRUM

2016 STATE LEADERSHIP CONFERENCE
FEBRUARY 27–MARCH 1 • GRAND HYATT • WASHINGTON, D.C.
Getting Real: Clinical Practice Guidelines in Action

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Agenda

• Overview of APA’s Clinical Practice Guideline development process- Raquel Halfond, PhD

• Panel member views:
  o Christine A. Courtois, PhD, ABPP
  o Charles F. Reynolds III, M.D.
  o Patty Nece, JD

• Conversation with audience members and panel
How is APA creating guidelines?

- In 2010, APA’s major governing bodies agreed it was time to develop clinical practice guidelines
- Cross directorate staff work group meeting for several years
- Board of Directors directed formation of the Guidelines Advisory Steering Committee (ASC)
- ASC meetings and monthly conference calls
How is APA creating guidelines?

• ASC appointed three multidisciplinary guideline development panels in late 2012:
  
  Depression, Obesity, and Posttraumatic Stress Disorder

• Multidisciplinary panels include Psychology (clinicians, researchers), Medicine (psychiatry, family, general), Social Work, Nutrition, Nursing, and Patient/Consumer/Community Members

• APA is following the Institute of Medicine’s 2011 standards for guideline development
**Systematic Review Process**

*Systematic Review Team (SRT)*

- Select, Scope & Refine Topic
- Formulate Key Questions
- Specify review protocol

**PICOTS**

- Retrieve studies that evaluated critical outcomes
- Screen studies for inclusion criteria (SR protocol)
- Appraise quality of evidence per outcome, across studies
- Abstract data from studies
- Generate “summary of findings” tables

1) GDP completes decision tables for each relevant treatment decision.

### Evidence Quality Domains:
- Risk of bias
- Consistency
- Directness
- Precision
- Publication bias
- Effect size
- Dose-response

2) GDP formulates treatment recommendations, considering:

- Strength of evidence
- Balance of benefits/harms (Net Benefit)
- Patient values and preferences
- Applicability of evidence to real patients

**CPG Development Process**

*Guideline Development Panel (GDP)*

1) GDP completes decision tables for each relevant treatment option.

2) GDP formulates treatment recommendations, considering:

- Strength of evidence
- Balance of benefits/harms (Net Benefit)
- Patient values and preferences
- Applicability of evidence to real patients

3) For each recommendation, GDP determines the recommendation’s:
   a) Direction (For or Against);
   b) Strength (e.g., Strong or Conditional); and,
   c) Wording (Standardized; Reflects a & b above):
      ✓ “We recommend using…”
      ✓ “We suggest using X for patients with Y.”
      ✓ “We recommend against using…”
      ✓ “We suggest against using X for patients with Y.”

Adapted from: Falk-Ytter & Schünemann (2009); Schünemann & Berkman (2011); Owens et al. (2009)
How is APA creating guidelines?

- Each panel is at a different stage in the process:
  - **PTSD GDP:**
    - Drafting and revising final guideline document
  - **Depression GDP:**
    - Drafting recommendations
  - **Obesity GDP:**
    - Final stage of systematic review of the literature
Depression Guideline Development Panel

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**Arthur M. Nezu, PhD**  
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Obesity Guideline Development Panel

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PTSD Guideline Development Panel

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Christine A. Courtois, PhD, ABPP
Chair, APA’s Guideline Development Panel for PTSD
“Evidence-based clinical practice guidelines represent a systematic approach to translating the best available research evidence into clear statements regarding treatments for various health conditions” as an aid to the practitioner and the patient (Hollon et al., 2014, p. 214). These guidelines include the three dimensions identified by the American Psychological Association Presidential Task Force on Evidence-Based Practice (2006): (1) grounding in the best available science; (2) practitioner expertise in application decisions; and (3) patient preferences and values.
The purpose of APA's Guideline Development Panel for PTSD is to provide recommendations on the treatment of Posttraumatic Stress Disorder (PTSD) in adults based on available evidence. The panel strove to develop a guideline that is scientifically sound and clinically useful by assessing data on the efficacy, comparative effectiveness and harms and burdens associated with a variety of psychological and pharmacological treatments for adults with PTSD. Intended users include psychologists, other health and mental health professionals, consumers, families of consumers, students/training programs, policy makers, and the public.
PTSD Guideline Development Panel

- Add to what data are currently available in existing guidelines for the treatment of PTSD
• From Inside a Guideline Development Panel
  • Selection of panel members
    • Multidisciplinary, experts
    • COI’s and no treatment developers
    • Consumer members
  • A several year process
    • In-person meetings and monthly/bi-monthly phone calls
  • APA staff involvement
    • Science and Practice Directorates
    • Systematic Review Expertise
• A Steep Learning Curve Involved At First
  • The IOM Standards (2011)
  • Scoping proposal to AHRQ
  • The RTI-UNC EBPC Report
    • Followed standard protocol
    • Transparent
  • 760 pps.
IOM Standards

1. Establishing transparency of the recruitment and selection of Guideline Development Panel (GDP) members.
2. Management of conflict of interest as identified a priori and to be published as part of this guideline.
3. Guideline development Panel composition that is multidisciplinary, representative of key specialties involved in the treatment of PTSD, and includes consumer members.
4. Interaction between the GPD members and the Systematic Review (SR) team.
5. Rating strength of recommendations, which involves an appraisal of the strength of the relevant evidence, a comparison of benefits and harms of particular clinical recommendations, and value judgments regarding the importance of specific benefits and harms based on a modified version of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) consortium system, the most widely used of such systems.
6. Articulation of recommendations that are clear and specific about what actions are being recommended.
7. External review from selected external reviewers and the general public prior to publication.
8. Updating to account for when significant changes occur in (a) evidence of benefits and harms, (b) outcomes that are considered important, (c) available interventions, (d) evidence that current practice is optimal, value placed on different outcomes, or (f) resources available for health care.
Treatment Outcomes

1) PTSD symptom reduction;
2) Remission (no longer having symptoms);
3) Loss of PTSD diagnosis;
4) Quality of life;
5) Disability or functional impairment;
6) Prevention or reduction of comorbid medical or psychiatric conditions;
7) Adverse events leading to withdrawals;
8) Other serious adverse events.

*PTSD symptom reduction and serious harms (adverse events) were deemed critical outcomes. All others were deemed important outcomes.*
The Systematic Review Protocol

- Decisions Regarding the Assessment and Inclusion/Exclusion of Studies
- Rating of Aggregate/Global Strength of Evidence
- Assessing Magnitude of Benefit
- Assessing Magnitude of Harms/Burdens
- Assessing Patient Values and Preferences
- Applicability of Evidence
- The Development of Evidence Profiles
- The Development and Use of Decision Tables
- Decision Making Regarding Treatment Recommendations
Recommendations

• Currently, in the works

• Guideline will be released for public comment in the next several months
Charles F. Reynolds III, M.D.
Panel Member, APA’s Guideline Development Panel for Depression
Patty Nece, JD
Panel Member, APA’s Guideline Development Panel for Obesity
Conversation with Audience and Panel Members
Thank you!