Clinical Practice Guidelines: Perspectives on Dissemination and Implementation

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2018 APA PRACTICE LEADERSHIP CONFERENCE SPONSORS
Agenda

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

• Where are we now & where are we going? – Bethany A. Teachman, PhD

• Large regional health system dissemination and implementation- Jared L. Skillings, PhD, ABPP

• Risk management perspective- Jana N. Martin, PhD

• Discussion- Lynn Bufka, PhD

• Questions
What is evidence based practice?

- Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences,” (APA, 2005)
What is a clinical practice guideline?

APA defines two main types of guidelines:

1. **Professional practice guidelines** - “recommendations to professionals concerning their conduct and the issues to be considered in particular areas of clinical practice” (APA, 2002).

2. **Clinical practice guidelines** - “provide specific recommendations about treatments to be offered to patients” and “they tend to be condition or treatment specific” (APA, 2002).
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
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.”

1) GDP completes decision tables/grids 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

Adapted from: Falk-Ytter & Schünemann (2009); Schünemann & Berkman (2011); Owens et al. (2009)
Bethany A. Teachman, PhD
Jared L. Skillings, PhD, ABPP
Jana N. Martin, PhD
Thank you!

#APApIc
APA Clinical Practice Guidelines: Where are we now & where are we going?

Bethany A. Teachman
Chair, Advisory Steering committee of the Clinical Practice Guidelines
Conflict of Interest statement

I, or an immediate family member, including a spouse or partner, have no financial relationships which could reasonably be considered a conflict of interest relevant to the content of this presentation.
Outline

• Goal of Clinical Practice Guidelines
• Why we need guidelines
• Appropriate application of guidelines
• Guideline development process
• Dissemination and evaluation plans
Goal of Clinical Practice Guidelines for providers

Help providers make informed choices about which treatment they want to deliver by providing recommendations based on a systematic review of the evidence for efficacy

- Not a standard of care
- Decision-making is not based on guidelines alone
- Does not diminish value of clinical judgment, patient preferences, and importance of individual differences
Why we need guidelines

- To help us and our patients be informed
- Make clear what psychology has to offer!
To help us and our patients be informed

- Synthesizes available research so busy providers do not have to spend time doing this

- Identifies gaps that need to be addressed by future research (e.g., for subpopulations, or therapies that are widely used but not well tested)

- Helps providers outline rationale for their treatment plan

- Protects our patients - reviews the balance of potential benefits vs. harms of a treatment

- Increases patient access to efficacious treatments
Make clear what psychology has to offer!

• Guidelines are a reality in health care service provision
  – For health insurance companies to be accredited by the National Committee on Quality Assurance, their **plans must adopt “evidence based practice guidelines** for...
    at least two behavioral conditions”
  
  – But they’re not rigidly proscriptive: e.g., Blue Cross Blue Shield of Illinois: “Clinical Practice Guidelines (CPGs) are meant to serve as general guidelines and are **not intended to substitute for clinical judgment** in individual cases”

• Problem: psychology is not well represented!
  e.g., Blue Cross Blue Shield of Illinois **links to 46 guidelines**
  – Majority are from American Psychiatric Association
  – **Only 2 are from American Psychological Association** (APA’s clinical practice guideline on PTSD and professional practice guideline on telepsychology)

...evidence-based therapies for depression are at least as good as medications and often have more enduring effects... BUT
Market share: National trends in outpatient treatment for depression

![Graph showing trends in treatment for depression.](image)

Sources: Olfson et al 2002 JAMA; Marcus & Olfson 2010 AGP

Thank you to Steve Hollon for slide
Mental health expenditures in billions of US dollars
Mark et al., Health Affairs, 2011

Thank you to Steve Hollon for slide
Appropriate application of guidelines

- This guideline is intended to be aspirational and is not intended to create a requirement for practice. It is not intended to limit scope of practice in licensing laws for psychologists or for other independently licensed professionals, nor limit coverage for reimbursement by third party payers. The term guideline refers to statements that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists or other independently licensed professionals. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. In contrast, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists and other professionals. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional and clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists and other professionals. The different types of guidelines produced by the APA were detailed in an association document published in the American Psychologist in December, 2015 (American Psychological Association, 2015).

- The recommendations made by the APA PTSD Guideline Development Panel (GDP) were developed after careful review of the evidence. The GDP endorses the following statement from the British National Institute for Health and Care Excellence (NICE, 2016) “When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The application of the recommendations in this guideline is not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian,” (p.18).
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Guideline development process

• Issued call for nominations for panel members
• Multidisciplinary panel: psychology (clinicians, researchers), medicine (psychiatry, general), social work, and patient/consumer/community members
• Follows Institute of Medicine’s 2011 standards for guideline development
• Public comment period

Oversight: Advisory Steering Committee, Board of Professional Affairs, Board of Scientific Affairs, Board of Directors, among others
Institute of Medicine’s 2011 standards

1. Systematic review of evidence about efficacy of treatments (mainly from RCTs)
2. Data about risk of harm from treatments
3. Data about patient preferences and values regarding treatments
4. Data about applicability of treatments across populations and settings

Independent review of evidence that guideline panel uses to make recommendations
Current & future Clinical Practice Guidelines

• Treatment of Posttraumatic Stress Disorder in adults: Approved February, 2017

• Multicomponent behavioral treatment of obesity and overweight in children and adolescents: Current state of the evidence and research needs Approved this weekend

• Treatment of depression in children, adolescents, and young, middle aged, and older adults: Public comment soon

Next (hopefully!):
• Disruptive Behavior Disorder (in partnership with American Academy of Child and Adolescent Psychiatry)
• Propose new topic for guideline (chronic pain)
• Request new systematic reviews (couples distress, GAD)
Dissemination and evaluation plans

• Web site and resources

• Use data to guide dissemination & implementation efforts
  – Web site headlines study: Alex Werntz, MA
  – Dissemination consultant: Provider surveys & agency director interviews
Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD)

The guideline recommends interventions for the treatment of PTSD in adults. Recommendations are based on a systematic review of the scientific evidence, a weighing of the benefits and harms of interventions, consideration of what is known about patient values and preferences, and consideration of the applicability of the evidence across demographic groups and settings.
• Treatment manuals
• Training and Continuing Education (webinars, online courses, etc.)
• Case examples
• Books, videos, lectures & podcasts
For Patients & Families

Posttraumatic stress disorder affects patients and families alike. The information here will help you understand PTSD, its causes, its effects — and most importantly, its treatment.

What is PTSD?
Posttraumatic stress disorder (PTSD) is an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster.

What is the Clinical Practice Guideline for PTSD?
APA developed its PTSD guideline after careful review of the effectiveness of different PTSD treatments.

Symptoms of PTSD
Common PTSD symptoms include unwanted recurring memories, avoidance of people or events that remind one of the original trauma, negative emotions and feelings of agitation.

PTSD is Treatable
Effective treatment is available, and it can be tailored to fit the differing needs of patients.

Getting Help for PTSD
How to determine if you need help, and how to identify the type of professional who will serve you best in treatment of PTSD.

Treatments
Treatment plans are the result of discussion between the patient and the health care provider. Treatment can be a combination of recommended therapies and medication, based on the patient’s experience, history and symptoms.

Web site study
(Alex Werntz, MA)

Treatment works: Say goodbye to symptoms

FIND A PSYCHOLOGIST

Questions to Ask a Health Professional

The VA on PTSD
Dissemination Consultant
Jonathan Purtle, DRPH, MPH, MSC
Drexel University

- Provider surveys
  - Awareness of, attitudes toward, and use of the APA clinical practice guidelines

- Impact of adding narrative case examples

- Agency director qualitative interviews
Whirlwind tour...

• Goal of Clinical Practice Guidelines
• Why we need guidelines
• Appropriate application of guidelines
• Guideline development process
• Dissemination and evaluation plans

To learn more:

Email: bat5x@virginia.edu  (sorry to leave early!)
Risk Management Strategies for Clinical Practice Guidelines

APA Practice Leadership Conference - March 2018
Jana N. Martin, Ph.D.,
CEO, The Trust
What is Risk Management?

- Risk management is the prospective assessment of retrospective evaluation
What is Risk Management?

- Risk management requires:
  - Evaluation of benefits to patient/client
  - Evaluation of risk to professional and patient/client
- Decision-making based upon the risk/benefit analysis
What is Risk Management?

• Standard of Care: Reasonable and Prudent Psychologist
  ▪ Judicial: How similarly qualified practitioners would have managed the patient's care under the same or similar circumstances.
    - Must have and use the knowledge ordinarily possessed by members of the profession in good standing
  ▪ Ethical: As used in the APA Ethics Code, the term “reasonable” means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.
Basic Risk Management

• Enables Psychologist to:
  ▪ Provide best, most appropriate care to patient
    – Increase likelihood of positive outcome
    – Create good alliance with patient
    – Patient is an active participant in decision-making
    – Minimize anger when the unexpected happens
Basic Risk Management

• Enables Psychologist to:
  ▪ Demonstrate that good care was provided
  ▪ Demonstrate that psychologist is a competent, ethical and prudent professional

• Risk Management is a Business Decision
Basic Risk Management

• In responding to a licensing board or ethics committee complaint, your ability to demonstrate knowledge and application of basic ethical principles, your clinical plan, and your risk analysis, as evidenced in your documentation and consultation, is often more important than the clinical outcome.
Elements of Risk Management

• Have a good working knowledge of ethics code and legal standards governing practice

• Conduct a conservative evaluation of your competence to perform
  ▪ Intellectual competence
  ▪ Technical competence
  ▪ Emotional competence
Elements of Risk Management

• Keep your knowledge base up to date
• Avoid professional isolation
• Identify high risk patients and high risk situations
  ▪ Worst case thinking
Elements of Risk Management

• Assess relationship with client
  ▪ Longevity
  ▪ Alliance

• Assess your “Personal Tool Box”

• Take patient dissatisfaction and complaints seriously

• Ensure there is a treatment plan that is based on client’s identified problems and a good therapeutic approach
Risk Management Keys to Success

• Provide comprehensive informed consent
• Seek appropriate consultation
• Develop good record-keeping practices and strategies
Practice Risk Management Strategies

- Single Most Important Factor in Risk Management: Doctor/Patient Relationship
  - Consumer is the primary driver of a complaint, so individual case factors need to control & determine appropriate interventions
  - Choose a treatment approach based on well-documented clinical reasons and one’s expertise
Ethical Principles

• 2.01 Boundaries of Competence
  ▪ (a) psychologists provide services only within the boundaries of their competence
  ▪ (c) Psychologists planning to provide services...involving techniques and technologies new to them undertake relevant education, training, supervised experience, consultation or study.
  ▪ (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
Practice Risk Management Strategies

- Be familiar with the Clinical Practice Guidelines (CPGs)
  - Being “ignorant” of guidelines is no excuse and can reflect negatively on the practitioner

- Be aware of the methodological and ideological limitations of the literature
  - Which outcomes are most relevant to the patient/client you’re treating?

- Document well your rationale for choosing a treatment intervention not included in the CPGs
  - Can be your best defense
Practice Risk Management Strategies

• Have good informed consent which explicitly states that:
  ▪ There are a variety of treatments for a person’s diagnosis and presentation of issues/difficulties/problems, some with more empirical support than others
  ▪ Treatment is based on individual factors, and there is no definitive guide on which treatment will work best for each individual.
  ▪ Based on my skills and expertise, I believe my approach can help you, but if at any point you feel the treatment is not effective, I will be happy to refer you to someone else for a second opinion.

• Consult with colleagues & document again!
Ethical Principles

• 3.10 (a) Informed Consent

• When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.
Risk Management Strategies for Clinical Practice Guidelines

www.trustinsurance.com

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