

Thurston-Mason Behavioral Health Administrative Services Organization, LLC

POLICY AND PROCEDURE MANUAL

TITLE:	Clinical Practice Guidelines		
SECTION:	Quality Assessment and Performance Improvement	POLICY:	1004
EFFECTIVE:	1.1.2020	REVISIONS:	
APPROVED:		DATE:	1.1.2020

I. PURPOSE

- A. The purpose of implementing clinical practice guidelines is to develop and use clinical decision-making and ensure that identified populations receive the highest quality and most consistent practices available through the provision of valid and reliable research-based services. Overall, a guideline streamlines utilization management decision-making processes according to a set routine or sound evidence-based clinical practice.

II. GUIDING PRINCIPLES

- A. Thurston-Mason Behavioral Health Administrative Service Organization (Thurston-Mason BH-ASO) will develop clinical practice guidelines through the collaborative processes of the Quality Management system.
- B. Clinical practice guidelines shall be based on the following;
 - 1. Valid and reliable clinical scientific evidence;
 - 2. In the absence of scientific evidence, professional standards; or
 - 3. In the absence of scientific evidence and professional standards, a consensus of health care professionals in the particular field.
- C. Clinical practice guidelines will guide clinical decision-making and address specific needs that affect the health and well-being of individuals within the Thurston-Mason BH-ASO catchment area. They shall be developed and utilized to consider the needs of individuals (including the priority populations) and support individual and family involvement in treatment
 - 1. Be adopted in consultation with Provider Network within the state of Washington.
 - 2. As organizational changes occur, guideline selection will reflect those changes and address the different population and services that Thurston-Mason BH-ASO provides.
 - 3. Be reviewed and updated at least every two (2) years and more often if national guidelines change during that time.
- D. Clinical practice guidelines will be compliant with all contractual, state and federal standards and requirements.
- E. Though they are not intended as a “standard of care”, these clinical practice guidelines will be based on valid and reliable clinical evidence and a consensus of health care professionals in behavioral health.
- F. Thurston-Mason BH-ASO shall adopt clinical practice guidelines from recognized sources that develop or promote evidence-based clinical practice guidelines such as voluntary health organizations, National Institutes of Health (NIH), or Substance Abuse and Mental Health Services Administration (SAMHSA). If Thurston-Mason BH-ASO does not adopt clinical practice guidelines

from recognized sources, board-certified behavioral health providers must participate in the development of the clinical practice guidelines.

- G. Thurston-Mason BH-ASO network providers will utilize these clinical practice guidelines as a training and supervision tool for direct clinical staff in accordance with their contracts. Thurston-Mason BH-ASO shall ensure adherence to this requirement through review of personnel charts during administrative audits. Decisions for utilization management, enrollee education, coverage of services, and other areas to which the clinical practice guidelines apply will be consistent with the clinical practice guidelines.
- H. These clinical practice guidelines are not to be construed to limit the individualization of treatment services, clinician judgment, or the ability of the clinician to provide treatment in the best interests of the individual. Provision of treatment may be qualified by limitations of payment sources and funding.
- I. Any clinical intervention requires the clinician to adapt a treatment program based on the individual's medical necessity and be individualized. Clinical practice guidelines are based on evolving scientific research and experience and will be reviewed and updated periodically.
- J. A clinical practice guideline may consist of a collection of research-tested clinical instruments and tools that assist a clinician in making more informed decisions on behalf of the individual. Thurston-Mason BH-ASO's network providers would be free to select tools from the practice guideline that best suited the agency, as long as administration of these instruments and tools fall within allowable and acceptable practice standards.
- K. As often as possible, the clinical practice guidelines will encompass internet links to the American Psychological Association (APA) and American Academy of Child and Adolescent Psychiatry's (AACAP) accepted and published clinical practice guidelines, which are self-updating. Clinical practice guidelines will be reviewed periodically to ensure their ongoing compliance with requirements and clinical relevance.
- L. Clinical practice guidelines are to be utilized in the Thurston-Mason BH-ASO Utilization Management processes, provider education, appeals processes and in their contractual oversight of clinical care.

III. REQUIREMENTS

- A. Thurston-Mason BH-ASO will ensure access to the Thurston-Mason BH-ASO adopted, consensus-based clinical practice guidelines as required by the Health Care Authority (HCA).
- B. The clinical practice guideline selection process will be driven by individual needs and supported by available data. The process will be inclusive of input from regional professional direction as provided by the network provider's clinical leadership.
- C. Thurston-Mason BH-ASO will maintain an ad-hoc Practice Guideline Committee when a new practice guideline is being considered or when it is time to review existing clinical practice guidelines. The Committee will include appropriate clinical and medical representation at the Thurston-Mason BH-ASO and Provider Network level.
- D. Training and education about the specific clinical practice guidelines will be available to Thurston-Mason BH-ASO, network providers, and individuals as needed and requested.
- E. Thurston-Mason BH-ASO will disseminate the clinical practice guidelines to all affected network providers and, upon request, to HCA and individuals upon completion, as revised, and upon request to individuals and potential enrollees, as well as, making them available on the Thurston-Mason BH-ASO website at www.tmbhaso.org.
- F. Thurston-Mason BH-ASO will utilize this website for the dissemination and application of the selected clinical practice guidelines.

IV. CLINICAL PRACTICE GUIDELINES SELECTION PROCESS

- A. The clinical practice guidelines will be selected in keeping with the above expectations and are under the oversight of the Practice Guideline Committee.
 - 1. The Clinical Practice Guideline Committee maintains the currency of the Thurston-Mason BH-ASO clinical practice guidelines. The Committee is comprised of the following lead medical and clinical staff:
 - a) Thurston-Mason BH-ASO medical director, as needed;
 - b) Thurston-Mason BH-ASO care manager(s);
 - c) Provider Network's medical/clinical directors;
 - 2. After the clinical practice guidelines have been formally approved, links to the clinical practice guidelines will be posted on the Thurston-Mason BH-ASO website and the network providers are notified.

V. TRAINING AND IMPLEMENTATION

- A. The network provider's medical and clinical leadership is responsible for the implementation of the Thurston-Mason BH-ASO approved clinical practice guidelines.
 - 1. The Thurston-Mason BH-ASO network providers shall develop and implement policies and procedures that support these clinical practice guidelines.
- B. Individual education regarding clinical practice guidelines may occur through public forums, one-to-one education with clinicians and psychiatric prescribers during the ongoing assessment and treatment planning process, and through written materials.
- C. All formal trainings related to Thurston-Mason BH-ASO clinical practice guidelines and Committee meetings will be documented.

VI. OVERSIGHT AND MONITORING

- A. The network providers are expected to provide regular oversight of the clinical practice guidelines, while the Thurston-Mason BH-ASO Quality Manager is directly responsible for monitoring the network provider's adherence to the clinical practice guidelines. Comprehensive Thurston-Mason BH-ASO oversight of the clinical practice guidelines will occur at least annually.
- B. Thurston-Mason BH-ASO provides vigilant monitoring of the clinical practice guidelines through quality assurance (QA) functions, including clinical record reviews.
- C. When discovered, through the QA process, practices that fall outside of the clinical practice guidelines and there is no documented clinical rationale and justification for the lack of use, that information is reported to the network provider's Quality Improvement Specialist, or Utilization Management (UM) Coordinator for further review.
- D. Thurston-Mason BH-ASO network providers' compliance with the Thurston-Mason BH-ASO clinical practice guidelines will be ensured by the inclusion of this requirement in network provider contracts and through ongoing oversight and monitoring to core elements of each guideline, as appropriate, during utilization review and administrative and clinical audits.

VII. EMERGING TECHNOLOGIES

- A. Thurston-Mason BH-ASO shall include its Behavioral Health Medical Director in the evaluation of emerging technologies for the treatment of behavioral health conditions and related decisions. Thurston-Mason BH-ASO shall also have a child or adolescent psychiatrist available for consultation related to other emerging technologies for the treatment of behavioral health conditions in children and youth.

ATTACHMENT A

The Clinical Leadership of the Thurston-Mason BH-ASO has selected the following Practice Guidelines for 2020.

- Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. [Reference is made to Section One, Chapter 6 which presents specific treatment models for trauma, including integrated approaches that address substance use disorders, mental disorders, and trauma simultaneously].
- Substance Abuse and Mental Health Services Administration. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009. [Reference is made to the section on treatment for Specific Population Groups including for American Indians and Native Alaskans in Chapter 6].

NOTE: These guidelines were selected as it is the intent of Thurston-Mason BH-ASO that individuals receiving treatment for Substance Use Disorders be provided Trauma Informed services. The above references include references to the various evidence based modalities that are based in Trauma Informed care.

ADDITIONAL Resources include

Implementing Seeking Safety therapy for PTSD and substance abuse: Clinical Guidelines, Lisa M. Najavits, PhD, The Behavioral Health Recovery Management project, 2002. [While Thurston-Mason BH-ASO does not endorse a specific approach to Trauma Informed Care, this Guideline (albeit dated) is the basis for an approach often utilized SUD treatment settings].

Department of Veteran's Affairs and Department of Defense Clinical Practice Guideline for Management of Substance Use Disorders (SUD). Published 2015, Reviewed May 2017 [Excellent resource for working with Veterans or Active Duty individuals, many of whom will manifest co-occurring trauma related symptoms]

- American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition. Published 2016, Reviewed February 2018 [specific reference is made to Guideline III of this publication- *Assessment of Suicide Risk*]
- American Academy of Pediatrics: Guideline for Adolescent Depression in Primary Care (GLAD-PC): Part I. Published in Pediatrics. 141(3): 2018. [selected for information on the assessment of the suicidal adolescent individual].
- Department of Veteran's Affairs and Department of Defense Clinical Practice Guideline Assessment and Management of Patients at Risk for Suicide (2019).

NOTE: These guidelines were selected as it is the Thurston-Mason BH-ASO expectation that any individual who reports current suicidal ideations should receive a thorough assessment that includes an estimation of the person's suicide risk, including factors influencing risk. A

standardized instrument for such an assessment is suggested as is a thorough documentation of the assessment. This assessment then is used to guide treatment decision-making.

- American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition. Published 2016, Reviewed February 2018- [specific reference is made to Guideline VI of this publication – *Assessment of Medical Health*]

NOTE: Guideline VI was selected to emphasize the Thurston-Mason BH-ASO expectation that all network providers will endeavor to provide assessments and treatment planning that integrates Physical Medicine and Behavioral Healthcare issues.