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| <b>COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN</b>  |                       | <b><i>Policy and Procedure</i></b>  |   |  |
| <b>Department</b>  |                       | <b># of Pages: 6</b>  |   |  |
| <b>Policy Name: Evaluation &amp; Adoption of Clinical Practice Guidelines &amp; Evidence Based Practices</b> |                       | <b>Type of Policy:</b><br>[ ] WCHO [ <input checked="" type="checkbox"/> ] Regional [ ] Network |   |  |
| <b>Policy Number</b><br><b>13.007</b>  | <b>Effective Date</b> | <b>Revision Date</b>  | <b>Approval Date</b><br><b>11/10/04</b> |  |
| <b>Administrative/Board of Directors Sign Off</b>  |                       |   |   |  |
| <b>Administrative Signature:</b>   |                       |   | <b>Date:</b>                            |  |
| <b>Board of Directors Signature:</b>   |                       |   | <b>Date:</b>                            |  |

**I. PURPOSE**

To establish a regional policy for the consistent and effective review, adoption, and implementation of Clinical Practice Guidelines (CPG's) and Evidence-Based Practices (EBP's) for the region.

**II. APPLICATION**

This policy pertains to the PIHP and all CMHSP's within the Community Mental Health Partnership of Southeastern Michigan (CMHPSM), along with all contracted providers.

**III. DEFINITIONS**

Clinical Practice Guidelines (CPG): Systematically developed standardized specifications for care to assist provider and consumer decisions about appropriate health care for specific clinical circumstances. Practice guidelines are typically developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus.

CMHSP's: Comprehensive Mental Health Services Program

Evidence Based Practices (EBP): A prevention or treatment practice, regimen, or service that is grounded in consistent scientific evidence showing that it improves consumer outcomes in both scientifically controlled and routine care settings. The practice is sufficiently documented through research to permit the assessment of fidelity. This means elements of the practice are standardized, replicable, and effective within a given setting and for particular populations. As a result, the degree

of successful implementation of the service can be measured by the use of a fidelity tool that operationally defines the essential elements of the practice.

PIHP: Prepaid Inpatient Health Plan

#### **IV. POLICY**

The Regional Clinical Care Committee will be responsible for evaluating, and recommending Clinical Practice Guidelines (CPG's) and Evidence Based Practices (EBP's), and developing implementation and monitoring plans upon adoption CPG's or EBP's. Any staff member of an affiliate CMHSP or contracted provider may present a CPG or EBP to the Clinical Care Committee for analysis and consideration.

Recommended Clinical Practice Guidelines and Evidence-Based Practices should be:

- Based upon a review of valid and reliable clinical evidence. If they are not evidence-based, the recommended CPG's or EBP's should represent the consensus of health care professionals.
- Based upon and responsive to the needs of the consumers served by the Community Partnership of Southeastern Michigan.
- Consistent with the values, mission, and vision of the Community Mental Health Partnership of Southeastern Michigan.
- Responsive to the issues of the local CMHSP's.

If, based on the above factors, the Regional Clinical Care Committee decides to recommend a CPG/EBP for use within the network, a representative of the Clinical Care Committee will present this recommendation to the Affiliation Executive Committee (AEC). The AEC will decide whether the recommended CPG/EBP will be adopted and implemented regionally.

Once a CPG/EBP is adopted by the AEC, the affiliates will be responsible for developing an implementation plan and disseminating this plan, along with a copy of the CPG/EBP, to contracted providers.

Adopted CPG's/EBP's should be reevaluated annually by the Clinical Care Committee & recommendations made to the AEC to continue, modify, or discontinue the use of the current CPG's/EBP's.

Copies of CPG's/EBP's should be made available, upon request, to consumers.

Authorization and utilization decisions should be consistent with the adopted CPG's/EBP's. The Regional Utilization Review Committee and the Regional Performance Improvement Committee will monitor whether the adopted CPG's/EBP's are being implemented in an effective manner.

**V. EXHIBITS**

None

**VI. REFERENCES**

- A. The American College of Mental Health Administration (ACMHA). (2003). Turning Knowledge into Practice: A Manual for Behavioral Health Administrators and Practitioners About Understanding and Implementing Evidence-Based Practices. The Technical Assistance Collaborative: Boston, MA.
- B. Michigan Department of Community Health 2002-2004 Contract

**VII. PROCEDURES**

| <u>WHO</u>                       | <u>DOES WHAT</u>   |
|----------------------------------|--|
| Affiliate or Provider Staff      | <ol style="list-style-type: none"> <li>1. Brings CPG or EBP to Clinical Care Committee for consideration and Assessment.</li> <li>2. Simultaneously or immediately after initial review by Clinical Care brings the CPG or EBP to their local Senior Management Team for review, buy-in and alignment.</li> <li>3. Brings the CPB or EBP back to Clinical Care for further consideration.</li> </ol> |
| Regional Clinical Care Committee | <ol style="list-style-type: none"> <li>1. Reviews and analyzes CPG's/EBP's.</li> <li>2. Makes recommendations for adoption to AEC.</li> <li>3. Annually reviews adopted CPB's/EBP's and makes recommendations for continuation/Modification/discontinuation to AEC.</li> </ol>   |
| AEC                              | <ol style="list-style-type: none"> <li>1. Makes decisions regarding region-wide adoption of CPG's/EBP's.</li> </ol>  |

**WHO**

Local CMHSP's

**DOES WHAT**

1. Develops implementation plans.
2. Disseminates CPG's/EBP's to contracted providers.
3. Disseminates CPG's/EBP's to Consumers upon request.
4. Makes service authorizations & Utilization management decisions Consistent with adopted CPG's/EBP's.

Regional Utilization Review & Regional Performance Improvement Committee

1. Implementation of CPG's/EBP's.

**WHO****DOES WHAT**

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| Affiliate or Provider Staff  | Brings CPG or EBP to Clinical Care Committee for consideration and assessment  |
| Affiliate or Provider Staff  | Simultaneously or immediately after initial review by Clinical Care, brings the CPG or EBP to their local Senior Management Team for review, buy-in and alignment.   |
| Affiliate or Provider Staff  | Brings the CPG or EBP back to Clinical Care for further consideration.   |
| Regional Clinical Care Committee   | Reviews and analyzes CPG's/EBP's.<br><br>Makes recommendations for adoption to AEC.<br><br>Annually reviews adopted CPG's/EBP's and makes recommendation for continuation/modification/discontinuation to AEC.   |
| AEC  | Makes decisions regarding region-wide adoption of CPG's/EBP's  |
| Local CMHSP's  | Develops implementation plans<br><br>Disseminates CPG's/EBP's to contracted providers<br><br>Disseminates CPG's/EBP's to consumers upon request<br><br>Makes service authorizations & utilization management decisions consistent with adopted CPG's/EBP's |
| Regional Utilization Review and Regional Performance Improvement Committee | Implementation of CPG's/EBP's  |

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