POLICY 5
Development and Use of Practice Parameters for Quality Medical Decision-Making

Practice parameters for the purpose of this policy are strategies for patient management, developed to assist health care professionals in standard of care clinical medical decision-making. Practice parameters include standards, scientifically-based guidelines and other patient management strategies. Standards are accepted principles for patient management. Guidelines are recommendations for patient management that identify a particular management strategy or a range of management strategies. Other strategies for patient management include practice policies and practice options.

Practice parameters may be used as screening tools to identify possible deviations from the applicable standards of care. Such parameters are not to be used as absolute standards or to profile or report on health care personnel. Parameters are designed to trigger a process in which possible deviations from the standard of care are identified, such as outlier practice patterns which may involve either under- or over-utilization. Once a deviation from the practice parameter is identified, such deviation should be referred to either the treating physician or the appropriate, qualified physician advisor or reviewer for a determination of medical necessity that conforms to the applicable standard of care.

Parameters used in the day-to-day practice of clinical medicine should be clinically relevant. They should not be considered as substitutes for the standard of care, but may contribute to its formulation.

Practice parameters must be developed, designed and implemented only by board certified, clinically practicing, specialty matched physicians with unrestricted medical licenses. Qualified non-physicians may participate in the development of these parameters only in the areas where their clinical expertise based on the standard of care is applicable. All qualified non-physician personnel who develop these parameters should sign their names and date the final version as evidence of their participation and support.

Practice parameters must be based on sound scientific research findings, professional published peer reviewed literature, clinical experience, and well-recognized methodologies, and reflect professionally recognized national standards of care. Their development must verify the procedures followed, the participants involved, and the evidence, the assumptions and the rationales used. The analytic methods employed should be meticulously documented, described and made publicly available for national peer review. Parameters should be updated as needed.

Practice parameters are used as tools to enhance medical decision-making, but not as replacements for physicians’ clinical judgment. They can be considered as a means to enhance the performance of clinical and review health care personnel but not to replace them. It is below the standard of care of the medical review process to substitute qualified physician reviewer experts with unqualified reviewers who are using parameters.

References:


The National Guideline Clearinghouse (Fact sheet); Slutsky, Jean; Center for Practice and Technology Assessment/AHRQ, Rockville, MD; July 2000 Available at: www.ahrq.gov/CLINIC/ngcfact.htm

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