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| Subject:  **Clinical Practice** | Procedure:  **Clinical Practice Guidelines** | |
| Last Updated:  **08/07/2023** | Owner:  **Chief Clinical Officer** | Pages:  **2** |

1. **PURPOSE:**

To define and describe the operational guidelines regarding the oversight and utilization of evidence based clinical practice guidelines as approved by MCCMH.

1. **DEFINITIONS:** 
   1. Best Practice:

A practice that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

* 1. Clinical Practice Guidelines

Recommendations intended to improve outcomes for individuals receiving care. The use of these guidelines should be based on medical necessity criteria, clinical appropriateness, and utilized in the least restrictive setting possible.

* 1. Evidence Based Practice (EBP)

A process in which researched interventions are combined with clinical experience, ethics, individual’s preference, and culture to guide and inform the delivery of treatment and services.

1. **PROCEDURE:**
   1. MCCMH conducts ongoing assessment of demographic characteristics and health risks of its populations to identify relevant clinical issues that reflect the health needs of significant groups within its population. Assessment includes a global population needs assessment, HEDIS measures data, and data from screening and assessment tools.
   2. MCCMH develops its Clinical Practice Guidelines from scientific evidence, professional standards, a consensus of board-certified health care professionals in the field, collaboration with its partners, and demonstrated needs within its system.
   3. It is MCCMH’s expectation that its service providers utilize established practices endorsed by MCCMH. MCCMH reviews and monitors adoption of these guidelines as part of its Quality Assurance Performance Improvement Program’s Goals and Objectives.
   4. MCCMH sends draft versions of its Clinical Practice Guidelines to be adopted to members of the following groups/meetings; Psychiatric Quarterly Group meeting, Direct Provider Group meeting, and Primary Provider Group meeting for feedback.
   5. MCCMH’s Clinical Practice Guidelines are reviewed and updated at least every two years or more frequently if national guidelines change during that period.
   6. Guidelines are reviewed and formally adopted by the Quality Committee and published on MCCMH’s website for ongoing reference and review.
   7. MCCMH’s Guidelines include but are not limited to guidelines on:
      1. Treatment of Patients with Schizophrenia
      2. Treatment of Attention Deficit/Hyperactivity Disorder in Children and Adolescents
      3. Treatment of Patients with Major Depressive Disorder
2. **REFERENCES:** 
   1. 42 CFR 438.236 Practice Guidelines
   2. NCQA MBHO Quality Management and Improvement Standards, QI 9
   3. American Psychiatric Association (APA)
   4. American Academy of Pediatrics
3. **RELATED POLICIES:**

None.

1. **EXHIBITS:**

None.

**Annual Review Attestation / Revision History:**

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| Revision #: | Revision/Review Date: | Revision Summary: | Reviewer/Reviser: |
| 1 |  | Creation of Procedure. |  |
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