*ACP policy originating from ACP sponsored resolution introduced to the AMA House of Delegates

**PRACTICE PARAMETERS (GUIDELINES)**

**Use of New Techniques**

*Background*

New investigative and diagnostic techniques which are useful within the scope of practice of multiple specialties appear with increasing frequency.

*Evaluation*

Physicians who are proficient in the use of the new diagnostic instruments and techniques provide a valuable service and can widely expand availability of services to patients, improve patient care, and help prevent excessive costs.

*Policy*

ACP believes that the performance and interpretation of new techniques and procedures should be based upon demonstrated clinical competence and not be restricted by specialty designation. (HoD 87; reaffirmed BoR 08)*

**Input from Practicing Internists to the Practice Management Center (PMC)**

ACP shall devise a formal mechanism to provide input from practicing internists to the Practice Management Center (PMC) regarding issues relevant to practicing physicians on a regular and periodic basis. (BoR 08)

**Appropriate Utilization of Endoscopy**

ACP support initiatives to: promote the development of practice guidelines as a means of ensuring the quality and appropriate utilization of all endoscopic procedures; link reimbursement for endoscopic procedures to appropriate utilization; limit payment for endoscopic procedures to practitioners who have received appropriate training in the cognitive and technical aspects of endoscopy; create equivalent credentialing for endoscopic procedures for inpatient and outpatient care. The credentialing process should be based not on specialty designation or society membership, but on documented comprehensive training and demonstrated competence; and encourage the developers of endoscopy guidelines to use the IMCARE network to assist in the development of appropriate and clinically relevant guidelines. (HoD 93; reaffirmed BoR 04)*

**Guidelines for Development of Practice Guidelines**

ACP believes that the Department of Health and Human Services (HHS) should coordinate the planning and funding of outcome research for the research and development of guidelines, with appropriate participation on outside experts for advice, and should include outside experts and appropriate professional medical societies.

The goals of this coordinated effort should include:
1. Maintaining the momentum already in place to develop guidelines with commitment, energy and resources;

2. Agreeing on "guidelines on guidelines" and on due process provisions, to assure that where patients and physicians are being subjected to limits imposed by practice guidelines, that the guidelines are valid and that adequate appeal procedures are provided for;

3. Establishing a forum for raising and mediating concerns and disputes; and

4. Establishing the basis for the raising and allocating of government and private sector funds needed to support research and guideline development efforts.

Criteria for setting priorities for guideline development should include consideration of:

1. High volume procedures/services under the Medicare program, particularly those that have experienced the greatest increases in volume.

2. Procedures/services subject to the greatest reductions and increases in payment under the RBRVS schedule.

3. Procedures/services viewed as provided often without proper clinical indications.

4. Extent of geographic variations in utilization of a particular procedure or service.

5. The risks and/or benefits of those services to the patient.

6. Whether there is sufficient clinical information available to make these determinations.

7. Relevance of the procedure or service to a particular specialty.

8. The cost involved to provide the service or procedure, the reimbursement impact, and extent of legal liability to physicians.

An acceptable methodology for guideline development should include:

1. A review of the research findings to insure that the outcomes important to patients are considered and their magnitudes and ranges of uncertainty are understood.

2. A review of the literature and analysis of findings by people trained in experimental design, mathematical modeling, and statistical methods for interpreting, adjusting and combining evidence. It is essential to involve physicians with both clinical and research expertise to review the findings.

3. Evaluation of the studies comprising the research should include the survey design, sample size statistical validity, data collection methods, and methods used to estimate the magnitude and degree of uncertainty of an outcome.

4. Appointment of a panel of clinically active physicians, including academic and practicing physicians, to review the evidence in which judgments on appropriateness of possible indications for the use of the procedure.

To be clinically useful, guidelines should be unambiguous and specified in sufficient detail to discriminate between appropriate and inappropriate care. Such guidelines should contain parameters of care that define appropriate medical practice and provide sufficient latitude for physician judgment in caring for individual patients.

The format of the guidelines report should contain:

1. A preamble which describes what is to be accomplished by establishing the guidelines.

2. A background section giving the historical reasons and clinically relevant data to explain why there is a perceived need for the guidelines.
3. A description of the methodology used to develop the guidelines.
4. A system for classifying a procedure as appropriate, inappropriate or equivocal.
5. Recommendations regarding application of diagnostic tools and/or treatment modalities by disease entity.
6. An appendices and selected bibliography.
7. A revision date for the guidelines.

To be most effective, guidelines should be provided to physicians by respected physicians in that particular medical area and followed up with data that provides physicians with feedback on how such standards have affected their practice.

The implementation of guidelines needs to include a mechanism for ongoing review of the clinical and economic impact. Such reviews should include recommendations for relevant changes by the physician community most affected by a particular guideline. (HoD 89; reaffirmed BoR 04)"