

American Psychological Association
Clinical Practice Guideline Development Initiative

**Advisory Steering Committee (ASC) for the
Development of Clinical Practice Guidelines**

Meeting Summary

November 8-9, 2015

University of Washington
Magnuson Health Sciences Building
1959 NE Pacific Street
Seattle, Washington

Attendance:

Advisory Steering Committee: Steven D. Hollon (chair), Gregory A. Aarons, Patricia A. Areán, Barbara L. Andersen, Michelle G. Craske, Kermit A. Crawford, Jason M. Satterfield, Daniel Kivlahan, Thomas Sexton.

Depression Guideline Development Panel: John McQuaid (chair), Elizabeth Lin

Obesity Guideline Development Panel: Maria Llabre (chair)

PTSD Guideline Development Panel: Christine Courtois (chair; by phone), Laura Brown, Joan Cook (by phone)

APA staff: Lynn Bufka, Tony Habash (by phone), Raquel Halfond (by phone), Howard Kurtzman

Conflicts of interest

All present declared potential and actual conflicts of interest. None were determined to interfere with full participation in the meeting.

General discussion of dissemination and implementation

Dr. Aarons and Dr. Satterfield provided an overview of dissemination and implementation science. The multiple levels and phases of disseminating and implementing new practices were reviewed. Two models were presented: the Consolidated Framework for Implementation Research (CFIR) and the Exploration, Preparation, Implementation, Sustainment (EPIS) Conceptual Model of Implementation and Sustainment. (See powerpoint slides.)

The following summarizes major points raised in the Advisory Steering Committee's (ASC's) discussions following the presentations. Members of guideline development panels in attendance were full participants in the ASC's discussion.

The ASC expects APA's clinical practice guidelines to be of interest to psychologists (both members and non-members of APA) across a range of practice settings, practitioners in other

fields, policy makers (including government and private entities), payers, patients and patient advocates, professional and scientific societies, community and faith organizations, researchers, training directors, and the news media. Divisions of APA, advocacy organizations, and other groups will also find the guidelines of interest. The guidelines may also draw attention outside the U.S.

The ASC would like to foster clinical environments conducive to both the adoption of evidence-based practices and the de-adoption of existing practices that are not evidence-based or effective. It noted that leaders in such environments manage quality of care, support fidelity to guidelines, and provide training and guidance to practitioners. The ASC sees measurement and tracking of performance as more likely than education to change behavior among established practitioners. However, the ASC would also like to see education about guidelines included in the primary training of practitioners.

Identifying the barriers to change among providers is a necessary first step in implementation. Among the most significant barriers are lack of institutional leadership, lack of appreciation of the value of guidelines, and insufficient knowledge of guidelines in general and of specific guidelines. Guideline development panels can be asked to identify potential barriers to implementation for each of the recommendations in their particular guidelines.

Useful approaches for enabling practitioners to learn about guidelines on their own include: podcasts, slide sets, case studies/vignettes/simulations, and on-line “learning labs” in which individuals can post questions/comments and receive feedback. Materials should be at the appropriate level for the audience and should include tools for self-assessment. It is not necessary for the primary APA guideline document to contain such training materials but the document could direct users to them.

In order to assess the effectiveness of dissemination and implementation efforts, it would be useful to measure practitioners’ attitudes and clinical behavior both before and after they receive training on guidelines.

The ASC might consider producing a broad document that offers guidance for implementing clinical practice guidelines in general, as well as request that each guideline development panel prepare specific materials for implementing its particular guideline. As a part of its document, the ASC might include a checklist or tool to assist leaders in practice settings in implementing guidelines. The tool could cover such domains as implementation planning (including initial assessments of the setting and practitioners), education/training, financial and other incentives to encourage guideline implementation, reorganization of practice settings, quality management (e.g., involving management information systems and electronic health records), and policy changes (e.g., involving accreditation and licensing). The tool might include, for example, items about practitioners’ knowledge and experience related to guidelines, their target behaviors, and how clinical behavior will be measured.

The materials developed by each guideline development panel can include information drawn from the research studies that underpin its guideline recommendations. This information includes characteristics of the settings and providers involved in the research, acceptability of treatments to patients, and procedures for training practitioners and supervising them. The panels can also share information, from various sources, about training and competencies for

providing the recommended treatments, hours needed for training and delivery of treatments, costs of treatments (relative to no or alternative treatments), and organizational requirements for delivering treatments.

The ASC noted that users of guidelines will have various questions and concerns, including: how guideline recommendations apply to patients with comorbidities, the challenges of training and working in settings that have high staff turnover or high patient no-show rate, and whether insurers will pay for recommended interventions. Ideally, the ASC and guideline development panels will anticipate such issues and address them in the materials they develop.

Additional suggestions

In addition, ASC members and other meeting participants offered the following specific suggestions related to the points above:

Dissemination materials

- Assuming that they are adopted as APA policy by the Council of Representatives, each primary guideline document for a particular disorder/condition will be published in *American Psychologist*. Each will also be posted, perhaps with additional material, on the APA website.
- Reporting and publicity for guidelines can be prepared for the *Monitor* and for various communications outlets (newsletters, listservs, social media) of APA directorates and divisions, and of state, provincial, and territorial psychological associations. Materials can also be developed for the APA Help Center.
- Each guideline development panel can be asked to develop a slide deck for use in presentations and workshops at conferences, with tailored slides for particular audiences. It will be useful to have experts well known in each community give these presentations. Materials should address ethical requirements to provide best available treatments for patients.
- APA might develop various educational materials to supplement the primary guideline documents, such as: continuing education programs; brief summaries of each guideline; pocket cards and decision trees for clinicians; guidance on how to address situations not covered by existing evidence or guidelines; materials for patients and families; and videos featuring panel members, clinicians and/or community members. Materials should be geared to specific audiences (e.g., for some audiences coverage of the scientific evidence would be appropriate, while for others the focus could be simply on “what works”).
- Clinical vignettes can include discussions between clinician and patient about different options for care based on guideline recommendations. Such vignettes should convey to practitioners the ideas that guidelines make clinical work easier, lead to better outcomes, and enhance patients’ and clinicians’ satisfaction.

- An issue for non-specialist providers (e.g., family physicians, nurses) is knowing to whom to refer a patient for treatment according to guidelines. It would be useful to develop guidance for non-specialists on how to find appropriate specialists and maintain effective collaboration with them. Both team practice and stepped models of care can be considered.
- The ASC and other participants discussed with Dr. Habash the possibility of creating a smartphone app that would contain all APA clinical practice guidelines along with additional content for particular users (e.g., providers, policy makers, the public). Development of such an app would take at least six months. The app would be designed largely around providers. However, for the public, the app would convey the message that treatments are available for treatment of disorders and provide guidance on how to find appropriate care. The app will be particularly useful for young people, who are high users of such technology. Some interactive features might be included in the app. In addition, ASC members would like to see APA guideline content incorporated into existing clinical apps as well, such as UpToDate.

Dissemination partners

- Among the other health professions that will have an interest in APA's guidelines are medicine, psychiatry, pediatrics, gerontology, nursing, social work, and counseling. Their various professional organizations (e.g., American Medical Association, American Academy of Family Physicians, American College of Physicians, American Nurses Association) can be targeted for dissemination efforts.
- Other organizations that can be targeted for dissemination include the National Committee for Quality Assurance, National Quality Forum, Patient-Centered Primary Care Collaborative, organizations that represent healthcare and hospital administrators, and organizations that represent the interests of patients with particular conditions.
- Among the federal agencies with whom APA could work on dissemination and implementation of guidelines are those within the Department of Health and Human Services, as well as the Department of Defense, Department of Veterans Affairs, and PCORI. At the international level, APA could work with the World Health Organization.
- In developing training materials, it will be useful to examine and possibly coordinate with guideline materials developed by the Departments of Defense and Veterans Affairs, PCORI, Delaware Project, EBBP.org (Evidence-based Behavioral Practice), and the Improving Access to Psychological Therapies program (United Kingdom).

Action steps

At the conclusion of the meeting the ASC decided to take the following steps:

- 1) For each guideline development panel, a member of the ASC will be appointed to serve as an implementation consultant.

- 2) Dissemination will be as broad as possible and tailored to as many different audiences as feasible.
- 3) Implementation efforts will be more focused and address key stakeholders first.
- 4) The ASC will create guidance on implementation of guidelines, including a checklist or exercise to assist varied types of users in planning implementation in their settings.
- 5) The ASC will submit a formal comment to the Commission on Accreditation requesting that on training on and use of clinical practice guidelines be included in implementing regulations. Appropriate outcomes and competencies will be addressed in the comment. The comment will be shared with APA governance boards that oversee the ASC and the Commission.
- 6) ASC representatives will aim to meet with the leadership of the major training organizations (such as the Council of University Directors of Clinical Psychology and the Council of Chairs of Training Councils) to discuss the importance of training students in the use of guidelines.
- 7) The ASC would like to influence the Centers for Medicare and Medicaid Services – the leading major payer for services – regarding the use of clinical practice guidelines. Staff will consult with a regulatory attorney about possible strategies.
- 8) Pat Areán volunteered to review the recent IOM report on *Psychosocial Interventions for Mental and Substance Use Disorders* and identify information relevant to guideline implementation for panel use.

Other topics

At the meeting, the ASC and other participants addressed the following topics as well.

For the PTSD guideline development panel, which is working on its guideline document, the ASC recommended that the panel chunk its guideline recommendations, map them on to key questions, and provide a summary table of the recommendations (including information about dose and duration of treatments).

The ASC and other participants discussed how to keep guidelines relevant as the research literature evolves. The ASC endorsed the idea that the guideline document can refer to literature published after the systematic review but that guideline recommendations should not be based on or altered as a result of that literature. Coverage of emerging research can be in multiple sections of the document, not just a section on future directions.