

AMERICAN ACADEMY OF PEDIATRICS

Task Force on Medical Management Guidelines

Guiding Principles, Attributes, and Process to Review Medical Management Guidelines

ABSTRACT. Few issues are more central to the ongoing debate about health care in the United States than concerns about cost and quality of medical care. The recent development and implementation of medical management guidelines that include recommendations for diagnostic and therapeutic interventions, hospital length of stay, intensity of service, home care, and access to specialists have often focused this debate on the potential trade-off between cost reductions and quality of care. The American Academy of Pediatrics recognizes that cost and quality are integrally related and that it is possible to reduce costs while maintaining and improving quality. The purpose of this statement is to help pediatricians and other health care providers interpret, evaluate, and improve medical management guidelines.

ABBREVIATIONS. MCO, managed care organization; AAP, American Academy of Pediatrics.

BACKGROUND

Because of the rapid rise in health care costs, many employers, state Medicaid programs, and other purchasers of health care have turned to managed care organizations (MCOs) to control costs and provide care. Increasingly, MCOs are using medical management guidelines to make coverage determinations about medical interventions, length of hospital stay, intensity of service, home care, and access to specialists. Many of these guidelines are not well-supported by medical evidence and have not been developed with a pediatric focus. They may be derived from actuarial or utilization data and based on best-case scenarios for resource use and length of stay. Often, the methodology and data behind guideline recommendations are proprietary and not available to clinicians and the public. Concerns exist not only about the development of these guidelines but also about their application. The implementation of medical management guidelines that do not address the unique health care needs of children may adversely impact the health and well-being of pediatric patients, especially children with special health care needs. Too often, these guidelines are interpreted and applied by medical staff with insufficient pediatric experience and knowledge of available local pediatric resources to ensure that needed care is provided.

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Members of the American Academy of Pediatrics (AAP) may be asked to play a role in the review, improvement, and potential endorsement of medical management guidelines. The purpose of this policy statement is to describe the necessary attributes of medical management guidelines and important principles of medical management guidelines to provide guidance to AAP members in these activities. The principles are intended to provide a comprehensive set of tenets by which guideline development and implementation process should be assessed. Attributes are defined as the inherent characteristics of the process that should be used to develop the guidelines and the clinical content of the guidelines. These attributes have been adapted from the American Medical Association/Specialty Society Practice Parameters Partnership.¹

PRINCIPLES AND ATTRIBUTES FOR THE DEVELOPMENT AND IMPLEMENTATION OF PEDIATRIC MEDICAL MANAGEMENT GUIDELINES

The pediatric medical management guideline attributes are inherent characteristics of the process that should be used to evaluate the development process and clinical content of the guidelines.

Principles

- Pediatricians (primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists), other primary care physicians, the family, and the patient must retain the responsibility for patient management decisions.
- Pediatric medical management guidelines should be developed to maintain or improve quality of care and secondarily provide for more efficient use of resources.
- Pediatric medical management guidelines should be based on sound clinical evidence, when available, and on professional consensus.
- Guideline methodology and the supporting clinical evidence used to develop medical management guidelines should be apparent and readily available to the pediatrician on request.
- Pediatricians should participate in the development of pediatric medical management guidelines and criteria for their application.
- Pediatric medical management guidelines must be child-centered and age-appropriate.
- Pediatric medical management guidelines, when used by MCOs or health care systems, must allow

for practice variation and must recognize individual patient differences.

- Patients and physicians must be able to appeal decisions that are based on the application of pediatric medical management guidelines. The appeals process must be clear and readily available to parents, patients, and clinicians. Timely access to appeals personnel must be available and clearly delineated.
- The competence of nonphysician reviewers and the availability of pediatric peer review and pediatric subspecialty review must be delineated and assured.

Appendix A provides a development and implementation checklist for the evaluation of pediatric medical management guidelines that reflects the principles listed above. It can be used as a tool to assess the implementation of medical management guidelines by a health plan or MCO.

Attributes

- Pediatric medical management guidelines are systematically developed statements to assist clinicians and patients in making decisions about appropriate health care for specific clinical circumstances and are based on current professional knowledge. The methodology used to develop the pediatric medical management guidelines is clearly stated.
- Pediatric medical management guidelines should assist the clinician and the patient in making appropriate health care choices for specific clinical circumstances. Pediatric medical management guidelines should provide data (clinical, scientific, and economic) needed to make medical decisions. The form and format are adaptable to various practice environments, are age-appropriate, and recognize that different practice locations have different local resources. The guidelines recognize the importance of the patient's social environment.
- Pediatric medical management guidelines are based on current professional knowledge and are reviewed and revised at regular intervals.
- Pediatric medical management guidelines should be developed with input from clinicians with appropriate and relevant expertise and experience and with input from professional organizations, consumers, and advocacy groups affected by the guidelines. Clinicians from a variety of geographic areas and types of practices (private, group, hospital based, military, etc) should be involved.
- Pediatric medical management guidelines are widely disseminated. There is a plan for wide distribution of the guidelines to practicing physicians, which should include sources where the guidelines are available, costs for physician acquisition of the guidelines, and mechanisms for the distribution of the guidelines.
- Companies and organizations developing medical management guidelines are accountable for educating purchasers and users of their guidelines in appropriate application of the guidelines. They should take an active role in educating users and

purchasers of their guidelines about the appropriate implementation of the guidelines and seek feedback from customers and consumers about the applicability, safety, and effectiveness of the guidelines.

THE ROLE OF THE AAP IN MEDICAL MANAGEMENT GUIDELINES

There is an increasing demand for medical management guidelines in the current managed care environment.² These guidelines have affected and will continue to affect children's health care. The responsibility of the AAP in the development and dissemination of medical management guidelines that affect the care of children is to provide its members with the knowledge necessary to evaluate and/or improve these guidelines. The role of the AAP in the evaluation and improvement of medical management guidelines will include:

- Working with its members to ensure that these guidelines focus on improvement of the health and well-being of infants, children, adolescents, and young adults;
- Providing the knowledge needed to allow members to critique the clinical validity and soundness of the methodology used to develop the guidelines;
- Educating AAP members in the valid application and implementation of guidelines;
- Sharing concerns and recommendations about medical management guidelines reviewed by the AAP with members;
- Promoting widespread dissemination of high-quality pediatric medical management guidelines; and
- Helping to train pediatricians in the process of development, review, implementation, and outcomes evaluation of medical management guidelines.

THE ROLE OF PEDIATRICIANS

Pediatricians should be fully informed about medical management guidelines, including how they are developed and the science used to support them. The AAP encourages pediatricians to evaluate the clinical validity and implementation of medical management guidelines (see Appendices A and B).

Pediatricians should know their legal rights with regard to medical management guidelines and the MCO appeal process. They are also encouraged to become actively involved in helping health plans or MCOs develop, implement, evaluate, and revise guidelines. Pediatricians are encouraged to evaluate the impact of the medical management guidelines on pediatric health outcomes.

THE ROLE OF MCOs

The AAP and its members should work closely with MCOs to develop medical management guidelines based on the attributes presented in this statement and to ensure the effective implementation of medical management guidelines according to the principles outlined in this statement. The current implementation of some medical management

guidelines raises serious concerns about the following:

- How to address the ethnic and cultural diversity of children in the United States;
- How to train MCO clinicians in the proper use of medical management guidelines;
- How to effectively disseminate guidelines to clinicians;
- How to ensure flexibility or adaptability of guidelines to local practice conditions and resource availability;
- How to ensure that patient welfare is the primary concern and reducing costs is considered only after ensuring patient welfare; and
- How to work with MCOs to assess the impact of the guidelines on pediatric health outcomes and using this information to revise and update their recommendations.

To help address these concerns, MCOs should:

- Involve pediatricians with the appropriate knowledge and experience in the development, review, and revision of the guidelines;
- Involve pediatricians in the literature and evidence reviews;
- Implement a system to achieve group consensus;
- Clearly delineate the methodology used to develop the guidelines;
- Clearly delineate the medical evidence used to develop the guidelines;
- Define the competence level of nonphysician reviewers and clearly delineate the availability of pediatric peer review or subspecialty peer review;
- Widely disseminate the guidelines to appropriate parties;
- Design a process for the effective and appropriate use of the guidelines;
- Clearly delineate an appeals process for patients, families, physicians, and institutions using the guidelines; and

- Educate guideline users (patients, families, advocates, physicians, MCOs, and health care systems and facilities) and those affected by the guidelines (patients and clinicians) as to their use.

SUMMARY

Medical management guidelines are a reality in the current health care environment. Therefore, the AAP and pediatricians should continue to take an active role in their development and critique. To ensure that medical management guidelines are implemented in a way that will not compromise the quality of care delivered to children of all ages, pediatricians should continue to review medical management guidelines using principles and attributes outlined in this policy statement and become knowledgeable about medical management guidelines, including what they are; how, by whom, and why they are developed; and the pediatrician's roles in helping to develop, review, and implement guidelines and evaluate their impact on pediatric health outcomes.

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David A. Bergman, MD, Coordinator
Robert M. Arensman, MD
Richard D. Baltz, MD
Edward O. Cox, MD
David Ray Hardy, MD
E. Susan Hodgson, MD
Alan Kohrt, MD

STAFF
Robert Sebring, PhD

REFERENCES

1. American Medical Association/Specialty Society Practice Parameters Partnership. *Attributes to Guide the Development and Evaluation of Practice Parameters/Guidelines*. Chicago, IL: American Medical Association; 1996
2. HMOs restrict treatment using flawed guidelines. *USA Today*. December 7, 1998;24A

Appendix A. Checklist for Development and Implementation of Pediatric Medical Management Guidelines

	YES	NO
1. The best interests of pediatric patients are maintained.	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatricians, other physicians, the family, and the patient retain the responsibility for making patient management decisions.	<input type="checkbox"/>	<input type="checkbox"/>
3. The guidelines are developed to maintain high-quality and cost-effective health care.	<input type="checkbox"/>	<input type="checkbox"/>
4. The guidelines are applicable to pediatric patients.	<input type="checkbox"/>	<input type="checkbox"/>
5. The guidelines are based on sound clinical research evidence.	<input type="checkbox"/>	<input type="checkbox"/>
6. The safety and effectiveness of diagnostic and treatment pathways are age appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
7. Use of the guidelines and criteria for their application are developed with participation of practicing pediatricians.	<input type="checkbox"/>	<input type="checkbox"/>

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 8. The appropriate data, clinical evidence, and methodology used to develop the guidelines are apparent and readily available to the practicing pediatrician on request. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The guidelines allow for variation and recognize individual patient differences and variability of health care resources for pediatric patients in different geographic areas. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The guidelines ensure safe and high-quality health care for pediatric patients in all geographic locations. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Patients, parents, and physicians can appeal decisions of the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. The appeals process is clear and readily available to parents and practitioners. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. There is timely access to appeals. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appeals personnel are available and clearly delineated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Competence of nonphysician reviewers and availability of pediatric peer review or peer subspecialty review is clearly delineated and assured. | <input type="checkbox"/> | <input type="checkbox"/> |

Appendix B. Checklist of Attributes for Pediatric Medical Management Guidelines

Attribute I

Pediatric medical management guidelines are systematically developed statements to assist clinicians and patients in making decisions about appropriate health care for specific clinical circumstances and are based on current professional knowledge.

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The methodology used to develop the guidelines is clearly stated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Methods used to evaluate scientific and research literature are clearly stated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Rationales for including and excluding studies are noted. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Process for selecting clinical experts and reviewers is explained. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The guidelines are linked to the literature and research evidence. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Use of expert consensus and research evidence is delineated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Alternative management strategies are presented and prioritized when relevant. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Methods for determining outcome goals and measures for determining outcomes are clearly delineated. | <input type="checkbox"/> | <input type="checkbox"/> |

Attribute II

Pediatric medical management guidelines should assist the clinician and the patient in making appropriate health care choices for specific clinical circumstances.

- | | YES | NO |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The guidelines provide clinical, scientific, or economic data needed to make decisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The guidelines are adaptable to various practice environments. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The guidelines are age appropriate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The guidelines clearly state the evidence used to develop the suggested clinical pathways and interventions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The guidelines recognize that practices in different locations have different local resources. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The guidelines recognize the need to consider the social environment of the patient. | <input type="checkbox"/> | <input type="checkbox"/> |

Attribute III

Pediatric medical management guidelines are based on current professional knowledge and are reviewed and revised at regular intervals.

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Use of expert clinical opinion to clarify the literature or research used for the guidelines is stated. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The guidelines incorporate findings from the review of relevant research and clinical judgements. | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3. There is a clear process for timely periodic reviews and revisions of the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Review dates are specified. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. A system is established to monitor the emergence of new information that may necessitate revision of the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |

Attribute IV

Pediatric medical management guidelines should be developed with input from practitioners with appropriate and relevant expertise and experience and with input from professional organizations, consumers, and advocacy groups affected by the guidelines.

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The guidelines are developed by or in conjunction with appropriate individuals or organizations and include scientific and clinical expertise in the content areas of the guidelines and broad-based representation from practitioners, organizations, and consumers likely to be affected by the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Relevant and affected practitioners and consumers have the opportunity to review and comment on the guidelines during their development, review, and revision. | <input type="checkbox"/> | <input type="checkbox"/> |

Attribute V

Pediatric medical management guidelines are widely disseminated.

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The guidelines include a plan for wide distribution to practicing pediatricians. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The dissemination plan identifies the targeted audience by specialty or condition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. An education process exists for use of the guidelines by MCOs, health care systems, clinicians affected by the guidelines, and consumers affected by the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |

Attribute VI

Pediatric medical management guidelines identify specific outcome goals and measures used to determine outcome goals.

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. The guidelines use published data from outcome studies when available and pertinent. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The guidelines include condition-specific outcome goals and appropriate measures to determine those outcomes. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The guidelines define outcome measures (medical indicators, patient indicators, and administrative and economic factors). | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The guidelines include methods to evaluate their performance (retrospective data, performance measures, quality standards, and process or performance measures). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The guidelines indicate their outcome goals (increase quality and cost-effectiveness of care, cure of disease, decreased mortality, quality of life, etc). | <input type="checkbox"/> | <input type="checkbox"/> |

Attribute VII

Companies and organizations developing medical management guidelines should demonstrate a process showing responsiveness to review and revision of their guideline products.

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Guideline developers are accountable for educating purchasers or users of their guidelines in appropriate application of the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Guideline developers actively educate users and purchasers of their guidelines in appropriate implementation of the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Guideline developers seek feedback from customers and consumers about the applicability, safety, and effectiveness of the guidelines. | <input type="checkbox"/> | <input type="checkbox"/> |

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