

# Guideline Development Process in a Public Workers' Compensation System



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## KEYWORDS

- Medical guideline • Treatment guideline • Clinical practice guideline
- Workers' compensation • Injured workers

## KEY POINTS

- Evidence-based clinical practice guidelines are developed and implemented in Washington state workers' compensation using a rigorous and transparent process.
- Collaboration, dedicated staff, transparency, and process integrity are keys to success.
- Community clinicians partner with government in the development of these guidelines, leading to their broad acceptance.

## INTRODUCTION

Evidence-based medicine has become the generally accepted approach in today's health care system for determining what constitutes safe, effective, and cost-effective care, whereas in the past, it was more likely to be "eminence-based medicine" (ie, relying on opinions from senior clinicians without any standardized process and safeguards against bias).<sup>1-3</sup> The caveat with evidence-based medicine is that the advent of new technologies, devices, surgical techniques, and emerging or alternative treatments outpaces the availability of high-quality unbiased research such that it is often insufficient to support the use of these health services. Formally developed clinical practice guidelines help fill this gap, although even rigorously developed guidelines do not ensure they will be accepted in clinical practice.<sup>4</sup> Since 1992, when the national Institute of Medicine (IOM) published its report, "Guidelines for Clinical Practice: From Development to Use," the number of evidence-based clinical practice guidelines has skyrocketed. The Guidelines International Network (GIN) was founded in 2002 and has since counted (6509 guidelines across 96 organizations in 79

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Conflicts of Interest: None.

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Phys Med Rehabil Clin N Am 26 (2015) 427-434

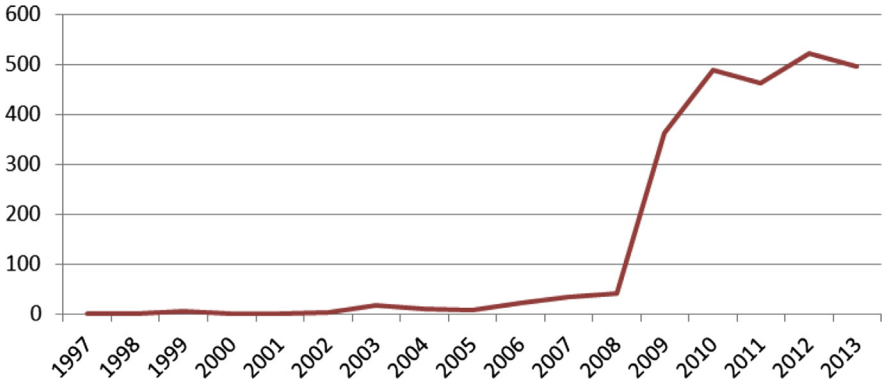
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countries as of May 2015<sup>5</sup>). The challenge is translating the plethora of scientific evidence into recommendations that are useful for the everyday practitioner.

The National Guideline Clearinghouse (NGC), which is part of the US Health and Human Services Agency for Healthcare Research and Quality, maintains a central repository of national and international guidelines based on inclusion criteria established by the IOM in 2008.<sup>6</sup> Fig. 1 illustrates this trend.



**Fig. 1.** Number of new guidelines published each year on the NGC. (Data from Javaher SP, National Guideline Clearinghouse. Available at: [www.guideline.gov](http://www.guideline.gov). Accessed December 13, 2014.)

These guidelines are not a substitute for sound clinical decision making; rather, they inform and facilitate sound clinical decision making. If developed using a rigorous method, clinical practice guidelines can provide easy-to-follow criteria, algorithms, and decision-making tools that help optimize patient care, improve treatment outcomes, and prevent harm. Although they are based on scientific evidence, they also draw on the expertise of researchers, clinicians, policy makers, and myriad others who can dive deeply into critical questions and nuances that the literature may not elucidate. Although variation exists among expert opinions and experience, systematically synthesized information derived from high-quality studies and a consensus of expert opinion can enhance the individual provider's ability to deliver high-quality care. In addition, by using a transparent, rigorous, and trustworthy process, guidelines can have greater relevance and credibility for the clinician and withstand scrutiny in the era of accountable care.

Since the 1980s, the Office of the Medical Director (OMD) in Washington state's workers' compensation system (part of Department of Labor and Industries [L&I]) has developed clinical practice guidelines (called medical treatment guidelines [MTGs]), and was the first workers' compensation program to publish them on the NGC in 2002. To date, Colorado is the only other public workers' compensation agency to post their guidelines on the NGC (starting in 2009). OMDs guidelines are used in the utilization review (UR) program and are regularly reviewed and updated as necessary. Furthermore, providers who treat Washington's injured workers must be in our network and as such, are required by statute to use our MTGs (Revised Code of Washington 51.36.010). This article describes the rigorous guideline development process that OMD has refined during the last 7 years, which grew out of a model of collaboration and cooperation with our medical advisors, the health care

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