

## Overview NorthCare Practice Guidelines

NorthCare is responsible for adopting, implementing and evaluating regional practice guidelines (See the Balanced Budget Act (BBA), subpart D, section 438.236 and the Michigan Department of Health and Human Services Master Contract Attachment). Per the MDHHS QAPIP Contract attachment;

The QAPIP describes the process for the adoption, development, implementation and continuous monitoring and evaluation of practice guidelines when there are nationally accepted, or mutually agreed-upon (by MDHHS and the PIHPs) clinical standards, evidence-based practices, practice-based evidence, best practices and promising practices that are relevant to the persons served.

The BBA allows the adoption of practice guidelines either from a nationally recognized expert body or a consensus of healthcare workers in a field. The federal agency charged with providing guidance in our field is the Substance Abuse & Mental Health Services Administration (SAMHSA). They offer the following definitions of Practice Guidelines (PG) and Evidence Based Practices (EBP):

**Practice Guidelines (PG):** *Systematically developed statements to standardize care and to assist in practitioner and patient decisions about the appropriate health care for specific circumstances. Practice guidelines are usually developed through a process that combines scientific evidence of effectiveness with expert opinion. Practice guidelines are also referred to as clinical criteria, protocols, algorithms, review criteria, and guidelines. (SAMHSA)*

**Evidence Based Practices (EBP):** *In the health care field, evidence-based practices generally refer to approaches to prevention or treatment that are validated by some form of documented scientific evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, such as controlled clinical studies, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. (SAMHSA)*

The clinical context for utilization of a specific practice is whether, as a treatment, it supports a trauma-informed, person-centered, and recovery-oriented system of care (ROSC). The components of a recovery-oriented environment are those that:

- Encourage individuality;
- Promote accurate and positive portrayals of psychiatric disability while fighting discrimination;
- Focus on strengths;
- Use a language of hope and possibility;
- Offer a variety of options for treatment, rehabilitation, and support;
- Support risk-taking, even when failure is a possibility;
- Actively involve service users, family members, and other natural supports in the development and implementation of programs and services;
- Encourage user participation in advocacy activities;
- Help develop connections with communities; and
- Help people develop valued social roles, interests and hobbies, and other meaningful activities.

The Michigan Department of Health and Human Services (MDHHS) and NorthCare both have policies mandating all services and supports be based on recovery principles and a trauma informed system of care. NorthCare staff maintain membership on two state committees dedicated to the improving clinical practices statewide. They include the Practices Improvement Steering Committee (PISC) and Developmental Disabilities Practice Improvement Team (DDPIT).

## Michigan Practices Improvement Steering Committee (PISC)

The Michigan Practices Improvement Steering Committee is responsible for overseeing the work being done in the state to improve clinical practices for individuals with serious mental illness and children with serious emotional disturbance. As of FY12 and ongoing through FY16, the focus of the PISC was broadened to be all inclusive of the populations we serve: children and individuals with developmental disorders and those who have co-morbid conditions or SUD diagnoses. However, it was determined that focus was too broad, and a different state clinical committee was organized. [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_38495\\_38496-132832--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38496-132832--,00.html)

### **Michigan Developmental Disabilities Practice Improvement Team (DDPIT)**

DDPIT's mission is to promote, articulate, encourage, provide leadership, and make recommendations that enable people with Intellectual and Developmental Disabilities to achieve the lives they envision wherever they reside in Michigan. This mission is actualized through DDPIT special reports and recommendations to the Michigan Department of Health and Human Services (MDHHS) for improvements to supports and services. Additionally, the Developmental Disabilities Practice Improvement Team seeks to disseminate this information to CMHSPs/PIHPs and advocacy organizations. [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_77319---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_77319---,00.html)

NorthCare shares the information with the Regional CMH providers.

### **NorthCare Clinical Practices Quality Improvement Committee**

In 2005, to assist in developing and improving the standards of clinical care, MDHHS mandated the creation of a regional Improving Practices Leadership Team at each Prepaid Inpatient Health Plan (PIHP) to support the innovations recommended at the state level. The NorthCare Practices Improvement Leadership Team (PILT) was a successful team and successfully guided the adoption of numerous evidence-based practices as well as supported regional trainings in the EBPs and other clinical practices that have shown efficacy in working with individuals receiving services at the Community Mental Health (CMH).

On 10-24-13, the PILT merged with the regional Clinical QI Committee and became the Clinical Practices QI Committee. This created a smaller committee and the members are responsible to communicate key information back to their local staff. It is the charge of this committee *to assure the full array of services are provided according to best clinical practices that support the recovery of all the individuals and families we serve.* The committee meets quarterly and workgroups may be used for specific assignments such as the required implementation of functional assessments or conducting mandatory reviews which are aspects of assuring a qualified workforce.

The NorthCare policy supporting the sustainability of a qualified workforce is called the Clinical Practices Guideline Policy. The following Practice Guidelines include the contract attachments to the Master Contract with MDHHS, is focused on Best Practice Guidelines written by MDHHS as well as the contract attachments that require specific evidence-based practices developed by SAMHSA. Other clinical guidelines may be developed by NorthCare based on the requirements outlined in the Balanced Budget Act.

The technical requirement documents that MDHHS publishes become part of the master contract held between MDHHS, the PIHP, and the CMHSP.

**Adoption:** MDHHS is responsible for developing the Technical Requirement (TR) to be utilized by all the PIHPs and CMHSPs in the state. Generally, there is an exchange of input between the program experts at the state level and the experts at the local provider sites. A formal draft is generally written after the earlier dialogue that may involve training and informational opportunities to the local providers. The formal draft is released with a comment period which leads to further revision and may result in another draft being available for

comment. Ultimately the TR is published and given an implementation date. Then the TR becomes a contract attachment.

**Implementation:** Implementation is generally left to the PIHP and the local providers. The actual “how to” meet the various standards are usually not prescribed by MDHHS. NorthCare PIHP standards are becoming more uniform through the Application for Participation in 2013 with MDHHS; NorthCare achieving national health plan accreditation through URAC; and the use of standard forms, data collection and reporting in the electronic medical record (ELMER) utilized by all five CMHSPs.

**Evaluation:** MDHHS evaluates the successful utilization of the technical requirements through the annual site visits; mandated reporting for some of the technical requirements; and the review of consumer records.

**Sustainability:** A technical requirement might be reviewed and revised considering changing provider environments and as the system is being transformed into a recovery paradigm, rarely are they rescinded as most of the technical requirements are based on law and regulation.

**Technical Requirements currently implemented at NorthCare:** generally, the TR has a corresponding NorthCare policy and may have specific reporting requirements.

MDHHS has developed a website, [www.improvingmipractices.org](http://www.improvingmipractices.org), with online courses regarding many of the topics in the clinical guidelines. Clinical staff working with individuals with serious mental illness and/or substance use disorders, may directly access this website and request a membership and take advantage of the free courses—many of which have CEUs or at least certificates of completion.

As a system dedicated to providing quality care for the vulnerable citizens with behavioral difficulties, NorthCare has a responsibility to monitor the health and safety of the individuals we serve. We need to know when we have fallen short of our clinical mandate to help, or at least do no harm to, those we serve and their families. NorthCare has policies and procedures to assist in monitoring health and safety. Policies are included in the clinical practice guidelines.

## Resources

In addition to the Clinical Practice Guidelines, please also see the resource section for additional information about certain topic areas. Resources include helpful tools and information but have not been formally adopted by NorthCare or its regional providers.

## Guiding Documents

The Michigan Medicaid Provider Manual in combination with the MDHHS contract are the guiding documents for services. Additionally, the Michigan Mental Health Code, the Code of Federal Regulations, the HCPCS Encounter Reporting Guide, and the Provider Qualifications document are valuable source documents regarding services. They are available at the links below.

Medicaid Provider Manual: <https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html>

Michigan Mental Health Code:

[http://www.legislature.mi.gov/\(S\(ejhds3bl1m0moouhrmv54i\)\)/mileg.aspx?page=GetObject&objectname=mc-l-Act-258-of-1974](http://www.legislature.mi.gov/(S(ejhds3bl1m0moouhrmv54i))/mileg.aspx?page=GetObject&objectname=mc-l-Act-258-of-1974)

Code of Federal Regulations: <https://www.ecfr.gov/cgi-bin/text-idx?SID=cf45a81f38b74c203b69a1adcb73b35&mc=true&tpl=/ecfrbrowse/Title42/42chapterIV.tpl>

HCPCS Encounter Reporting Guide: [https://www.michigan.gov/documents/mdhhs/MHCodeChart\\_554443\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf)

Provider Qualifications: [https://www.michigan.gov/documents/mdhhs/PIHP-MHSP\\_Provider\\_Qualifications\\_530980\\_7.pdf](https://www.michigan.gov/documents/mdhhs/PIHP-MHSP_Provider_Qualifications_530980_7.pdf)