



**Great Rivers BHO
Practice Guidelines Dissemination and Implementation
8-10-17
FINAL for Implementation of Training**

Great Rivers has determined the most prevalent diagnoses in the region for both Substance Use Disorders and Mental Health Disorders. This was accomplished through a review of available data and discussion with Great Rivers-contracted providers at the Great Rivers Clinical Leadership Meetings in 2016. The Great Rivers Utilization Management/Care Management Teams researched available practice guidelines for the target diagnoses. Great Rivers prepared summaries of the relevant practice guidelines, including target populations and main treatment recommendations for each guideline. Summaries included quality measures that will be used to determine compliance with the practice guidelines. The final four summaries were presented to the Clinical Leadership Meeting 11-7-16.

The four selected practice guidelines include:

- Opiate-related SUD Disorders – Adults
- Cannabis Use Disorders – Youth
- Posttraumatic Stress Disorder – Youth
- Major Depressive Disorder – Adults

The Utilization/Care Management Manager presented the practice guidelines during the Great Rivers Advisory Board meeting on 2-7-17. The Great Rivers Advisory Board reviewed the four practice guideline summaries, provided feedback, and expressed support of the selected practice guidelines. Great Rivers Advisory Board supported the Great Rivers Clinical Team in choosing which specific guidelines to disseminate and implement.

Following the selection, Great Rivers UM/CM Team will begin the dissemination and training of the guidelines. The UM/CM Team will then work with the Quality Management Team in measuring compliance to the guidelines using identified quality measures.

As of 4-6-17, Great Rivers Clinical Team, including Medical Directors, have chosen three practice guidelines to disseminate and provide training on to providers, beginning at the Clinical Leadership Meeting on 5-1-17.

The three selected practice guidelines are:

- Opiate-related SUD Disorders – Adults
- Posttraumatic Stress Disorder – Youth
- Major Depressive Disorder – Adults

Great Rivers BHO Practice Guideline Summary: Treatment of Opiate-related SUD Disorders

Practice Guideline Title and Associated Organization: Treating Adult Opioid Use Disorder

Target Population: Adults diagnosed with Opioid Use Disorder

General Recommendations:

- Develop and maintain a therapeutic alliance
- Utilize motivational interviewing skills
- Choice of available treatment options should be a shared decision between clinician and patient
- Address initial withdrawal management options
- Assess and address special population issues, i.e.- pregnant women, HIV, Hepatitis, individuals with pain management issues, co-occurring disorders
- Urine Drug screens
- Ongoing relapse prevention
- Trauma-informed service approach
- Education regarding self-medicating
- Coordinate medical care and psychosocial treatment
- Evaluate safety
- Address co-morbidity
- Involve social supports

Initial Treatment:

Medication assisted treatment options

- Buprenorphine, Office based opioid treatment (OBOT) or in (OTP)
- Methadone, Opioid treatment program (OTP)
- Naltrexone (opioid antagonist therapy)

Psychosocial Treatment

- Cognitive-Behavioral therapy
- Contingency management
- 12-step facilitation therapy
- Motivational Enhancement Therapy

Evaluating Response to Treatment:

- Assess progress toward mutually agreed upon, measurable goals
- If it is determined that the client is not making progress toward agreed-upon goals, reassess the diagnosis, treatment modalities, treatment intensity and treatment goals in order to revise the treatment plan

Continuation Phase of Treatment:

- Monitor for signs, symptoms of relapse
- Reduce risk of ongoing use or return to use
- Assess for level of care appropriateness
- Continue to evaluate medication levels if in a medication assisted treatment

Discontinuation of Treatment:

- Engagement in recovery activities
- Titrated off prescribed medication
- Evaluate readiness for self-directed recovery program
- Relapse prevention plan in place

Proposed Quality Measures

- There is evidence that one of the suggested Psychosocial or Medication-assisted treatments is being used or that one was considered and why it was not used.
- Evidence that ongoing urinalysis testing is being done to accurately reflect substance use versus any medication management.

Resources:

1. Evidence-based practices for substance use disorders. McGovern and Carroll, 2003.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678283/>
2. <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg/pocket-guide-and-app>
3. http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf
4. <http://www.healthquality.va.gov/guidelines/MH/sud/VADoDSUDCPGRevised22216.pdf>
5. <http://www.fbhpartners.com/providers/guidelines/SUD-Clinical-Guidelines.pdf>
6. <https://macmhb.org/sites/default/files/attachments/files/Waller%20-%20Opioid%20Tx%20Guidelines.pdf>

Great Rivers BHO Practice Guideline Summary: Children and Adolescents Diagnosed with PTSD

Practice Guideline Title and Associated Organization: Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder, American Academy of Child and Adolescent Psychiatry

Target Population: Children and adolescents diagnosed with Posttraumatic Stress Disorder

General Recommendations:

- The initial assessment of children and adolescents should include questions about traumatic experiences and PTSD symptoms.
- If the assessment indicates significant PTSD symptoms, the clinician should conduct a formal evaluation to determine whether PTSD is present, the severity of the symptoms, and the degree of functional impairment. Parents or other caregivers should be included in this evaluation wherever possible.
- The assessment should consider differential diagnoses of other psychiatric disorders and physical conditions that may mimic PTSD.
- Treatment planning should consider a comprehensive treatment approach, which includes consideration of the severity and degree of impairment of the child's PTSD symptoms.
- Treatment planning should incorporate appropriate interventions for comorbid psychiatric disorders.
- Trauma-focused psychotherapies should be considered first-line treatments for children and adolescents with PTSD including Cognitive Behavioral and psychodynamic trauma-focused therapies. Eye Movement Desensitization and Reprocessing (EMDR) is included under CBT interventions.
- SSRIs can be considered for the treatment of children and adolescents with PTSD.
- Medications other than SSRIs may also be considered for children and adolescents with PTSD.
- Treatment planning may consider school-based accommodations.
- Use of restrictive "rebirthing" therapies and other techniques that bind, restrict, withhold food or water, or are otherwise coercive are not endorsed.

Proposed Quality Measures

1. There is evidence that Trauma-Based CBT is being used or there is documentation that it was considered with a rationale for why it is not being offered.
2. There is evidence of routine screening for traumatic incidents and PTSD symptoms at intake.



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Resources:

1. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Posttraumatic Stress Disorder. Journal of the American Academy of Child and Adolescent Psychiatry, Volume 49, Number 4, April 2010

Great Rivers BHO Practice Guideline Summary: Major Depression in Adults

Practice Guideline Title and Associated Organization: Treating Major Depressive Disorder, American Psychiatric Association

Target Population: Adults diagnosed with Major Depressive Disorder
(Does not apply to Major Depressive episodes in the context of Bipolar or Schizoaffective Disorder)

General Recommendations

- Establish and maintain a therapeutic alliance
- Evaluate the safety of the patient
- Establish the appropriate treatment setting
- Evaluate and address functional impairments and quality of life
- Coordinate the patient's care with other clinicians
- Monitor the patient's psychiatric status
- Integrate measurements into psychiatric management
 - Use of measurement tool- PHQ-9 facilitates diagnosis of major depression, provides assessment of symptom severity, is well validated and documented in a variety of populations, can be used in adolescents as young as 12 years of age
- Enhance treatment adherence
- Provide education to the patient and, when appropriate, to the family

Initial Treatment:

- Psychotherapy and/or Pharmacotherapy
- Other somatic therapies including Electroconvulsive Therapy (ECT) for individuals with severe major depressive disorder that is not responsive to pharmacological or psychotherapeutic interventions

Evaluating Response to Treatment

- Addressing inadequate response
- Changing to other treatments
- Augmenting and combining treatments
- Treatment-Resistant Depression

Continuation Phase of Treatment

- To reduce the high risk of relapse, continue treatment
- Monitor for signs of relapse
- Determine if the patient requires maintenance treatment
- Provide maintenance treatment as needed
- Continue to monitor the patient



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Discontinuation of Treatment

- For stable patients, consider discontinuation of treatment
- If pharmacotherapy is discontinued, taper the medication over at least several weeks

Proposed Quality Measures

1. An antidepressant medication is being used or there is documentation that it was considered with the rationale for not prescribing
2. Some form of psychotherapy is being used or there is documentation that it was considered with a rationale for why it is not being offered

Resources:

1. Practice Guidelines for the Treatment of Patients with Major Depressive Disorder. American Psychiatric Association, 2010, Third Edition