

APPENDIX 1. American College of Medical Quality's policy on the development and use of practice parameters for medical quality decision-making¹

Practice parameters are strategies for patient management developed to assist health care professionals in clinical decision making. Practice parameters include standards, guidelines, and other patient management strategies. Standards are accepted principles for patient management. Guidelines are recommendations for patient management that identify a particular management strategy or a range of management strategies. Other strategies for patient management include practice policies and practice options. Practice parameters are to be used as screening tools to identify possible deviations from the applicable standards of care. Such parameters are not to be used as absolute standards or to profile or report on health care personnel. Parameters are designed to trigger a process in which possible deviations from the standard of care are identified as outlier practice patterns. Once a deviation from the parameter is identified, such a deviation should be referred to the appropriate qualified physician advisor or reviewer for a determination of medical necessity that conforms to the applicable standard of care. Parameters used in the day-to-day practice of clinical medicine should be clinically relevant. They should not be considered as substitutes for the standard of care but might contribute to its formulation.

Practice parameters must be developed, designed, and implemented only by board-certified, clinically practicing, specialty-matched physician advisors/reviewers with unrestricted medical licenses. Qualified nonphysicians might participate in the development of these parameters only in the areas in which their clinical expertise based on the standard of care is applicable. The health care personnel who develop these parameters should sign their names and date the final version as evidence of their participation and support. Practice parameters must be based on sound scientific research findings, professional literature, clinical experience and appropriate well-recognized methodologies and reflect professionally recognized national standards of care practiced in the clinical community of medicine. The development procedures followed, the participants involved, the evidence used, the assumptions and rationales accepted, and the analytic methods used should be meticulously documented, described, and made publicly available for national peer review. Parameters should be updated as needed.

Practice parameters are used as tools to enhance medical decision making but not as replacements for physicians' clinical judgment. They can be considered as means to enhance the performance of clinical and review personnel but not to replace them. It is below the standard of care of the medical review process to substitute qualified physician reviewer experts with unqualified reviewers who are using parameters.