

Medical Treatment Guidelines
Approved by the Board of Directors
April 21, 2012

In response to the MAG Board of Director's request made at its January 21, 2012 meeting that the MAG Third Party Payer committee review its policy statement on medical treatment guidelines and offers the following report. The Committee reviewed the Board's policy statement at its most recent meeting on March 23, 2012, following both a review of the AMA's policy statement, 410.980, "Principles for the implementation of clinical practice guidelines at the Local/State/Regional Level," and a publication from "Health Affairs," entitled "The Promises and Pitfalls of Evidence-Based Medicine." The Committee believes that the MAG Board provided an excellent preliminary statement on medical treatment guidelines and offers the following policy statement to bring further balance and clarity to the subject.

POLICY STATEMENT:

The Purpose and Usefulness of Clinical "Medical Treatment" Guidelines:

The Institute of Medicine (IOM) defines clinical guidelines as "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They define the role of specific diagnostic and treatment modalities in the diagnosis and management of patients. The statements contain recommendations that are based on evidence from a rigorous systematic review and synthesis of the published medical literature." (Institute of Medicine, 1990).

The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality defines clinical guidelines as: "The recommendations are not fixed protocols that must be followed. Responsible clinician's judgment on the management of patients remains paramount. Clinicians and patients need to develop individual treatment plans that are tailored to the specific needs and circumstances of the patient."

Given the complexity of patient care, the importance of physician expertise and the necessity of considering patient preference, the Medical Association of Georgia offers the following policy statements on the appropriate use and context of clinical guidelines:

1. MAG believes that clinical guidelines are intended as general clinical information for reference to promote best practice and are not to be construed as rules, nor are they to become proxies for the standard of care. We support the traditional professional perspective of the physician as the sole and final medical decision-maker in medical treatment.
2. Clinical guidelines must be constructed and adopted based on a broad consensus of opinion from actively practicing physicians and relevant physician organizations, free of

conflict of interest. Effective mechanisms shall be established to ensure opportunities for input.

3. Clinical guideline adoption is based on an affirmative vote or similar action by the majority of the physicians for whom the guideline is intended.
4. Clinical guidelines shall be adapted at the local/state/regional level, as appropriate to account for various factors, including demographic variations, patient case mix, availability of resources, and relevant scientific and clinical information.
5. Clinical guideline adoption by individual physicians will not be used as the sole exclusion criterion for any third party payer unless the physician is employed or under contract with an entity that chooses to comply with guidelines.
6. Physician compensation should not be based upon adherence to clinical guidelines.
7. Clinical guidelines implemented at the local/state/regional level shall acknowledge the ability of physicians to depart from the recommendations in clinical guidelines, when appropriate, in the care of individual patients. The physician's rationale for a change in treatment should be appropriately documented.
8. Published materials on the use of clinical guidelines should be fact-based and accurate concerning their "true effect."

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