ADS Evidence-Based Practice Workgroup December 2, 2015

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Re Evidence-based treatment matrix

- We included labels of the different interventions
- We tried to group things in categories such as academic interventions - to see what things individuals have to talked about re academic intervention in the literature
- Comments-good format to read
- Questions- Do SNPQ and CMS describe structured teaching programs
    - They talk underneath the structured teaching intervention as part of the early intensive program. The structured teachings were focused more on the educational teachings.
    - This was all taken from the way the literature grouped these categories
    - It's hard to integrate the various systematic reviews because each has different categorizations—e.g. NSP and NPDC were both focusing on the Department of Education—both were looking at programs that fit well w/ educational settings. CMS was strictly looking at interventions that fit well w/ healthcare settings.
    - Single largest treatment that we have in autism treatment is LEAP—in all ASD treatment
    - LEAP is an ABA type of intervention
    - The matrix is a structure to make sense of all the different research
- States that developed similar charts included things not emerging or established—emerging and not proven
- The table from Missouri included emerging research/practice only if also a level one established in other studies/lit review. Academic stuff from NPDC—a lot of them are emerging only—those would not show up in Missouri's chart.
- It's interesting that cognitive behavioral health interventions are level one, but cognitive behavioral health therapy for anxiety does not show up in any of the reviews
- Re license language—this is intended to serve as a guide regarding the categorization of treatment. Not intended to exclude a specific type of treatment recognizing that one size does not fit all.
- The scientific net rating skills has a lot to do w/ looking at the quality of the study, fidelity, validity, etc.
- Therapist trained in CBT—A licensed social worker, clinical councilor, psychologist—and are trained the particular approach—they can provide that treatment based on their license
- My concern re music therapy and licensure—is there a licensure nationally for music therapy?
    - Yes there is a certification for music therapist
    - I want to make sure that people are using qualified individuals and that we have standards to maintain—certification or licensure

- Other states have developed very specific plan that articulates each criteria for a person in this ASD continuum. They have a specific criteria for physicians diagnosing ASD — minimum amount of training and experience. This same for the rest of the providers treating individuals w/ ASD. We have decided not take a similar path as the other states in developing a state plan w/ detailed criteria.
- One of the reasons that have not done that is b/c we rely on the health plans to determine the qualifications of the individuals who can deliver the service

- Does this group want to develop something as a reference or resource to share w/ the health plans to help guide that?
    - We have to be careful what we wish for b/c of the network capacity issues.
    - I like the original language stating—AHCCCS and DDD should continue to ensure that treating providers are operating within their scope of practice.
    - We also want AHCCCS to be coordinating with the various certification/licensure boards for providers
    - As emerging treatment arise and as providers start to adopt these new practices, I was wondering if the evidence based group can push the licensure boards to be looking at these kind of things—ensuring that providers practice within their scope of work
- Who will the committee for annual updates report to?
    - Is the AHCCCS CMO the appropriate person?
        - We should defer to Dr. Salek, we should ask her how she feels about that…
    - Is there a way to make the committee recommendation public?
        - Yes. We could make our recommendation public in our website.
        - I think AHCCCS also posted comments…makes things available on the website
- Are the three circles weighted evenly?
    - Page 7 - the committee started off w/ a equal weighting. Scientifically rigorous research, individual characteristics…
    - I just want to mention something in terms of how the health plans and DDD operates whether something is covered or not…I think the concern is if some of the emerging treatments are medically necessary… the way I was thinking about the circles, I'm looking at the whole picture…and I'm seeing that nothing else has worked for a member w/ ASD… and a doctor sends me a letter saying this only the other thing that we can try…so those things factor into a decision. There also appeal rights
    - The medical profession does a lot treatment…especially pharmacological treatment does not have the evidence that you are used to w/ ABA…pediatric psychotropic medications are prescribed off label…one of the reasons they do that is b/c you are trying to treat the child and the evidence is not there…and everything is emerging…what medical doctors would say if you tie their hands to that higher standard…you're not going to be able to continue that practice. There are a lot checks and balances in the system
    - We have an age limits on prior authorization for pediatric psychotropics…there are checks and balances in the system.

- The evidence-based modality should include language that says “all aspects of health” not just behavioral.
- Should line 19 say “person centered plan”
    - No I think this definition is good
    - To me – the discrepancy is—they are looking at the quality of scientific evidence supporting these treatments and not looking at the total person-centered plan that we have the graphic. I like the statement about “ evidence-based practice means that the decision maker integrates best available research..” that is the first thing… “ the best available evidence first…than marching individual characteristics”—that works for me
    - Should we rephrase with this “Person centered plan should be developed using an evidence based approach the intersection of research clinic expertise…”
- We want people who are professional and licensed…I do have a few families who have shown a giant benefit in creation of language…given that I want the possibility for families who have tried other things and those didn’t work and they go to the health plans…
    - DDD and the health plans have criteria in place that should address those issues. If you have a concern that certain things are being funded and have no evidence…I think we need to know what those are…
    - I hear what you are saying there are families that have reported gains…but we are talking about public dollars…they should be spent wisely….have someone pay privately when they want treatments that do not have as much evidence.
    - I’m not saying how they are describing [specific person] is problematic to me. I’m saying let’s start with the research—that should be starting point. And then we should be looking at other things… if the research for the individual characteristics for [specific person] is not there…you still start at the research.
    - There really hasn’t been an order…but more of a sense that the research should always be considered…the individual characteristics always considered…professional expertise…they are all equally important.
    - For every case like yours there are bunch of other cases that are using the equal weight of these circles
    - AHCCCS has a fraud and waste abuse department that you can refer to if you think that such things are happening…we have things that we are actively doing for checks and balances
    - I don’t want to point to finger and accuse people. But, I have seen other people use graphics like this…and weight the other three circles so heavily over the research circle as a justification for why they are not doing evidence-based therapy.
    - Would it help if we took out this graphic?
        - Don’t know
        - I want to go back to another point…definition on page 7…it says “it integrates the best available scientifically rigorous research, clinical expertise, individual characteristics…” The term integrate doesn’t suggest weighing one over another….are you suggesting that this definition of evidence-based practice say

the best available scientifically rigorous research and then integrate with clinical expertise

- Several people are saying no to that.
- If you look at what AHCCCS tells us to do currently… if you look at what is considered medically necessary they cover medically necessary…but not things that are experimental or unproven...there is an expectation that we use the evidence-based literature, but where the evidence doesn't exist, there are reasons.

- I would like [two work group members] to point out what edits they would make and have the rest of the group respond to it
- It does concern me every day that there are kids out there probably getting therapy and never got through DDD…and I can't control everything through prior authorization…this is where the health plans have to use their expertise and their brains.
- Where are we than in terms of this graphic?
  - I think the graphic is important to include…I understand the concern of wanting to have the best available research as the key driver...
  - Instead of saying "integrate…" we could say "starts with best available scientifically rigorous research…"
  - I agree
  - Evidence-based practice means a decision making process that starts with the best available scientifically rigorous research and integrated clinical expertise, the individuals characteristic and the goal is building family/care giver capacity.
- Page 6 line 35—instead of titling that "primary care provider education"…maybe we should just call that provider education and then incorporate other things including the comorbid conditions and oral health
  - I think that goes into the appendix but not the document
  - Under where it says primary care education what I am hearing from the group is that we don't want to just educate primary care providers but we really want all the treating providers…so we should change that title to provider education