Anesthesiology
78:229–230, 1993

A Practice Parameters Overview

Over the past few years, practice parameters and practice guidelines have joined the lexicon of American medicine. Although it has been quite some time since the American Academy of Pediatrics became the first medical specialty society to publish practice guidelines, the movement to develop such guidelines was only recently hastened by the threat of Medicare reimbursement reductions and expenditure targets. As part of the effort to oppose expenditure targets, the American Medical Association (AMA) organized the Practice Parameters Partnership and Forum.

The Partnership consists of representatives from the AMA and 18 specialty societies. The Forum is composed of representatives from all specialty and interested medical organizations. The American Society of Anesthesiologists (ASA) is represented in the Forum by Dr. Ellison C. Pierce and in the Partnership by me.

Practice parameters include guidelines, standards, and other strategies. Practice guidelines are recommendations for patient management strategy or a range of management strategies. Practice standards represent minimum requirements (rules) for sound practice; they are generally accepted principles for patient management.

Many organizations are attempting to develop leadership positions in this movement. The Agency for Health Care Policy and Research was established by Congress to develop Practice Guidelines. The AMA, Rand Corporations, and Academic Medical Center Consortium are developing Clinical Appropriateness Initiatives. The Health Care Financing Administration is developing a Uniform Clinical Data Set. The Institute of Medicine with funding from the John Hartford Foundation is developing Practice Guidelines. The Joint Commission on Accreditation of Healthcare Organizations is developing Clinical Indicators.

The ASA has decided that, if anesthesiology is to have practice guidelines, the ASA should author its own guidelines. Our society had great success and achieved a national reputation for being a leader in the development of standards, especially the Standard on Intraoperative Monitoring. The success of that standard has resulted in most anesthesiologists having their malpractice insurance rates decreased.

The first two guideline areas selected for development and approved by the ASA House of Delegates at the October 1992 meeting are Pulmonary Artery Catheterization (effective January 1, 1993, and published in its entirety in this issue of ANESTHESIOLOGY) and Management of the Difficult Airway (effective July 1, 1993, and to be published in a subsequent issue).

The practice guidelines are the responsibility of an ASA Ad Hoc Task Force on Practice Guidelines (oversight committee). The members of this task force are Drs. Pierce, Burton Epstein, Jared Barlow, Bernard Morgan, Steven Young, and myself.

Each guideline is assigned to a specific task force composed of equal representation from the academic and private practice communities. Once the task force has developed the guideline, the guideline is sent to the oversight committee and other interested practitioners for their comments. Once the comments have been reviewed, the guideline is presented at a national meeting in an open forum for extensive discussion. Following this, the guideline is presented to the ASA House of Delegates, which can either approve or disapprove the guideline but cannot edit it.

Currently, three additional guidelines are under development: acute pain, cancer pain, and chronic pain. The ASA is involved in a joint venture with the Society of Cardiovascular Anesthesiologists to develop a guideline on transesophageal echocardiography. Since peripheral nerve injuries are the second most common cause of malpractice claims, a guideline will likely be developed on the Prevention of Peripheral Nerve Injuries. Other guidelines under consideration are (1) conscious intravenous sedation, (2) monitored anesthesia care, and (3) recovery room discharge criteria. The last should be addressed because of the large number of outpatient and same-day surgeries that have made previously published criteria obsolete.

Accepted for publication December 14, 1992.

Key words: Practice guidelines.

It is anticipated that the use of guidelines will improve the quality of care. Many worry about the medicolegal aspects of practice guidelines, and yet the adoption of ASA standards has reduced malpractice rates for many. The ASA will continue to monitor closely the entire practice guideline movement. Guidelines will be developed cautiously based upon scientific principles, reflect current practice in the community setting, have a positive cost-benefit ratio, and remain flexible. These guidelines also will need annual review to ensure currency. If practice guidelines are to be useful, all of the above must be followed carefully.

The members of the ASA owe a great deal of gratitude to the task forces for their efforts in developing these guidelines. Much time and effort were expended by these individuals in authoring these guidelines, which were deemed worthy of approval by the ASA House of Delegates.

James F. Arens, M.D.
Vice President for Clinical Affairs
University of Texas, Medical Branch
Galveston, Texas 77550