



## ***Statement by the American Association of Oral and Maxillofacial Surgeons Concerning the Management of Selected Clinical Conditions and Associated Clinical Procedures***

### **Parameters of Care as the Basis for Clinical Practice**

“Parameters of care” is a phrase used to describe an organized range of accepted patient management strategies, including guidelines, criteria and standards. The establishment of parameters provides a means to assess the appropriateness and quality of a selected treatment modality for application to an identified clinical condition in patients treated by oral and maxillofacial surgeons.

There has been an increased emphasis on parameters of care within the healthcare field. High priority is being assigned to their development and application by professional societies, payers, public interest groups and government. Parameters are seen as a means of assuring the quality of clinical outcomes, and they should be developed by practitioners who are currently involved with the treatment of those conditions addressed by the parameters. The parameters should reflect a consensus of appropriate practitioner groups (e.g., societies, associations).

The Institute of Medicine and the American Medical Association have identified the following attributes of valid practice parameters:

- Parameters should be developed in conjunction with a practitioner organization.
- Parameters should be based on current information.
- Parameters should integrate research findings and clinical experience.
- Parameters should be as comprehensive and specific as possible.
- Parameters should be widely disseminated to the community of interest.

The American Association of Oral and Maxillofacial Surgeons *Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017* in conformance with the above-stated attributes. They have been written by

Oral and Maxillofacial Surgeons for use by Oral and Maxillofacial Surgeons. They cover the spectrum of care that fellows and members of AAOMS provide. The parameters vary in their specificity and research base. However, they represent an attempt to incorporate the best available knowledge about the diagnosis, surgical and adjunctive treatment of diseases, injuries, and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

To assure that AAOMS quality of care activities are consistent with mainstream healthcare initiatives, the *Parameters of Care: AAOMS Clinical Practice Guidelines for Oral and Maxillofacial Surgery (AAOMS ParCare) Sixth Edition 2017* has taken into account the policies and recommendations of other health-related organizations. Some of these include the Agency for Healthcare Research and Quality, the American Cleft Palate - Craniofacial Association, the American College of Surgeons, the American Dental Association, the American Medical Association, the American Society of Anesthesiology, the National Academy of Medicine (formerly the Institute of Medicine) and the Joint Commission on Accreditation of Healthcare Organizations.

*AAOMS ParCare 2017* is intended to reflect practice considerations for 11 designated areas of oral and maxillofacial surgery. It has been developed to provide guidance to oral and maxillofacial surgeons; however, the surgeon’s strict adherence to the Parameters of Care should be based upon his/her judgment concerning the appropriateness of care for a respective condition in a given patient.

The ultimate judgment regarding the appropriateness of any specific procedure must be made by the individual surgeon in light of the circumstances presented by each patient. Understandably, there may be good clinic reasons to deviate from these parameters. When a surgeon chooses to deviate from an applicable parameter based on the

circumstances of a particular patient, the surgeon is well-advised to note in the patient's record the reason for the procedure followed. Moreover, it should be understood that adherence to the parameters does not guarantee a favorable outcome.

The outcome of any surgery may be affected by the surgeon's lack of access to a potentially useful drug or device as a result of regulatory restrictions or product liability litigation. The outcome may also be affected by the decision of an insurer to deny coverage for a procedure or other services deemed necessary by the patient and the surgeon.

AAOMS recognizes this document may be used by hospitals and other institutions, managed care organizations, insurance carriers and other payers, attorneys in professional liability cases, and legislators and regulators concerned with healthcare policy. However, the document was not specifically developed for reimbursement, credentialing or litigation uses. AAOMS cautions that these uses involve various considerations that may be beyond the scope of this document.

AAOMS intends to continue the ongoing process of review and revision following the publication of *AAOMS ParCare 2017*. It will be necessary to revise and update the Parameters as new scientific and clinical information becomes available. *AAOMS ParCare 2017* represents the sixth comprehensive revision of this document. Each section will be reviewed on an annual basis, but only those sections invalidated by the emergence of significant new information will be updated annually. The entire document will be reviewed, updated and reprinted on a regular basis to assure the guidelines are truly reflective of the current state of clinical practice and its related science.

*AAOMS ParCare 2017* contains the following 11 clinical sections:

- Patient Assessment
- Anesthesia in Outpatient Facilities
- Dentoalveolar Surgery
- Dental and Craniomaxillofacial Implant Surgery
- Surgical Correction of Maxillofacial Skeletal Deformities
- Cleft and Craniofacial Surgery
- Trauma Surgery
- Temporomandibular Joint Surgery

# Clinical Paper



- Diagnosis and Management of Pathologic Conditions
- Reconstructive Surgery
- Cosmetic Maxillofacial Surgery

Each section of the Parameters concerns a single clinical area and begins with an introduction stating the major issues considered in developing parameters for that area of practice. General indications for therapy, therapeutic goals, factors affecting risk, indicated therapeutic standards and outcomes assessment indices (favorable therapeutic outcomes, known risks and complications associated with therapy) concerning the particular clinical area are included. Considerations for the management of the pediatric patient for the specific clinical area also are addressed. Finally, for each clinical area, specific conditions treated by the oral and maxillofacial surgeon have been identified, and the corresponding specific indications for therapy, therapeutic goals, factors affecting risk, indicated therapeutic standards and outcomes assessment indices are included.

## Application of Parameters of Care to Clinical Practice

The ultimate utility of parameters of care in clinical practice is key to the process of introducing and further developing *AAOMS ParCare 2017*. To assist practitioners in the use of these parameters, the following approach to the document is suggested. *AAOMS ParCare 2017* is designed to tailor the application of parameters to the procedures usually followed in the management of a patient, regardless of the presenting condition. Five issues are considered in applying the parameters to each of the clinical conditions contained in the document. Each of the clinical conditions within the 11 clinical areas is analyzed on the basis of these five issues, which are considered essential in determining the criteria for satisfactory clinical practice. Following is a definition of these five issues:

- I. Indications for Therapy delineate the indications for management, including the symptoms or descriptive characteristics of patients who would be candidates for this type of surgical care. All or some of the indications may be applicable for each condition.

- II. Therapeutic Goals describe the favorable outcomes of care desired by both the patient and the oral and maxillofacial surgeon. The goal of therapy is to restore form and/or function. However, risk factors and potential complications may preclude complete restoration of form and/or function.
- III. Factors Affecting Risk are severity factors that increase risk and the potential for known complications. They are specific variables, usually descriptive of the patient's characteristics or condition (e.g., age, factors in medical history) that may affect the outcome either favorably or unfavorably. For example, patient noncompliance may compromise the success of treatment, while compliance will enhance it.
- IV. Indicated Therapeutic Standards define the operative and other management procedures followed in providing care that have the greatest potential of meeting the therapeutic goals, maximizing the favorable outcomes, and minimizing risks and complications, based on the current state of knowledge.
- V. Outcome Assessment Indices are those indicators associated with either favorable or unfavorable (known risks and complications) outcomes associated with therapy. These indices are used by the specialty to assess aggregate outcomes of care:

Favorable Therapeutic Outcomes consist of the clinical evidence that the expected therapeutic goals of surgery have been achieved. The assessment of aggregate data, based upon these favorable outcomes, will be used by the specialty to identify the most effective treatment modalities.

Known Risks and Complications Associated with Therapy are those conditions, circumstances or outcomes that are inherent in the management of patients. These issues can be grouped into three categories (i.e., assessment, therapy, outcomes) depending on when they occur in the continuum of patient care.

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