American Urological Association’s New Guideline Development Process

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Where we were in 2006

- Physicians were searching the literature, selecting articles, and extracting data
- They formed research questions late in process
- Guideline statements did not reflect the strength of evidence
- Documents took 3.5 to 7 years to produce
What we did to change

- Formal audit by The ECRI Institute Recommendations
  - Increase rigor by standardizing processes
  - Ensure transparency and reproducibility
  - Use specially-trained personnel
- Benchmarking by staff with other medical associations
- Continuous quality improvement by the Guidelines Department

What we changed

- Redefined guideline statement categories
- Rated strength of evidence
- Linked strength of evidence to the type of guideline statement
- Defined scope early in the process
- Documented all processes thoroughly
- Instituted more stringent conflict of interest policies
- Adopted project management techniques
- Began Guidelines Validation Committee Review
- Started Update Literature Review Program
  - Increased staff
- Created new guideline format
- Increased dissemination of guidelines
Redefined Guideline Statement Categories

**Standard or Recommendation** – statement where the evidence says that the benefits of taking or not taking an action are > or < than the risks/burdens. **Clear directive statement**

**Option** – statement where the evidence says that the benefits = the risks or there is a ? about the benefits vs. risks. **Not a directive statement**

Balance Between Benefits & Risks

**STANDARD or RECOMMENDATION**

- **IMBALANCE**
  - Benefits > Risks/Burdens
  - Benefits < Risks/Burdens

- **BALANCE**
  - Benefits =/? Risks/Burdens
**Rated Strength of Evidence**

**A** - well-constructed RCTs or extremely strong and consistent observational studies

**B** - RCTs with weaknesses of procedures or applicability or moderately strong and consistent observational studies

**C** - observational studies yielding inconsistent findings or that have other problems

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**Linked Strength of Evidence to Guideline Statement**

<table>
<thead>
<tr>
<th>Evidence grade</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard</strong></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Option</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tbody>
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**Defined Scope & Research Question Early in Process**

- Topic template *(years covered, core questions)*
- Methodology protocol *(detailed population characteristics and outcomes of interest)*

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**Documented Processes Thoroughly**

- Search Strategies
- Articles Excluded from Evidence Base
- SharePoint Site *(password accessed internet site)*
  - Update Literature Reviews

*Increased transparency*
Instituted More Stringent Conflict of Interests Policies

- Sign Non-Disclosure Agreement
- Disclose COI
  - Chair of PGC
  - Panel Chair

Adopted Project Management Techniques

- Budgeting based on development stages
- SOP
- After Action Reviews (AARs)
- Continuous panel training

Guidelines Validation Committee Review
Increased AUA Guidelines Staff

Adopted streamlined format

Developing electronic decision support tools
Increased Guideline Dissemination

- Website
- NGC, GIN
- Wall charts
- Pocket Guide
- Brochures
- Webinars

Conflict of Interests

- Dr. Heddy Hubbard
  - Nothing to disclose