Guidelines International Network

How and why should a medical society participate with G-I-N?

David R. Nielsen, MD, FACS
Executive VP and CEO
American Academy of Otolaryngology-Head and Neck Surgery
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Conflict of Interest Disclosures

• I am a full-time employee of the American Academy of Otolaryngology-Head and Neck Surgery
• I serve as a director on the Board of Directors of the Council of Medical Specialty Societies (without compensation)
• I serve on the Executive Committee of the Physician Consortium for Performance Improvement (without compensation)
• I do a bunch of other stuff, too.

I have no other conflicts of interest or relationships to disclose.
About AAO-HNS

• World’s largest organization of otolaryngologist-head and neck surgeons
• Publisher of journal *Otolaryngology-Head and Neck Surgery*

**Membership**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Fellows &amp; Members</td>
<td>7,820</td>
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<tr>
<td>US &amp; Canada</td>
<td>6,957</td>
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<tr>
<td>International</td>
<td>863</td>
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<tr>
<td>Residents</td>
<td>1,646</td>
</tr>
<tr>
<td>Affiliates, Scientific Fellows, Associates</td>
<td>174</td>
</tr>
<tr>
<td>Life Fellows &amp; Members</td>
<td>1,362</td>
</tr>
<tr>
<td>Retired Fellows &amp; Members</td>
<td>380</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>11,382</strong></td>
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WHY GUIDELINES? WHY QUALITY?

- Physician ethical and moral imperative
- Evidence of underperformance
- Board certification requirements
- Changing requirements for CME accreditation
- State licensing requirements
- Public accountability
- Physician payment and health plan requirement
- Government oversight
Why collaboration with G-I-N? (or any other guidelines or quality improvement organization?)

- The “quality enterprise” is HUGE
- The environment is changing even more rapidly than the most aggressive pundits have predicted
- No one society, group, stakeholder can do it all
- Integration is essential to prevent overload

- Finally, all we do MUST MAKE SENSE in improving patient care and public health
New approach to Clinical Practice Guidelines (CPGs)

- Where are we as a society and a specialty?
- How do we see the landscape/environment changing?
- Where do we intend to be or to go? Accomplish?
- What change needs to take place to move us forward?
- How do we organize, learn, plan, act, share?
- How do we sustain, maintain momentum, and grow?
- How do we evaluate and account for our work?
WHERE ARE WE AS A SPECIALTY?

- Committee structure and experience
- Academic and individual experience and expertise
- Existing “stable” of CPGs (consensus-based)
  - “Clinical Pathways”
  - “Clinical Indicators”
  - “Official Policies”
How do we see the landscape and environment developing?

- Rapidly increasing demand for improved quality outcomes
- Evidence-based CPGs to serve as foundation for performance measures (PMs)
- Many stakeholder definitions of “quality health care”
  - Cost/Efficiency and administrative quality
  - Capacity/Structure/Access
  - Clinical outcomes
  - Processes of care
  - Patient experience
Where do we intend to be as a specialty in 2, 5, 10 years?

- All members are able to demonstrate quality in practice
- All sub-specialty clinical areas will have validated CPGs and measures of quality performance
- Champion a culture of voluntary accountability for quality
- Integrate and link with other stakeholders who share values
  - Certifying board
  - Licensing boards
  - Academic, sub-specialty, allied health and related societies
  - Publishers, administrators, public, government, private
How do we organize, learn, plan, act, share and communicate our work?

- Specialty-wide quality conferences
- Organized broad specialty society collaboration
- Developed a published guidelines methodology and structure
- Integrate with research, education, annual meeting
- Participate with and learn from experts (GIN and Cochrane)
- Publish results and communicate widely
Research Emphasis

Continuous review of appropriate literature

- Identify gaps in care
- Assess levels of evidence, which leads to:

Appropriate study design – basic science, clinical, knowledge translation research

- EB guidelines development
- Strength of recommendations
- Quality measures and implementation

Health services research grants, systems and populations
<table>
<thead>
<tr>
<th>Journey of a Guideline Topic</th>
<th>Journey of a Quality Measure</th>
<th>Performance in Practice</th>
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</thead>
<tbody>
<tr>
<td>Identify Topics</td>
<td>Prioritize Topics</td>
<td>Develop Guideline (Guideline Development Task Force)</td>
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<td></td>
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<td>(Multispecialty Interdisciplinary Working Groups)</td>
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<td></td>
<td></td>
<td>Peer Review (Academy Clinical Committees, Sub-specialties, Other Specialties, Allied Health, Public Comments, Board of Directors)</td>
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<td></td>
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<td>Publication (White Journal)</td>
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<td></td>
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<td>Education (CME)</td>
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<td>Guideline Implementation (Patient Pamphlets)</td>
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<td></td>
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<td>Develop Performance Measure (AMA Physician's Consortium + Medical Specialty Societies)</td>
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<td>Pilot Testing Research Studies</td>
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<td>Widescale Data Collection (Clinical Patient Data Registry)</td>
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<td>Ambulatory Quality Alliance (AQI) 1 year approval</td>
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<td>National Quality Forum (NQF) 3 year Endorsement</td>
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<td>CMS Physician Quality Reporting Initiative (PQRI) + Private Payer P4P (Market Implementation)</td>
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<td>Performance in Practice Improvement (PPI)</td>
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<td></td>
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<td>Maintenance of Certification (MOC)</td>
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<td></td>
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<td>Maintenance of License (MOL)</td>
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<td>Feasibility + Reliability Testing</td>
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<td></td>
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<td>Measurement Implementation (Flow sheets &amp; EHR Specifications)</td>
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<tr>
<td></td>
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<td>Education CME</td>
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<td></td>
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<td>Publication (Website)</td>
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# Clinical Guideline Development: Process and Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Phase</th>
<th>Goals</th>
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<tbody>
<tr>
<td>0</td>
<td>Planning</td>
<td>Define topic; identify leadership, partner organizations, and working group members</td>
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<tr>
<td>2</td>
<td>Conference Call 1</td>
<td>Define purpose, timeline, and scope; discuss conflicts of interest; plan initial literature search</td>
</tr>
<tr>
<td>2-3</td>
<td>Initial literature search</td>
<td>Conduct broad, foundational search to identify relevant citations and group them into broad categories</td>
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<tr>
<td>3</td>
<td>Conference call 2</td>
<td>Refine scope based on initial literature search; begin discussion of key, boldfaced action statements</td>
</tr>
<tr>
<td>4</td>
<td>Face-to-face meeting #1</td>
<td>Review methodology and topic controversies, define key, boldfaced action statement; outline supporting text for key statement; discuss writing assignments</td>
</tr>
<tr>
<td>4-6</td>
<td>Writing assignments</td>
<td>Writing assignments completed and collated</td>
</tr>
<tr>
<td>6</td>
<td>Face-to-face meeting #2</td>
<td>Polish the key, boldfaced action statement; review supporting text; discuss values; assign evidence profiles; assess need for flowchart(s)</td>
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<tr>
<td>7</td>
<td>External guideline appraisal</td>
<td>External group appraises draft guideline methodology, quality, and ability to be successfully implemented</td>
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<tr>
<td>8</td>
<td>Conference call #3</td>
<td>Review guideline appraisal, report, remedy deficiencies</td>
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<tr>
<td>9</td>
<td>External peer review</td>
<td>External review of draft guideline by representatives of target audience and practice settings</td>
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<tr>
<td>10</td>
<td>Organizational board review</td>
<td>Internal review and approval of final guideline by the board or directors of the sponsoring organization(s)</td>
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<tr>
<td>11-12</td>
<td>Publication</td>
<td>Final guideline submitted for publication</td>
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</table>
These evidence-based clinical practice guidelines were developed with input from a wide array of medical specialties, nurses, and other allied health professionals where appropriate.

- **Hoarseness (Dysphonia):** September 2009
- **Benign Paroxysmal Positional Vertigo (BPPV):** November 2008
- **Cerumen Impaction:** September 2008
- **Adult Sinusitis:** September 2007
- **Acute Otitis Externa Guidelines:** April 2006

**Other Academy Endorsed Guidelines**

- **Practice Advisory for the Prevention and Management of Operating Room fires:** May 2008
- **Otitis Media with Effusion:** May 2004
- Guidelines Development Task Force Toolkit
- **2009 Summer GDTF Newsletter**
- **Multi-vs-Specialty Specific Matrix**
- **Clinical Consensus Statement Guide**
- **GDTF Topic Submission Form**
- **Guidelines Development Task Force Toolkit**
- **National Guideline Clearinghouse**
What resources do we have at our disposal? (Who else cares?)

- The “quality enterprise” – NQF, AHRQ, CMS, the JC, NCQA, PCPI, ABMS, FSMB, private health plans, MANY OTHERS
- Guidelines International Network
- The Cochrane Collaboration and Colloquia
- Publishers, educators, academics
Guidelines International Network main aims are:

- Promoting best practice through the development of learning opportunities and capacity building, as well as the establishment of standards
- Assisting the members in reducing duplication of effort and improving the efficiency and effectiveness of evidence-based guideline development, adaptation, dissemination and implementation
- Building a Network and partnerships for guideline developing organizations, end users (such as health care providers, healthcare policy makers and consumers) and stakeholders
How do we sustain, grow, advance?

- Define in mission and vision
- Strategically plan
- Ensure appropriate structure and governance
- Broad engagement throughout specialty
- Key collaborations, consortia, communications, alignment
- Be accountable and transparent

Rinse and repeat!