

*Improving Patient Care Through Education, Communication, and Research*

**AMERICAN COLLEGE OF CHEST PHYSICIANS**

# ***ACCP Guideline Development: Benefits of Partnering with GIN***

**David D. Gutterman, MD, FCCP**

**Sandra Zelman Lewis, PhD**

Guidelines International Network Conference  
August 29, 2010



# Goals of this Presentation

- Describe briefly the ACCP and their 20+ year involvement in guideline development.
- Provide information regarding how the ACCP has benefited from its relationship with GIN in the guideline development process
- Propose ways this relationship can evolve to support developing guidelines of the future

# ACCP: General Information

## **ACCP Mission:**

To promote the prevention, diagnosis, and treatment of chest diseases through education, communication, and research.

- World's largest clinical pulmonary, critical care, and sleep medicine society
- Over 17,800 members in over 100 countries
- Provides high-quality continuing medical education
- Publisher of the journal *CHEST* (largest circulation in the world of pulmonary/critical care journals; ranked #1 by pulmonologists)
- CHEST: Annual Educational/Scientific Meeting in October

# Annual Meeting and Scientific Sessions

## CHEST 2010

- October 30 – November 4, 2010
- Vancouver, BC, Canada
- Over 200 sessions; with special sessions highlighting recently published guidelines
- Anticipated >4000 attendees
- Patient simulation education programs
- Award programs: over \$550 thousand to be awarded



**October 30 - November 4**  
**Vancouver, BC, Canada**



**CHEST 2011: Honolulu, Hawaii October 22-27, 2011**

# ACCP History and Culture

- Founded in 1935
- One of the first medical societies to identify the link between tobacco use and lung cancer (1953)
- Education is the most focused component of ACCP's mission.
- Has published evidence-based guidelines on a variety of topics related to chest medicine for 25 years.

# ACCP: Importance of Evidence-Based Guidelines

- **Membership Survey in 2010:**
  - >700 respondents (>10% response rate)
  - Had members rate membership benefits:

Composite score for satisfaction with/importance of 16 ACCP activities:

**#1 – Evidence-Based Guidelines**

Summary of rank order lists of top 5 benefits of being a member of ACCP:

**#1 – Evidence-Based Guidelines**

Rank order of top 12 reasons to join the ACCP:

**#1 – CHEST journal**

**#2 – Evidence-Based Guidelines**

# ACCP Guidelines

- ACCP: Antithrombotics Guidelines: 8 versions of these widely popular guidelines have been published in CHEST since 1986. (8<sup>th</sup> version 2008)
- ACCP: Diagnosis and Management of Lung Cancer: Going into third edition.
- ACCP: Effectiveness of Continuing Medical Education (2009)
- ACCP: Medical Therapy for Pulmonary Arterial Hypertension (2007)
- ACCP: Pulmonary Rehabilitation (2007)
- ACCP: Cough Management (2006)
- ACCP: Management of Post-Operative Atrial Fibrillation (2005)
- ACCP: Device Selection and Outcomes of Aerosol Therapy for Asthma (2005)
- ACCP: Weaning and Discontinuation of Ventilatory Support (2001)
- ACCP: Parapneumonic Effusions (2000)
- ACCP: Diagnosing Ventilator Associated Pneumonia (2000)

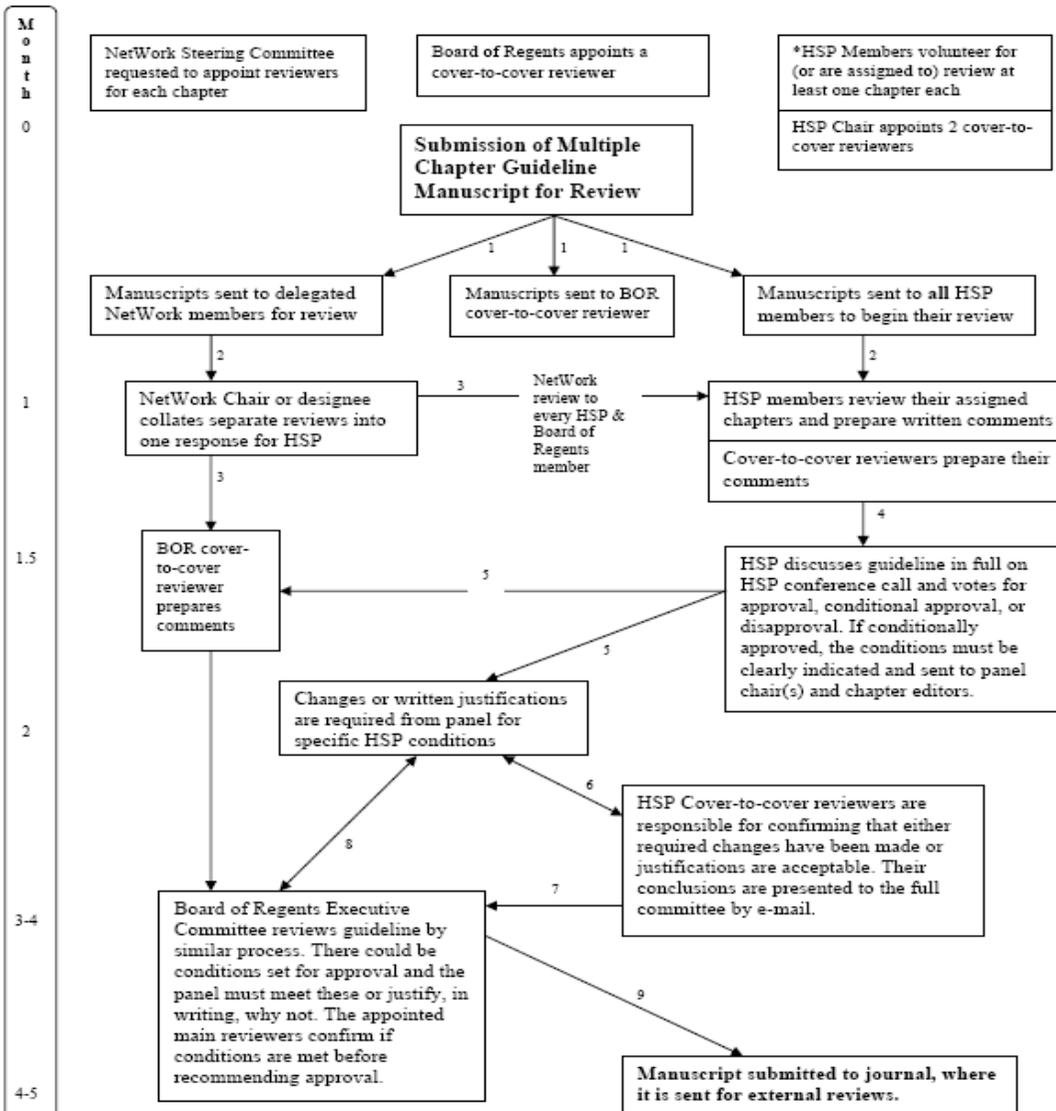
# Guideline Development Process

Organized by the Health and Science Policy Committee of ACCP

*This is a dynamic and evolving process improving with each new guideline.*

- Guideline topic idea is submitted to HSP via standardized application process
- HSP submits proposal and funding request to Board of Regents
- If approved, HSP selects the chair of the guideline panel, who then nominates members subject to approval by HSP including COI.
- Questions defined; EPC RFA prepared and submitted, and EPC chosen
- Planning meeting to prioritize questions using PICO format
- Evidence review provided to guideline panel; grading and writing commences with COI evaluation at each meeting.
- Panel conference to review and finalize recommendations and grading
- Review process for completed draft commences (usually 2 or more rounds) ...

# Guideline Review Process



\* HSP = Health and Science Policy Committee

-Extensive review from multiple levels:

- Content Experts from NetWork(s)
- Health and Science Policy Committee (HSP)
- Board of Regents
- Journal peer reviewers

-Invited organizations asked to endorse and promote guidelines

# Guideline Development Process: Financial Support

The ACCP policy on conflict of interest established firewalls:

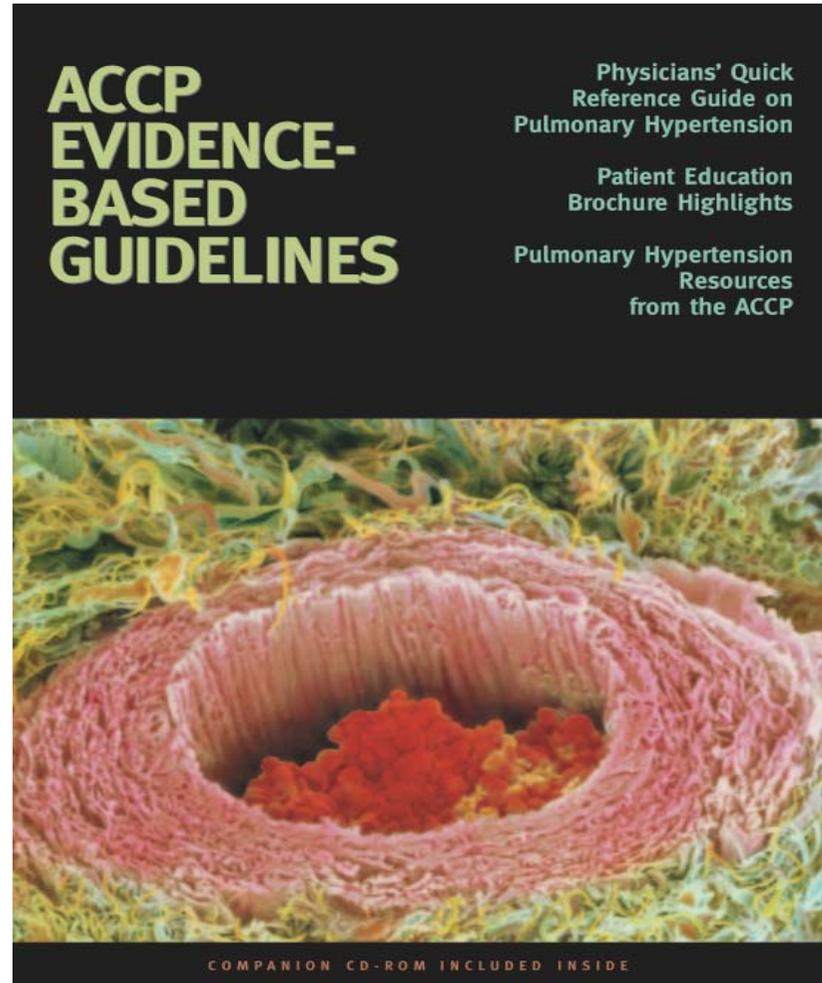
- All fund development activities are done thru the Executive Office without participation or knowledge of HSP Leadership or staff.
- Financial support must be unrestricted & the funds are invested into a rigorous methodological process & operational costs for guideline development
- ACCP strives for at least 3 sponsors and often has 3-5
- Nearly 1/3 of guidelines in past 7 years had no external support

# Guideline Development Process: Financial Support, cont'd

The ACCP policy on conflict of interest established firewalls (con't):

- Sponsors are not revealed to:
  - HSP Committee members
  - Panel chairs and panelists
  - Project managers
  
- Sponsors do not nominate or even know
  - Panelists
  - Subtopics
  - Research questions
  - Evidence review centers or methodologists
  - Reviewers

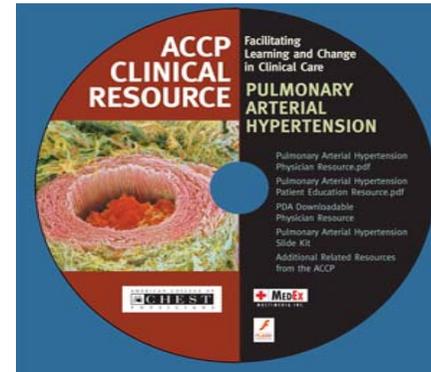
# Guideline Dissemination Process



-Upon journal acceptance, A dissemination process commences which includes the

ACCP Clinical resource:

- Quick Reference Guide (QRG)
- PowerPoint slide sets
- Patient Education Guides (PEG)
- PDA downloadable recommendations
- Additional resources for healthcare providers and their patients



# Next Steps: Quality Improvement

## Key Initiatives

- Provide guidance and implementation tools to help ACCP members improve the quality of care they provide to their patients
- Convert ACCP evidence-based recommendations into performance measures to inform US and State regulatory agencies
- Participate in the endorsement of national performance measures

# Benefits to ACCP through Synergies With GIN

## Resource Opportunities

- GIN has the largest library of EBG's in the world. This is a helpful resource when evaluating new guideline development or comparing methodologies.
- Access to over 90 organizations involved with guideline development – opportunity for conducting surveys and assessing best practices in between annual meetings.
- GIN is the easiest way to keep abreast of innovations in guideline development.

# Benefits to ACCP through Synergies With GIN

## Networking Opportunities

- Hub for EBG standardization – of benefit to all organizations
  - Grading Systems (GIN is represented in the GRADE Working group). This provides societies including ours, with a home to discuss and evaluate standardized grading systems with other guideline-producing organizations.
  - Evidence table summaries (GIN- Evidence Tables Working Group). This group strives for standardization of key evidence table components with multiple potential benefits:
    - better comparisons between guidelines
    - save substantial time when evaluating data
    - provide a resource for future guideline development
  - Standardization of EBG development and evaluation (GIN involvement in the AGREE instrument development and partnership with the AGREE Research Trust)
  - GIN US interest group ACCP is joining the newly formed US Interest group of GIN to further capitalize on the opportunities for networking and adoption of best practices.

# Benefits to ACCP through Synergies With GIN

## Taking advantage of international experience

- In Europe, guideline-developing groups have established relationships with health care policy makers (e.g. NICE and UK health care system). In the US this is a nascent relationship).
- However with the 7<sup>th</sup> edition of our antithrombotics guidelines we were able to inform CMS (Centers for Medicare and Medicaid Services) our largest payor system regarding prophylaxis and they used our guidelines to establish conditions for reimbursement for post-operative DVT/PE.
- This is the “next step” beyond development and implementation and provides heightened credibility and impact.

# Benefits to ACCP through Synergies With GIN

## Opportunity for Testing New Ideas

(Highest concentration of expert feedback available for guideline innovations)

- Obtain feedback on ACCP's novel method for addressing the problem of allowing potentially conflicted experts to participate on a guideline panel while minimizing the potential for their conflict to influence the recommendation (being tested in AT9).
- Umbrella for vetting and identifying best methods for dealing with:
  - COI
  - Guideline funding
  - How/whether to incorporate cost and patient preferences into guidelines
  - How to best disseminate and evaluate effectiveness of guidelines in practice.

# Beyond 2010: Opportunities for Collaboration with GIN

- Dynamic social networking for guideline development.
- Online monitored forums for hot/controversial topics related to guideline creation.
- Tackle issue of dissemination and uptake
  - Identify appropriate performance metrics for 3<sup>rd</sup> party payers.
  - Facilitate creation of standards for maintenance of certification; licensure, quality improvement.
  - Promote research into best practices for evidence-based medical education curricula and achieving physician uptake of guideline practices
  - Identify ways that EBGs can best serve special situations (e.g. critical care)
  - More effectively incorporate guideline-based education and availability at point of care (e.g. linked to the EMR)

# Beyond 2010: Opportunities for Collaboration with GIN

- Coordinate joint development of cross-disciplinary guidelines by multiple organizations to increase impact, avoid duplication, and improve consistency of the message (e.g. ACCP, AHA; potentially ACCP, AAOS)
- Set the stage for the next generation of EBGs (e.g. ACCP: Sustainable Guideline Model Taskforce which links HSP, CHEST journal, practice management group, QI, government relations - to transform the guideline development model):
  - on-line and continually updated as new data are generated; link with print version(s)
  - ? Access large patient registries with algorithms that take advantage of variability in patients (e.g. multiple morbidities) and care, for determining best strategies for optimal outcomes in specific medical conditions
  - Development of meta-analyses that improve recommendations when multiple guidelines exist on a given topic

