

GUIDELINE DEVELOPMENT TASK FORCE

WINTER NEWSLETTER UPDATES

Research and Quality Improvement would like to introduce and welcome new staff member Danielle DiVittorio as the new Research and Quality Improvement Analyst. Danielle has been a wonderful asset to us by serving as the staff liaison for the clinical consensus statement panel. She has also supported the department by monitoring activities of the many quality organizations.

RECENTLY PUBLISHED TOPICS

The following multidisciplinary clinical practice guidelines have recently been published:

- * Sinusitis (September 2007)
- * Impacted Cerumen (September 2008)
- * Benign Paroxysmal Positional Vertigo (November 2008)
- * Published clinical practice guidelines can be found at:
<http://www.entnet.org/Practice/clinicalPracticeguidelines.cfm>

PENDING TOPICS

Specialty-Specific CPGs:

Polysomnography for sleep disordered breathing in children - 2009
Chair: Reginald Baugh, MD

Parotid Mass - 2009

Chair: Peter Roland, MD

Panel members are needed at this time.

SAVE THE DATES

FACE-TO-FACE MEETING: Spring 2009 (JSAC)

Date: March 22nd, 2009

Time 9:00AM-2:00PM or 10:00AM-3:00PM

Place: Washington, DC

FACE-TO-FACE MEETING: Summer 2009 (COSM)

DATES: May 28th-31st (Time & Date TBD)

PLACE: Phoenix, AZ (Hotel TBD)



INTEREST POINTS

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CALL FOR NEW TOPICS

It's time once again for topic submissions! Guideline related products include:

- * Multi-disciplinary Evidence-based Clinical Practice Guideline (CPG)
 - * Systematically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances
 - * This generally takes 12 months to complete
 - * Consists of a multidisciplinary panel
- * Specialty-specific Evidence-based CPG
 - * Created in response to specific socioeconomic problem, health policy concerns and lays the groundwork for evidence-based guideline
 - * Limited to otolaryngology or only a few disciplines; include all disciplines needed to properly advise otolaryngologists
 - * This type of CPG has a narrow scope and is based on a specific problem or policy issue
- * Clinical Consensus Statement (CCS)
 - * Reflects information synthesized from an organized group of expert opinion in a written document.
 - * Should reflect the expert views of a panel of individuals who are well-versed on the topic of interest while carefully examining and discussing the scientific data available.
 - * CCSs are not to be confused with a formal evidence review and are not developed in accordance with clinical practice guidelines.

TOPIC SUBMISSION & SELECTION PROCESS

Please see the topic submission form for further details:

- * Based upon the criteria that you developed in 2006, topics will be rated based on the following:
 1. Burden of illness
 2. Quality Improvement Potential
 3. Availability of Existing Evidence
 4. Degree of Actionability
 5. Importance to non-physician stake holders
 6. Ethical Implications
 7. Socioeconomic burden (both societal burden and physician burden)
- * Topic Submission forms will be accepted from GDTF members and Academy Committees who have expressed an interest in submitting and working on a guideline topic.
- * Academy staff will do background research on the available literature and guidelines, and importance to other stake holders including private and public payers.
- * Submitters will have the opportunity to review any existing guidelines for endorsement, present their topics to the GDTF, and answer questions from the GDTF members.
- * GDTF members will then rank each topic according to the criteria which will be numerically scored and ranked so as to prioritize the list of pending topics.

Visit <http://www.entnet.org/practice/Quality.cfm> to find the following:

- * Guideline Manual
- * Multi-vs-Specialty Specific Matrix
- * Clinical Consensus Statement Guide
- * GDTF Topic Submission Form

QUALITY INITIATIVES UPDATES

WHO “Safe Surgery Saves Lives” Campaign

The goal of this campaign is to improve the safety of surgical care around the world by defining a core set of safety standards that can be applied in all WHO Member States. The Academy recently attended a meeting with the Agency for Healthcare Research and Quality (AHRQ) to consider possibility of promoting the WHO surgical safety checklist. The Surgical Safety Checklist and Implementation Manual are now available for download at the WHO web site. More information to come.

Surgical Quality Alliance (SQA)

Issues brought up regarding the lack of interest by healthcare insurers to implement the performance measures that have been developed. SQA brought up the possibility of working with a healthcare insurer (e.g. blue cross) and outside the AQA and NQF process. Most members agreed this would be a worthwhile alternative.

SQA Data Registry Workgroup

The Data Registry workgroup recently achieved it’s goal of making a recommendation for a data registry vendor to the SQA. During a late fall the workgroup invited three registry vendors to give presentations. After this meeting the group decided to go with the vendor, Outcome based in Cambridge, MA. Also the American College of Surgeon will be developing business plans for each organization to take back to their Boards.

AQA

Discussion at the meeting of possible policy changes which included:

- 1.voting quorum requirements
- 2.eliminating roll call voting.

Voting has been put on hold until 2009.

PCPI

PCPI is currently writing a “Measures Testing” protocol. The consortium also finalizing their guideline development standards.

NQF

National Priorities Partners

A National effort to collaborate with other leadership organizations to establish national priorities and goals for performance measurement and public reporting. During a recent meeting the NPP presented their agreed upon list of National Priorities. The priorities are listed at: <http://www.qualityforum.org/about/NPP/prioritiesandgoals.asp>.

CMS

On Tuesday, December 9th and Thursday, December 18th, 2008 CMS is scheduled to hold conference calls/ listening sessions. These calls will announce the changes to PQRI which will be effective January 1, 2009 as well as go over any updates/progress that CMS has made in any other current ventures. Also CMS has recently posted “Physicians and Other Health Professionals Value-Based Purchasing Issues Paper”.



GUIDELINES IN DEVELOPMENT

Hoarseness:

The hoarseness panel is chaired by Seth Schwartz, MD, MPH and Miles Patel, MS serves as the staff liaison to the panel. The panel consists of :

Seth Schwartz, MD, MPH (Chair)	AAO-HNS
Seth Cohen, MD, MPH (Assistant Chair)	AAO-HNS
Seth Dailey, MD (Assistant Chair)	AAO-HNS
Robert Stachler, MD	AAO-HNS/GDTF/AAOA
Ellen Deutsch, MD	ABEA/ASPO
Boyd Gillespie, MD	AAO-HNS/AHNS/Triological Society
Richard M. Rosenfeld, MD, MPH	ABEA/AAO-HNS
Dana Thompson, MD	AAO-HNS/Patient Safety and Quality Committee
Edie Hapner, PhD	ASHA
Joseph Stemple, PhD	ASHA
J. Scott McMurray, MD	AAP/AAO-HNS
Paul Willging, MD	AAP/AAO-HNS
Safdar Medina, MD	AAP
Eve Kimball, MD	AAP
Steven Strode, MD, MEd, MPH	AAFP
Karen O'Brien, MD	AAFP
Barbara Messinger-Rapport, MD, PhD	AGS
Evelyn Granieri, MD, MPH, MEd	AGS
Daniel Ouellette, MD	ACCP
Helene Krouse, PhD	SOHN
Terrie Cowley	Consumer Representative
Scott McMurray, MD	NATS Representative

We are also happy to welcome Terrie Cowley, a consumer representative on the hoarseness panel, from the TMJ Association (a member of Consumers United for Evidence (CUE)). Terrie brought a unique and important perspective at our recent hoarseness meeting.

The panel has completed two conference calls as well as the first face-to-face meeting that took place on December 7 and 8, 2008 at the new AAO-HNS headquarters in Alexandria, VA. The second Face to Face meeting is scheduled for February 8 and 9, 2009 at AAO-HNS. The guideline is expected to be available by the AAO-HNSF Annual Meeting & OTO EXPO in San Diego, CA and published for the September 2009 Supplement of *Otolaryngology-Head and Neck Surgery*.

CLINICAL CONSENSUS METHODS:

Nasal Valve Repair:

The Academy has commenced the creation of its first Clinical Consensus Statement (CCS) on Nasal valve Repair. A CCS reflects information synthesized from an organized group of experts' opinions in a written document. The CCS process is done through several rounds of the Delphi method. The process is thoroughly explained in the AAO-HNS CCS guide. The Delphi method/process may vary slightly between organizations, however, alterations are only acceptable when accompanied by documentation and reasoning for the alterations.

The nasal valve repair workgroup is chaired by John Rhee, MD and Danielle DiVittorio serves as the staff liaison to the group. The First conference call was successfully held November 17th 2008. Introduction of the Chair and panel members were completed and the proposed process and timeline were approved. Currently Dr. Rhee is creating the first qualitative questionnaire, which will establish the focus of the CCS.

PROMOTION OF THE GUIDELINES:

Media Details

The Academy received substantial national media and public attention for the new *Clinical Practice Guideline on Cerumen Impaction*. To date, the news release garnered over 4,500 hits from reporters and over 30 articles in media outlets like the *Washington Post*, the *Wall Street Journal*, *USA Today*, *US News & World Reports*, NPR, FOX News, and WebMD. Spokespersons Dr. Richard Rosenfeld and Dr. Peter Roland completed over 40 individual media interviews for the guideline release.

ADDITIONALLY, THE ARTICLE ON THE GUIDELINE FEATURED ON THE POPULAR MEDICAL WEBSITE MEDICALNEWSTODAY.COM HAS BEEN THE MOST READ ARTICLE BY PRIMARY DOCTORS IN THE LAST 6 MONTHS.

National Guideline Clearing House:

The National Guideline Clearinghouse (NGC) is an Internet-based resource that contains summaries of evidence-based clinical practice guidelines and related documents. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services to ensure proper quality and publicity of guidelines. NGC has been available as a public resource since December 1998 and has been a wonderful vector for promotion of the Guidelines. For more information on the NGC go to www.guideline.gov.

In early October of 2008 the Academy submitted all completed Guidelines to the National Guideline Clearing-house (NGC). In Late November 2008 all guidelines were accepted for posting on the NGC. The completed and accepted AAO-HNS Guidelines are: Acute Otitis Externa/ Otitis Media with Effusion, Sinusitis, Impacted Cerumen, and Benign Paroxysmal Positional Vertigo. Posting the guidelines was done in hopes of further dissemination, implementation and use of the Guidelines. At this point we here at the Academy are simply waiting for the guideline abstracts from NGC. After the Academy approves these abstract the process will be complete and the guidelines will be officially posted of the NGC web site. The last steps of the process should commence shortly.

Guideline International Network (G-I-N)

The Guidelines International Network (G-I-N) is an international not-for-profit association of organizations and individuals involved in clinical practice guidelines. The AAO-HNS is now a member of G-I-N.

G-I-N's overall goals are to improve the quality of health care by promoting systematic development of clinical practice guidelines and their application into practice, through supporting international collaboration. Members receive access to a comprehensive database of guideline developed by G-I-N members. G-I-N also provides opportunities for networking.

The 2009 G-I-N meeting is scheduled for November in Lisbon, Portugal. For more information see their web site at <http://www.g-i-n.net/>

REMEMBER: REPORT BACK TO YOUR SOCIETIES

Who do you report to back at your society? If you are a past president, do you keep in touch with the current 2008 officers? Please do not forget to report back to your subspecialty society. Maybe you are on the Academy Board of Directors, but you're not sure if you are representing the Academy or another specialty? Shoot us a quick e-mail at qualityimprovement@entnet.org or check out the *Societies Represented* on page 6.



SOCIETY REPRESENTATION

Richard M. Rosenfeld, MD, MPH

Amy Y. Chen, MD, MPH

Amy C. Hessel, MD

Andrew N. Goldberg, MD

Charles F. Koopman, MD

Cindy J. Dawson, BSN, RN

David Barrs, MD

David L. Witsell, MD MHS

Ellen S. Deutsch, MD

Jami Lucas

John K. Niparko, MD

John S. Rhee, MD

Mark S. Courey, MD

Michael E. Hoffer, MD

Michael G. Glenn, MD

Peter C. Weber, MD

Reginald F. Baugh, MD

Jolene Eicher

Robert H. Miller, MD, MBA

Robert J. Stachler, MD

Rodney J. Schlosser, MD

Ron B. Mitchell, MD

American Academy of Otolaryngology—Head and Neck Surgery
Chair, GDTF and consultant to guideline panels.

American Head & Neck Society

American Head & Neck Society

American Rhinologic Society

American Society of Pediatric Otolaryngology

Society of Otolaryngology Head-Neck Nurses

American Neurotology Society

Research Coordinator, AAO-HNS

American Broncho-Esophagological Association

American Academy of Otolaryngic Allergy (alternate)

American Otological Society

Academy of Facial Plastic and Reconstructive Surgeons

American Laryngological Association

The Triological Society

Patient Safety & Quality Improvement Committee, AAO-HNS

Board of Governors, AAO-HNS

Patient Safety Committee, AAO-HNS

Association of Otolaryngology Administrators

American Board of Otolaryngology

American Academy of Otolaryngic Allergy

American Rhinologic Society (alternate)

OREBM Subcommittee, AAO-HNS

Research and Quality Improvement Staff Contact Information:

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Multidisciplinary vs. Specialty Specific Matrix

Attribute	Multi-disciplinary Evidence-Based Guideline	Specialty Specific Evidence-Based Guideline
<i>Topic selection</i>	Application submitted to GDTF	Application submitted to GDTF
<i>Purpose</i>	Raw material for performance measure, MOC, influencing national health policy; creates clout for AAO-HNS in national health policy arena	Response to specific socioeconomic problem, health policy concern; lays groundwork for evidence-based guideline
<i>Development panel</i>	Comprehensive, involves all relevant disciplines and stakeholders	Limited to otolaryngology or only a few disciplines; include all disciplines needed to properly advise otolaryngologists
<i>Target audience</i>	Otolaryngology and all relevant disciplines	Otolaryngology, or a subspecialty within otolaryngology
<i>Selection of chair</i>	Prior co-chair of CPG	Prior co-chair of CPG
<i>Selection of panel</i>	Decisions made by AAO-HNS with input from GDTF, Academy committees, and other involved disciplines	Oversight by AAO-HNS with input from GDTF (or sponsorship by GDTF subspecialty society)
<i>Panel size</i>	15-25 members, with balance among otolaryngology and other disciplines; include 2 co-chairs to learn process	Variable, depending on complexity of problem and number of subspecialty societies involved; should be kept small, ideally 10 or fewer members
<i>Time frame</i>	12 months	6-12 months
<i>Portfolio</i>	2-3 overlapping projects	Potential for many
<i>Support staff</i>	AAO-HNS, with or without staff from other academies	AAO-HNS plus staff from involved specialty society (or societies), depending on available resources
<i>Scope</i>	Limited to about 8-12 key issues deemed most important in assessing quality and performance	Narrow scope based on specific problem or policy issue under consideration; limit key issues to 4-6
<i>Method</i>	Rigorous; follows AAO-HNS endorsed CPG protocol	Rigorous; abbreviated version of AAO-HNS CPG protocol
<i>Literature review</i>	Systematic review, meta-analysis, or both	Systematic review
<i>Ranking of evidence</i>	Mandatory, using a priori scheme	Mandatory, using a priori scheme
<i>Process for making recommendations</i>	Explicit method for assigning a level of strength (e.g., strong recommendation, recommendation, option) based on level of evidence and the balance of harms vs. benefits	Explicit method for assigning a level of strength (e.g., strong recommendation, recommendation, option) based on level of evidence and the balance of harms vs. benefits
<i>Peer review</i>	External multidisciplinary peer review by 20-40 reviewers, followed by AAO-HNS BOD review	Single-specialty peer review by 10-20 reviewers, followed by AAO-HNS specialty society BOD review
<i>Implementability assessment</i>	Full analysis using GLIA (Guideline Implementability Appraisal) and COGS checklist	May or may not require implementability assessment
<i>Face-to-face meetings</i>	2 meetings: first to develop statements and writing assignments, second to polish text and assign evidence profiles; meetings begin on Friday or Sunday about noon, include dinner, and end next day by 1:00 pm; flexible location based on panel geography	2 meetings: first to develop statements and writing assignments, second to polish text and assign evidence profiles; shorter meetings ideally as a fly-in-fly-out single day event without dinner; keep in proximity to AAO-HNS
<i>Budget</i>	About \$75,000-100,000; AAO-HNS covers costs of all panel members to attend meetings and supplies support staff	About \$25,000; specialty society pays for members to attend meeting and may defray additional costs depending on endowment and resources
<i>Publication</i>	Stand-alone supplement to Otolaryngology – Head and Neck Surgery journal	Invited article in the standard issue of Otolaryngology – Head and Neck Surgery journal