
Highlights from GDTF December Meeting

On December 7, 2009, the GDTF convened at the AAO-HNS headquarters in Alexandria, VA. Discussion focused on our history and mission, lessons learned from the hoarseness guideline, other guidelines in progress, topic submissions, and specialty unity.

AAO-HNS would like to thank Kay Dickersin, Director, U.S. Cochrane Center, for speaking at the meeting. She provided an overview of the Cochrane Collaborative and shared the contributions they have made to guideline development internationally. She emphasized differentiating systematic reviews from the guideline development process. GDTF looks forward to continuing our work with Dr. Dickersin and Cochrane.

Nasal Valve Compromise—Clinical Consensus Statement (CCS)

This guideline product was developed using a modified Delphi process. The CCS workgroup held a conference call on December 9 to review the draft manuscript. The finished manuscript will be submitted to the journal Otolaryngology—Head and Neck Surgery in the coming months.

The Nasal Valve Repair Workgroup includes: John S. Rhee, MD, MPH, Chair; Edward M. Weaver, MD, MPH, Co-Chair; Stephen S. Park, MD; Shan Baker, MD; Peter Hilger, MD; J. David Kriet, MD; Craig Murakami, MD; Brent A. Senior, MD; Richard M. Rosenfeld, MD, MPH; and Danielle DiVittorio, staff liaison.

For additional information on the Delphi process, see the AAO-HNS Clinical Consensus Manual: http://www.entnet.org/Practice/upload/Clinical-Consensus-Statement_June08.pdf, or contact Danielle DiVittorio at ddivittorio@entnet.org. AAO-HNS staff is in the process of rewriting and updating this manual, based on recent experience. The internal document should be completed by early March and be published after further testing.

Tonsillectomy

This guideline is on schedule for September publication. Three calls have been completed and a meeting held on December 13-14. Cochrane staff completed the literature search. A second meeting, scheduled for February 7-8, was postponed due to inclement weather. It has been rescheduled for April 11-12, 2010.

The Tonsillectomy Workgroup consists of: Reginald F. Baugh, MD, Chair; Ron B. Mitchell, MD, Co-Chair; Sanford M. Archer, MD, Co-Chair; Raouf Amin, MD; James J. Burns, MD; David H. Darrow, MD, DDS; Terri Giordano MSN, CRNP, CORLN; Ronald S. Litman, DO; Kasey Li, MD, DDS; Richard H. Schwartz, MD; Gavin Setzen, MD; Ellen R. Wald, MD; Eric Wall, MD, MPH; Mary Ellen Mannix, MRPE (Consumer representative); Richard M. Rosenfeld, MD, MPH (Consultant); Gemma Sandberg, MA (Information Specialist Trials Search Co-ordinator); and Milesh M. Patel, MS, staff liaison.
Winter 2010: Polysomnography (PSG)—Specialty-specific Guideline

Chair: Peter S. Roland, MD; staff liaison: Danielle DiVittorio

Topic Information

Polysomnography for Sleep-Disordered Breathing (SDB) in Children is a specialty-specific clinical practice guideline (CPG) intended to assist otolaryngologists in providing quality care when assessing children prior to tonsillectomy. In contrast to the multi-disciplinary guidelines produced by the AAO-HNS Foundation, this specialty-specific product will have a more limited scope and a target audience of otolaryngologist–head and neck surgeons. In developing the guideline, however, the AAO-HNS will draw upon expertise in the disciplines of pediatrics, sleep medicine, pediatric anesthesiology, and pediatric pulmonary medicine.

The purpose of this project is to provide evidence-based guidance regarding indications for preoperative polysomnography, the interpretation of test results, the impact of test findings on perioperative (i.e., inpatient, outpatient, ICU, in a ward, etc) and postoperative management. A secondary purpose is to assist otolaryngologists in working with third-party payers to ensure that children have access to proper, timely testing and receive treatment in the proper environment.

Adenotonsillectomy (T&A) is increasingly performed for SDB in children, with more than 250,000 procedures done annually in the U.S. Approximately 2-4 percent of children have obstructive sleep apnea, and up to 10 percent have SBD, increasing to as much as 40 percent prevalence for obese children. There is mounting evidence that SDB affects quality of life, child behavior (ADHD), and school performance, and that the impact is underestimated. Despite the prevalence of SDB in children and the frequency of tonsillectomy, there are currently no existing evidence-based guidelines to assist otolaryngologists in providing and justifying proper care for affected children.

References


Future Guideline Products

Spring 2010: Appropriate Use and Indications for CT Imaging—CCS

Based on increasing scrutiny by government and third-party payers, issues of radiation safety have been suggested with use of CT imaging. Given the need to narrow the scope of such a broad topic, and the paucity of available high level evidence, this is best covered within a clinical consensus format.

Summer 2010: Sudden Hearing Loss—Multi-specialty Guideline

Given the frequency with which patients present with sudden hearing loss, this topic would be very beneficial for all clinicians involved in managing afflicted patients, including primary care and emergency physicians. This topic will be developed as a multi-specialty guideline.

Fall 2010: Tracheostomy Care—CCS

This topic was found to be important due to a high prevalence of the procedure, but is best presented through a CCS, since the only evidence may be expert opinion.

Upcoming: Bell’s Palsy (Idiopathic Facial Paralysis)—Multi-specialty Guideline

This topic will be used to develop a multi-specialty guideline on Unilateral Acute Facial Paralysis.

Upcoming: Surgical Management of Inferior Turbinate Hypertrophy—Specialty-specific Guideline

This topic will be used to develop a specialty-specific guideline, with focus limited to indications and management.

Quality Activities Update

National Quality Forum (NQF)

The AAO-HNS Patient Safety and Quality Improvement Committee (PSQI) voted on October 27 on the final bone and joint, child health, and gastroenterology measures which comprised the National
Voluntary Consensus Standards for Ambulatory Care. On October 13, PSQI also provided feedback on the final 34 Safe Practices for Better Healthcare.

**Representatives:** Jean Brereton, MBA, Senior Director, Research and Quality, AAO-HNS, and David W. Roberson, MD

The Health Professional Council Meeting (AAO-HNS is part of this Council) was held in late fall, 2009, with discussion of the next phase of measures development. The Academy was recognized as one of five organizations to provide feedback on the Organization Inventory and Assessment Tool and Case Study Assessment Tool, which measured our organizational progress toward the National Priorities and Safety Goals.

Dr. Gavin Setzen's nomination for the NQF Imaging Efficiency Steering Committee has been accepted.

**Surgical Quality Alliance (SQA)**

We are also participating in a joint data registry project through SQA with other surgical societies. The project will ultimately provide a data repository with a minimal common surgical core data set, upon which each society can further add its own specialized data elements, measures, and other content. The registry will serve several purposes. It will: provide a confidential central data repository for societies and clinicians; provide standard structure, definitions, risk stratification, and quality standards; and provide data for tracking quality improvement, practice management, performance, benchmarking, and pay for performance reporting (PQRI). This data registry is being built with the assistance of a third-party, physician-owned company, Outcome Sciences. The CEO, Richard E. Gliklich, MD, is an Academy member.

Outcome has developed the first phase of the data registry, which will allow for PQRI reporting and will contain a common core data set of measures. Each society will provide feedback on this phase of the project over the next several weeks. Then final arrangements regarding governance, cost, and society-specific reporting will be finalized. Although the American College of Surgeons (ACS) is providing a substantial financial investment, each society will also need to make a financial contribution.

This effort is being supervised by Clifford Ko, MD (colorectal surgeon), director of the Division of Research and Optimal Patient Care for ACS, in collaboration with Frank Opelka, MD, and the SQA. Conference calls will be held to discuss future steps.

**Representatives:** Lee D. Eisenberg, MD, MPH; Raul K. Shah, MD; and Jean Brereton, MBA

**AMA Physician Consortium**

The Consortium for Performance Improvement meeting was held October 23-24 in Washington, DC. The focus of this meeting was integrating measures into electronic health records (EHRs) and leveraging clinical data available in EHRs for the next generation of quality measures. A particularly relevant panel discussion focused on variations of endoscopy use within one otolaryngology practice.

AAO-HNS has been approached by the AMA to participate in a work group to develop Adult Sinusitis measures. AMA anticipates using the AAO-HNS Clinical Practice Guideline on Sinusitis as the basis for this work and will be looking at overuse as a component. The AMA has asked Dr. Richard Rosenfeld to chair this work group. A date for the initial work group meeting should be announced soon.

**Representative:** Matthew A. Keinstra, MD

**Institute of Medicine (IOM)**

On January 11, Dr. Rosenfeld and Academy staff attended an IOM-sponsored “Workshop on Standards for Clinical Practice Guidelines.”

A public forum was moderated by Sheldon Greenfield, MD, Chair of the IOM Committee on Standards for Developing Trustworthy Clinical Practice Guidelines. The committee has been tasked with conducting a study to recommend standards for developing clinical practice guidelines and recommendations. The standards will ensure that CPGs are unbiased, scientifically valid, trustworthy, and incorporate separate grading systems for characterizing quality of available evidence and strength of clinical recommendations. For more information, go to http://www.iom.edu/Activities/Quality/ClinicPracGuide.aspx

During the public forum, representatives from various groups addressed the committee about challenges with CPG development/dissemination and how the IOM can address these challenges. They included representatives from CPG developers, government CPT developers, organization CPG consumers, and clinician and patient CPG consumers.
Several common themes emerged: need for a common definition of Evidence-Based Guideline; a set CPG process on methodological rigor; a standard process for grading evidence; difficulty of developing measures from guidelines; striking a balance among quality, speed, and resources in CPG development; a standardized conflict of interest policy; identification of funding sources; and how to address subgroups (older populations, persons with multiple comorbidities) in guidelines.


Guideline Development Process Changes

Clinical guideline development is an evolving process, and as we develop each guideline we will make adjustments. Below are some improvements we are incorporating.

External Review Changes

1. Allow external reviewers 4 weeks to respond.
2. Clearly explain external review and how it differs from traditional peer review.
3. Obtain a confidentiality agreement from reviewers.
4. Obtain full disclosure of competing interests from reviewers.

Rationale

Allow adequate time for review, establish clear expectations, and ensure confidential and unbiased assessment.

Peer Review Changes

1. When a draft guideline is sent to the BOD for review, it will also be formally submitted to the journal and assigned to the relevant associate editor (AE).
2. The AE will solicit input from two peer reviewers.
3. Note that this process is occurring after all external review comments have already been incorporated.

Rationale

Although this is rarely done by guideline developers, this allows additional critical assessment by otolaryngology content experts, to ensure that all concerns are addressed.

Scoping Process Changes

1. Instead of waiting until the guideline is in final draft form, solicit BOD input after the initial scope of the guideline is determined, based on the ranked topic list.
2. This is not a request for BOD approval, but rather an opportunity to provide comments and feedback at an early stage of guideline development.

Rationale

Several guideline developers solicit input on scope from sources beyond the guideline panel; including the BOD early helps identify missing or controversial topics early in development.

Topic Selection Changes

1. Expand opportunities for topic submission by allowing brief, one-paragraph ideas, not just the GDTF form.
2. Ideas could be solicited through the BOD, the quality section of the website, and/or blast e-mail requests in advance of biannual GDTF meetings.

Rationale

Many professional medical associations encourage brief topic suggestions from all members, not just formal proposals from committee members; it helps to build a robust topic portfolio.

GDTF Composition Suggested Additions (all based on availability)

1. SSAC (Specialty Society Advisory Council) Chair
2. BOG Chair or Chair-Elect
3. AAO-HNS President or President-Elect
4. Consumer Representative
5. CORE Representative
Rationale
Guidelines impact otolaryngologists and all clinicians who manage patients with otolaryngologic conditions; leadership involvement from all stakeholders will be the key to continued success.

Call for Guideline-Related Topics
We are seeking topic suggestions for the next round of guideline-related products, and hope to receive broad-ranging ideas for discussion at the Spring 2010 GDTF meeting. The topic submission form can be found at http://www.entnet.org/Practice/quality.cfm. Please submit the topic form to Danielle DiVittorio at ddivittorio@entnet.org by April 15, 2010.

GDTF Society Representatives
David M. Barrs, MD
American Neurotology Society
Reginald F. Baugh, MD
AAO-HNS
Mark S. Courey, MD
American Laryngological Association
Cindy J. Dawson, BSN RN CORLN
Society of Otorhinolaryngology Head-Neck Nurses
Ellen S. Deutsch, MD
American Broncho-Esophagological Association
Jolene Eicher
Association of Otolaryngology Administrators
Joseph Han, MD
American Rhinologic Society
Amy C. Hessel, MD
American Head & Neck Society
Michael E. Hoffer, MD
American Laryngological, Rhinological, & Otological Society, Inc.
Charles F. Koopman, MD, MHSA
American Society of Pediatric Otolaryngology
Jami Lucas
American Academy of Otolaryngic Allergy
Robert H. Miller, MD, MBA
American Board of Otolaryngology
Ron B. Mitchell, MD
AAO-HNS
David R. Nielsen, MD
AAO-HNS
Timothy S. Lian, MD
American Academy of Facial Plastic & Reconstructive Surgery
Richard M. Rosenfeld, MD, MPH
AAO-HNS
Robert J. Stachler, MD
American Academy of Otolaryngic Allergy
Peter C. Weber, MD, MBA
Board of Governors, AAO-HNS
David L. Witsell, MD, MHS
Research Coordinator, AAO-HNS

Staff Contacts, Research and Quality Improvement
Jean Brereton, MBA
Senior Director, Research and Quality
jbrereton@entnet.org
1-703-535-3744
Kristine Schulz, MPH
Research Officer
kschulz@entnet.org
1-703-535-3749
Stephanie Jones
Asst Director, Research and Quality
sjones@entnet.org
1-703-535-3747
Milesh Patel, MS
Research and Quality Improvement Analyst
mpatel@entnet.org
1-703-535-3748
Danielle DiVittorio
Research and Quality Improvement Analyst
ddivittorio@entnet.org
1-703-535-3750
Ebony Gillian
Research and Quality Administrative Asst
eegillian@entnet.org
1-703-535-3745

Save the Date
May 12-16, 2010
2010 Combined Otolaryngology Spring Meeting (COSM)
August 25-28, 2010
7th International G-I-N Conference, Chicago, IL
September 26-29, 2010
2010 AAO-HNSF Annual Meeting & OTO EXPO, Boston, MA
October 18-22, 2010
Cochrane Colloquium, Keystone, CO