



## **Step-by-Step Process for AAO-HNS/F Committees to Take to Develop a New Position Statement**

**Step 1: Determine the Rationale for the Need for a New Position Statement.** Position Statements can be used in advocating with payers regarding coverage policies, issues that members are experiencing with third party payers.

### **Step 2: Determine whether a Position Statement is the Right Guidance Document at Type of Guidance Document for the Issue.**

The Ad Hoc Payment Model Workgroup has summarized the different quality knowledge products like Clinical Practice Guidelines and Clinical Consensus Statements and other Academy documents such as Clinical Indicators and Position Statements, providing members with descriptions of the documents and how to use them. To review this information, visit the AAO-HNS/F website at:

<http://www.entnet.org/Practice/loader.cfm?csModule=security/getfile&pageid=175934>.

### **Step 3: If a Position Statement is the Type of Guidance Document the Committee Determines is needed, Review Background on Definition, Purpose, and Development Process.**

- ❖ **Definition of a Position Statement:** A Position Statement is used to designate a statement, policy, or declaration of the American Academy of Otolaryngology—Head and Neck Surgery, and Foundation (AAO-HNS/F) on a particular topic or topics. Statements are created to formalize the AAO-HNS/F position on a clinical procedure or medical service with third party payers, for use in state and federal regulatory or advocacy efforts, or to clarify the AAO-HNS/F approval or disapproval of certain practices in medicine.
- ❖ **Purpose of a Position Statement:** Used as a response to a payer payment action; to publicize our position to support a procedure for use in advocacy efforts with state and federal regulatory and federal policy or law; or to clarify the Academy's position on certain practices within the specialty.
- ❖ **Process to Create a Position Statements:** Position Statements are generated from within AAO-HNS/F committees. Once approved by the Academy or Foundation Board of Directors, they become policy and are added to the existing position statement library. For more details, see [February 2014 Bulletin article](#).

### **Step 4: Move Forward with Crafting Language for a Position Statement.**

(For a full list of Position Statements and recent new statements, visit:

<http://www.entnet.org/Practice/Position-Statements.cfm>)

### **Position Statement Template and Guidance**

For AAO-HNS/F Committees who wish to develop new position statements, please find below a general template and some additional guidance on developing a new Position Statement. Note that AAO-HNS/F position statements will vary depending on the issue, the rationale for the need for the position statement, and what the AAO/HNS/F Committee believes for what effort the position statement will be most utilized (e.g., payer, legislative or regulatory advocacy efforts, etc.).

(For more details, see following page.)



## **POSITION STATEMENT TEMPLATE AND GUIDANCE**

### **1. Position Statement Title**

- A few words to describe the issue or procedure.

### **2. Position Statement with Rationale and Background**

#### **A) Position Statement (keep as succinct as possible)**

- In general, a position statement should be just that, a concise statement of position and therefore, usually a good estimate to use is 1 to 3 sentences.

#### **B) Rationale and Justification**

- Then, rationale should be used to justify the position statement. In general, a good estimate to use when crafting is 3-5 paragraphs.
- The rationale for well established procedures could include whether or not the procedure is effective and why. Include objective data / literature to support your point.
- Depending on the issue, could include how it improves quality of life for patients.
- Depending on the issue and the long history, could include background on Medicare and/or general private insurance payment.

### **3. References**

- A list of references should be included to support the position statement. References should be numbered in alphabetical order according to first author last name.
- Please submit to Health Policy staff in the standard format used by PubMed (see sample below).

1. Freedman SB, Adler M, Seshadri R, Powell EC. Oral ondansetron for gastroenteritis in a pediatric emergency department. *N Engl J Med.* 2006 Apr 20;354(16):1698-705. PubMed PMID: 16625009.

### **4. Important Disclaimer Notice**

- The AAO-HNS/F Health Policy team, in conjunction with the COO, reviewed the disclaimer which was also reviewed by legal counsel in September 2012.

### **WHAT NOT TO INCLUDE:**

- The procedure should be known and readers should know what it is, so descriptive language about the procedure is not necessary. However, this type of information, along with rationale for the need for the position statement, could be developed into an article for the *Bulletin* for use as a companion piece to the position statement.
- A Position Statement should not include guidance on how to best perform a procedure.
- Position Statements are traditionally not intended as information fact sheets for patients.
- Caution about including opinionated discussion of investigational vs. non-investigational because often these position statements are used by payers to make coverage decisions.
- Caution against making comparisons to alternative solutions / procedures for the same diagnosis.

**Please contact the Health Policy department with any specific questions at [HealthPolicy@entnet.org](mailto:HealthPolicy@entnet.org). Thank you.**