American Academy of Pediatrics

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**Technical Expert Panel 2010**

# CLINICAL PRACTICE GUIDELINE DEVELOPMENT

# AAP

- The American Academy of Pediatrics represents more than 60,000 pediatricians from primary care to a multitude of subspecialties.

- Information from Clinical Practice Guidelines and AAP Policy Statements was stated as the number 1 reason for membership by 25% of our members in a 2007 survey.

- The AAP has been a leader in Clinical Practice Guideline development for over 15 years.

- AAP Guidelines have a focus on implementability, making them an ideal participant in the GLIDES grant.

# Guidelines

- AAP Clinical Practice Guidelines Web page
  - http://aappolicy.aappublications.org/practice_guidelines/index.dtl
- May 2000 Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder
- Apr 2002 Clinical Practice Guideline: Diagnosis and Management of Childhood Obstructive Sleep Apnea Syndrome
- Apr 2000 Clinical Practice Guideline: Early Detection of Developmental Dysplasia of the Hip
- Sep 2001 Clinical Practice Guideline: Management of Sinusitis
- Oct 2001 Clinical Practice Guideline: Treatment of the School-Aged Child With Attention-Deficit/Hyperactivity Disorder
- May 2004 Diagnosis and Management of Acute Otitis Media (with AAFP)
- Oct 2006 Diagnosis and Management of Bronchiolitis
- Jun 2008 Febrile Seizures: Clinical Practice Guideline for the Long-term Management of the Child With Simple Febrile Seizures
- Jul 2004 Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation
- May 2004 Otitis Media With Effusion (with AAO-HNS and AAFP)
- Apr 1999 Practice Parameter: The Diagnosis, Treatment, and Evaluation of the Initial Urinary Tract Infection in Febrile Infants and Young Children
- Dec 1999 The Management of Minor Closed Head Injury in Children

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# Guideline Development Process

- Guideline Subcommittees are multi-disciplinary

- No industry funding is used in their development

- CPGs are AAP's most evidence-based policies

- Revised every 5 years; a challenge to make sure evidence is current and revision is timely

# Systematic Evidence Reviews

- Generally rely on AHRQ EPCs; can be challenging to make sure reviews address what is needed by the guidelines, and a supplemental review is often needed

- Sometimes done by a consultant, but we have little funding for this

# Implementability

- ## Partnership for Policy Implementation (PPI)
  - A Medical Informatician participates on every Clinical Practice Guideline Subcommittee
  - Goal is to make sure recommendations are actionable and computable

- ## BRIDGE-wiz
  - Piloted at 3 CPG meetings now as part of GLIDES
  - Found to be very helpful in writing actionable recommendations, as well as for using the benefits/harms assessment and evidence level to determine the strength of recommendation