American Academy of Pediatrics
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Technical Expert Panel 2010

CLINICAL PRACTICE GUIDELINE DEVELOPMENT
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
- 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
- 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
- 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
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