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Call for Papers. Scientific program abstract submissions open February 8, 2010. Deadline: March 8, 2010. Notification: May 2010

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 Mileshe Patel at mpatel@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 Mileshe M. Patel, MS, staff liaison.

**AAO-HNSF
Annual
Meeting
& OTO EXPO**

2010

**September
26-29**

Boston, MA

2010 Annual Meeting & OTO EXPO

The AAO-HNSF Annual Meeting & OTO EXPO is the world's largest gathering of otolaryngologists, together with the world's largest collection of products and services for the specialty. The 2010 Annual Meeting & OTO EXPO will take place at the Boston Convention & Exhibition Center from September 26-29 and is expected to draw more than 9,000 attendees and 300 exhibitors.



Winter 2010: Polysomnography (PSG)—Specialty-specific Guideline

Chair: Peter S. Roland, MD; staff liaison: Stephanie Jones

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 SDB, 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

1. Mitchell RB. Adenotonsillectomy for obstructive sleep apnea in children: outcome evaluated by pre- and postoperative polysomnography. *Laryngoscope*. 2007 Oct;117(10):1844-54.
2. Messner A. Evaluation of obstructive sleep apnea by polysomnography prior to pediatric adenotonsillectomy. *Arch Otolaryngol Head Neck Surg*. 1999 Mar;125(3):353-6.
3. Mitchell RB, Pereira KD, Friedman NR. Sleep-disordered breathing in children: a survey of practice patterns. *Laryngoscope*. 2006 Jun;116(6):956-8.

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.

More guideline-related articles can be found in the Academy *Bulletin*. In the December 2009 issue, Dr. Rosenfeld wrote about the Cochrane Collaboration. And the January 2010 issue contained his article on the Guideline International Network. To see these online, go to: http://www.entnet.org/bulletin/2009/AAOHSNFand_December_2009.cfm and http://www.entnet.org/bulletin/2010/GuidelineProcess_January_2010.cfm

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

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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

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Save the Date

April 18–May 2, 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