

APPROVED MEETING MINUTES

Clinical Treatment Guidelines Advisory Steering Committee (CTG-ASC)

American Psychological Association

Washington, DC

October 28-29, 2011

Attendance: Steve Hollon, PhD (Chair), Patricia Areán, PhD, Michelle Craske, PhD, Kermit Crawford, PhD, Daniel Kivlahan, PhD, Jeffrey Magnavita, PhD, Tom Ollendick, PhD, Tom Sexton, PhD, Bonnie Spring, PhD.

APA Staff: Lynn Bufka, PhD, Dan Galper, PhD, Howard Kurtzman, PhD, Ron Palomares, PhD, Abere Sawaqdeh, Elizabeth Winkelman, PhD, JD.

Conflicts of Interest

ASC members were invited to report any new conflicts of interests (COIs) or disclosures; none reported.

COIs for members of Guideline Development Panels (GDPs): Consistent with the IOM Report on Clinical Practice Guidelines We Can Trust (2011), whenever possible, GDP members should not have COIs. However, in some circumstances where particular expertise is needed this may not be possible. Selection of the chair will require especially close scrutiny of COIs.

Documentation of reported and discovered COIs will be an important part of the process of vetting all potential GDP members. Both financial and intellectual COIs will be considered.

Selecting Depression Guideline Development Panel Members

Each nominee's materials will be independently reviewed by two ASC members. The ASC members will review each nominee based on the factors described in the call for nominations, which was widely distributed to APA members and governance groups and posted on the APA website. Once all have been reviewed, the ASC will select a final panel, striving to balance expertise, perspectives and other characteristics that will enhance the diversity of the group. Panel members will be confirmed by the APA Board of Directors.

If no patients or patient advocates are nominated to serve on the GDP, once formed the GDP will be asked to recommend how best to have that perspective reflected in their work group.

Scope of Guideline for Depressive Disorders

The full scope of the guideline will need to be determined during an assessment of resources, existing reviews and cost of new reviews. However, preference for a guideline across the lifespan was indicated. Further discussions of the scope of the guideline will also have to consider other factors such as: severity, comorbidity, medical conditions, individual outcomes vs. population-based outcomes, and SES and cultural factors.

Obesity Call for Nominations

The obesity call for nominations will be sent out after the members of the depressive disorders GDP are selected, no earlier than January 2012.

Conduct of Systematic Reviews

APA does not have the capacity to conduct systematic reviews in house at this time. Development of such capacity may be considered for the future.

APA could contract with several different organizations to conduct systematic reviews. The Agency for Healthcare Research and Quality (AHRQ) supports and collaborates with fourteen Evidence-Based Practice Centers (EPCs) through its Effective Health Care Program. These are respected centers with experience conducting systematic reviews within both the federal and private-sector environments. ASC members and APA staff have begun informal conversations with representatives of various EPCs to determine their appropriateness for conducting systematic reviews for APA.

Aside from the EPCs, systematic reviews could also be produced by investigators associated with the Cochrane Collaboration. It was noted that such investigators generally do not take on projects for other organizations and thus APA might have limited input on the framing and conduct of any Cochrane-associated systematic review. The ASC also discussed the possibility of obtaining systematic reviews from the National Institute for Clinical Effectiveness (NICE) in the United Kingdom. NICE both conducts its own systematic reviews and uses those reviews to develop its own guidelines, a different process than AHRQ, which only sponsors systematic reviews.

The ASC and staff will continue to collect information and then make a recommendation to APA's CEO for which organizations APA should contract with for systematic reviews for depressive disorders and for obesity. Among the factors to be considered are:

- Comprehensiveness, validity, and reliability of systematic review process, including specific procedures to avoid bias.
- Schedule for completion.
- Procedures for collaboration with APA throughout the process.
- Conflicts of interest.
- Cost.

AHRQ Systematic Reviews

AHRQ is planning to conduct a systematic review of treatments for post-traumatic stress disorder (PTSD) over the next year. APA nominated PTSD as a systematic review topic to AHRQ, and PTSD was one of the disorders that the ASC originally ranked high for APA guideline development. Consequently, the ASC tentatively decided to establish a GDP on PTSD.

AHRQ continues to accept nominations of new topics for systematic reviews. ASC members Tom Ollendick and Tom Sexton, working with staff member Dan Galper, will draft a nomination for treatment of oppositional defiant disorder (ODD) and conduct disorder (CD) as a single topic for a systematic review for AHRQ.

Collaborations

The United States Preventive Services Task Force (USPSTF) contracts with the Oregon EPC to conduct systematic reviews. APA might consider establishing an affiliate relationship with USPSTF. The USPSTF guidelines specify best preventive care practices for primary care providers. There may be possibilities for partnership with other organizations as well in sponsoring systematic reviews and/or guideline development. More information about such opportunities with USPSTF and other organizations will be gathered by ASC members. (See also section on Conference Call with American Psychiatric Association.) APA was recently approved for membership in the Guidelines International Network (<http://www.g-i-n.net>)

Conference Call with American Psychiatric Association

A conference call was held on October 26, 2011 between APA representatives Steve Hollon, PhD, Lynn Bufka, PhD and Abere Sawaqdeh and representatives of the American Psychiatric Association (ApA). The ApA representatives expressed interest in future collaborations with APA on aspects of guideline development and asked for recommendations of psychologists to include on its committees or panels. The ASC would like to make further progress in developing its processes before recommending that APA formally collaborate with any other organization.

Conference Call with Representatives of Payer Organizations

During its meeting, the ASC members held a conference call with representatives of organizations that pay for (reimburse) health care services. The goal was to obtain information relevant to: gaps in current guidelines regarding psychological and behavioral health interventions; formulating questions for the systematic reviews that will drive development of treatment guidelines; use of guidelines within these kinds of organizations; and dissemination and implementation plans for guidelines. The organization representatives on the call were:

- Sam Donaldson, Ph.D. – President and CEO of Cenpatico
- Pamela Greenberg, M.P.P. – President and CEO of the Association for Behavioral Health and Wellness
- Rhonda J Robinson Beale, M.D. - Chief Medical Officer, OptumHealth Behavioral Solutions
- Bruce L. Bobbitt, Ph.D. – Vice President, OptumHealth Behavioral Solutions
- James Slayton, M.D., M.B.A. – Medical Director, OptumHealth Behavioral Solutions

Discussion of IOM Standards

The eight Institute of Medicine (IOM) standards for Clinical Practice Guidelines were reviewed and the following points affirmed:

- All current, planned and potential COIs must be disclosed.
- No members of APA governance or staff (i.e., those involved in the management of APA, which is the funder of guidelines development) shall be involved in writing guidelines. APA staff can facilitate guideline development process but are not decision makers. Additionally, the GDPs should exclude members of the Board of Professional Affairs, Board of Scientific Affairs, Committee for the Advancement of Professional Practice, and the ASC. Members of the Council of Representatives may serve on the

GDPs but they should recuse themselves from voting during Council decisions on the guidelines.

- GDPs should be multidisciplinary and involve patients and patient advocates in some way.
- IOM best practices in conducting systematic reviews will serve as the model for APA conducted or commissioned reviews
- A moderate level of interaction between groups conducting systematic reviews and GDPs will be the starting point for APA guideline development.
- An explanation of the reasoning underlying each guideline recommendation, including a clear description, a summary, and an explanation of evidence, expert opinion, and theory will be included. The format of recommendations should be standardized and should include action statements and specification of when those actions should be performed.

During development, an external review process in which users, stakeholders, APA governance groups, and the public can comment on draft guidelines will occur. **GRADE (Grading of Recommendations Assessment Development and Evaluation)**

GRADE is a strategy for evaluating the evidence generated in a systematic review and using that information to develop recommendations (see <http://www.gradeworkinggroup.org/>). Internationally, the methods for grading the quality and strength of evidence are beginning to converge around the standardized GRADE approach, although organizations typically use some modification of GRADE in practice. GradePRO is a software application provided by Cochrane (free of charge) that can be used to facilitate application of the GRADE methodology.

The EPCs affiliated with AHRQ use a modification of GRADE which simplifies the process of grading evidence. The ASC supports adoption of some version of GRADE.

If APA does adopt GRADE, it could have its name added to the GRADE website, which includes other organizations that use either original or modified versions of GRADE (including AHRQ).

A subgroup of ASC members will examine options for training GDP members on GRADE and related topics. The subgroup consists of: Patricia Areán, Michelle Craske, Dan Kivlahan, Tom Sexton, Bonnie Spring.

Guideline Format

A range of formats for guideline recommendations are currently in use across organizations. Key points for APA guideline recommendations include: referencing harms and benefits, recommending *not* doing something, and incorporation of key action statements that are relevant to clinicians. The strength of guideline recommendations may be specified on the basis of the strength of the evidence supporting particular interventions. Recommendations would be ranked as being based on strong evidence, followed by weak evidence, followed by expert consensus (in the absence of evidence).

ASC members Steve Hollon and Dan Kivlahan, working with staff member Dan Galper, will draft recommendation templates.

Dissemination and Implementation of Guidelines

Consideration of dissemination and implementation issues now will ensure that final products are in a format better suited for their end use.

The ASC recommends that guidelines be web-based and accessible to the public. High clinical utility (e.g., clear recommendations, specific associated tools,) serve to enhance guideline use. Some measure of utilization/implementation is desirable (e.g., frequency of citation, s ; survey of health care professionals). Training tools could incentivize people to use and implement the materials. Identifying barriers to guideline use may be necessary.

Communications

The ASC will plan a session for the 2012 APA Convention to provide general background information on treatment guidelines, an overview of emerging standards, and APA's progress in developing guidelines. Steven Hollon, Jeffrey Magnavita, Tom Sexton, and possibly Michelle Craske will participate in the session.

Regular e-newsletter articles and occasional *Monitor* articles reporting on progress in APA guideline development will continue. The APA Clinical Treatment Guidelines website is also being developed and will be a primary method for information dissemination. When appropriate, publishing in the professional literature is also desirable. Webinars are another avenue for communications that may be pursued.

Next meeting of the ASC to be scheduled for spring 2012.