Agenda

- Welcome
- Meeting Mechanics
- COI/Disclosure Reminder
- Subcommittee Recap & Charters
- Function – Follow Up
- Evidence Framework & Grading
- Closing
Establishment of Quorum

• Attendance will be taken to establish Panel quorum.

Panel Members

Marie Acierno, M.D.  Rita Livingston, M.D., M.P.H.  Noah Raizman
Helene Fearon, P.T.  Doug Martin, M.D.  Michael Saffir, M.D.
Steven Feinberg, M.D.  Kano Mayer, M.D.  Jan Towers, Ph.D.
David Gloss, M.D.  Mark Melhorn, M.D.
Robert Goldberg, D.O.  Marilyn Price, M.D.

Panel Advisors

Chris Brigham, M.D.  Barry Gelinas, M.D., D.C.  Abbie Hudgens, M.P.A.
Meeting Mechanics

• Panel members and advisors may speak at any time throughout the duration of the event.

• All other attendees are on **listen-only** mode. Attendees on listen-only mode may press *1 to indicate to an operator that they would like to speak.
  • We will periodically pause for comments/questions from the community.
  • The operator will temporarily unmute your line to allow you to speak.

• Should you experience any technical difficulties throughout the event, you may contact Asim Ahmed at 312-560-1066.
Confidentiality/COI Reminders

• Confidentiality
  • It is at the discretion of the AMA, the publisher and convener, which topics, news items, or policy decisions resulting from this or any Editorial Panel meeting will be announced publicly at the appropriate time. Until and unless the AMA makes such a public announcement, all discussion and decisions made during AMA Guides® Editorial Panel Meetings are confidential.
  • Please refrain from tweeting or participating in podcasts, interviews, or news articles about Panel meetings, discussions, or deliberations. Recording devices by Panel members and co-chairs is strictly prohibited. The AMA will record all Panel meetings for reference materials and will be the only recording of Panel meetings allowed.

• Conflict of Interest (COI)
  • You are here because of your interest and/or experience with the AMA Guides®, but your affiliations could pose a potential conflict of interest. Please mention all of your disclosures if they are relevant to the topic being discussed or the opinions you hold and express.
  • While you were nominated by a society, remember that your Editorial Panel duty is to the AMA Guides®. You are not here to represent the interests of any society, profession, or employer.
Subcommittee Recap

During the December live meeting, we discussed the development of two subcommittees to ensure all Guides-related content is being handled cohesively.

**AMA Guides Newsletters**

A new process for AMA Guides content opens the door to new roles for existing Guides-related materials, like the newsletters including:

- Retiring the AMA Guides Newsletters
- Updating the mission/purpose of the Newsletters
- Making the Newsletters more authoritative

**Digital Guides**

The AMA will require assistance with developing the digital delivery of the AMA Guides, including:

- Expected access and viewership of the AMA Guides content
- Process and use of AMA Guides impairment rating generator
- Integration of Guides-related materials, including potentially, Newsletters
Tentative Membership

Based on survey responses, here are the tentative subcommittee memberships.

**AMA Guides Newsletters**
- Helene Fearon
- Chris Brigham
- Mark Melhorn
- Barry Gelines
- Steve Feinberg

**Digital Guides**
- Noah Raizman
- Rita Livingston
- Robert Goldberg
- Doug Martin
Subcommittee Charters

• Participation in a subcommittee is optional. Each of you has indicated in the survey sent out after the December live meeting which subcommittee you would like to participate in.

• Once notified of subcommittee membership, each subcommittee provide an update at the April 23, 2020 live meeting.

• While the subcommittees are intended to be independent, each subcommittee will have AMA staff support.
Goals & Objectives

AMA Guides Newsletters

• Make recommendations to AMA management on the future of the AMA Guides Newsletter (staying, going, re-branding?)

• Assuming the Newsletter is staying:
  • Create & publish an editorial process for Newsletter articles / new content.
  • Framework for classifying content as “official” vs. “opinion”.
  • Make recommendations to the panel for approval of new content

Digital Guides

• Review and advise AMA management on the development of the digital Guides.

• View mockups, demos, and testing to provide feedback on progress of development group.

• Provide relevant recommendations to Guides Panel.

• Note: Expectation to engage a broader group to participate in review and feedback.
Subcommittee Assignments

• Select leadership to run the subcommittee
• Define roles if needed
• Establish charter (AMA will provide template)
• Define meeting cadence
  • If the subcommittee will have regular meetings, what is the cadence of those meetings?
  • If the subcommittee will conduct ad-hoc sessions, which event(s) will trigger each session and who is responsible for “calling” a meeting?
• Identify key dates / milestones
• Present update to full panel by March panel meeting
Follow Up: Function

• During the December live meeting, Dr. Kathryn Mueller discussed the concept of function.

• Brief recap or Dr. Mueller’s presentation:
  • fPROMs are an integral part of the 6th edition of the AMA Guides
  • Using fPROMs would take the patient’s opinion into account and build on what most physicians are already doing, though it’s challenging due to the different types of PROMs available and PROMs is inaccessible in most EHRs
  • fPROMs is being used by more than 5 different specialties
  • Current programs implementing fPROMs have found it to be helpful to practice, patient communication, and treatment planning
Follow Up: Function

• At the time of publication, there was not a lot of literature or evidence-based medicine available, so the fPROMs used in the 6th edition are entirely based on consensus.

• The Ask:
  • Complete a literature review of the available science around fPROMs.
  • Select the fPROMs that are the most accepted based on scientific review for the areas of the Guides where fPROMs should be used to rate impairment.
  • Provide an update in the next Guides iteration with the fPROMs most supported by evidence-based medicine, instead of using the fPROMs based on consensus.
Evidence Framework

Lase Ajayi, MD
Member since 2013
Classification of Evidence

- There are many systems out there
- The AAN has a four-tiered scheme that helps produce some of the best guidelines, as measured by the Institute of Medicine Standards, in the United States.

<table>
<thead>
<tr>
<th>Tiered System</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I</td>
<td>Low risk of bias</td>
</tr>
<tr>
<td>Class II</td>
<td>Moderately low risk of bias</td>
</tr>
<tr>
<td>Class III</td>
<td>Moderately high risk of bias</td>
</tr>
<tr>
<td>Class IV</td>
<td>High risk of bias, same as expert opinion</td>
</tr>
</tbody>
</table>
## Prognostic Accuracy Studies

<table>
<thead>
<tr>
<th>Class I</th>
<th>Class II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort survey with prospective data collection</td>
<td>Cohort study with retrospective data collection, case-control study who meets both 80% and exclusion/inclusion criteria</td>
</tr>
<tr>
<td>Includes broad spectrum of patients at risk of developing the outcome</td>
<td>Includes a broad spectrum of patients with and without both the risk factor and the outcome</td>
</tr>
<tr>
<td>Outcome is objective, measured without knowledge of risk factor status</td>
<td>Risk factor and outcome are objective, or outcome is determined without knowledge of risk factor. The risk factor is determined without knowledge of the outcome</td>
</tr>
<tr>
<td>Exclusion/inclusion criteria clearly defined</td>
<td></td>
</tr>
<tr>
<td>Both risk factor and outcome measured in at least 80% of enrolled</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class III</th>
<th>Class IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort of case-control study</td>
<td>Not meeting the criteria for Class I, II or III</td>
</tr>
<tr>
<td>Narrow spectrum of persons with or without the disease</td>
<td></td>
</tr>
<tr>
<td>Risk factor and outcome are objective, or outcome is determined without knowledge of the outcome</td>
<td></td>
</tr>
</tbody>
</table>
# Evidentiary Anchors

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Evidentiary Requirements</th>
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</thead>
<tbody>
<tr>
<td>Strong Evidence</td>
<td>Two (2) Class I</td>
</tr>
<tr>
<td>Moderate Evidence</td>
<td>One (1) Class I OR Two (2) Class II</td>
</tr>
<tr>
<td>Weak Evidence</td>
<td>One (1) Class II OR Two (2) Class III</td>
</tr>
<tr>
<td>Very Weak Evidence</td>
<td>One (1) Class III</td>
</tr>
</tbody>
</table>
Recommendations

• Most organizations stop at the evidentiary anchors

• Strong evidence = must
• Moderate evidence = should
• Weak evidence = may
• Very weak evidence = unknown or only under a research protocol
GRADE Process

• Both Cochrane and AAN then look at additional sources of bias to either upgrade or downgrade intervention-outcome pairs. AAN expands this to include test-outcome pairs.

• The process if called the GRADE process. GRADE stands for Grades of Recommendation, Assessment, Development, and Evaluation.

• GRADE is a systematic approach to rating the certainty of evidence in systematic reviews and other evidence syntheses.
Implementation

• Pilot
  • Take a section that needs to be updated
  • Complete a filtered search and find articles of relevance to an area
  • Articles get pulled from the abstracts
  • If they offer a prognostic test, grade them.
  • Find out how good the evidence base is

This process can be especially helpful in an area where there is a lot of controversy/broad range of how people apply something.
Closing

• Next meeting: February 20, 2020 (Virtual)
• Live meeting reimbursements must be submitted by January 29, 2020.
  • The December 26th email (or January 3rd for some of you) contains the reimbursement form you will fill out with your transactions.
  • Alongside your reimbursement forms, please submit copies of all your receipts – we cannot issue reimbursement without corresponding receipts.
  • Submit your materials to Trisha.
• Reminder to submit your short bios for the Guides Panel page on the corporate website to Amy.Jenkins@ama-assn.org.