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Practice Guidelines from the American Urological Association

AUA GUIDELINES

A Department within the Health Policy Division

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The American Urological Association

- **The American Urological Association (AUA), founded in 1902, is the premier professional association for the advancement of urologic patient care, and works to ensure that its more than 18,000 members are current on the latest research and practices in urology.**

- **AUA Mission Statement:**
  - **To promote the highest standards of urological clinical care through education, research and in the formulation of health care policy.**

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AUA Guidelines

- **Health Policy/Science and Quality Division**
- **Practice Guidelines Committee**
- **Six Staff Positions**

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AUA Guidelines: Current Process

1. Topic Nomination
2. Panel Identification
3. Definition of Research Questions
4. Literature Review & Appraisal
5. Data Synthesis & Analysis
6. Evidence Report & Guideline Statement Development
7. Writing
8. Peer Review & Revision
9. Approval & Publication

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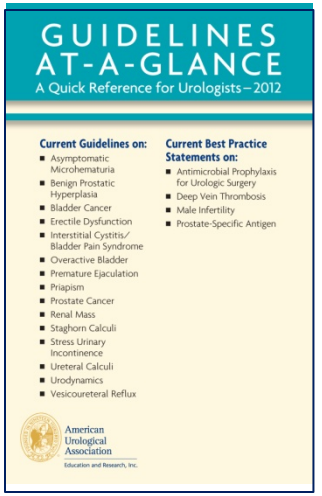
AUA Guidelines: Dissemination:

- **Dissemination for all new guidelines:**
  - Online publication
  - NGC/GIN submission
  - Plenary presentation at Annual Meeting
  - Executive Summary for Journal of Urology
  - Guidelines-at-a-glance (print and app)
  - Primary Care Pocket Guides
  - Translated Guidelines
  - Pocket table/Wall chart
  - Webinar
  - AUANews/HPBrief article
  - Press release
  - Social media announcements
  - Email blast
  - Slide set



Connect with the AUA

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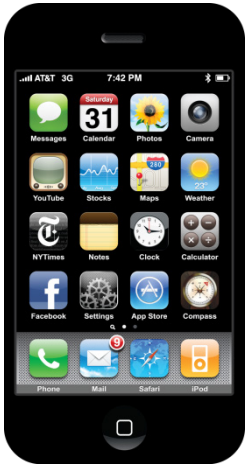
AUA Guidelines: Dissemination

- **Smartphone Applications**
- **Video Panel Discussions**
- **Adaptive Spaced Education (Qstream)**



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AUA Guidelines: EHR integration

- GLIDES workgroup
  - BRIDGE-Wiz
  - eGLIA
  - GEM cutter
- Panel Informaticists
  - XML formatting
- EHR vendors

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BRIDGE-Wiz

- Formalizes a process for writing implementable recommendations
- Focuses discussion
- Incorporates prompts based on COGS to improve guideline quality
- Controlled natural language
  - Offers verb choices based on action-type
  - Traps and disallows use of "consider"
  - Discourages "statement of fact" masquerading as recommendation
  - Limits boolean connectors to all ANDs or ORs in a statement
- Incorporates decidability and executability checks
- Requires systematic appraisal of evidence quality and benefit-harms
  - Suggests appropriate obligation term (deontic modal)
- Output includes a high-level "rule" and an evidence profile

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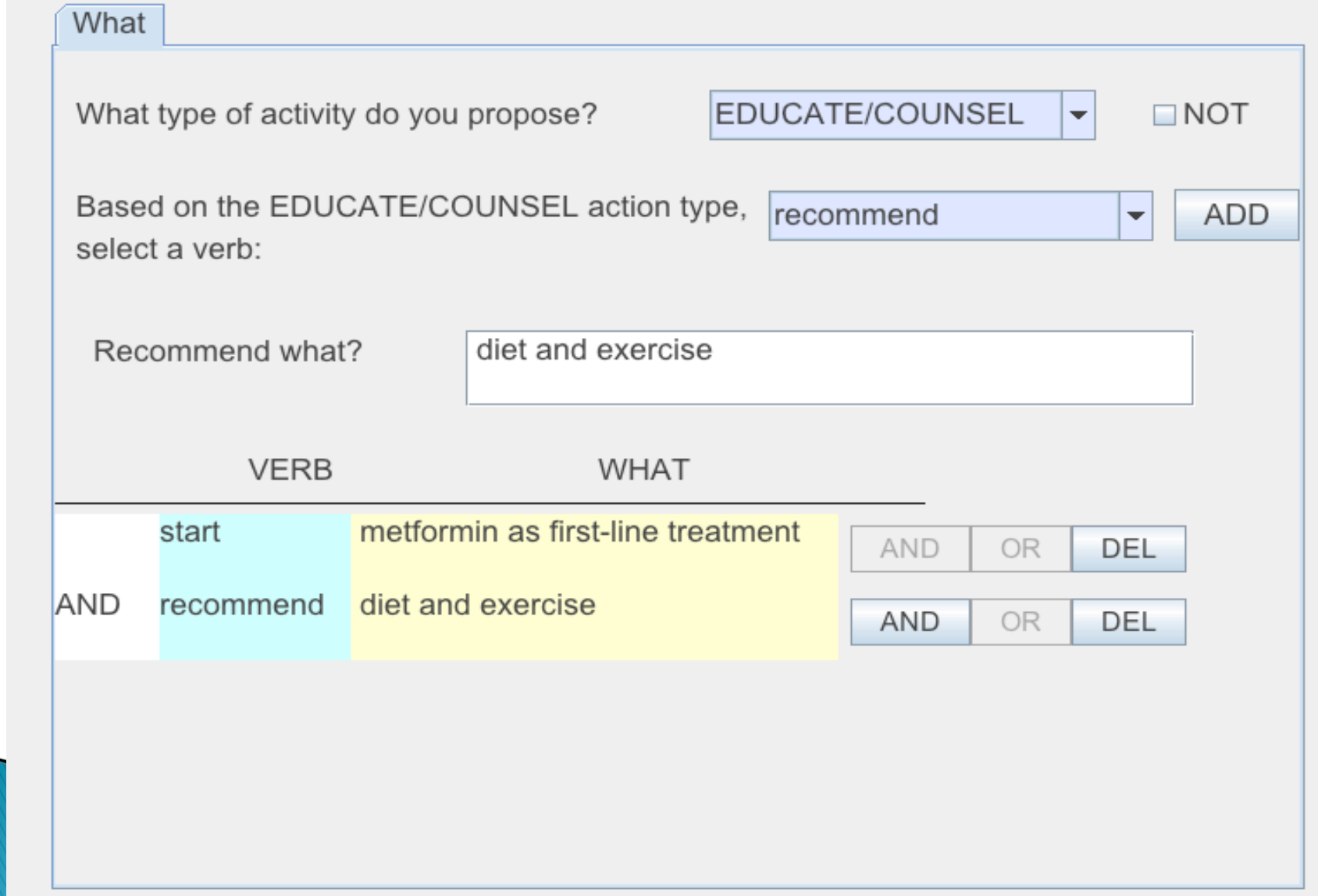
Add Another Action



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Define the "Actor"

Who

WHO is to start metformin as first-line treatment AND recommend diet and exercise IF newly diagnosed with type 2 diabetes, i.e., not previously treated?

Clinicians

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Select Aggregate Evidence Quality

Evidence Quality

What aggregate evidence quality supports these benefits, risks, harms, and costs?

start metformin as first-line treatment AND recommend diet and exercise

IF

newly diagnosed with type 2 diabetes, i.e., not previously treated

Evidence Quality

- ○ A — Well-designed, well-conducted randomized, controlled trials or diagnostic studies performed on a population similar to the guideline's target population
- ○ B — Randomized, controlled trials with "nonfatal flaws" or methodologic limitations; overwhelmingly consistent evidence from observational studies
- ○ C — Observational studies (case control or cohort design)
- ○ D — Expert opinion, case reports, reasoning from first principles
- ○ X — Exceptional situations where validating studies cannot be performed and there is a clear preponderance of harm or benefit

Resources

Quality Appraisal

Aggregate | RCT-Consort
RCT-Casp | Observation
MetaAnalysis | Diagnostic

Notes

Back | Next

Restart

Judge Benefit-Harms Balance

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Balance

Is there Equilibrium or a preponderance of Benefits or Risks, Harms, and Costs?

- ○ Equilibrium
- ○ Preponderance of Risks, Harms, Costs
- ◉ Preponderance of Benefit

Benefits

Lower Hgb A1c
Target A1c sustained longer
Less early deterioration of blood glucose
Lower chance of weight gain
Improved insulin

SMBG
Possible metabolic deterioration if Type 1 is misdiagnosed and treated as type 2
Potential risk of lactic acidosis in setting of ketosis or significant dehydration

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Choose a Recommendation Style

If
newly-diagnosed with type 2 diabetes (i.e., not previously treated)
Then
Clinicians should start metformin as first-line treatment AND
recommend diet and exercise

Select

Clinicians should start metformin as first-line treatment AND
recommend diet and exercise
if/when/whenever
newly-diagnosed with type 2 diabetes (i.e., not previously treated)

Select

The *{developer}* recommends that if
newly-diagnosed with type 2 diabetes (i.e., not previously treated)
Then
Clinicians should start metformin as first-line treatment AND
recommend diet and exercise

Select

The *{developer}* recommends that
Clinicians should start metformin as first-line treatment AND
recommend diet and exercise
if/when/whenever
newly-diagnosed with type 2 diabetes (i.e., not previously treated)

Select

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Urodynamics Panel Experience

- **Orientation at panel meeting (May 2011)**
- **Learning curve: Practice makes perfect**
- **Visual representation of benefits vs risks/burden was helpful**
- **Adaptable to AUA system**

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Results

- **Clinicians who are making the diagnosis of urodynamic stress incontinence should assess urethral function. (*Recommendation; Evidence Strength: Grade C)***

- **Clinicians should perform repeat stress testing with the urethral catheter removed in patients suspected of having SUI who do not demonstrate this finding with the catheter in place during urodynamic testing. (*Recommendation;* Evidence Strength: *Grade C)***

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Comparison: Overactive Bladder Guideline

- **In rare cases, augmentation cystoplasty or urinary diversion for severe, refractory, complicated OAB patients may be considered. *Expert Opinion***

- **Behavioral therapies may be combined with anti-muscarinic therapies. *Recommendation***

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Next Steps

- **eGLIA: evaluation of Implementability**
- **GEM cutter III: XML format**
- **Clinical Decision Support**

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- **Questions?**
- **Comments?**