

# How closely do urologists adhere to AUA guidelines?

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Evidence-based guidelines play an increasing role in setting standards for medical practice and quality but are seldom systematically evaluated in the practice setting. Investigators evaluated the rate of physician adherence to the American Urological Association's (AUA) guidelines on the management of benign prostatic hyperplasia/lower urinary tract symptoms (BPH/LUTS) to establish a benchmark for future research. Their findings are published in *The Journal of Urology*.

Medical certification bodies, for example, the American Board of Urology, increasingly use guideline-driven content in their examination processes. Despite this increasing emphasis on guidelines, there have been few studies that systematically evaluate physician adherence or patient outcomes.

A team of investigators used electronic medical record-based data extraction techniques to assess how well physicians adhered to the American Urological Association's BPH/LUTS guidelines over a five-year period.

"Our aim was to establish an adherence benchmark to enlighten further study of barriers to provider adherence and of patient outcomes related to guideline adherence," explains lead investigator Gregory P. Auffenberg, MD, from the Department of Urology, Northwestern University Feinberg School of Medicine, Chicago.

The study was a retrospective analysis of patient records from the first-

time evaluation of nearly 3,500 men 45 years old or older seen for BPH/LUTS by one of twelve urologists at the Northwestern Medical Faculty Foundation from 2008 to 2012. The authors hypothesized that urologists were not uniformly adherent to guidelines.

Provider adherence rates with the nine measures recommended in the guidelines varied by measure from 53.0% to 92.8%. The rate of performance of five not routinely recommended measures was 10.2% or less. This study provides the largest observational analysis of urologist adherence to AUA guidelines on the management of BPH/LUTS, which is not based entirely on administrative data.

"Our investigation includes one of the most robust analyses of physician adherence to AUA guidelines on the management of BPH/LUTS in the published literature, and represents the first published analysis to our knowledge of the rate of performance of measures that are challenging to extract from administrative data (i.e., subjective symptom description, I-PSS, sexual function evaluation, performance of a physical examination and specific examination maneuvers)," says Dr. Auffenberg. "We established a benchmark rate of urologist adherence to the guideline directives. Further investigation will be important to verify this benchmark in different physician populations.

"With an established benchmark, future research can begin to determine if directed interventions can modify adherence rates and subsequently determine whether increased adherence improves patient outcomes. It may allow comparative multi-institutional research by our study group or other groups to determine baseline adherence rates in different practice settings such as academic vs private, rural vs urban, insured vs uninsured, and many others. It will also set the stage for prospective work designed to determine the implications of guideline adherence on cost of care and ultimately in patient outcomes."

**More information:** *The Journal of Urology*, Volume 192/Issue 5 (November 2014). [DOI: 10.1016/j.juro.2014.06.016](https://doi.org/10.1016/j.juro.2014.06.016)

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