

# ACP releases paper on methods for developing evidence-based clinical policy papers

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Recommendations for the screening, diagnosis, and treatment of various diseases often differ by organization, making it difficult to know which ones to follow. To help doctors and patients understand how high-quality, evidence-based recommendations are developed and inform their decisions, the American College of Physicians (ACP) has released a paper, published in *Annals of Internal Medicine*, that presents ACP's methods for developing two types of clinical policy papers relevant to internal medicine: clinical guidelines and guidance statements.

"The hallmark of ACP's methodology is that we base our [clinical guidelines](#) and guidance statements on the best available scientific evidence," said ACP President Robert M. McLean, MD, FACP. "It is important for physicians, other clinicians, [patients](#), and caregivers to know that ACP uses rigorous standards to ensure the production of trustworthy, high quality, and useful clinical policy papers and recommendations."

ACP's methodology meets the standards of the Guidelines International Network and the National Academy of Medicine. Recent enhancements include more stringent disclosure of interest and conflict management policies; inclusion of public members (individuals who are not physicians) and their perspective; full adoption of Grading of Recommendations Assessment, Development and Evaluation (GRADE) methods; standardized reporting formats that consider value of care, patients with multiple chronic diseases, patient values and preferences, and costs; and further clarification on guidance statement methods.

Clinical guidelines are developed based on a systematic review of the available evidence. Evidence-to-decision tables following the GRADE framework serve as the roadmap for documenting

decisions and evidence behind the final recommendations. ACP considers clinical benefits and harms of an intervention and variations in patient values and preferences in deliberations about recommendations for each guideline. ACP also considers costs and burden of care when assessing health care value and developing recommendations.

Guidance statements are developed on topics where several clinical guidelines issued by other organizations are available but are conflicting. The aim of ACP guidance statements is to reconcile clinical guidelines to help physicians provide evidence-based care for their patients. ACP reviews the available clinical guidelines and their [evidence base](#), and develops subsequent guidance based on an assessment of the reported benefits, harms, costs, and patient preferences and values from the assessed guidelines and their evidence.

ACP develops its clinical policy papers through its Clinical Guidelines Committee (CGC), a multidisciplinary group of 14 members, 12 of whom are physicians representing general [internal medicine](#) and internal medicine subspecialties (e.g., geriatrics, nephrology, rheumatology, pulmonology, and hospital medicine). The CGC also includes two non-physician public members with equal standing and terms as the [physician](#) members, including voting and authorship privileges.

"The Development of Clinical Guidelines and Guidance Statements by the Clinical Guidelines Committee of the American College of Physicians" also explains in detail ACP's disclosure of financial and intellectual interests and management of conflicts policy; the review and approval process of clinical guidelines and guidance statements to become ACP policy; how ACP publishes its clinical guidelines and guidance statements; and how the

development of ACP clinical guidelines, [guidance](#) statements, and commissioned evidence reviews are financed.

**More information:** Amir Qaseem et al, The Development of Clinical Guidelines and Guidance Statements by the Clinical Guidelines Committee of the American College of Physicians: Update of Methods, *Annals of Internal Medicine* (2019). [DOI: 10.7326/M18-3290](#)

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