The AHRQ National Guideline Clearinghouse (NGC, guideline.gov) Web site will not be available after July 16, 2018 because federal funding

through AHRQ will no longer be available to support the NGC as of that date. For additional information, read our full announcement.

https://www.guideline.gov/expert/expert-commentary/164 Go

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DECEMBER 31, 2007

**2016 2018** 2019

About this capture

A Season for Change

By: NGC Editorial Staff

It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.

Charles Darwin (1809-1882) English Naturalist

By its nature, the field of evidence-based medicine is never static. New research builds upon the established, and the results will affirm, challenge, and revise the evidence base that informs clinical decision making. As this evidence has changed, so has the content and development of clinical practice guidelines and quality measures. In turn, the National Guideline Clearinghouse™ (NGC) and National Quality Measures Clearinghouse™ (NQMC) found it necessary to adapt our process for delivering that guidance.

Part of the adaptation process is introspective and involves reexamining where we are, determining where we want to go and, ultimately, implementing a plan for getting there. Another equally important part requires willingness to consider external sources of ideas for change, to challenge conventional thinking with new evidence and more rigorous models of assessment, to openly debate, and to reach consensus around new ideas and concepts.

Since NGC made its debut in 1999 and NQMC in 2003, the amount of information in the clinical practice guideline and quality measures arena has grown exponentially. Unfortunately, this has been accompanied by recognition that all guidelines are not created equally nor are all measures equally able to assess the varied aspects of quality care. It is difficult for many practitioners and users to differentiate among practice guidelines and quality measures. Motivated by our overarching mission to facilitate the dissemination of evidence-based clinical guidance and its use in health care decision making, NGC and NQMC have come to understand that it is not enough to serve as a "one stop" resource for guidelines and measures. To truly serve the needs of the individual health professional and the health

for expert guidance on understanding, interpreting, and evaluating clinical practice guidelines and quality measures.

To make the Expert Commentary a reality, NGC/NQMC has assembled a 22-member Editorial Board comprised of members with a record of accomplishment and nationally or internationally recognized expertise in one or more topic areas relevant to the Clearinghouses. Our Editorial Board is diverse in terms of clinical expertise, geographical representation, and stakeholder affiliation. They will contribute to future commentaries through authorship, outreach to prospective contributors, and review of external submissions. To ensure transparency, all Editorial Board members will disclose potential and/or perceived conflicts of interest.

Broadly, our goal is to include types of commentaries that cover specified areas:

Development Issues	Address challenges in the methodology or development process of guidelines or measures
Contextual Issues	Address environmental, policy, or other contextual issues that influence implementation of guidelines/measures and their use for diverse purposes
Content Issues	Address specific areas of clinical content that are embodied in specific guidelines and measures
Points/Counterpoints	Address controversial topics from multiple perspectives

More specifically, for NGC, future commentaries will discuss assessment of guideline rigor/quality, describe the merits and potential pitfalls of new methods of guideline development including use of the ADAPTE, GLIA, and other tools, and address topical or controversial issues such as the differences among the various guidelines on Lyme disease or the use of experts with known conflicts of interest on guideline development panels.

For NQMC, commentaries currently under consideration include a series of articles describing how to critically evaluate measures. Additional commentaries may include those addressing the potential misuse of measures, the development of measurement algorithms

In 2008, NGC will launch its Expert Commentary feature with an article written by Paul Shekelle (MD, MPH, PhD; Co-chair of the NGC/NQMC Editorial Board) on recently released guidance from the American College of Physicians and the American Pain Society, "Diagnosis and Treatment of Low Back Pain." What we believe NGC readers will find particularly useful here is Dr. Shekelle's perspective on what is new and different about this guidance, how it has built upon the previous evidence, and how it could be improved. NGC will time the publication of the guideline summary to coincide with the Expert Commentary so readers have the benefit of viewing them simultaneously.

We invite you, our users, to review and consider the new Expert Commentary feature and let us know how we're doing. Send us your comments and feedback. We would also welcome your suggestions for future commentaries or responses to the commentaries we provide.

At NGC and NQMC, we are ready to take the next step toward improving the dissemination and uptake of evidence-based health information. Keep an eye out for our Expert Commentary feature and let us know if we're on the right track.