

NHLBI, AHA, ACC COMMENTARY: CLINICAL PRACTICE GUIDELINES

The Next Steps in Developing Clinical Practice Guidelines for Prevention

Gary H. Gibbons, MD,* John Gordon Harold, MD, MACC, MACP,†‡ Mariell Jessup, MD, FAHA,§||
Rose Marie Robertson, MD, FAHA,|| William J. Oetgen, MD, MBA, MBA, FACC, FACP‡

From the National Heart, Lung, and Blood Institute

On June 19, 2013, we published in the online version of the *Journal* an essay describing the National Heart, Lung, and Blood Institute's (NHLBI's) change in approach to the development of clinical practice guidelines (CPGs) (1). Over the intervening weeks, we moved forward according to the principles outlined in our essay. We have taken the critical next steps to enable a more comprehensive evidence-based review. This will lead to a process that will expeditiously finalize the guidelines relevant to cardiovascular disease prevention (hyperlipidemia, hypertension, cardiovascular risk assessment, cardiovascular lifestyle interventions, and obesity). Specifically, we have asked the American Heart Association (AHA) and the American College of Cardiology (ACC), jointly, to assume the governance and management of these prevention guidelines and to ensure their completion and dissemination to the public. We are pleased to announce that they have agreed to do so. We are especially pleased that they spontaneously voiced the desire to include and work with stakeholder organizations, including those in our National Program to Reduce Cardiovascular Risk, in alignment with the collaborative model discussed in our essay.

Our choice of the ACC and the AHA is based on a number of factors. We have had a solid relationship with both organizations for many years and admire their effectiveness in individual and joint CPG and performance measure development and quality improvement; we are confident that their long-standing work in these areas is motivated by and devoted to improving the health of patients and the public; we believe that their reputations and processes in the development of guidelines and measures are of the highest quality; and we have been impressed by their inclusiveness and collaborative nature. This last factor is especially important to us, because we believe that an inclusive process will be important to the broad endorsement, uptake, and adoption of these important guidelines. We are happy to continue as an active partner in the evidence review required

for the development of these prevention guidelines, and believe that this new model will serve the public well.

From the American Heart Association/ American College of Cardiology

Speaking jointly, we are pleased and honored to be invited by the NHLBI to partner with them and to assume the responsibility for the 5 CPGs in cardiovascular prevention. Our AHA and ACC volunteers have participated in the development of NHLBI reports and guidelines for many years. Moreover, our organizations have formally acknowledged our respect for the NHLBI's proud legacy in the CPG development process by frequently synchronizing our guidelines with information from their reports. Thus, we are ready and willing to support the change in process announced by the NHLBI (1) on June 19, 2013, and to undertake this very important work going forward.

We are very pleased that these guidelines will have, as a critical base, the extensive work already done by the current writing panels under the leadership of Dr. Sidney Smith and the writing panel chairpersons. In addition, we have a strong desire to include other organizations in this effort, to ensure the optimal development as well as the broad uptake and utilization of these guidelines. We believe this will allow us all to take advantage of the extensive experience that the ACC and AHA have in guidelines development and to promote a transparent process that recognizes the value and expertise of other professional societies, as well as the highly valuable individual and group efforts that have been expended in the development of the current documents.

Recognizing the Institute of Medicine's recommendation that the CPG development process be bifurcated into the generation of systematic reviews of the evidence (2), the identification of clinical questions, and the proffering of clinical recommendations (3), we are utilizing these processes in our own joint CPGs. Thus, we feel it is entirely appropriate that the NHLBI has decided to focus its resources and expertise on evaluation of the available research evidence via the systematic review function, while entrusting us with the processes leading to CPG development. We believe that this will be an effective model for the future.

From the *Office of the Director of the National Heart, Lung, and Blood Institute, National Institutes of Health, U.S. Department of Health and Human Services, Bethesda, Maryland; †Cedars-Sinai Medical Center, Los Angeles, California; ‡American College of Cardiology Foundation, Washington, DC; §University of Pennsylvania, Philadelphia, Pennsylvania; and the ||American Heart Association, Dallas, Texas.

To address in more detail the current work in progress, the NHLBI has, over the past 5 years, been supporting a rigorous systematic review of the evidence relevant to a number of clinical questions in the areas cited in the previous text. To proceed as expeditiously as possible from this point to the development of the final CPGs, we have committed our joint ACC/AHA Task Force on Practice Guidelines to provide oversight and staff support, and the NHLBI has committed to support further systematic evidence review as needed. We are inviting all chairs and members of the current writing panels to continue to work together with us to finalize the guidelines. These individuals, who have produced the current draft documents, include experienced methodologists and expert clinicians and researchers from a broad group of organizations (including primary care providers, specialists, and patient advocates), and their participation will be invaluable. In addition, we welcome and will seek discussions with the stakeholder organizations whose members or volunteers have been part of the panels or who are part of the National Program to Reduce Cardiovascular Risk, so that we can be as inclusive as possible as these guidelines are developed.

The ACC and the AHA enthusiastically support the change in direction that the NHLBI is taking, and we are pleased to partner in this important venture in service to the

health of the public. We are proud of our ability to generate CPGs that have been shown to improve the cardiovascular health of patients. We pledge to be objective, diligent, thorough, collaborative, and clinically relevant in this process. We furthermore pledge to devote all the resources necessary to complete this effort in a timeframe that is both efficient and sufficient for the production of quality products of superior utility for the benefit of our citizens.

REFERENCES

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