Establishing National Priorities for Clinical Practice Guidelines 2015

Discussion Paper prepared for the ACSQHC

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1 Executive Summary

This discussion paper seeks to:

- summarise plans for the development of a national priority list of clinical practice guideline topics
- provide an update on progress achieved to date on setting prioritisation criteria
- identify a draft priority list of government health topics for 2015 and
- describe a proposed process for identification of guideline topics from 2016.

The Australian Commission on Safety and Quality in Health Care (Commission) is seeking sector comment on:

- the draft 2015 clinical practice guideline priority topic list (outlined on page 14)
- the proposed model for clinical practice guideline topic prioritisation (outlined on pages 8-9) from 2016 onwards.

Groups and individuals interested in clinical practice guidelines and ways to promote evidence-based clinical practice in Australia are invited to respond to the questions raised in this Discussion Paper (on pages 16 – 18), via an online survey available at https://www.surveymonkey.com/r/KHL6QC3 and to attend a series of consultation meetings planned for August–September 2015.
2 Background to the Project

The Australian Commission on Safety and Quality in Health Care (Commission) and National Health and Medical Research Council (NHMRC) have legislative responsibility for aspects of clinical practice guidelines (CPGs). NHMRC is charged with issuing and approving guidelines\(^1\) and the Commission is empowered to formulate, promote, support and encourage the implementation of guidelines\(^2\).

In 2014, the Commission, the Department of Health, and the NHMRC embarked on a program of work to create a national framework to promote the efficient production of trustworthy clinical practice guidelines. Prior to this, other activities have been initiated by NHMRC and the Australian Department of Health.

NHMRC-led activities include:

- Establishing core standards for guidelines and providing up to date handbooks to support developers wanting to meet the NHMRC standards
- Introducing information technology solutions to support the development, publishing and updating of guidelines issued by NHMRC
- Examining the ways guidelines are updated.

NHMRC is currently developing a Green Paper outlining these new approaches that is expected to be released for comment in the next few months of 2015.

Department of Health-led activities include:

- Working with states, territories, the Council of Australian Governments Health Council and the Australian Health Ministers’ Advisory Council (AHMAC) to establish a plan for investment in the development and implementation of prioritised clinical practice guidelines.

These three agencies recognise that clinical practice guidelines are only one approach to leveraging evidence-based sector change and not the panacea for achieving all clinical improvements. Many contemporary challenges in the health system such as optimal integrated care models, shared decision making with patients and management of people with multimorbidity would require other levers such as policy, workforce, structural, resourcing or system reforms.

A coordinated national clinical practice guidelines framework is the first step to ensuring that guidelines are only commissioned when they are considered the most appropriate vehicles for disseminating evidence-based clinical guidance. In addition, they must be accompanied by well-planned implementation activities and mechanisms for monitoring effectiveness.

\(^{1}\) NHMRC Act (1992, amended 2006) (Division 2)
\(^{2}\) National Health Reform Act 2011 Section 9.
3 The Guidelines Prioritisation Work Program

This work program has had two distinct phases:

1. Developing agreed criteria for prioritisation (August–November 2014)
2. Using the agreed criteria to develop the first list of prioritised topics (current project)

Once completed, the new process for prioritising national guideline topics within Australia will be unique and innovative. The prioritised list of topics of national importance may be referred to by jurisdictions before any guidelines are commissioned or funded. This approach provides a coherent and targeted approach to funding guidelines across disease topics and maintains the autonomy of the jurisdictions within the Australian federal health system. It will also continue to promote and sustain the diverse range of expert guideline developers that already exist in Australia (including NGOs, government agencies, universities, professional bodies, etc.).

Most other international agencies producing national guidelines have developed and maintain an agreed library of topics over time, without an explicit set of prioritising criteria or process. They generally operate a centrally held budget for guideline work using a restricted number of authorised guideline developers. Examples include the Scottish Intercollegiate Guidelines Network (SIGN) and the UK’s National Institute for Health and Care Excellence (NICE).

Phase 1 of this work program to create a national framework for clinical practice guidelines was the identification of the CPG topic prioritisation criteria. This was undertaken from August to November 2014 and the set of 4 AHMAC-endorsed criteria are outlined in Appendix 1.

That project involved extensive consultation on draft criteria with clinicians, consumers, guideline developers and implementers, as well as government and non-government agencies. There was sector-wide agreement that the introduction of prioritisation criteria will promote:

- alignment of guideline development and funding with national, state or territory priority areas
- co-ordination of shared interests and reduction in duplication of effort
- focus on guideline topics of high importance
- reducing the potential that guidelines may be developed for ad hoc areas or areas that may not reflect high health need or may not be suitable topics for guidelines
- implementation and adoption of guidelines by users (practitioners and consumers)
- measurement of changes in health outcomes resulting from guideline implementation
- updating of guideline recommendations, as and when new significant evidence becomes available.
Phase 1 — Setting the Guideline Topic Prioritisation Criteria

Phase 1 findings also recommended that processes for selecting the guideline topics be clearly described, open and transparent. It should include representation from consumer, clinical and policy groups/agencies. It was proposed that the topic prioritisation process should be:

a. clearly focused on the needs and concerns of consumers and opportunities to improve consumer health outcomes, (particularly those consumers with high health needs and from priority population groups)
b. open and transparent
c. a "considered judgement" approach that assesses the quantity, quality and consistency of the evidence; the generalisability of the study findings; directness; clinical impact as well as the experience of the group members assessing the topics
d. co-ordinated by one entity and that entity should develop a process that includes:
   i. reviewing evidence-practice gaps in the clinical areas across Australia. This would include consideration of harms and risks drawn from a range of sources, as well as practice variation
   ii. considering whether there are either suitable, current guidelines available or guidelines that could be adopted or adapted to the Australian health system
   iii. considering whether the guideline topic could be considered to be part of a suite of guidelines, linked with other topics or whether it presents opportunities to address co-morbidities
   iv. making recommendations of the most appropriate format(s) for the guideline topic
   v. identifying a process for updating the guideline
   vi. considering funding and other implementation issues once a guideline has been developed.

It was also suggested that a multi-disciplinary committee should be appointed to review applications for guideline funding. This committee should include representation from consumer, clinical, service provider and funding bodies.

The prioritisation process could be connected with the NHMRC review of their Standards so as to ensure that there was a strong whole-of-government approach to guideline topic selection and development processes.

It was also suggested that:

- the topic prioritisation criteria should not be weighted
- that every criterion should be met.
Phase 2 — Clinical Practice Guideline Topic Prioritisation

In 2015, the Commission began the second phase of work to use the AHMAC-endorsed criteria (Appendix 1) to develop the first list of prioritised guideline topics. This included:

- forming a Clinical Practice Guideline Development Priorities Advisory Group (PAG) to provide input and advice on the prioritisation process
- engaging vendors to assist in developing a priority topic list; conducting a scan of issues related to each guideline topic; and facilitating consultation with the health and guideline communities
- ongoing collaboration with NHMRC to ensure that their project to review their guideline development standards was aligned with the Commission's work.

The purpose of having an agreed national list of prioritised guideline topics is to enable future decisions for guideline development to be coordinated and transparent with a clear rationale for how the investment can contribute to improving health outcomes. This would also serve to minimise duplication and assist in harmonisation of recommendations in common areas of practice (such as smoking cessation advice or the optimal management of blood pressure across different topics).

The PAG acknowledged the recommendations from Phase 1. Building on this, the PAG considered the most effective way to begin the development of a 2015 list of guideline topics was to:

- review the NHRMC-developed and NHMRC-endorsed clinical practice guidelines to determine those that either have expired or will soon expire
- review jurisdictional guideline priorities
- develop a template or Expression of Interest (EoI) form that could be used to harvest information about each topic so that it could be assessed against the AHMAC-endorsed criteria
- apply the AHMAC-endorsed criteria for establishing priorities to those topics
- develop an initial list of priorities for clinical practice development
- consult with the sector on the initial priority list and the future process for submitting and assessing priorities, including the EoI form
- report on the initial list and process for future revisions of the list.
The PAG agreed to use the World Health Organization (WHO) definition of a Guideline:

A guideline is any document “containing recommendations for clinical practice or public health policy. A recommendation tells the intended end-user of the guideline what he or she can or should do in specific situations to achieve the best health outcomes possible, individually or collectively. It offers a choice among different interventions or measures having an anticipated positive impact on health and implications for the use of resources. Recommendations help the user of the guideline to make informed decisions on whether to undertake specific interventions, clinical tests or public health measures, and on where and when to do so. Recommendations also help the user to select and prioritize across a range of potential interventions”.

This definition is broad and focuses on the development of evidence-based recommendations.

PAG also agreed that evidence-based guidelines and recommendations to be considered for this prioritisation process may include:

- Evidence-based clinical practice guidelines
- Suites of allied guidelines
- Adapted guidelines
- Updated guidelines
- Documents and guidance derived from guidelines including:
  - Evidence summaries and resources
  - Clinical standards
  - Rapid reviews
  - Care pathways
  - Packages of care
  - Consumer resources and decision aids
  - Electronic decision support tools
  - Clinical protocols.

The PAG also suggested that all government-funded guidelines should be required to be developed in accordance with NHMRC standards and procedures. Guidelines developed through this process should take into account multi-morbidities and address the delivery of care through integrated care models.

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3 WHO handbook for guideline development, 2012
4 Discussion

The Process for Prioritising Guideline Topics

The NHMRC's 2014 Annual Report on Australian Clinical Practice Guidelines\(^4\) identified 1046 guidelines developed in Australia between 2005 and 2013. Of these guidelines, only 41% covered national health priority areas. The remainder of the 615 guidelines covered a wide spectrum of topics from allergies to aged care.

To manage the wide diversity of guideline topics, it was decided that:

- an initial list of prioritised guideline topics would be developed that took into account the National Health Priority Areas (Appendix 2), topics with the highest burden of disease for the Australian population and those NHMRC-approved guidelines that were either expired or due to expire (outlined on Page 14 of this Discussion Paper)
- the AHMAC-endorsed prioritisation criteria would be used as the cornerstone for reviewing each topic
- the 2015 prioritisation process would be used to test and validate the proposed topic nomination process and to identify issues that can then be enhanced in subsequent years.

To begin the project, a first draft of an Expression of Interest Form (EOI) was developed based on the AHMAC-endorsed criteria.

A six-stage process was initiated to gather information to assess each of these disease areas in accordance with the AHMAC-endorsed criteria.

1. All jurisdictional Chief Health Officers or Chief Medical Officers were contacted seeking their input to determine which guideline topics would contribute to their health priority areas; or significantly improve the burden of disease and health outcomes for their populations (or sub-populations), as well as reducing harms and unwarranted variation in clinical practice; and why current guidelines (if there are any) were seen as inadequate.

2. The Commission engaged consultants to populate the EOI forms with information about each disease area and the current state of guidelines in each topic. These forms are available in a separate document that will be sent out with this Discussion Paper.

3. Recent health statistics about the most prevalent health topics or health conditions were drawn together covering the incidence, prevalence, disability-adjusted life years (DALYs), years lost to disability (YLD), and mortality including years of life lost (YLL),

morbidity, hospitalisation and economic burden were summarised to provide a
dimension of the impact of the major health conditions in Australia. This is included in
Appendix 3 of this Discussion Paper.

4. The sector will be invited to provide their input, expertise and perspective on the
importance and potential impact of guideline topics across each health condition chosen
for 2015. The Commission will host a number of consultation workshops during August–
September 2015. An online survey will also be set up to gather comment and
suggestions on the initial list of topics and the future prioritisation processes.

5. Policy, content and practice issues and context identified through the consultation
process with stakeholders and jurisdictions will help highlight areas where there are
treatment gaps or emerging evidence for improvements in clinical care that can be
directly addressed by the development and implementation of a clinical practice
guideline.

6. A "considered judgement" process will be adopted to synthesise all of the above
information and identify a prioritised Australian guideline topic list for 2015. This will
include an assessment of whether a guideline can lead to positive changes in health
outcomes (compared with other strategies such as policy, legislative, resourcing
(financial and staffing), health service development (education/training/capability
development) or mass media campaigns).

After these six steps have been completed, a list of 2015 prioritised guideline topics will be
submitted to AHMAC and COAG Health Council.

A review of the 2015 process will also be undertaken in order to suggest prioritisation
approaches for subsequent years.

At this stage it is suggested that in subsequent years, organisations and individuals will be
invited to submit guideline topics for consideration. These topics will then go through a rigorous
and transparent assessment by a centralised multidisciplinary committee with the authority to
make recommendations to the AHMAC and COAG Health Council.

The agreed prioritised list may be used by jurisdictions and other public funders when
considering proposals to fund guidelines. Funding decisions will be made separately from this
prioritisation process.
Meeting the AHMAC Criteria

The "guideline topics" have been listed at a high level so as to include a range of possible guidelines within each area. For example, a topic such as "Breast Cancer" may potentially include guidelines for breast cancer screening; early detection; or surgical management.

In order to be considered eligible for prioritisation, a topic must meet all 4 criteria.

Criteria 2 and 3 have a number of sub-clauses in them. It is only necessary that one of the sub-clauses be met.

No single criterion has more weight or importance than others.

An Expression of Interest Form (EoI) was developed to reflect the AHMAC-endorsed criteria. It is intended that an EoI to be completed for each topic.

**Criterion 1**

*The clinical area has the potential to significantly benefit the quality of patient/consumer care and health outcomes.*

The purpose of any clinical guideline is to address the issues that matter to consumers and that will offer improvements to their health outcomes. It is therefore important that consumers, carers, families and the community will be included as a primary audience as well as a range of health care workers, policy makers and health sector managers.

There may be a myriad of ways to improve or influence health outcomes (e.g. legislation, funding, service design, staff training) but for our purposes, the focus should be where a guideline has the potential to make a positive impact. For example, where there is evidence for new models of care, the promulgation and implementation of evidence-based advice can be a game-changer.

Ideally, there should be a description of where the greatest health outcome impact can occur in a chosen topic. For example, screening in primary care, use of a new medication only recently accepted onto the Pharmaceutical Benefits Scheme, availability of new imaging technology, etc.

Comment should also be made on:

i. population groups for specific attention such as high health need groups, vulnerable groups, Indigenous communities, children and young people, older people, pregnant women, people with disabilities, people from low socio-economic groups, people from culturally and linguistically diverse groups, people with hereditary risk factors, etc.

ii. service delivery, organisation and staffing considerations, models of care, specialised clinical settings

iii. settings requiring special considerations such as prisons, schools, aged residential care facilities, surgical facilities, etc.
Criterion 2

The clinical area is:

a) high prevalence or represents a significant burden of disease (especially for high health needs or vulnerable populations) and/or

b) imposes high costs on health service funders, users (consumers/patients/carers), service providers, insurers and any opportunity costs incurred (i.e. consider the trade-off between the benefits achieved from assigning resources to the development of one particular guideline and the potential consequences for not supporting another) and/or

c) is a Government health priority topic.

This criterion covers three separate components:

- prevalence and burden of disease trends
- costs, and
- whether the topic is a Government Health Priority.

A review of recent reports on the health and wellbeing of Australians\(^5\) demonstrate different ways of defining the topics with the greatest health impact.

The Australian Institute of Health and Welfare’s 2014 report showed that there are some population groups in Australia that experience marked health inequalities compared with the general population. For example, Indigenous Australians are more likely to die at younger ages and develop end stage kidney disease at more than 6 times the rate of non-Indigenous Australians; people in rural and remote areas have higher death rates from coronary heart disease, chronic obstructive pulmonary disease (COPD), circulatory diseases and motor vehicle accidents; people with disabilities and low socioeconomic status experience significantly poorer health than other Australians.

The AIHW 2014 report also shows that ischaemic heart disease (IHD) is the leading cause of death, the disease that attracts the most health dollars, is a significant cause of death for Indigenous peoples, accounts for the highest number of hospitalisations and represents the highest cause of premature death or years of lost life (YLL). Diabetes, however, is the area that attracts the 15th most health dollars and is the tenth highest cause of premature death.

Providing such data will help the prioritisation process by displaying comparable information across health/disease areas.

It is also useful to report costs that fall on consumers and their families. For example, such as the impact of amputation could result in a loss of income and the requirement for home help.

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Consideration should also be given to the comparative cost of procedures, as well as identifying which stakeholders bear the greatest costs.

It is also useful to record areas of overlap across guideline topic areas. For example:

- many of the long-term chronic conditions (Cancer, COPD, IHD, Stroke, Diabetes) will have a shared interest in the management of depression
- many cancer guidelines will have a shared interest in palliative care, supportive care, nutrition and physical activity guidelines
- geriatric guidelines will have a shared interest in falls and trauma as well as musculo-skeletal guidelines (such as hip fracture prevention) and well as stroke and IHD.

**Criterion 3**

There is potential to:

a) reduce risks and harms to consumers/patients/health service users, and/or
b) reduce unwarranted variation in prevention, diagnosis or treatment, and/or
c) derive better quality and value care by reviewing treatments that may be over-utilised, under-utilised or of low value and/or
d) provide evidence-based advice in areas where there is new care, rapid change, uncertainty about clinically-effective and cost-effective care, inappropriate practice or contested evidence.

This criterion requires a description of the ways a new or updated guideline could reduce harms and risks; reduce variation across Australia; provide better value and quality care; review treatments that may be ineffective, over-used or low value; and areas where there is new or uncertain evidence that should be included.

Information is sought about:

- The types of risks/harms that people current face and explain how these could be reduced or remediated by clinical practice guidelines.
- Known treatment gaps, variations in clinical care, under-treatment or over-treatment
- Evidence that new or existing high quality research findings have identified potential to significantly improve health outcomes
- How clinical care and uptake of guideline recommendations can be monitored or measured in practice.
Criterion 4

There are no other current, valid or relevant guidelines available or applicable to the Australian context.

This criterion requires a list of guidelines on this topic area that are:

- current
- in-development
- out of date.

It is also useful to identify areas where

a. there are new areas/ new topics where there are no existing guidelines AND where an evidence-based guideline could improve current practice and/or
b. there are relevant overseas guidelines that might be suitable for adaptation for the Australian health setting.
The 2015 List of Prioritised Guideline Topics
To begin the 2015 prioritisation process, a list of more than 30 clinical topics was formulated based on jurisdictional priorities, Australian health priority areas or key NHMRC guidelines expiring.

These topics were then reviewed against the AHMAC-endorsed criteria using information that had been compiled by a consultant to populate sample EOI forms. In a number of instances, the sample EOI responses lacked detail to form a conclusive view about whether the AHMAC-endorsed criteria were met or not.

The list of assessed guideline topics are summarised in the following table:

<table>
<thead>
<tr>
<th>Topics that meet all AHMAC criteria</th>
<th>Topics where further input is required to clarify whether the topic meets the AHMAC criteria</th>
<th>Topics that do not meet the AHMAC criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Kidney Cancer</td>
<td>• Brain Cancer</td>
<td>• Injury prevention (road injury/ assisting healthcare workers to manage the effects of violence in rural and remote communities)</td>
</tr>
<tr>
<td>• Stomach Cancer</td>
<td>• Pancreatic Cancer</td>
<td></td>
</tr>
<tr>
<td>• IHD</td>
<td>• Breast Cancer</td>
<td></td>
</tr>
<tr>
<td>• Rheumatoid Arthritis</td>
<td>• Prostate Cancer</td>
<td></td>
</tr>
<tr>
<td>• Osteoarthritis (including hip,</td>
<td>• Delirium</td>
<td></td>
</tr>
<tr>
<td>knee replacement and osteoporosis+</td>
<td>• Non-diabetic renal disease</td>
<td></td>
</tr>
<tr>
<td>Vitamin D)</td>
<td>• Inflammatory Bowel Disease</td>
<td></td>
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<tr>
<td>• Musculo-skeletal pain (including</td>
<td>• Trauma and Falls</td>
<td></td>
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<tr>
<td>lower back pain)</td>
<td>• Retinopathy</td>
<td></td>
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<tr>
<td>• Cirrhosis</td>
<td>• Glaucoma</td>
<td></td>
</tr>
<tr>
<td>• Cataracts</td>
<td>• COPD</td>
<td></td>
</tr>
<tr>
<td>• LRTI (Lower Respiratory Tract</td>
<td>• Asthma</td>
<td></td>
</tr>
<tr>
<td>Infections) and pneumonia</td>
<td>• Congenital conditions</td>
<td></td>
</tr>
<tr>
<td>(linked with antibiotic</td>
<td>• Obesity/ weight management</td>
<td></td>
</tr>
<tr>
<td>stewardship)</td>
<td>• Smoking cessation</td>
<td></td>
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<tr>
<td>• Prematurity</td>
<td>• Personality Disorder</td>
<td></td>
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<tr>
<td>• VTE (Venous Thrombo</td>
<td>• Depression</td>
<td></td>
</tr>
<tr>
<td>Embolism) (including anticoagulant</td>
<td>• Schizophrenia</td>
<td></td>
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<tr>
<td>guidelines for peri-operative</td>
<td>• Drug Addiction</td>
<td></td>
</tr>
<tr>
<td>surgical patients and medical</td>
<td>• Dependence</td>
<td></td>
</tr>
<tr>
<td>patient population to include</td>
<td>• Prevention of Suicide and Self-harm</td>
<td></td>
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<tr>
<td>prophylaxis and therapeutic</td>
<td>• Problem gambling</td>
<td></td>
</tr>
<tr>
<td>anticoagulation)</td>
<td>• Anaemia</td>
<td></td>
</tr>
<tr>
<td>• Leukaemia</td>
<td>• Lung Cancer</td>
<td></td>
</tr>
<tr>
<td>• Lymphoma</td>
<td>• Colon Cancer</td>
<td></td>
</tr>
<tr>
<td>• HAI (Healthcare Associated</td>
<td>• Melanoma</td>
<td></td>
</tr>
<tr>
<td>Infections)</td>
<td>• Stroke</td>
<td></td>
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<tr>
<td>• Trans-cancer topics such as</td>
<td>• Dementia</td>
<td></td>
</tr>
<tr>
<td>medical oncology treatment</td>
<td>• Type 2 Diabetes</td>
<td></td>
</tr>
</tbody>
</table>
Injury prevention was not included as public health as it was considered to be a topic outside of the clinical practice guidelines domain, and therefore not within scope of this process. Falls, and whiplash would be covered under the trauma category.

The topics where the information in the sample EoI forms did not initially appear to meet the AHMAC-endorsed criteria, may benefit from sector input to identify additional information to determine how a guideline could improve outcomes, where there is a body of evidence or new evidence that could be included in a guideline, or the status of current and existing guidelines. See Appendix 3.

During August–September 2015, stakeholders will be invited to supply additional information to supplement the completed Expression of Interest Forms.

Copies of the completed sample Expression of Interest Forms are available in a separate document.

Once the consultation process has been completed, the list will be reviewed and reassessed against the AHMAC-endorsed criteria.

**Future Prioritisation Processes**

It is proposed that in future a process to allow organisations and individuals to submit guideline topics for prioritisation will be developed.

Appendix 5 of this Discussion Paper presents a revised draft Expression of Interest (EoI) form. This form could be used in the future by sector stakeholders wishing to nominate a clinical practice guideline topic as a national topic priority.

Comment and feedback is sought from the sector about the usefulness and applicability of using an EoI form for future guideline topic prioritisation.

As part of the current consultation process, the Commission will be inviting the sector to make suggestions about the most appropriate processes and ways to create a roadmap and other steps to be included to identify the highest priority guideline topics.
5 Seeking Feedback and Comment

The Commission is seeking comments on:

A. the initial clinical practice guideline topic prioritisation list for 2015.

B. the processes that should be used to prioritise clinical practice guideline topics in future years.

In addition to seeking feedback and comments, the Commission is hosting a number of consultation meetings and conducting an online survey (available at https://www.surveymonkey.com/r/KHL6QC3).

A 2015 List of prioritised guideline topics

Details of the guideline topics being considered for 2015, and an assessment of the topics based on preliminary responses to the AHMAC-endorsed criteria is included in Appendices 3 and 4.

Questions that may be considered include:

1. Are there any urgent clinical areas that should have been included in the initial list of clinical practice guideline development topics? If so, what are they and why should they be included?

2. Considering the topics included on the initial list of clinical practice guideline development topics, do you have any additional information to be included in the EoI for a specific topic? If so, please answer the following questions:
   i. What is the topic you wish to add information on?
   ii. Are there any gaps in the information supplied in the sample Expression of Interest?
   iii. Are there any other dimensions/issues/information that need to be factored in to consider this topic area for prioritisation?
   iv. Which specific guideline in your area of interest/expertise would significantly reduce clinical risks, harms or unwanted practice variation in this area?
   v. Are there specific treatment gaps or areas of significant unwarranted variation in this clinical area that should be addressed in a guideline?
   vi. Is there evidence of new or redundant practices in this topic area that could improve clinical practice and health outcomes?
B The Future Prioritisation Process

A draft Expression of Interest Form that could be adopted in future is included in Appendix 5. Comments on the following issues are also sought:

1. In future clinical practice guideline topic prioritisation rounds:
   a. Which groups or agencies should submit topics for consideration? (please select one or more selection)
      i. Consumer organisations
      ii. Professional colleges
      iii. Guideline developers and implementers
      iv. Jurisdictions/ governments and government agencies
      v. University, research groups, academics
      vi. Health providers and health services
      vii. Non-governmental organisations (NGOs)
      viii. Commercial, philanthropic or private guideline funders
      ix. Other (please specify)
   b. How should the topics of greatest importance to consumers be identified?
   c. How should decisions be made regarding new topics, and should these be assessed differently to topics that have become out-of-date?
   d. Should there be an additional public process for debating the relative value and importance of the topics?
   e. Should there be a process for identifying overlaps across guideline topics that might exist for people with multiple morbidities (e.g. hypertension targets)?
   f. Should guideline topic clusters or hubs of interest be convened to discuss the relative importance of topics and/ or agree the clinical focus where a guideline would make the most significant impact? (For example prevention, screening, diagnosis, treatment, rehabilitation, palliative care; or with new models of care; a focus on different population groups such as the elderly or Aboriginal and Torres Strait Islander people; or different settings such as hospitals/aged residential care facilities)

2. Who should manage and co-ordinate the future topic nomination and assessment process? Why?
Process for collating data about guideline topic areas in the future

3. Will the draft Expression of Interest form (Appendix 5) generate the appropriate information for assessing a clinical guideline topic?

4. Do you have suggestions for improving the draft Expression of Interest form?

5. Would your organisation consider making an application to have a guideline topic prioritised through this process?

6. How long would it take your organisation to prepare a topic nomination as outlined in the draft Expression of Interest form?

7. Do you think it would it be useful to have a transparent process for nominating guideline topics so that people submitting a topic can view topics proposed by other agencies or individuals?
AHMAC Criteria for prioritisation

In November 2014, AHMAC endorsed the following criteria for national clinical practice guidelines to be considered for public funding. It was agreed that:

1. **The clinical area has the potential to significantly benefit the quality of patient/consumer care and health outcomes.**

AND

2. **The clinical area is:**
   
   a) **high prevalence or represents a significant burden of disease (especially for high health needs or vulnerable populations) and/or**
   
   b) **imposes high costs on health service funders, users (consumers/patients/carers), service providers, insurers and any opportunity costs incurred (i.e. consider the trade-off between the benefits achieved from assigning resources to the development of one particular guideline and the potential consequences for not supporting another) and/or**
   
   c) **is a Government health priority topic.**

AND

3. **There is potential to:**
   
   a) **reduce risks and harms to consumers/patients/health service users, and/or**
   
   b) **reduce unwarranted variation in prevention, diagnosis or treatment, and/or**
   
   c) **derive better quality and value care by reviewing treatments that may be over-utilised, under-utilised or of low value and/or**
   
   d) **provide evidence-based advice in areas where there is new care, rapid change, uncertainty about clinically-effective and cost-effective care, inappropriate practice or contested evidence.**

AND

4. **There are no other current, valid or relevant guidelines available or applicable to the Australian context.**
Appendix 2

National Health Priority Topic Areas

The National Health Priority Areas\(^6\) are:

- Cancer Control
- Cardiovascular Health
- Injury Prevention and Control
- Mental Health
- Diabetes Mellitus
- Asthma
- Dementia
- Arthritis and musculo-skeletal conditions
- Obesity/ weight management

### Assessment of the 2015 Guideline Topics against the AHMAC criteria

<table>
<thead>
<tr>
<th>AHMAC Approved Criteria</th>
<th>Criterion 1: Potential to increase care and outcomes (include service setting/ points in patient journey)</th>
<th>Criterion 2: High prevalence/ cost or NHPA</th>
<th>Criterion 3: Reduces risks/ harms/ reduce variation/ improve value/ promotes best practice</th>
<th>Criterion 4: Are there current guidelines OR are existing guidelines out of date?</th>
<th>Other Considerations:</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Topics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>In development</td>
<td>Does not meet Criteria 4 - guidelines in development</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>In development</td>
<td>Does not meet Criteria 4 - guidelines in development</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Not out of date</td>
<td>Does not meet criteria as g/l are not out of date</td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Not out of date</td>
<td>Does not meet criteria as g/l are not out of date</td>
<td></td>
</tr>
<tr>
<td>Pancreatic</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>Does not meet Criteria 3. No information given regarding how guidelines can improve outcomes.</td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>Does not meet Criteria 3. No information given regarding how guidelines can improve outcomes.</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>Meets all 4 criteria</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>In development</td>
<td>Does not meet Criteria 4 - guidelines in development</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td>Meets all 4 criteria</td>
<td></td>
</tr>
</tbody>
</table>

TRIM D15–23161
<p>| <strong>Endocrine and Renal</strong> | | | | |
|------------------------|--------|--------|-----------------|
| <strong>Diabetes</strong>           | ✔      | ✔      | ✔               | In development | About to be published | Does not meet Criteria 4 - guidelines in development |
| <strong>Non diabetic renal disease</strong> | ✔ | ✔ | ✔ |  | |  |
| | | | | | | |
| <strong>Vascular Disease</strong> | | | | |
| <strong>Stroke</strong>             | ✔      | ✔      | ✔               | In development | Guidelines expire 2015 | Does not meet Criteria 4 - guidelines in development |
| <strong>IHD</strong>                | ✔      | ✔      | ✔               | ✔               | Meets all 4 criteria | |
| <strong>Geriatric</strong>          | | | | |
| <strong>Delirium</strong>           | ✔      | ✔      | ✔               | ✔               | A clinical syndrome | Does not meet criteria 2 due to insufficient national data |
| <strong>Dementia / Alzheimer's</strong> | ✔ | ✔ | ✔ | | In development | Does not meet Criteria 4 - guidelines in development |
| <strong>Mental Health</strong>      | | | | |
| <strong>Personality Disorder</strong> | ✔      | ✔      | ✔               | ✔               | Link to self-harm / suicide prevention | Does not appear to meet Criteria 4 as there is a current Australian guideline |
| <strong>Depression</strong>         | ✔      | ✔      | ✔               | ✔               | As part of mental health priority area | Does not appear to meet Criteria 4 as there are current Australian guidelines |
| <strong>Schizophrenia</strong>      | ✔      | ✔      | ✔               | | In development | As part of mental health priority area | Does not meet Criteria 4 - guidelines in development |
| <strong>Drug addiction / Dependence</strong> | ✔ | ✔ | ✔ | | Not out of date | Current guidelines address opioid and volatile substance abuse | Does not appear to meet Criteria 3 and 4. |
| <strong>Suicide and self-harm prevention</strong> | ✔ | ✔ | ✔ | | | As part of mental health priority area | Does not appear to meet Criteria 3. |</p>
<table>
<thead>
<tr>
<th><strong>Musculo-skeletal</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid arthritis</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Meets all 4 criteria</td>
<td></td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Meets all 4 criteria</td>
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</tr>
<tr>
<td>Musculo-skeletal pain</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Meets all 4 criteria</td>
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<table>
<thead>
<tr>
<th><strong>Gastroenterology</strong></th>
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<tbody>
<tr>
<td>Cirrhosis</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Meets all 4 criteria</td>
<td></td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>①</td>
<td>✔</td>
<td>✔</td>
<td>Not out of date</td>
<td>There is a current Australian guideline published in 2013.</td>
<td>Does not meet Criteria 1 and 4. Information provided does not clarify how guideline can improve outcomes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Injury Prevention</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma and Falls Prevention</td>
<td>①</td>
<td>✔</td>
<td>①</td>
<td>Not out of date</td>
<td>As part of Injury Prevention health priority area</td>
<td>Does not Meet Criteria 1, 3 and 4. Trauma in general is not covered fully in sample EOI as it is restricted to falls prevention.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Eye Conditions</strong></th>
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<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retinopathy</td>
<td>①</td>
<td>①</td>
<td>①</td>
<td>✔</td>
<td>As part of management of T2D, but not in isolation</td>
<td>Does not Meet Criteria 1, 2 or 3 in isolation of T2D</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>✔</td>
<td>①</td>
<td>✔</td>
<td>✔</td>
<td>Guidelines will expire 2015</td>
<td>Does not meet Criteria 2 as there is insufficient national data to inform EOI</td>
</tr>
<tr>
<td>Cataracts</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Meets all 4 criteria</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Respiratory Conditions</strong></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COPD</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Not out of date</td>
<td>Does not meet Criteria 4 as there is a current Australian guideline</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Not out of date</td>
<td>Does not meet Criteria 4 as there is a current Australian guideline</td>
<td></td>
</tr>
<tr>
<td>LRTI &amp; Pneumonia</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Current guideline is NSW only</td>
<td>Meets all 4 Criteria but will need to align with Antibiotic Stewardship guidelines</td>
</tr>
</tbody>
</table>
## Diseases of childhood

<table>
<thead>
<tr>
<th>Topic</th>
<th>Meets all 4 criteria?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity</td>
<td></td>
<td>Last guideline expired 2001; Does not meet Criteria 3 or 4 as a topic area. May be more appropriate to specify prevention, screening or management of congenital conditions.</td>
</tr>
<tr>
<td>Congenital conditions</td>
<td></td>
<td>Difficult to know the scope of this area. Does not meet Criteria 3 or 4 as a topic area. May be more appropriate to specify prevention, screening or management of congenital conditions.</td>
</tr>
</tbody>
</table>

## Haematology

<table>
<thead>
<tr>
<th>Topic</th>
<th>Meets all 4 criteria?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leukaemia</td>
<td></td>
<td>Meets all 4 criteria.</td>
</tr>
<tr>
<td>Lymphoma</td>
<td></td>
<td>Meets all 4 criteria.</td>
</tr>
<tr>
<td>Anaemia</td>
<td></td>
<td>Covered by recent Blood management guidelines. Does not meet Criteria 4 as there is a current Australian guideline and Anaemia also seen as a public health rather than clinical practice guideline topic</td>
</tr>
</tbody>
</table>

## Expiring critical national guidelines

<table>
<thead>
<tr>
<th>Topic</th>
<th>Meets all 4 criteria?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAI</td>
<td></td>
<td>Guidelines expire 2015; Meets all 4 criteria.</td>
</tr>
<tr>
<td>VTE</td>
<td></td>
<td>Meets all 4 criteria.</td>
</tr>
</tbody>
</table>

## Other topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Meets all 4 criteria?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity &amp; weight mgnt</td>
<td></td>
<td>Guidelines expire 2018; Does not meet Criteria 4 as there is a current Australian Guideline</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td></td>
<td>Guidelines updated in 2014; Does not meet Criteria 4 as there is a current Australian Guideline</td>
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</tbody>
</table>

**Notes:**

- ≠ Insufficient national data is available to assess this criteria
<table>
<thead>
<tr>
<th>Condition</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Total M</th>
<th>Total F</th>
<th>Total</th>
<th>years lost</th>
<th>DALYs</th>
<th>Years Lost</th>
<th>Heathy DALYs</th>
<th>Heathy Years Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>0.6</td>
<td>0.8</td>
<td>1.4</td>
<td>2.5</td>
<td>3.9</td>
<td>9,550</td>
<td>674</td>
<td>10,934</td>
<td>1,459.3</td>
<td>5,575</td>
</tr>
<tr>
<td>Tobacco</td>
<td>0.6</td>
<td>0.8</td>
<td>1.4</td>
<td>2.5</td>
<td>3.9</td>
<td>10,672</td>
<td>662</td>
<td>11,334</td>
<td>1,459.3</td>
<td>5,632</td>
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<tr>
<td>Drug addiction</td>
<td>0.6</td>
<td>0.8</td>
<td>1.4</td>
<td>2.5</td>
<td>3.9</td>
<td>2,010.60</td>
<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>4.7</td>
<td>0.3</td>
<td>5.0</td>
<td>0.8</td>
<td>5.8</td>
<td>11,000</td>
<td>727</td>
<td>11,727</td>
<td>1,459.3</td>
<td>5,575</td>
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<tr>
<td>Depression</td>
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<td>5.0</td>
<td>0.8</td>
<td>5.8</td>
<td>11,000</td>
<td>727</td>
<td>11,727</td>
<td>1,459.3</td>
<td>5,575</td>
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<td>11.0</td>
<td>11.0</td>
<td>22.0</td>
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<td>2,134</td>
<td>270.05</td>
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</tr>
<tr>
<td>Mental health</td>
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<td>5.5</td>
<td>11.0</td>
<td>11.0</td>
<td>22.0</td>
<td>2,010.60</td>
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<td>Preterm birth</td>
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<td>270.05</td>
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<tr>
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<td>116.4</td>
<td>232.8</td>
<td>232.8</td>
<td>465.6</td>
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<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
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<tr>
<td>Breast cancer</td>
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<td>116.4</td>
<td>232.8</td>
<td>232.8</td>
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<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
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<tr>
<td>Prostate cancer</td>
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<td>170.6</td>
<td>341.2</td>
<td>341.2</td>
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<td>2,134</td>
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<tr>
<td>Melanoma</td>
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<td>121.2</td>
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<td>Lung cancer</td>
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<td>341.2</td>
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<td>2,134</td>
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<td>1,860</td>
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<td>Cervical cancer</td>
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<td>121.2</td>
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<tr>
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<td>60.6</td>
<td>121.2</td>
<td>121.2</td>
<td>242.4</td>
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<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
</tr>
<tr>
<td>Melanoma (malignant)</td>
<td>16.8</td>
<td>16.8</td>
<td>33.6</td>
<td>33.6</td>
<td>67.2</td>
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<tr>
<td>Colorectal cancer</td>
<td>16.8</td>
<td>16.8</td>
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<td>33.6</td>
<td>67.2</td>
<td>2,010.60</td>
<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
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<tr>
<td>Melanoma (non-malignant)</td>
<td>16.8</td>
<td>16.8</td>
<td>33.6</td>
<td>33.6</td>
<td>67.2</td>
<td>2,010.60</td>
<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
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<td>Melanoma (non-benign)</td>
<td>16.8</td>
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<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
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<tr>
<td>Melanoma (non-malign)</td>
<td>16.8</td>
<td>16.8</td>
<td>33.6</td>
<td>33.6</td>
<td>67.2</td>
<td>2,010.60</td>
<td>124</td>
<td>2,134</td>
<td>270.05</td>
<td>1,860</td>
</tr>
</tbody>
</table>
NATIONAL CLINICAL GUIDELINE PRIORITISATION DRAFT

EXPRESSION OF INTEREST FORM

Disease / Health Condition Topic Area:

(The topic area should be at a high level e.g. Diabetes rather than diabetic retinopathy or care of the feet of people with diabetes.

It is possible that each topic could include a range of possible guidelines within each area. An example of a topic could be "Breast Cancer". The EoI can include comment on a wide range of breast cancer guidelines such as guidelines for breast cancer screening; early detection; or surgical management.)

Contact Details of Person who can, if required, provide any additional information to support this Expression of Interest:

Name:
Phone:
Email:
AHMAC Criteria

In November 2014, the Australian Health Ministers Advisory Council (AHMAC) endorsed the following criteria for national clinical practice guidelines to be considered for public funding.

It was agreed that:

1. The clinical area has the potential to significantly benefit the quality of patient/consumer care and health outcomes.

   AND

2. The clinical area is:
   a) high prevalence or represents a significant burden of disease (especially for high health needs or vulnerable populations) and/or
   b) imposes high costs on health service funders, users (consumers/patients/carers), service providers, insurers and any opportunity costs incurred (i.e. consider the trade-off between the benefits achieved from assigning resources to the development of one particular guideline and the potential consequences for not supporting another) and/or
   c) is a Government health priority topic.

   AND

3. There is potential to:
   a) reduce risks and harms to consumers/patients/health service users, and/or
   b) reduce unwarranted variation in prevention, diagnosis or treatment, and/or
   c) derive better quality and value care by reviewing treatments that may be over-utilised, under-utilised or of low value and/or
   d) provide evidence-based advice in areas where there is new care, rapid change, uncertainty about clinically-effective and cost-effective care, inappropriate practice or contested evidence.

   AND

4. There are no other current, valid or relevant guidelines available or applicable to the Australian context.
EXPRESSSION OF INTEREST FORM

The purpose of this EOI is to:

- gather preliminary information about the impact of a disease or clinical health condition on the Australian population; and
- establish whether current care for these conditions could be improved by adopting national best practice, evidence-based clinical practice guidelines. In some situations, a guideline may not be the best solution and other strategies may be more effective (such as policy, legislative, resourcing or structural changes); and
- use the information provided to assess the topic against the AHMAC-endorsed criteria for prioritising national guideline topics.

Completing the Expression of Interest (EoI) Form:

In order to be considered for prioritisation, every criterion must be met.

Please highlight either the YES or No columns to indicate whether you believe each criterion has been met.

When completing the EoI form:

- Please provide succinct comments to the following questions to help to determine whether this topic meets the AHMAC-endorsed criteria.
- Responses should not to be more than 8 pages in length
- Responses to the questions do not need to describe the full range of guideline topics that could be covered under each disease area.
- Criteria 2 and 3 have a number of sub-clauses in them. It is only necessary that one of the sub-clauses be met.
- Criterion 4 is met if the response is NO.

If the topic meets all AHMAC-endorsed criteria, further information to support further consideration of progressing and funding the guideline/s may be sought.

Notes:

- Funding for any guidelines will be considered only on a case-by-case basis. Funding will not be automatically approved.
- Implementation projects are excluded from this prioritisation process
- Public health topics are out-of-scope for this process.
Description of Information required

Criterion 1
The purpose of any clinical guideline is to address the issues that matter to consumers and that will offer improvements to their health outcomes. It is therefore important that consumers, carers, families and the community will be included as a primary audience as well as a range of health care workers, policy makers and health sector managers.

There may be a myriad of ways to improve or influence health outcomes (e.g. legislation, funding, service design, staff training) but for our purposes, the focus should be where a guideline has the potential to make a positive impact. For example, where there is evidence for new models of care, the promulgation and implementation of evidence-based advice can be a game-changer.

Ideally, there should be a description of where the greatest health outcome impact can occur in a chosen topic. For example screening in primary care; use of a new medication only recently accepted onto the Pharmaceutical Benefits Scheme, availability of new imaging technology, etc.

Where possible, provide comment on where the delivery of best practice care could make the biggest improvements in health outcomes. For example, is a change in practice required in prevention, screening, diagnosis, treatment, rehabilitation, palliative care; and should these changes be delivered in primary care, secondary care, tertiary care.

Comment should also be made on

i. population groups for specific attention such as high health need groups, vulnerable groups, Indigenous communities, children and young people, older people, pregnant women, people with disabilities, people from low socio-economic groups, people from culturally and linguistically diverse groups, people with hereditary risk factors, etc.

ii. service delivery, organisation and staffing considerations, models of care, specialised clinical settings

iii. settings requiring special considerations such as prisons, schools; aged residential care facilities, surgical facilities, etc.

If appropriate, could you provide up to five clinical questions that could be most appropriately answered by a guideline on the specified topic.
### AHMAC CRITERION 1

Does a guideline in the clinical area have the potential to significantly benefit the quality of patient/ consumer care and health outcomes in Australia?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

**Supporting Information: (approximately half a page)**

...
Description of Information required

Criterion 2
This criterion covers three separate components:

• burden of disease in terms of prevalence, mortality or impact on quality of life (especially for high health need or vulnerable populations); And / Or
• costs; And/ Or
• whether the topic is a Government Health Priority.

Note: Only one of the subsections needs to be met in order to be eligible for consideration.

How many people impacted by this condition could receive a positive impact if clinical treatment were improved or access improved as a result of the development of a guideline in this area?

Please provide information about any sub-population groups that experience marked health inequalities compared with the general population. For example, Indigenous Australians are more likely to die at younger ages and develop end stage kidney disease at more than 6 times the rate of non-Indigenous Australians; people in rural and remote areas have higher death rates from coronary heart disease, COPD, circulatory diseases and motor vehicle accidents; people with disabilities and low socioeconomic status experience significantly poorer health than other Australians.

If possible, provide prevalence data for the different disease stages. For example if a screening approach is required this could affect 5 million eligible people. However, surgical intervention might affect only 500 people per year.

Providing these data will help the prioritisation process by displaying comparable information across health/disease areas.

It is also useful to report costs that fall on consumers and their families, such as the impact of amputation could result in a loss of income and the requirement for home help. Consideration should also be given to the comparative cost of procedures, as well as identifying which stakeholders bear the greatest costs.

It is also useful to record areas of overlap across guideline topic areas. For example:

• many of the long-term chronic conditions (Cancer, COPD, IHD, Stroke, Diabetes) will have a shared interest in the management of depression
• many cancer guidelines will have a shared interest in palliative care, supportive care, nutrition and physical activity guidelines
• geriatric guidelines will have a shared interest in falls and trauma as well as musculo-skeletal guidelines (such as hip fracture prevention) and well as stroke and IHD).
**Response Form**

**AHMAC CRITERION 2**  
Provide information to demonstrate that the clinical area is an important area for guideline development because:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>a.</td>
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<td></td>
<td><strong>AND / OR</strong></td>
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<td>b.</td>
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<td><strong>AND / OR</strong></td>
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<tr>
<td>c.</td>
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</table>

**Supporting Information: (one to two pages)**  
*Note: Only one of the subsections above needs to be met in order to be eligible for consideration.*
Description of Information required

Criterion 3

This criterion requires a description of the ways a new or updated guideline could reduce harms and risks, reduce variation across Australia, provide better value and quality, review treatments that may be ineffective, over-used or low value, and areas where there is new or uncertain evidence should be included.

*Note: Only one of the subsections above needs to be met in order to be eligible for consideration.*

Information is sought about:

- The types of risks/harms that people current face and explain how these could be reduced or remediated by clinical practice guidelines
- Known treatment gaps, variations in clinical care, under- treatment or over-treatment
- Evidence that new or existing high quality research findings may lead to improved outcomes or improved utility
- How clinical care and uptake of guideline recommendations can be monitored or measured in practice.

Please describe evidence for best practice and the extent to which this level of care is not achieved generally or for specific groups. In particular, explain how current practice could be changed to reduce risks and harms, reduce variations, improve quality, remove uncertainty and improve practice. For example, reducing routine x-rays for low back pain could reduce radiation exposure risk for consumers and will reduce delays in radiology service.

If possible, provide a succinct description of the harms and risks that could be reduced by following best practice. For example, the table below.

<table>
<thead>
<tr>
<th>Adverse outcomes for women with gestational diabetes</th>
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</thead>
<tbody>
<tr>
<td>Pregnancy associated hypertension</td>
</tr>
<tr>
<td>3rd and 4th degree perineal tear</td>
</tr>
<tr>
<td>Type 2 diabetes in later life</td>
</tr>
<tr>
<td>Postpartum haemorrhage</td>
</tr>
</tbody>
</table>

Where possible, provide a description of new research findings or an existing body of evidence that has potential to significantly improve consumer health outcomes, together with an assessment of the strength of this evidence.
**AHMAC CRITERION 3**
Would a guideline on this topic potentially contribute to:

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>a. reduce risks and harms to consumers/ patients/ health service users,</td>
<td>YES</td>
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<td>AND/ OR</td>
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<td>b. reduce unwarranted variation in prevention, diagnosis or treatment, and/or</td>
<td>YES</td>
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<td>AND/ OR</td>
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<tr>
<td>c. derive better quality and value care by reviewing treatments that may be over-utilised, under-utilised or of low value</td>
<td>YES</td>
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<td>AND/ OR</td>
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<tr>
<td>d. provide evidence-based advice in areas where there is new care, rapid change, uncertainty about clinically-effective and cost-effective care, inappropriate practice or contested evidence?</td>
<td>YES</td>
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</table>

**Supporting Information: (up to two pages)**

_Description of Information required_
Criterion 4

This criterion requires a list of guidelines on this topic area that are:

- current
- in-development
- out of date.

It is also useful to identify areas where

a. there are new areas/ new topics where there are no existing guidelines AND where an evidence-based guideline could improve current practice
b. there are relevant overseas guidelines that might be suitable for adaptation for the Australian health setting.

This criterion is met if the answer is NO.
**Response Form**

**AHMAC CRITERION 4**
Are there any current, valid or relevant guidelines available or applicable to the Australian context?  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

**Supporting Information: (one page)**

*Current, up-to-date Australian Guidelines, or guidelines in development, that apply to this topic:*

<table>
<thead>
<tr>
<th>Guideline Title</th>
<th>Authoring Agency</th>
<th>Date Guideline approved</th>
<th>Are these still current?</th>
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