

## REPORT OF THE BOARD OF TRUSTEES

B of T Report 11-I-19

Subject: Re-establishment of National Guideline Clearinghouse

Presented by: Jesse M. Ehrenfeld, MD, MPH, Chair

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1 This report is pursuant to American Medical Association (AMA) Policy D-410.991, “Re-  
2 establishment of National Guideline Clearinghouse (NGC)”, passed by the House of Delegates at  
3 the 2019 Annual Meeting. The second paragraph of the policy calls on the AMA to research  
4 possible and existing alternatives for the functions of the NGC with a report back to the House of  
5 Delegates.

### 6 7 BACKGROUND 8

9 The mission of the NGC was to provide physicians and other health care professionals, health  
10 plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining  
11 objective, detailed information on clinical practice guidelines and to further their dissemination,  
12 implementation, and use.

13 The NGC was created in 1997 by the Agency for Healthcare Research and Quality (AHRQ) in  
14 partnership with the AMA and the American Association of Health Plans (now America’s Health  
15 Insurance Plans [AHIP]). In January 1999, the database-driven NGC website was made available to  
16 the public, and AHRQ maintained and enhanced the NGC for nearly 20 years. The partnership with  
17 AMA and AHIP ended in 2002, but AMA remained committed to the mission of the NGC through  
18 passage and reaffirmation of AMA Policy H-410.965, “Clinical Practice Guidelines, Performance  
19 Measures, and Outcomes Research Activities.”

### 21 22 NATIONAL GUIDELINES CLEARINGHOUSE STATUS 23

24 The AMA discussed the NGC with AHRQ staff to understand why the NGC website was closed  
25 and services suspended as of July 2018. Per AHRQ staff, it was never the intention of AHRQ to  
26 eliminate or shut down the NGC. The AHRQ received funding to develop and maintain the NGC  
27 per its mission. This funding ended, and the MITRE Corporation was contracted by AHRQ to  
28 determine a path(s) to sustaining and advancing NGC without AHRQ funding. The MITRE  
29 Corporation is a not-for-profit company that operates multiple federally-funded research and  
30 development centers to provide innovative, practical solutions.

31 Prior to commissioning the study, AHRQ staff interviewed NGC stakeholders and customers to get  
32 a thorough understanding of what they valued about the NGC to guide MITRE in their charge.  
33 While clinical practitioners associated with large medical practices or health systems, and many  
34 specialists have access to guidelines and related materials, the NGC was most used by researchers,  
35 residents and small practices or solo practitioners. Among the stakeholder comments were a  
36 continued interest in a repository of evidence-based clinical practice guidelines meeting certain  
37 transparent criteria and continued support for public access to the repository (no fee or registration  
38 required). During this transition some organizations stepped in to provide similar if not parallel  
39 services to the NGC. One such organization, ECRI Institute, an independent, nonprofit patient

1 safety organization, launched the ECRI Guidelines Trust™, a portal to expertly vetted, evidence-  
2 based guideline briefs and scorecards. The healthcare community has free access to the website.  
3

4 The MITRE Corporation has completed its study and per its recommendations AHRQ will  
5 transition the NGC to a private entity to sustain the site and thereby provide a source of evidence-  
6 based guidelines for clinical decision making. The Agency will achieve this transition through a  
7 mechanism that will ensure alignment with principles that have defined AHRQ's support for the  
8 resource, including the requirement that guidelines meet specific criteria and adherence to the IOM  
9 trustworthiness standards, public access, and protections of guideline developer copyright. AHRQ  
10 will have a role in the NGC, which will be specified as the work continues. No information is  
11 publicly available at this time regarding the financial support for the new NGC to be managed by a  
12 private entity.  
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14 The timeline for migration to a private entity from AHRQ has not been determined but AHRQ will  
15 continue to post updates to its website <https://www.ahrq.gov/gam/updates/index.html>. The AMA  
16 will monitor additional plans as they become available.