Subject: Re-establishment of National Guideline Clearinghouse

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

BACKGROUND

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

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

NATIONAL GUIDELINES CLEARINGHOUSE STATUS

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

Prior to commissioning the study, AHRQ staff interviewed NGC stakeholders and customers to get a thorough understanding of what they valued about the NGC to guide MITRE in their charge. While clinical practitioners associated with large medical practices or health systems, and many specialists have access to guidelines and related materials, the NGC was most used by researchers, residents and small practices or solo practitioners. Among the stakeholder comments were a continued interest in a repository of evidence-based clinical practice guidelines meeting certain transparent criteria and continued support for public access to the repository (no fee or registration required). During this transition some organizations stepped in to provide similar if not parallel services to the NGC. One such organization, ECRI Institute, an independent, nonprofit patient...
safety organization, launched the ECRI Guidelines Trust™, a portal to expertly vetted, evidence-based guideline briefs and scorecards. The healthcare community has free access to the website.

The MITRE Corporation has completed its study and per its recommendations AHRQ will transition the NGC to a private entity to sustain the site and thereby provide a source of evidence-based guidelines for clinical decision making. The Agency will achieve this transition through a mechanism that will ensure alignment with principles that have defined AHRQ’s support for the resource, including the requirement that guidelines meet specific criteria and adherence to the IOM trustworthiness standards, public access, and protections of guideline developer copyright. AHRQ will have a role in the NGC, which will be specified as the work continues. No information is publicly available at this time regarding the financial support for the new NGC to be managed by a private entity.

The timeline for migration to a private entity from AHRQ has not been determined but AHRQ will continue to post updates to it website https://www.ahrq.gov/gam/updates/index.html. The AMA will monitor additional plans as they become available.