Commentary

College Commences Clinical Consensus Statement Development

In early 2013, the ACFAS Board of Directors approved funding to commence development of new clinical consensus statements. The Board sunsetted the College's prior clinical practice guidelines (CPG) in 2011 as they did not meet the Institute of Medicine's (IOM) standards for CPGs, and it would be cost-prohibitive to develop IOM-compliant CPGs. These new clinical consensus statements will be shorter, slightly less-evidence-based medicine (EBM) stringent, and more user friendly than the CPGs.

In cooperation with the Research-EBM Committee, the Board identified 2 topics and selected panel members to participate in this important project. Monica Schweinberger, DPM, AACFAS, is chairing the Antibiotic Prophylaxis Clinical Consensus Statement panel while Adam Fleischer, DPM, MPH, FACFAS, is chairing the DVT Prophylaxis Clinical Consensus Statement panel.

Over summer 2014, the 2 clinical consensus statement panels identified search criteria, selected databases to use, conducted extensive literature searches, reviewed and summarized articles, and developed clinical consensus questions. The 2 groups met in early September 2014 to discuss the findings of their clinical consensus questions, particularly where there were discrepancies. The 2 panels continue to develop and refine the statements with the goal of publishing them in early 2015.

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Editorial

White Papers, Position Papers, Clinical Consensus Statements, and Clinical Practice Guidelines: Future Directions for ACFAS

Day-to-day clinical decisions, hospital rules of operation, and access to both public and private health care finances have become increasingly more influenced by the information developed and published by medical and surgical societies. Similar to the varying degrees of academic weight applied to evidence-based medicine, white papers, position papers, clinical consensus statements, and clinical practice guidelines each have a different purpose and role in the health care arena.

A white paper is a document created by an authoritative group that helps interested parties understand an issue or make a clinical decision. There is little to no scientific literature to review; the role of a white paper is not to develop a scientific document but rather to convey the recommendations of a society on a particular topic. For example, the American College of Foot and Ankle Surgeons (ACFAS) has developed a white paper on the beneficial partnership between Academic Health Centers and our members (http://www.acfas.org/positions/).

A position paper designates a policy report that focuses on explaining, justifying, or suggesting a particular form of care. Accordingly, it also contains background information and explanations in order to provide a more robust understanding of the issues involved and the rationale behind the position adopted. Of paramount importance is an appreciation that the strength of the position paper is related to the authoring scientific body. In the College’s case, that would be the ACFAS Board of Directors adopting a position paper created by a specific task force or committee of members. ACFAS has developed 11
position papers that cover various topics, including cosmetic foot surgery, truth in advertising, complementary and alternative medicine, and total ankle replacement (http://www.acfas.org/positions/).

A clinical consensus statement is the end product developed by an independent panel of subject matter experts convened specifically to perform a systematic review of the available literature, for the purpose of understanding a clinically relevant issue or surgical procedure. Ideally, the panel members have no conflicts of interest and are multidisciplinary, and the panel includes the patients intended to benefit from the treatments studied; however, these ideals are frequently impractical. What is absolutely critical is that the panel members have differing clinical and technical expertise because converting the data available in the literature into recommendations intended to influence a broad and varying membership requires subjective judgments from individuals with different approaches to the same clinical problem.

Finally, a clinical practice guideline is intended to reduce inappropriate clinical care variations, minimize patient harm, promote cost-effective practice, and produce optimal patient outcomes. The information included in a clinical practice guideline is developed through systematic review and meta-analysis (if possible) of strong evidence in the literature involving a broad topic. The information is combined with the expert panels' opinions, and the end result is a specific set of algorithms or practice guidelines intended to influence physician and patient behavior. There is also obvious potential to influence health insurance coverage and medical malpractice litigation with such statements if they are not followed.

The primary difference between a clinical consensus statement and a clinical practice guideline is that clinical consensus statements synthesize newly available information and have implications for re-evaluation of generally accepted medical practices but do not give specific algorithms or guidelines for practice. Additionally, it is much easier to be nimble and respond to member and patient needs with a clinical consensus statement compared with clinical practice guidelines.

In the past, ACFAS published a series of clinical (or preferred) practice guidelines (http://www.acfas.org/Research-and-Publications/); however, as with everything in health care, change happened. In 2010 the Institute of Medicine published detailed guidelines on how clinical practice guidelines should be developed and written. These guidelines made clinical practice guidelines cost-prohibitive for many medical societies, including ACFAS.

But the College’s clinical practice guidelines were highly valued by members, so a substitute was needed. Based on member surveys, in 2014 the ACFAS Board of Directors funded and appointed 2 expert panels to write our first properly conducted clinical consensus statements. The first, which appears in this issue of The Journal of Foot & Ankle Surgery, is “Perioperative Prophylactic Antibiotic Use in Clean Elective Foot Surgery.” This is a clinically relevant topic for members of the College and their patients, yet has enough controversy to warrant further exploration through expert panel review to generate areas of consensus. The second clinical consensus statement, which will be published at a later date, will cover the topic of deep venous thrombosis prophylaxis specific to elective foot and ankle surgery.

Each of the ACFAS public statements mentioned in this Editorial represents a “snapshot” of the available literature at the time of review; therefore, they must be periodically re-evaluated and the updated documents then will replace the previous ones. As a general rule, this occurs when new evidence suggests the need for modification of clinically important recommendations. A timeframe for updating these documents, as recommended by the National Guidelines Clearinghouse, is every 5 years.

By continuing to develop, refine, and publish white papers, position papers, and clinical consensus statements, ACFAS will aid our members in providing clinically appropriate, fiscally sound, and patient-centric care. It is through efforts such as these that members of the College will continue to be proven leaders and lifelong learners who are changing our patient’s lives for the better.

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