

"AAFP POLICY ON THE JOINT DEVELOPMENT OF CLINICAL POLICIES WITH OTHER ORGANIZATIONS"

Board Approved March 2002

"The AAFP advocates the development of explicit patient-centered practice policies which focus on what should be done for patients rather than who should do it. When policies address the issue of who should provide care, then recommendations for management, consultation or referral should emphasize appropriate specific competencies, rather than a clinician's specialty designation. The AAFP may participate with other medical organizations in the development of policies (also known as practice parameters or clinical practice guidelines) when the appropriate criteria are met."

The Academy has developed this position in light of the following difficulties when trying to pursue referral guidelines:

1. There is no good methodology for doing scientifically valid referral guidelines that takes into account both the direct and indirect benefits and harms to physicians and patients.
2. There are few, if any, data that describe the effects of specialty, training, experience, or continuity of care on patient outcomes.
3. There is significant variation in training, experience, interest, and expertise among practitioners of the same specialty.
4. Development of requirements to refer (or not refer) could be considered restraint of trade and may subject to potential liability the organizations that produce such guidelines absent strong scientific evidence. Even when all the relevant specialties are represented, individual physicians could claim that they are personally harmed.

CRITERIA FOR CONSIDERATION IN AAFP INVOLVEMENT IN CLINICAL PRACTICE GUIDELINE DEVELOPMENT

The criteria are based on separate categories with different requirements for the different levels.

1. The process focuses on what to do not who does it.
2. The process may be sponsored under AAFP protocol for acceptance of such funds.
 - A. Funding must be obtained from multiple sources and pooled. In general, this would require that at least three sources in the same business must participate or a combination of sources from different fields.
 - B. The funders would not participate with the guideline panel in the selection of topics or the development of the clinical practice guidelines.
 - C. Funding would be in the form of an unrestricted grant to the AAFP or if more appropriate, to the AAFP Foundation (or other professional organization with whom AAFP is collaborating.) Standard protocols for the solicitation and administration of such funds would be followed.
 - D. Funding for dissemination or related products (e.g. development of quality measures) could be sought at the same time.
3. AAFP is involved in the initial formulation of the problem, not just participating in a predefined agenda.
4. AAFP or its representative(s) have the right to include a minority report if needed (or to opt out of the process as in #6 below).
5. AAFP or its representative(s) are involved in all key steps in the process and are not surprised by the final document.
6. AAFP or its representative(s) may opt out of the process at any time.
7. Endorsement if any will follow normal AAFP policy and the final document will be reviewed by AAFP prior to any endorsement.
8. The product represents a true partnership with appropriate voice and representation in the process.

9. The process used is explicitly documented in the resulting policy.
10. Intellectual property rights to the resulting work and the data used include the AAFP and/or its representative(s).
11. The authorship statement of the resultant policy includes the AAFP and/or its representative(s).

Criteria For Working With Outside Organizations

Level 1: This level includes joint policy processes with all parties contributing personnel, financial support and where the aim is to produce a policy which would be accepted by all parties.

Level 2: At this level the other organization expects to produce its own policy and would like an official representation from the AAFP. The other organization desires to be in charge of the process and provide the dominant support. The AAFP might or might not pay for the expenses of the AAFP representative(s).

Level 3: At this level the other organization only wants the AAFP to supply names of appropriate family physicians to serve in their process. No official representative is desired.

Criterion	Level 1	Level 2	Level 3
Process focussed on what to do not who does it	Required	Required	Optional in special cases
The process may be sponsored under AAFP protocol for acceptance of such funds.	Permitted	Permitted	Permitted
AAFP involved in problem formulation	Required	May be waived if problem well defined	Not required
AAFP or rep has to a minority report or to opt out	Mutual rights spelled out in agreement	Required	Participant negotiates
AAFP or rep involved in all key steps and are not surprised by result	Not applicable	Required	Required
AAFP or rep may opt out of the process at any time	Not applicable	Required	Required
Endorsement if any follows normal AAFP policy and AAFP reviews prior to endorsement	Negotiated	Negotiated recognizing AAFP usually doesn't endorse outside products	AAFP doesn't endorse outside products
Product represents a true partnership with appropriate voice and representation	Required	Not applicable	Not applicable
Process explicitly documented in the policy	Required	Required	Participant negotiates
AAFP or rep included in intellectual property rights	To be determined	To be determined	To be determined
AAFP or rep included in authorship	Required	Not prohibited subject to option to minority	Negotiable, not required

		report or opt out	
--	--	-------------------	--