The Preferred Practice Pattern Guidelines in Ophthalmology

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The Academy’s Preferred Practice Pattern (PPP) guidelines have had a lengthy evolution since 1985, when the Academy was one of the first medical specialty societies to embark on guideline development. The Institute of Medicine’s landmark reports on clinical practice guidelines, defined as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances,” ushered in an era of guideline proliferation. In 2011, the Institute of Medicine reported that there were more than 3700 guidelines from 39 countries in the Guidelines International Network library. Currently, there are 6187 guidelines originating from 76 countries. The United States National Guideline Clearinghouse contains 2361 individual guideline summaries. Guidelines serve as the foundation for quality and performance measures, quality improvement, and clinical decision support systems.

Preferred Practice Pattern documents are constructed to provide a recommended framework for the pattern of practice, rather than to offer prescriptive care for a particular patient. They are based on the best available scientific data as interpreted by panels of knowledgeable physicians and methodologists. When results of well-conducted controlled clinical trials are available, the data are persuasive and provide clear guidance to clinicians. In other cases, the PPP panels need to rely on both their collective experience and the evaluation of current evidence. Preferred Practice Patterns play an important role beyond providing clinical guidance to ophthalmologists. They are frequently of value in helping construct and defend coverage for treatment plans and providing medical-legal defense. They also help to form the basis of quality measures linked to value-based payment systems such as the Physician Quality Reporting System. Authors and reviewers do not receive any financial compensation for their contributions to the documents. Rather, the PPP program is funded by the Academy without commercial support. To identify, limit, and manage potential conflicts of interest, the Academy adheres to the Council of Medical Specialty Societies’ Code for Interactions with Companies. After being drafted by a specialty-specific panel, each PPP is reviewed by the entire PPP committee, the Committee of Secretaries, the Board of Trustees, the Council, subspecialty societies, national medical societies, and relevant patient organizations. This ensures a broad base of both authorship and review.

The year 2016 marks another significant step in the evolution of PPPs. The Academy’s PPPs are now available online at: www.aaojournal.org/content/preferred-practice-pattern. All new and revised PPPs will be published online in the Journal at the time of the annual meeting each year. This will allow these documents to be cited and identified through a PubMed search in systematic reviews and bibliographic retrieval. The documents also will gain longevity online through the Journal’s archive collection. Previously, the PPPs had been available on the Academy’s ONE Network without need for a login and password and free of charge. Placing them in the Journal extends access of the PPPs to an international medical community that may have been unaware of their existence. This parallels the longtime publication of the Academy’s Ophthalmology Technology Assessments, which also have a freely accessible collection page: www.aaojournal.org/content/OphthalmologyTechnologyAssessment.

Fittingly, one of the PPPs published this year is for primary open-angle glaucoma, which was the first disease-oriented guideline published by the Academy in 1989. The latest version defines a reasonable initial treatment goal of reducing intraocular pressure by 20% to 30% less than baseline and then to adjust treatment as needed based on the patient’s disease course. The PPP also recommends prostaglandin analogs as the initial medical therapy; unless other considerations exist that preclude this option.

Another important addition has been the creation of PPPs on new topics because of changing practice patterns and treatments. In 2015, the Retina Panel developed PPPs for retinal vein occlusion and idiopathic epiretinal membrane and vitreomacular traction, increasing the total number of PPPs to 22. The expert panel reviewed new treatments, including the role of anti-vascular endothelial growth factors, and recommended coordination of care with the primary care provider for systemic medical conditions in patients with a central retinal vein occlusion or a branch retinal vein occlusion. In the Idiopathic Epiretinal Membrane and Vitreomacular Traction PPP, the panel described different treatments for vitreomacular adhesion, including ocirplasmin, as well as the expected results of vitrectomy surgery.
We thank the Journal for publishing the PPP guidelines in recognition of their significance in the biomedical literature. These evidence-based guidelines provide a helpful reference for busy clinicians, allowing them to assimilate scientific evidence and expert consensus into their everyday patient care.

References


Footnotes and Financial Disclosures

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