

ReedGroup®
MDGuidelines®

ACOEM GUIDELINES AND FORMULARY

November 16, 2020



GUIDELINES METHODOLOGY



- ACOEM's Practice Guidelines are developed in accordance with a meticulous strength-of-evidence rating methodology, incorporating the latest IOM, GRADE, AGREE and AMSTAR criteria.
- The goal behind the methodology and development process is to produce the most *rigorous*, *reproducible*, and *transparent* guidelines available.

HOW CAN YOU TELL IF GUIDELINES ARE EVIDENCE-BASED?

1. Is there a published, detailed, and understandable **methodology**?
2. Are the conclusions **scientifically verifiable**?
3. Were the reviews and recommendations developed by professionals with **appropriate training and credentials**?
4. Were findings made by **individuals or by broad-based physician panels**?

DEVELOPMENT / REVISION PROCESS SUMMARY

Step	Purpose	Individual(s) Responsible	Educational Credentials
Pose Answerable Clinical Questions	Direct search, following format in Attachment 9.	Editor, EBPPs	MD, DO
Literature Search	Comprehensive search of the literature focusing on highest level of evidence in Attachment 7. Pull articles using inclusion criteria shown in Table A.C5	Research Assistant(s)	Undergrad/ MS/MPH/MD (resident)
Article Abstraction / Preliminary Development of Evidence tables	Read articles Initial construction of evidence tables for topic, for example Attachment 10.	Research Assistant(s), Study Coordinator(s)	MS/MPH/PhD
Article Abstraction / Semi-Final Development of Evidence Tables	Read articles Semi-final construction of evidence tables for topic, including critiquing of study design and data.	Study Coordinator(s), Research Associate	MS/MPH/PhD
Evidence Table Review and Finalization	Over-read evidence tables to ensure that all important aspects of articles are included. QA/QC	Physician(s)	MD/DO with MPH (or equivalent)
Rate Articles	Rate the articles based on defined criteria, for example Table B for RCTs	Physician(s)	MD/DO with MPH (or equivalent)
Rate Strength of Evidence	Determine strength of evidence rating for topic based on the quality of the articles as shown in Table C.	Physician(s)	MD/DO with MPH (or equivalent)
Draft Summaries	Draft text summaries of the evidence on each topic citing design, results and quality.	Physician(s)	MD/DO with MPH (or equivalent)
Draft Recommendations	Draft recommendations	Physician(s)	MD/DO with MPH (or equivalent)
Panel Process	Review evidence tables and strength of evidence ratings. Revise recommendations based on discussion, application of clinical judgment and first principles or new evidence.	Multi-disciplinary health professionals	MD/DO/MPH, MS, PT, etc.

EXHAUSTIVE LITERATURE SEARCH

All MeSH terms documented for database searches. Including:

1. The National Library of Medicine's MEDLARS database (Medline)
2. EMB Online
3. The Cochrane Central Register of Controlled Trials
4. TRIP Database
5. CINAHL (Nursing, allied health, physical therapy, occupational therapy, social services)
6. EMBASE
7. PEDro: Physiotherapy Evidence Database

MDGUIDELINES' ACOEM-BASED FORMULARY

FORMULARY: PURPOSE AND PRINCIPLES



Evidence-based formulary
for workers' compensation
treatment



Use the strength of the
ACOEM Occupational
Medicine Practice
Guidelines



State of the art **guidance**:

- physicians
- injured workers
- claims professionals
- legal and regulatory community
- all other stakeholders in WC treatment

FORMULARY: DEVELOPMENT TEAM

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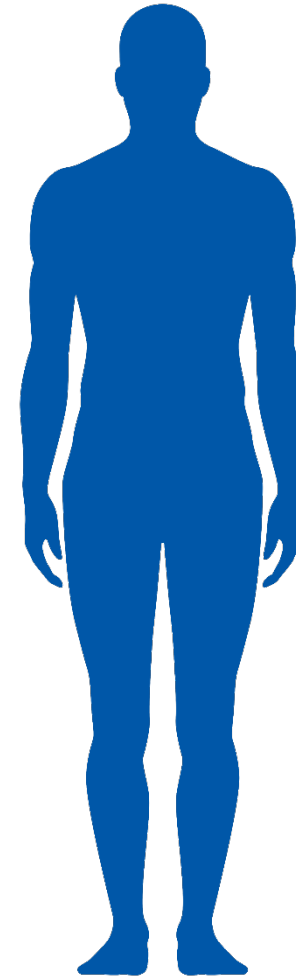


FORMULARY: METHODOLOGY

Guidelines	Recommendations	Supplement	Leading Sources
ACOEM Practice Guidelines as primary source	<p>ACOEM recommendations</p> <ul style="list-style-type: none">• Based on literature review and evaluation for bias and strength• Class of medications, e.g. Opioids, NSAIDs• Specific medications	Other leading sources as needed	<p>Healthsystems' recommendations based on leading sources as well as P&T decisions</p> <ul style="list-style-type: none">• Pharmacy and medical literature, safety, cost

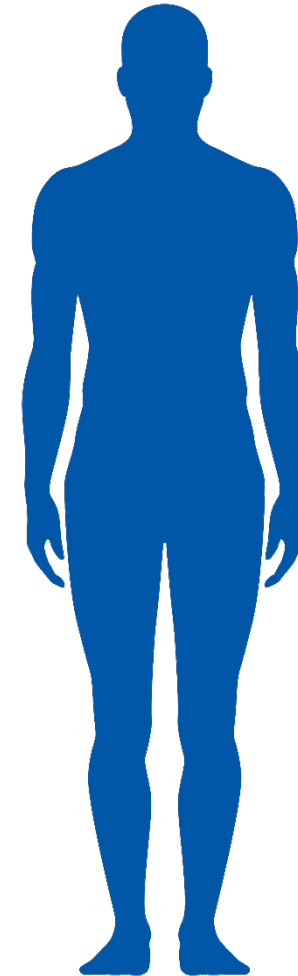
FORMULARY: METHODOLOGY

- Specific Conditions by body part
- ICD codes attached
- Phase of treatment - acute and chronic
- Class of medications
- Specific medications - generic listing
- ACOEM Recommendations:
 - Recommended
 - Not recommended
 - No recommendation- insufficient evidence
- Healthsystems' recommendations for specific medications within a class:
 - Yes
 - No
- National cost data for relative comparisons

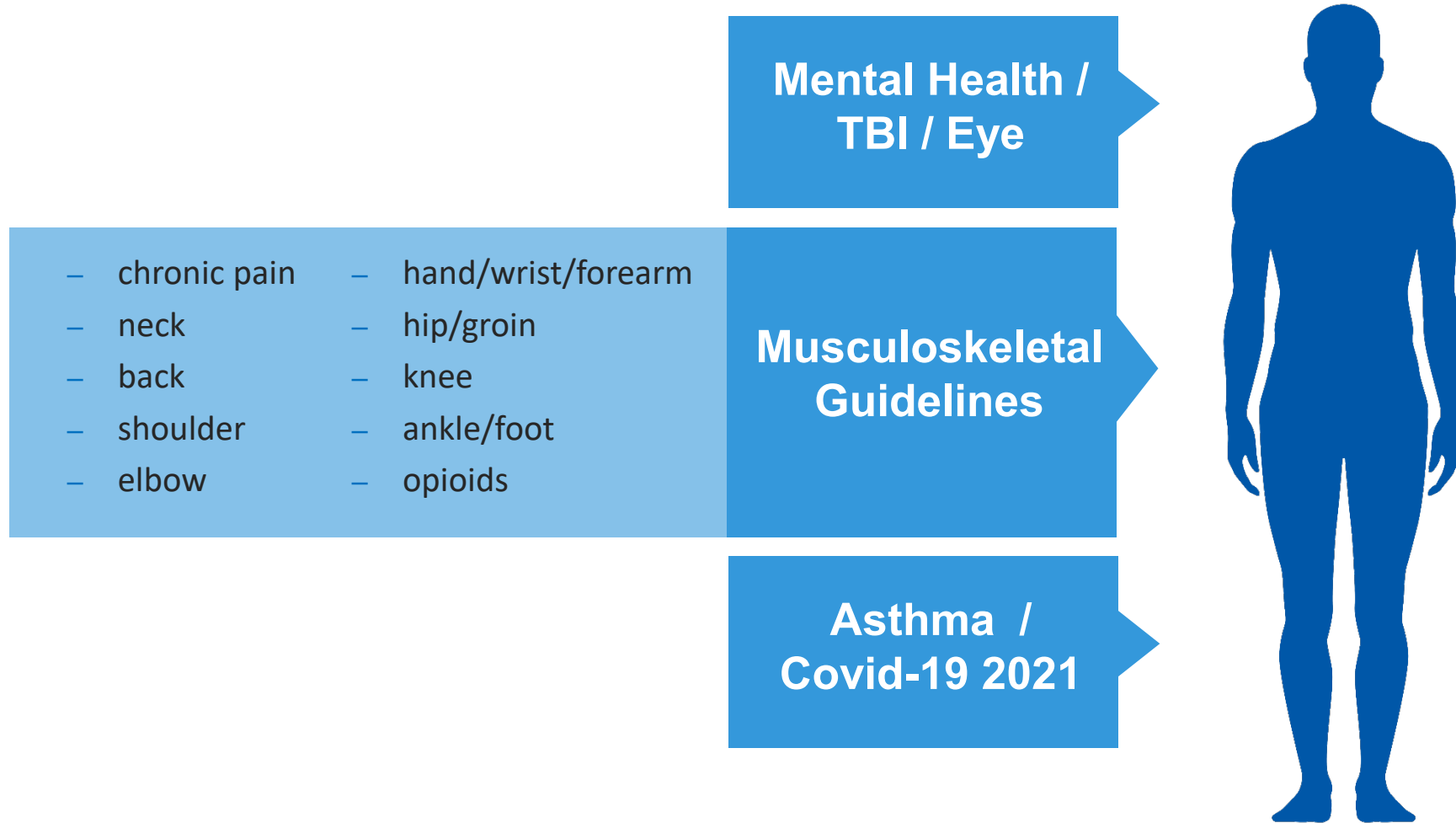


FORMULARY: METHODOLOGY

- Initial reading of ACOEM Guidelines
- ACOEM recommendations reviewed
 - Most accepted
- Some updated or greater specificity required
 - Additional sources identified as evidence
- Comments added to guide physicians and claims professionals
- Editor (RG) reviewed work by PharmD - an iterative approach
- External reviews conducted
- Input considered and adopted if justified
- Updated and sent for ACOEM review
- Input considered and discussed if needed, adopted if justified
- Final decisions by Robert Goldberg, MD & Kurt Hegmann, MD



FORMULARY: CONTENT



FORMULARY: STRENGTHS OF FORMULARY

Primary
source:
ACOEM
Occupational
Medicine
Guidelines

Additional sources to
complete formulary only as
needed

Regular guideline
updates by
ACOEM/Reed

Pharmacy and
Medical expertise
are **combined**



Transparent literature
review and guideline
development process
are the foundation

Iterative
development and
review process



**EVIDENCE
- BASED**

ReedGroup®

MDGuidelines®

| The measure
of health