Appendix H

Clinical Practice Guideline Topic Scoring Rubric

Table 4.

ALL DOMAINS SHOULD BE SCORED BASED ON INFORMATION PROVIDED WITHIN THE CPG INTENT FORM,
NOT JUST PERSONAL KNOWLEDGE AND/OR EXPERTISE OF THE SUBMITTED TOPIC

<table>
<thead>
<tr>
<th>Domain</th>
<th>Items</th>
<th>Score (1 (worst) to 5 (best))</th>
<th>Multiply</th>
<th>Weighted score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alignment with AAP Strategic Plan Item 8</td>
<td>Do the intent authors demonstrate that this CPG will align with the AAP Strategic Plan?</td>
<td>2</td>
<td></td>
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</tbody>
</table>
| 2. Disease Burden on the Health System Items 7, 8 | Do the intent authors demonstrate that this CPG will address a problem with substantial disease burden on the health system?  
- Potential impact of CPG  
  - Number of children and families impacted  
  - Which medical professional/societies whom care for children would implement clinical recommendation?  
  - What is the impact on non-pediatric providers?  
  - What is the impact on practice?  
- Disease/Condition incidence or prevalence  
- High risk impact of disease/condition for children  
- High frequency of risk factors associated with the disease/condition  
- High frequency of avoidable risk factors associated with the disease/condition  
- Health priorities in agreement with CPG's needs  
- High impact on national health system  
- What is impact on science of pediatric medicine? | 1                             |          |                |
| 3. Economic Impact on the Health System Items 7, 8 | Do the intent authors demonstrate that this CPG will address a problem with substantial economic impact on the health system?  
- Economic effects on health system (cost of an individual patient is high during diagnosis or therapeutic process)  
- Disease/Condition associated with iatrogenic interventions that are significantly high in cost  
- High impact on national health system | 1                             |          |                |
| 4. Effectiveness | **Do the intent authors demonstrate that this CPG will be effective in its implementation based on current methods shown in methodologically adequate studies?**  
- Certainty about effectiveness of assessed interventions and technologies |
|------------------|-------------------------------------------------------------------------------------------------|
| 5. Evidence      | **Do the intent authors demonstrate that this CPG will be based on strong evidence?**  
- Availability of effective methods shown by methodologically adequate studies |
| 6. Clinical Practice Variation | **Do the intent authors demonstrate substantial and unwarranted variation in practice that could be improved by the CPG?**  
- Current evidence is insufficient or variable for disease control in the population  
- Lack of high-quality CPGs  
- Availability of high volume of evidence regarding the CPG topic  
- Evidence of inappropriate use of available technologies used in the treatment of condition (iatrogenic)  
- Conditions/diseases where effective treatments could reduce mortality or morbidity  
- Evidence of disagreements between current treatment and literature recommendation  
- Is there current controversy about topic importance? |
| 7. Timeliness and Patient Safety | **Do the intent authors demonstrate that this CPG will improve Patient Safety?**  
- Does the production of guideline on this topic improve patient safety, or effective in reducing harm?  
- Disease/condition associated with high incidence of adverse events or treatment sequela  
- High possibility of adverse events |
| 8. Patient Priorities | **Do the intent authors demonstrate that this CPG is of interest to patients and their families?**  
- High patient demand or interest  
- Concerns about patients’ quality of life  
- Feasibility of patient empowerment  
- High acceptability of the topic between the general public and professionals affected by the use of the CPG |
| 9. Novel Methodology | **Do the intent authors demonstrate that this CPG will address new methods and technology?**  
- High importance of new methods and technology assessment  
- Fast diffusion of non-assessed technologies, availability of resources and sufficient time for technologies implementation |
| 10. Other social effects/Equity | **Do the intent authors demonstrate that this CPG will address social and health inequities?**  
- Will reduce inequities when implemented  
- Closes gap in health care disparities for children and families  
- Absenteeism from work or school, inability to work, inequities in access to health services |
11. Health Promotion and Disease Prevention

* Item 8

Do the intent authors demonstrate that this CPG will address health promotion and disease prevention?
- Feasibility of prevention between patients with risk factors
- Are there specific activities of health promotion, disease prevention, early diagnosis or treatment?
- Have all of them shown a reduction in disease burden?

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<tr>
<th>TOTAL OF THE WEIGHTED SCORES ABOVE</th>
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Work Effort

To be determined by AAP Staff and the COGD

- Feasibility on recommendations development which will improve health outcomes and cost
- Is the proposal politically feasible?
- Does it belong to priority health areas according to government policies?
- Can the CPG be implemented? For example, will not require an excessive amount of resources and will not present important barriers to implement changes
- Will require education to training professionals
- Does the proposed topic include a diverse and inclusive stakeholder group?
- Complexity of systematic review
- Information needs for members and their patients

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<tr>
<th></th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
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* Clinical Practice Guidelines up for revision will likely be scored higher priority because of decreased complexity and resources and increased alignment with AAP strategic plans.
Adapted from [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2846928/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2846928/)

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