ICSI Scientific Document Program

ICSI has been developing evidence-based clinical practice guidelines (CPGs) to improve patient care since 1993. A cornerstone of this work has always been enlisting member clinicians to perform rigorous oversight and development of these guidelines, and ICSI is grateful for the time, experience, and wisdom shared by members as part of this work.

ICSI plans to remain a leader in practicing evidence-based medicine to meet the demands of health care delivery moving forward. In order to continue to provide the best value to our members and broaden the implementation of best practice guidelines, we implemented at three main strategies in 2014:

- Ensuring that ICSI’s guidelines posted on the National Guideline Clearinghouse are in full compliance with Institute of Medicine (IOM) standards
- Implementing a new process to endorse guidelines developed by other respected organizations
- Reviewing our guidelines and see which can have their revision cycle extended without affecting the practice of best medicine

By taking these actions, we have increased our efforts to add decision-support information to some guidelines, and provide more tool kits that enhance the implementation of guidelines in practice.

Meeting New IOM Standards

In 2011, the IOM released updated recommendations on the best methods or standards to promote consistency and trustworthiness of CPGs across developers. These standards and ICSI’s guideline development framework are designed to:

- Combat bias
- Enhance transparency
- Highlight benefits and harms
- Promote optimal patient outcomes
- Provide cost-effective care options that enhance the patient experience
- Limit practice variation through strong recommendations and care options.

Most revisions moving forward will involve ensuring the document meets IOM standards.
ICSI has been working since 2011 toward the adoption of the new IOM standards. Due to the expanded rigor and standardization of our guideline format required to meet the new standards, ICSI has restructured some aspects of the guideline revision process to include the following:

- Expanding the number of required meetings to at least five
- Adding structures to accommodate alignment with all eight IOM standards
- Extending the revision cycle for some guidelines if warranted
- Continuing some guidelines to meet ICSI standards and member needs that are not intended to meet IOM standards.

**Endorsement Process**

ICSI’s evidence-based CPGs are developed using IOM’s 2011 framework and are designed to combat bias, enhance transparency, and meet member needs.

In an effort to enhance and expand on its guideline work, ICSI implemented a new process in 2014 to endorse guidelines developed by others. The reason is that several organizations develop quality clinical practice guidelines that are in alignment with ICSI’s work. This will enable members to request guidelines relevant to their practice that ICSI has not internally developed.

The endorsement process for reviewing external CPGs will maintain the same quality standard, rigor, and value as those for developing ICSI’s own guidelines. The process will be transparent and collaborative, and grounded in rigor that reflects our guideline development history. ICSI will not endorse low quality evidence-based CPGs or guidelines that in any way reduce the current ICSI quality standard.

The following are some key points about the endorsement process:

- Guidelines must meet a number of requirements related to evidence quality, funding sources, conflicts of interest and more to qualify for consideration
- ICSI staff will perform an initial critical review of the guideline using methodology aligned with IOM standards, requirements of the NGC and ICSI’s own rigorous standards
- The work group has three options: to recommend a full endorsement, endorse with supplement or not endorse
- Sign-off by the Committee for Evidence-Based Practice (CEBP) is required before the ICSI-Endorsed Guideline can be posted on ICSI’s website.
**Revision Cycle Extension**
The ICSI revision cycle will be between 2-5 years, depending on the guideline. As part of this process, we will factor in new research or evidence for a health condition that would warrant a shorter revision cycle for a particular guideline. We will visit with guideline work groups to identify the need for shorter revisions cycles.

**More Information**
Details about our Scientific Documents Program will be communicated in upcoming issues of ICSI News and on our website at [www.icsi.org](http://www.icsi.org).

If you have questions about our program please contact Claire Neely, MD, Chief Medical Officer, at [cneely@icsi.org](mailto:cneely@icsi.org) or (952) 814-7091, or Lisa Carlson, Senior Manager of Core Programs at [lcarlson@icsi.org](mailto:lcarlson@icsi.org) or (952) 814-7072.

We appreciate your comments and collaboration as together we accelerate the transformation of health care in our communities.