APPROPRIATE USE CRITERIA

I. Definition
The Academy employs a process that combines evidence-based information based on a review of available literature with clinical practice experience and expert judgment to develop appropriate use criteria (AUC). AUCs are herein defined as documents that support clinical decision making by defining when it is, or is not, acceptable to utilize/perform a specific procedure, test, or therapy in the diagnosis and care of patients with dermatologic conditions.

II. Funding of AUC Development
Direct funding of AUC by medical and pharmaceutical industry is prohibited.

III. Conflict of Interest
AUC will be developed and approved in accordance with the conflict of interest policy outlined in Appendix A.

IV. Selection and Prioritization of Topics
The AUC Committee proposes prioritized clinical areas for AUC development to the Council on Science and Research, and then the Board of Directors for approval. Selection of clinical areas for AUC development will be responsive to member needs, and the advocacy, policy, and educational concerns of the Academy. This list will be assessed periodically by the AUC Committee to ensure continued alignment with these needs. In the intervening period prior to the next periodic review, AUC topics may only be added to the development queue, or reprioritized for development at the discretion of the Board of Directors/Executive Committee.

Criteria to facilitate topic selection include, but are not limited to:

- **Prevalence in patient care** – procedure, test, or therapy is applicable to large numbers of dermatology patients, and may be used for multiple dermatologic conditions.

- **Variation in utilization** – application of the procedure, test, or therapy is not consistent. Guidance on use in patient sub-populations can improve patient care and selection and lead to more consistent use across conditions and amongst providers.

- **Amount and quality of evidence** - there is sufficient evidence in both number and quality of studies to support the efficacy and effectiveness of procedure, test or therapy in one or more dermatologic conditions.

- **Cost of intervention** – the cost of the procedure, test, or therapy may be higher than alternative approaches. Improved patient selection would foster the judicious use of available health care resources while preserving quality patient care.
• Importance to Medicare, Medicaid and to other insurers – an AUC in this area could impact a change or maintenance in coverage for certain services, or reinforce the need for/access to dermatologic care (or certain types of therapies).

• Timeliness – topic represents an opportunity to demonstrate specialty responsiveness to pressing issues in the care of patients for specific procedures, tests, or therapies.

• Leverage potential for quality and/or performance improvement (PI) activities – an AUC on this procedure, test, or therapy could serve as the foundation for measure development and/or PI-CME initiatives, or dovetail with existing/planned activities.

• Value to the specialty – topic represents a procedure, test, or therapy in which it is important to contribute the important or unique voice of the specialty (i.e. specialty positioning, advocacy efforts, advances in research, payment policy, risk mitigation)

• Value to medicine – an AUC on this topic represents an opportunity to provide guidance to non-dermatologists who treat dermatologic conditions. Collaboration with sister dermatology societies and/or relevant specialty societies may be possible.

V. **Formation of AUC Development Groups**

For each AUC topic, a Work Group and Ratings Panel will be appointed. An individual physician can serve on only one of these groups, with the exception of the Work Group chair(s), who may participate in, and moderate Rating Panel discussions as a liaison providing clarification of process and developed materials.

Members are appointed to the Work Group and the Ratings Panel after a review of Academy conflict of interest disclosure forms. The decision to allow or prohibit Work Group or Ratings Panel appointment is determined by deliberation over the nature of disclosed interests, including any emphasis of member practice (e.g. procedural dermatology, medical dermatology), that may have relevancy to the AUC topic as a parallel to member’s clinical expertise and/or leadership.

Disclosure updates will be obtained from all Work Group and Ratings Panel members periodically throughout the development process. The AUC text will indicate the full disclosure for all authors to include the Work Group, Ratings Panel, and affiliated staff.

The AUC Committee may dismiss and/or appoint members to the Work Group or Ratings Panel to ensure the timely completion of an AUC, the integrity of the AUC process and conflict of interest policy, and that all relevant areas of clinical expertise are reasonably addressed.
Work Group
The Work Group is appointed by the AUC Committee, and is responsible for the development of topic-specific patient scenarios, definitions, assumptions, and other supporting information necessary to rate each indication. Academy staff coordinate the development of evidence tables that address the use and effectiveness of specific procedure, test, or therapy in patient care. The Work Group will also develop the manuscript based on the final ratings.

The Work Group may include representatives from other specialties/sub-specialties, or their affiliated organizations at the discretion of the AUC Committee.

The Chair of the Work Group is prohibited from having any relevant financial conflict of interest, unless the members’ expertise and leadership is deemed necessary by the AUC Committee. In this instance, a co-chair with no relevant financial conflict of interest will be appointed. The chair or co-chair must also remain free of relevant conflict of interest for at least one year after AUC publication. In addition, less than 50% of the Work Group may have relevant financial conflict of interest.

Review Panel
The Work Group may elect to consult an independent group of members (Review Panel) to review and validate the drafted patient scenarios and supporting information prior to the commencement of the rating process.

Review panelists must complete a conflict of interest disclosure statement, however, the panel may contain any number of individuals with relevant interests.

Ratings Panel
The Ratings Panel is selected by the Work Group, and confirmed by the AUC Committee. This panel is responsible for the independent rating of the clinical scenarios to determine a final rating of appropriateness. The Ratings Panel may include representatives from other specialties/sub-specialties, or their affiliated organizations at the discretion of the AUC Committee and/or the Work Group. Less than 50% of the Ratings Panel may have relevant financial conflict of interest.

VI. AUC Definitions
When rating the appropriateness of a clinical scenario, the Ratings Panel considers the following definition of appropriateness:

An appropriate {diagnostic, therapeutic, procedural} modality is one in which the anticipated clinical benefit combined with clinical judgment, exceeds the possible negative consequences for a specific indication.

The Work Group will define the anticipated clinical benefits and possible negative consequences for each topic.
Rating of each indication is facilitated using a 9-point scale, as follows:

**Score 7-9**
The use of {topic} is **appropriate** for the specific indication and is generally considered acceptable.

**Score 4-6**
The use of {topic} **may be appropriate** for the specific indication in certain instances. Additional clinical variables and patient preference may influence a final determination. More information is needed to classify the indication definitively.

**Score 1-3**
The use of {topic} is **inappropriate** for the specific indication and is generally not considered acceptable.

The Work Group may suggest modifications to the AUC or scoring definition(s) for a particular AUC topic. Use of an alternate definition requires approval by the AUC Committee.

**VII. Rating Process**
Appropriate use ratings are determined by the Ratings Panel in a modified Delphi exercise based on the RAND Corporation/UCLA appropriateness method. Panel members utilize the available evidence, supplemented with their own judgment and clinical experience to rate each indication. In rating each indication, panel members may consider cost and other resource considerations as additional factors in their evaluation of appropriate use, but only as a secondary factor after determining clinical benefits.

Successive rounds of individual scoring (minimum of 2 rounds, with a 3rd round used at Work Group discretion), with intervening discussion, by the panelists allow opportunity for all interpretations of evidence and clinical viewpoints to be exchanged. The median score for each clinical scenario is the final rating for that indication. Median scores ending in 0.5 will be rounded to the next highest integer.

In addition to the final rating score, each indication will be assessed to measure the level of consensus among the Ratings Panel. Consensus is defined as at least 70% of panel members rating the procedure within the same 3-score category (appropriate, may be appropriate, rarely appropriate). Indications not attaining consensus will be listed as ‘may be appropriate’ with a final rating of 5, regardless of final median group score.

**VIII. Review and Approval Process**
The draft AUC developed by the Work Group is submitted first to the AUC Committee for their review and approval, then subsequently to the Council on Science and Research, and finally the Board of Directors. At each level of approval, revision may be requested, however this revision may only involve the narrative text of the AUC, and not the ratings developed by the Ratings Panel.
IX. **Publication**

The final draft approved by the Board of Directors is submitted to the editor of the *Journal of the American Academy of Dermatology* for publication.

The first tier of authors listed on the AUC is the Chair(s) of the Work Group, followed by the names of the other members of the Work Group in an order determined by the Work Group Chair(s), the Chair of the AUC Committee or named liaison, and staff as appropriate. The second tier of authors includes all members of the Ratings Panel. Members of the Review Panel are noted in the Acknowledgements.

X. **Review and Revision of AUC**

Board approved AUC will be considered for reaffirmation, update, or sunset at least every 5 years based on a review of published literature and assessment of change in clinical experience with the procedure, test, or therapy since AUC publication. Reaffirmed or updated AUC will follow the same approval process.

XI. **AUC Dissemination and Implementation**

Board-approved AUC may be further developed into AUC clinical application tools (CAT). CAT are defined as tools used to promote awareness of Academy clinical guidelines and AUC, and aid dermatologists in the incorporation of guideline recommendations or AUC ratings into clinical practice. These tools may be produced in various formats including, but not limited to, print, electronic, web-based or multi-media. CAT may also include translation of the published AUC into another language.

In so far as the development and distribution of these CAT may be financially supported by medical and/or pharmaceutical industry, activities related to CAT are governed by the AAD’s Administrative Regulation/Code for Interactions with Companies, and the Governance Policy on AAD Principles of Corporate Interests. The AAD Principles stipulate that the Academy also follows the Standards for Commercial Support of Continuing Medical Education of the Accreditation Council for Continuing Medical Education (ACCME). In addition, the following principles are also to be understood with respect to industry support for CAT:

- Acceptance of support is not intended to convey Academy approval, endorsement, certification, acceptance or referral of any particular company or any product or service manufactured or distributed by a corporate supporter.

- The Academy will not accept funds from industry for the development of CAT until the primary AUC has been developed, Board-approved, and accepted for publication. However, through acceptable channels outlined in the above Administrative Regulations and Governance Policies the Academy Community, Corporate an Philanthropic Relations Department may engage in discussions with industry to develop a plan for future support of CAT activity concurrent with the development of the AUC. Industry communication with AAD AUC staff, Work Group, or Ratings Panel members and/or any exchange of unapproved AUC content are expressly prohibited. The preferred form of funding for CAT is an educational grant except for CME-certified activities in which an educational grant is required.
• The Academy will retain complete editorial control over CAT content, and such content must be free of commercial bias and company influence.

A written statement will be placed on all CAT acknowledging that the content of the CAT was developed solely by the Academy, independent of industry influence.
Appendix A: Conflict of Interest Management in Appropriate Use Criteria Development

The following table indicates the processes to evaluate and resolve identified conflicts of interest for AUC contributors following initial and periodic full disclosure during AUC development.

The review of full disclosure will include deliberation on the nature of each disclosed interest, and the relevancy and potential impact of each relationship relative to the AUC topic and the importance of the member’s expertise (and leadership in the case of Chair appointments). The relevancy of each interest will be determined by the reviewing body, but is generally defined as any financial or other incentive (such as practice sub-specialization) which can reasonably be perceived by an independent observer as a potential source of bias within the AUC scope.

Inquiries may be made by the evaluating body in order to determine if a prospective AUC Work Group or Ratings Panel member is willing to resolve certain conflicts prior to making a final decision. Periodic review of updated disclosure information will minimally occur prior to each meeting of the AUC Work Group/Ratings Panel (conference call or in-person) where AUC materials for development or approval will be discussed.

Any implementation or change in the management of potential conflicts will be communicated to the member in writing. The management and resolution of conflicts will be documented in the summation reports for all meetings where activity related to AUC development or approval will be discussed. The disclosures for all AUC contributors and affiliated staff will be included in the draft AUC and published with the Board approved text.

Published AUC will also contain the following standard conflict of interest statement to promote transparency:

The American Academy of Dermatology (AAD) strives to produce clinically relevant AUC that reflect the best available evidence supplemented with the judgment of expert clinicians. Significant efforts are taken to minimize the potential for conflicts of interest to influence AUC content. Funding of AUC production by medical or pharmaceutical entities is prohibited, full disclosure is obtained and evaluated for all AUC contributors. The AAD conflict of interest policy summary may be viewed at www.aad.org

In the application of this policy it is acknowledged that certain procedures, tests, and therapies may have widespread and routine utilization within the specialty such that it may not always be possible to eliminate potential conflict during AUC development and retain necessary expertise. Rare exceptions to this policy are permissible based on the AUC topic, at the discretion of the AUC Committee.
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<thead>
<tr>
<th>AUC Contributor</th>
<th>Disclosure</th>
<th>Evaluation</th>
<th>Initial Management</th>
<th>Monitoring</th>
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<tr>
<td>Work group chair(s)</td>
<td>Required prior to appointment</td>
<td>By the AUC Committee;</td>
<td>• <strong>Work Group chair appointment permitted;</strong> no interests disclosed, or disclosed information is not a possible source of bias.</td>
<td>• <strong>Chair responsibilities permitted;</strong> no new relevant interests are disclosed or disclosed information is not a possible source of bias; OR, new relevant interests are noted, but the need for expertise and leadership outweighs the potential conflicts, and will be mitigated by the co-chair.</td>
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<td>• <strong>Work Group chair appointment prohibited;</strong> relevant interests are unacceptable and could lead to inappropriate bias.</td>
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<td>• <strong>Work Group chair appointment permitted with exception;</strong> relevant interests are noted, but the need for expertise and leadership outweighs potential conflicts; <strong>a co-chair with no relevant financial interest is appointed.</strong></td>
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<td>• <strong>Work Group appointment prohibited;</strong> relevant interests are unacceptable and could lead to inappropriate bias, and/or will place group over the allowable limit for members with relevant interests.</td>
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<td>• <strong>Work group responsibilities permitted;</strong> no new relevant interests are disclosed, or disclosed information is not a possible source of bias; OR new relevant interests disclosed, but they do not change the COI balance of the group.</td>
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<td>• <strong>Work group responsibilities prohibited;</strong> new relevant interests could lead to inappropriate bias and/or change the COI distribution within the group; appointment to work group rescinded or new member(s) without relevant interests to maintain balance may be added at the discretion of the AUC Committee.</td>
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<td>Work group members</td>
<td>Required prior to appointment</td>
<td>By the AUC Committee in consultation with the Work Group chair(s) at the AUC Committee’s discretion.</td>
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<td>• The work group must be minimally comprised (≥51%) of members with no relevant financial interests.</td>
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<td>Ratings Panel Members</td>
<td>Required prior to appointment</td>
<td>By the Work Group and AUC Committee. • The Ratings Panel must be minimally comprised (&gt;51%) of members with no relevant financial interests.</td>
<td>• <strong>Ratings Panel appointment permitted;</strong> no interests are disclosed or disclosed information is not a possible source of bias; OR, relevant interests are noted, but the need for expertise outweighs potential conflicts.</td>
<td>• <strong>Ratings Panel responsibilities permitted;</strong> no new relevant interests are disclosed, or disclosed information is not a possible source of bias; OR new relevant interests disclosed, but they do not change the COI balance of the group.</td>
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<td>Staff</td>
<td>Required prior to commencing literature identification and review.</td>
<td>By AUC Committee • Staff may not have any relevant financial interests</td>
<td>• <strong>Staff responsibilities permitted;</strong> no financial interests are disclosed or disclosed information is not a possible source of bias. <strong>Staff responsibilities prohibited;</strong> relevant interests are unacceptable and could lead to inappropriate bias; alternative staff member assumed AUC role.</td>
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