Welcome to NAEPPCC Webinar

June 24, 2019

✓ Lines are muted to reduce background sounds
Meeting Agenda

10:00 – 10:10 AM  Welcome  Ms. Susan Shero, Executive Secretary, NAEPPCC  Dr. James Kiley and Dr. George Mensah, Co-chairs, NAEPPCC

10:10 – 10:25  NHLBI Directions in Health Education for NAEPPCC  Dr. Lenora Johnson, Director, NHLBI Office of Science Policy, Engagement, Education, and Communications

10:25 – 11:20  Discussion: Role of NAEPPCC and Prioritizing Future Directions and Activities  Drs. Mensah and Kiley Coordinating Committee

11:20 – 11:30  Comments and Questions  All Attendees

11:30 – 11:45  Update on Asthma Guidelines  Dr. Michelle Cloutier, Chair, Guidelines Working Group

11:45 – 11:50  Guidelines Q&A  Coordinating Committee

11:50 – 11:55  Guidelines Comments and Questions  All Attendees

11:55 AM – 12:10 PM  Open for Questions/Comments/Organizational Updates  All Attendees

12:10 – 12:15  Review of Action Items and Wrap Up  NAEPPCC Co-chairs
NAEPPCC Membership

Dr. J. Kofi Berko (HUD)
Ms. Sheila Brown (EPA)
Dr. Kurtis S. Elward (AAFP)
Dr. Anne M. Fitzpatrick
Dr. Lynn B Gerald
Dr. Fernando Holguin (ATS)
Dr. Joy Hsu (CDC)
Dr. Elliot Israel
Dr. Robert F. Lemanske
Mr. Kenneth Mendez (AAFA)
Dr. Giselle S. Mosnaim (AAAAI)
Dr. Gary S. Rachelefsky (AAP)
Dr. Lisa M. Wheatley (NIAID)
Dr. Juan P. Wisnivesky
Dr. Darryl C. Zeldin (NIEHS)
National Heart, Lung, and Blood Institute
Health Education Framework

Lenora Johnson, DrPH
Director, OSPEEC
National Heart, Lung, and Blood Institute
OSPEEC’s Mission

- To advance NHLBI’s research programs, progresses, and discoveries by:
  - Communicating the value of NHLBI’s research investments and discoveries;
  - Educating the public about research proven health information;
  - Promoting the adoption of evidence-based disease prevention, control, and treatment; and
  - Engaging individuals, organizations, and communities in dialogue and partnership to advance science, policy, and public health.
Evolution of NHLBI’s Health Education Approach

**Independent Health Campaigns**
- Increasing Broad Awareness
- Campaigns Isolated from the Science
- Broad Audience Focus
- Nationally Driven Efforts
- Print & Product Oriented
- Disease Oriented
- Restrictive Evaluability

**Coordinated Health Programs**
- Ensuring Adoption of Evidence
- Science Driven Programs
- Audience of Greatest Need Focused
- Partner (Intermediary) Supported Efforts
- Multimodal Oriented
- Health and Wellness Oriented
- Theoretically Framed
- Data and Metric Driven
NHLBI Health Education Objectives

Overall approach:
Targeted evidence-based programs using an evolving mix of strategic partnerships to effect change and improve health

Strategy:
Data driven based on clear objectives and specified audience(s) of need within a defined theoretical framework(s)
**Individual**
Create evidence-based programs, resources, and messaging that support and motivate behavior change to prevent and treat heart, lung, blood, and sleep disorders (HLBS) by:
- Translating research into plain language for patients and consumers
- Creating evidence-based behavior change tools and resources for patients and consumers
- Developing consumer-facing public health education programs
- Assisting health care providers in accessing timely health-related research findings—and adopting evidence

**Interpersonal**
Create evidence-based programs, resources, and messaging to help build support systems that can influence behavior change to prevent and treat HLBS disorders by:
- Disseminating evidence-based practices for healthcare providers
- Creating opportunities and resources for education, training, and skill building
- Identifying natural social networks that are trusted influencers for change

**Community & Organization**
Identify and engage diverse, multisectoral partners to advance HLBS research, training, and education programs that promote the prevention and treatment of HLBS disorders at the community level by:
- Strategically identifying and collaborating with partners to advance prevention and treatment
- Providing health systems with resources to educate, engage, train, and support communities
- Conducting media engagement and outreach
- Supporting communities in obtaining program support
- Developing strong partnership networks

**Societal**
NIH/HLBI evidence-based programs, resources, and messaging help national partners to increase awareness and justify policies, norms, and regulations that work to prevent and treat HLBS disorders and improve health outcomes for all Americans by:
- Building broader awareness for areas of systematic knowledge gaps
- Providing information to those seeking to educate policymakers and influence others
- Allowing research advances to inform policy changes and practice decisions and policy discussions

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**ASSESS AUDIENCES OF NEED**
To create evidence-based health education programs, resources, and messaging, NIH/HLBI begins by understanding key attributes of the audience(s) of need that directly and indirectly influence adoption of desired HLBS behavior change. NIH/HLBI seeks to understand audience:
- Knowledge, attitudes, and behaviors
- Motivations and intentions
- Skills and abilities
- Genetic factors
- Demographics
- Social networks
  - Cultural and social norms
  - Social support and modeling
  - Trusted influencers

**IDENTIFY TRUSTED PARTNERS**
To disseminate evidence-based health education programs, resources, and messaging, NIH/HLBI collaborates with trusted partners. These partners help to influence the places that can affect behavior change at local, regional, and national levels. Partners work to:
- Increase availability of health-enhancing resources and opportunities
- Change/improve the physical space in our environments to encourage healthful action
- Disseminate multi-channel messages that model and recommend healthful practices
- Influence the social structures in our communities and how they are enforced to encourage healthful action
NHLBI Health Education Program

- **Heart Health**
  - Women’s Heart Health (Heart Truth)
  - Controlling High Blood Pressure
  - Reducing High Cholesterol

- **Lung Health**
  - COPD & Action Plan Implementation
  - Asthma & Guidelines Dissemination/Implementation

- **Blood Diseases**
  - Sickle Cell Disease
  - Thrombosis
Lung Health Program Components

- **Overall Objectives for Education & Outreach**
  - Increase awareness of lung diseases and disorders as a serious conditions and leading causes of death and morbidity in the United States.
  - Increase understanding that certain lung disorders are either preventable, controlled or treatable.
  - Encourage those at greatest risk to act upon those steps that serve to diagnose specific conditions earlier and talk to their health care provider about treatment options.
  - Encourage appropriate individuals (increased risks, symptomatic, diagnosed) to participate in clinical research efforts – to support curative strategies.

- **Research and Strategic Implementation**
  - Engage a broad partnership base in collaborations leading to the implementation of plans, strategies, and guidelines associated with lung diseases
  - Consider effective approaches and tools for reaching clinicians around the dissemination, education, and adoption of evidence and best practices
  - Routinely convene key stakeholders in activities serving to advance and implement plans
  - Track and monitor progresses toward fulfillment of goals and objectives associated with lung disease related strategic plans

- **Fostering Stakeholder Engagement and Collaborations**
  - Engage stakeholders across the lung disease environment to build collaborative opportunities across a network of partners and independently when appropriate
  - Ensure engagement across federal agencies to gain broader support for efforts and activities focused on lung disease
  - Consider leveraging the Learn More Breathe Better brand and approach to partnership (Breathe Better Network) to include additional conditions
Strategic Partners Across the Lung Health Portfolio

COPD Partners

Asthma Partners
Partnering with the *National Asthma Education and Prevention Program (NAEPP)* to raise awareness about asthma as a major public health problem, develop guidelines and supportive materials based on the latest SERs, and use multiple strategies to enhance guidelines implementation and adoption.
Discussion: Role of NAEPPCC and Prioritizing Future Directions and Activities
Suggestions from December 2017 meeting:

- subpopulations of asthma
- emergency medical providers
- school education
- dissemination and implementation
- patient advocacy/advisory
- health policy
Comments and Questions
NAEPPCC

- Dr. J. Kofi Berko
- Ms. Sheila Brown
- Dr. Kurtis S. Elward
- Dr. Anne M. Fitzpatrick
- Dr. Lynn B Gerald
- Dr. Fernando Holguin
- Dr. Joy Hsu
- Dr. Elliot Israel
- Dr. Robert F. Lemanske
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- Dr. Gary S. Rachelefsky
- Dr. Lisa M. Wheatley
- Dr. Juan P. Wisnivesky
- Dr. Darryl C. Zeldin

Guidelines WG

- Dr. Michelle M. Cloutier
- Dr. Alan Baptist
- Dr. Kathryn Blake
- Dr. Edward Brooks
- Dr. Emily DiMango
- Dr. Anne Dixon
- Dr. Kurtis S. Elward
- Dr. Tina Hartert
- Dr. Jerry Krishnan
- Dr. Robert F. Lemanske
- Dr. Daniel R. Ouellette
- Dr. Wilson Pace
- Dr. Michael Schatz
- Dr. Neil Skolnik
- Dr. Tyra Bryant Stephens
- Dr. Jim Stout
- Dr. Stephen Teach
- Dr. Craig Umscheid
- Dr. Colin G. Walsh
Charge to Guidelines Working Group

- Use the AHRQ systematic reviews to update selected topics identified through needs assessment

- Draft new clinical recommendations for the selected topics and grade the strength of each recommendation

- Consider implications for guideline implementation while drafting recommendations

Systematic Review Topics for Updates to the Guidelines

1. Intermittent Inhaled Corticosteroids (ICS)
2. Long-Acting Muscarinic Antagonists (LAMA) therapy
3. Bronchial Thermoplasty
4. Immunotherapy
5. Indoor Allergen Reduction
6. Fractional Exhaled Nitric Oxide (FeNO)
Working Group Operations

- Technical and logistical support contract (Westat)
- Methodology support for GRADE Framework (VA/University of Minnesota methodologists)
- Topic teams that align with content areas
- Cross-cutting team to develop guideline management tool
Working Group Operations Continued

- **Management of Confidentiality**
  - Applies to all deliberations and discussions
  - A Collaborative Workspace is used for documents/discussions

- **Management of Conflict of Interest**
  - **Prior to initiation:** JACI editors reviewed Working Group members’ self reported COIs
  - **Any new potential COIs:** Adjudicated by the Working Group Chair with JACI according to the current National Academy of Medicine (formerly IOM) recommendations
GRADE approach

- **Decision to use GRADE**
  - Standardized, systematic approach to classify both direction and strength of recommendations
  - Recommendations weigh the desirable effects of an intervention with the undesirable effects of the intervention

- **Description of GRADE process**
  - Methodologists created evidence profiles from Systematic Reviews, including results and an assessment of certainty (risk of bias, precision, consistency, etc.)
  - Evidence profiles integrated with other relevant factors (equity, acceptability, and feasibility) to inform decisions

- **Implications of using GRADE**
  - Recommendations: Intended to be actionable
    - May be strong or conditional
    - May recommend for or against an intervention in a specific population, using a relevant comparator
  - Shift from EPR-3:
    - Describes the factors that affect decisions and the confidence of the recommendation
Major Working Group Activities

- Literature search update completed
  - Address the time gap since systematic reviews
  - Add additional contextual factors needed for use of GRADE methodology

- Review and discussion of evidence (ongoing)
  - Created “Topic teams” reviewing the evidence for the key questions addressed in Systematic Reviews
  - Use of GRADE methodology to use the data to inform decision
    - Prioritization of outcomes to be considered
    - Use of evidence to decision tables with GRADE consultants

- Drafting of recommendations underway
  - Topic teams propose recommendations
  - EPR-4 WG Expert Panel consensus
Expected Project Timeline

- **Dec. 2019 - Jan. 2020:** Review of draft guidelines
  - Public comment period
  - NAEPPCC/Federal partner review

- **Jan. 2020 - Feb. 2020:** Address reviewers’ comments

- **Mar. 2020:** Present draft guidelines at AAAAI meeting (Philadelphia, PA)

- **Fall 2020:** Publish guidelines after federal approval
Anticipated Products

- Full Report of Selected Topics Updates
  - Background and methodology sections
  - New recommendations along with rationale, discussion, grading, citations, etc.
  - Implementation considerations
  - To be published on NHLBI website

- Journal Publication
  - Peer-reviewed, relevant journal
  - Derived from full report

- One-page Infographic
  - Visual capture of recommendations/clinical management
  - To be published on NHLBI website
Review and Wrap-up