

NAEPP Coordinating Committee

June 24, 2015
Meeting Summary

On June 24, 2015, the National Heart, Lung, and Blood Institute (NHLBI) convened a meeting of the National Asthma Education and Prevention Program (NAEPP) Coordinating Committee. The meeting was held via web conference, with an accompanying telephone line. The meeting included a total of 129 attendees via phone, of which 82 also attended via webcast. The following is a summary of meeting proceedings.

1. Introductions of NHLBI Staff

- Rachael Tracy introduced the presenters from NHLBI, including Dr. Jim Kiley and Janet de Jesus.
- Also in attendance onsite at NHLBI were Drs. Michelle Freemer and Gail Weinmann (both from NHLBI), and Derek Inokuchi and Daenuka Muraleetharan (support contractors from FHI 360).
- Ms. Tracy provided an overview of the agenda for the call.

2. Asthma Evidence Review Process

- Dr. Kiley and Ms. de Jesus provided a report on the update process for the *Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma*, including an overview of the immediate next step, the systematic review process.
- Key milestones to date were noted, including the following:
 - December 2013 – February 2014: Needs assessment activities conducted on potential need to update EPR-3.
 - April 2014: NHLBI Advisory Council Asthma Expert Working Group reviewed findings from needs assessment activities and drafted needs assessment report (with recommendations).
 - June 2014: NHLBI Advisory Council review of the NHLBI Asthma Expert Working Group recommendations.
 - November 2014-January 2015: Draft needs assessment report opened for public comment.
 - January 2015: NHLBI Advisory Council Asthma Expert Working Group reviewed public comments and revised recommendations.
 - February 2015: Final report approved by Advisory Council.
<http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/Asthma-Needs-Assessment-Report.pdf>
- The approved report reflecting the Expert Working Group's review of iterative public input defined six priority topics for potential updates:

- 1) Role of adjustable medication dosing in recurrent wheezing and asthma;
 - 2) Role of long acting anti-muscarinic agents (LAMAs) in asthma management as add-on to inhaled corticosteroids (ICS);
 - 3) Role of bronchial thermoplasty in adult severe asthma;
 - 4) Role of Fractional Exhaled Nitric Oxide (FeNO) in diagnosis, medication selection, and monitoring treatment response in asthma;
 - 5) Role of remediation of indoor allergens (e.g., house dust mites/animals/pests) in asthma management;
 - 6) Role of immunotherapy in treatment of asthma.
- The process for conducting systematic reviews on the 6 topics were described as the next step in the process to develop an update to selected topics in EPR-3:
 - The reviews will be performed by the Agency for Healthcare Research and Quality (AHRQ) Effective Health Care Program, and its Evidence-based Practice Centers (EPCs).
 - The systematic review process includes peer and public review components, and requires approximately one year for completion, after AHRQ selects the EPC for these reviews.
 - Following this, the NAEPG Guidelines Expert Panel will use the systematic review to develop clinical recommendations and/or guidelines.
 - Specific steps in the systematic review process include:
 - 1) Prepare and develop topic
 - 2) Literature search
 - 3) Extract data from studies
 - 4) Analyze and synthesize studies
 - 5) Report systematic review
 - The EPC will be advised by a Technical Expert Panel (TEP), composed of 5–8 members selected by AHRQ to create balance between content (asthma) and methodology expertise and the user’s perspective.
 - NHLBI’s role in the evidence review process was described to include the following elements:
 - Develop EPC statement of work
 - Review and comment on EPC proposals.
 - Suggest technical expert panel members and peer reviewers.
 - Participate in periodic calls.
 - Review and comment on draft and final systematic review protocol and reports.
 - For additional information, including examples of previous projects and reports, the public Web site of AHRQ’s Effective Health Care (EHC) Program (www.effectivehealthcare.ahrq.gov) was shared with participants.
 - A projected timeline for selected updates to EPR-3 was shared with participants:
 - The systematic evidence reviews are projected to be completed in 2016.

- Expert Panel Working Group will draft update in 2017.
- Draft update report will be open for public comment in 2017 before publication,
- Estimated publication: by 2018.
- NHLBI invited meeting attendees to participate in a question and answer period. A summary of questions from meeting participants, and responses from NHLBI, is included below.
 - Q: Can people send in nominations for the technical expert panel?
 - A: Yes, names can be sent to Rachael Tracy. However, it should be noted that the final selection of panelists will be made by AHRQ, not NHLBI.
 - Q: Regarding the timeline for the evidence review, is it expected that the report and public comment period will be completed between the end of 2016 and the beginning of 2017?
 - A: Yes, that is the current anticipated timing.
 - Q: How will the search for literature be conducted to ensure relevant references are captured? Will it be based on keywords?
 - A: Yes, the EPC will develop criteria for the search and will consider a broad base of evidence, but recommendations for specific studies may be helpful.
 - Q: Will topics be published one topic at a time, or grouped somehow?
 - A: Topics will be published in groups, keeping related subjects together
 - Q: How will the EPCs be selected, and where are they located?
 - A: The EPCs comprise a group of existing research centers, and the work will be competed among this group. The AHRQ Web site includes a full list of the EPCs, including their locations.
 - Q: Will the public have an opportunity to comment on what ultimately gets published?
 - A: There will be multiple opportunities for public comment, both as part of the AHRQ evidence review process and through a guidelines committee established separately by NHLBI.
 - Q: How will input from professional societies be considered in this process?
 - A: All groups that have been involved with the NAEPP will be notified of opportunities to provide feedback. It will be the responsibility of the NAEPP representatives from these organizations to gather feedback from its constituents.
 - Q: How will the final document from this process interrelate with the 2007 document (EPR-3)?
 - A: This issue will be critical to address, and in fact, will be the charge of the guidelines panel established by NHLBI in partnership with NAEPP.
 - Q: If the EPC finds insufficient evidence for a topic, how will this be handled?

- A: The process includes a category for a finding of “insufficient evidence,” which could indeed be an outcome of the EPC process. If this is the case, it would be noted in the draft and final reports.
 - Q: What are the plans for handling topics related to indoor air quality, given that this may not be the expertise of AHRQ?
 - A: The panel assembled by AHRQ uses an established methodology and will gather sufficient expertise to provide objective, unbiased findings across all topics.
 - Q: What are the plans for progress updates during the review process, and before the report is issued?
 - A: Throughout the process, there will be defined points for communicating updates and gathering feedback, and these will need to be adhered to by NHLBI and AHRQ.
 - Q: Will the TEP be the same as, or distinct from, the guidelines panel?

A: NHLBI will convene a guidelines panel which will function separately from the AHRQ TEP. However, it is hoped that there will be some overlap between these two panels, and this is being explored with AHRQ.

3. NAEPP Reorganization

- Dr. Kiley and Ms. Tracy discussed future plans for NAEPP. A brief summary of the history and scope of the NAEPP was provided:
 - The NAEPP was initiated in March 1989 to raise awareness of asthma as major public health issue; ensure recognition of symptoms of asthma; and achieve more effective control of asthma.
 - Key functions of the NAEPP include translating research; developing implementation tools and materials; conducting evidence reviews and guidelines; building on intervention frameworks; mobilizing action and building partnerships; as well as coordinating Federal activities.
- Given the current scope of NAEPP’s activities which have broadened in addition to the size of the organization, NHLBI is currently awaiting guidance from the National Institutes of Health (NIH) and US Department of Health and Human Services (DHHS) on the optimal structure for the NAEPP, as permitted within applicable federal processes and regulations.
- Potential anticipated recommendations from NIH and DHHS may include a new organizational framework for the NAEPP, under the Federal Advisory Committee Act (FACA). While FACA is not new (since 1972), the scope of NAEPP’s activities has progressed since its inception in 1989. Until final recommendations are received from DHHS, the NAEPP will continue to function in its present form. Should a reorganization be necessary, the hope is to maintain as much of the current structure as possible, while meeting federal obligations and taking the opportunity for reassessment to potentially improve the organization.

- NHLBI invited meeting attendees to participate in a question and answer period. A summary of questions from meeting participants, and responses from NHLBI, is included below.
 - Q: Can the FACA documents that were submitted to DHHS be shared?
 - A: Documentation will not be shared outside of NHLBI until further guidance has been established by DHHS.
 - Q: What were the problems with the previous structure of the NAEPP, and how will the reorganization help to solve these, while remaining transparent to existing members?
 - A: The intent of the reorganization is to ensure that the NAEPP conforms to current guidance for federal committees that advise NIH thereby ensuring the longevity of the organization. To sustain NAEPP, NHLBI must address federal requirements based on NAEPP's current activities. Therefore, reorganization is in response to the need for compliance with FACA, rather than a process intended to solve problems within NAEPP. Our goal is to be as transparent as possible; we have shared as much as possible as soon as possible, without entering into the nuances of regulations for which we rely on the recommendations of relevant federal authorities. Our goal is to retain most of the current functions and activities of the NAEPP, including its education activities, although under a modified organizational structure. Protections are also needed to address the potential for conflict of interest within the organization as part of the evolution under FACA. While reorganization may seem disruptive or unnecessary, NHLBI must act in accord with DHHS recommendations. We hope to minimize the impact on what NAEPP can do, as we believe that this organization can continue to serve stakeholders well. We think this can also be an opportunity for self-assessment and improvement if reorganization is required.

4. Closing

- Rachael Tracy adjourned the meeting by thanking all for participating. She noted that the presentation materials and a summary of the meeting will be disseminated via email and posted on the NHLBI Web site.
- Additional questions can be submitted to Ms. Tracy via email at tracyr@nhlbi.nih.gov.