

American Society of Interventional Pain Physicians

THE VOICE OF INTERVENTIONAL PAIN MANAGEMENT SINCE 1998

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Membership open to all Interventional Pain Physicians March 1, 2018

Robert Mandel, MD, MBA Senior Vice President, Chief Medical Officer AIM Specialty Health 8600 West Bryn Mawr Avenue South Tower - Suite 800 Chicago IL 60631

Dear Dr. Mandel:

Thank you for your letter. You have provided all the objectives of your organization and essentially you translated them into what you have done. However, as you know, the National Academy of Medicine (formerly called the Institute of Medicine) has published guidance for the development of trustworthy guidelines with 8 standards. Whether you call these guidelines systematic reviews or anything else, many potential issues can hamper guideline development, which includes conflict and confluence of interest, reverse conflict of interest, poor or inappropriate assessment of methodological quality, poor writing, and ambiguous presentation. These issues can lead to guidelines which are not applicable to individual patients, which are too restrictive with reductions in clinician autonomy, and which can contain overzealous or inappropriate recommendations not based on evidence (Graham R, Mancher M, Wolman DM, Greenfield S, Steinberg E (eds); Committee on Standards for Developing Trustworthy Clinical Practice Guidelines; Institute of Medicine. Clinical Practice Guidelines We Can Trust. The National Academies Press, Washington, DC, 2011.).

Consequently, the National Academy of Medicine recommended eight standards to follow:

- Establishing transparency 1.
- Management of conflict of interest 2.
- Guideline development group composition 3.
- Clinical practice guidelines systematic review intersection 4.
- Establishing evidence foundations for and rating strength of recommendations 5
- Articulation of recommendations 6.
- External review 7.
- **Updating**

Except for a statement to assure us that AIM's independent MSK specialty and multidisciplinary panels do include representation from interventional pain physicians, as well as physiatrists, neurologists, orthopedic surgeons, and neurosurgeons, we do not have any further information which would clarify compliance with the National Academy of Medicine's recommendations.

Would you please provide information specifically in reference to establishing transparency, management of conflict of interest, along with reverse conflict of interest, guideline development group composition, establishing evidence foundations for and rating strength of recommendations, and external review?

Thank you again for your assistance.

If you have any further questions, please feel free to contact us.

Thank you,

Laxmaiah Manchikanti, MD

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To view some of Dr. Manchikanti's publications go to: http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=search&db=pubmed&term=manchikanti

"The most entrenched conflict of interest in medicine is a disinclination to reverse a previous opinion." Yudkin JS et al. Lancet 2011

"There is no limit to what a man can do or where he can go if he doesn't mind who gets the credit." Ronald Reagan