

How To Write An ACPM Policy Statement

Procedure for Topic Selection ACPM policy statements are authored by:

- 1) ACPM members; or
- 2) Preventive medicine residents, in conjunction with their residency directors or other mentors.

Qualified candidates who are interested in writing a practice or public policy statement must submit a written request to ACPM staff before beginning work on the policy. Authors must note which type of statement they would like to complete. Authors must address each of the "Topic Selection Criteria" (see below) in preparing their written justification for developing a particular practice policy or public policy.

Residents wishing to complete a policy must have their faculty preceptors co-sign their policy requests, which should state the preceptors' commitment to mentor the residents in development of their policies. Signed requests should be faxed directly to ACPM at 202-466-2662.

Topic Selection Criteria for ACPM Practice Policy and Public Policy Statements

Approval of a practice policy or public policy topic requires the demonstration of the following:

- Importance of the target condition to preventive medicine and public health.
- The target condition should be responsible for a large burden of suffering (as measured by mortality, morbidity, or quality of life) or represent that potential (e.g., epidemics, disasters).
- Uncertainty regarding the impact of the intervention on mortality, morbidity, or quality of life.
- Questions regarding the efficacy and effectiveness of the intervention and potential harm should be identified.
- Relevance to preventive medicine practitioners.
- The topic should relate to the practice of preventive medicine in clinical or population-based settings.
- Focused scope of topic.
- The scope should be targeted narrowly enough for key issues to be identified and addressed clearly and succinctly in the development of the practice policy.

From Creation to Publication...The Path That Policies Follow

- 1) Author submits the first draft of a policy to the ACPM coordinator, who shares it with the Chair or Vice Chair of the Prevention Practice Committee for initial review. Revisions may need to be made by the author before the draft is submitted for further review.

- 2) The coordinator submits the draft to the Prevention Practice Committee members and at least one content expert.
- 3) The Chair, Vice Chair, and Coordinator review and edit the committee and expert responses and submit them to the author along with suggestions for further revisions. If discord exists among the committee members, the Chair or Vice-Chair is responsible for resolving disagreements, soliciting additional information or discussion as necessary.
- 4) The Chair/Vice Chair and Coordinator review the revised draft and suggest further revisions if needed.
- 5) The Coordinator concurrently submits the revised draft, if approved by the Committee, to the ACPM Board, the Policy and Science Committee chairs, and to American Journal of Preventive Medicine (AJPM) for peer review.
- 6) The Chair/Vice Chair and the coordinator assemble, consolidate, and edit the comments and submit them to author for further revisions.
- 7) If substantive changes have been made, the ACPM Board again reviews the policy when the author resubmits it.
- 8) The Coordinator submits the approved policy to AJPM for publication.

Practice Policy and Public Policy Content and Format Requirements

The manuscript should be typed, double-spaced and submitted by e-mail. The writing should be concise and in the traditional style of medical journals. Citations should be numbered in the sequence in which they appear in the text and should conform with the style used by JAMA. Evidence cited in the practice policy statement should generally be limited to articles published in peer-reviewed journals. In some cases, a thoughtful discussion of the evidence cannot be prepared without first examining the complete body of evidence. Key primary studies that are central to the discussion can be cited, but a comprehensive listing of all published literature is not required. Secondary sources may be listed. Separately, a list of the references reviewed but not cited in the policy should be submitted. Unpublished data or studies in press should generally not be cited as supporting evidence.

Authorship: Individuals should be listed as authors only if they have made substantial contributions to analysis and interpretation of the data; and to the drafting of the article or critical revision for important intellectual content. The lead author of the policy should be the physician who had the major responsibility for the project including: overall design, analysis, and drafting of the manuscript. The lead author must be an ACPM member, preventive medicine resident, or preventive medicine residency director.

In most cases, the practice policy should be organized in the following format:

- **Title Page:** The title of the practice policy should be limited to the name of the preventive maneuver. "Screening for Cervical Cancer" is appropriate, "Cervical Cancer" or "Controversies in Cervical Cancer Screening" are not. The subtitle should be: "American College of Preventive Medicine Practice/Public Policy." The authors and their affiliations, as well as the supervising faculty member, should be listed on the title page.
- **Burden of Suffering:** This is a one-paragraph overview of the morbidity and mortality associated with the target condition (e.g., colon cancer, coronary artery disease). It includes brief review of the incidence/prevalence of the condition, mortality and survival rates, and description of the morbidity associated with the condition. A sentence about principal risk factors (not an encyclopedic list of all possible causes/risk factors) is appropriate. A sentence about the economic implications of the condition is also appropriate.
- **Description of Preventive Measure(s):** This is a one-paragraph description of the nature of the preventive measure(s) to be addressed in the practice/public policy. It should include a short explanation of how the intervention generally is performed and the intended rationale for the intervention. For example, "The principal screening tests for breast cancer include the clinical breast examination, mammography, and breast self-examination, which are performed to detect early-stage tumors..."
- **Evidence of Effectiveness:** This is a one- or two-paragraph summary of existing evidence regarding the clinical effectiveness of the preventive measures. The discussion should be limited to evidence of an effect on clinical outcomes (e.g., mortality, survival, cardiac events) and should not digress into discussions of the effect of interventions on intermediate outcomes (e.g., HDL-cholesterol levels, hemoglobin concentration). Both the data and quality of the evidence should be discussed: i.e., the results of studies should be qualified by a comment on their methodologic quality. For example, rather than stating "Studies indicate that screening improves survival," the text should be broadened: "Numerous uncontrolled observational studies have reported improved survival for early-stage disease, but the results may reflect lead-time and length biases rather than an improvement in clinical outcomes." A single evidence table can be included that provides the following information on key studies: authors and year of publication, study design, sample size, intervention, outcome, and comments on quality and validity.

To save space, the discussion should be limited to the key scientific issues that relate to effectiveness. For screening tests, these issues include (1) the accuracy of the screening test (e.g., sensitivity, specificity, positive predictive value, reliability) and (2) the effectiveness of early detection (i.e., evidence that screened persons experience better outcomes than those who are not screened). For health promotion and patient education interventions (e.g., smoking cessation counseling), the issues include (1) evidence that risk modification reduces the risk of the target condition and

(2) evidence regarding the effectiveness of clinical or community-based interventions to motivate behavior change. For immunizations or chemoprophylactic regimens (e.g., estrogen replacement therapy), the issues center on the biological efficacy of the vaccine.

In addition to discussing the potential benefits of the maneuver(s), this section also should address the potential adverse effects or complications associated with the procedure or its follow-up. Decision analyses and meta-analyses that have attempted to pool results regarding benefits and harms can be cited, but it is not necessary (or feasible) for the writers of the practice policy to conduct their own modeling analyses.

- **Public Policy Considerations:** This is a one-paragraph summary of the issues affecting the feasibility and affordability of performing the preventive maneuver. When indicated, this section should address such concerns as cost-effectiveness, patient/provider compliance, and access to care if they are essential to understanding current controversies about appropriate indications.
- **Recommendations of Other Groups:** This is a one-paragraph summary of the positions of major medical and public health organizations and government agencies regarding the maneuver(s) discussed in the practice policy. Only the position of the organization should be listed; the underlying rationale need not be discussed. In general, no more than one sentence should be devoted to a single organizational position. Recommendations issued by expert panels and some international bodies may also be appropriate, but the recommendations of individual authors or of minor organizations (e.g., local health plan, hospital association) should not be listed.
- **Rationale Statement:** This is a one-paragraph summary including an explanation of why ACPM is taking the following position. This explanation should focus on the key controversies that surround the issue and should provide a brief scientific or policy argument for the position taken.
- **Recommendations of the American College of Preventive Medicine:** This section should include the recommended position of ACPM, not to exceed two paragraphs. The recommendations should provide a crisp, practical summary of the recommended practice, addressing such issues as who should receive the preventive maneuver, at what age, how often, and the manner in which it should be performed. Often, special recommendations for high-risk groups are necessary. For some topics, a detailed explanation of how to perform the maneuver will be beyond the scope of the practice policy. In such cases, the reader should be referred to other sources for more details. Digression into the rationale for the recommendation or a discussion of the supporting evidence should be avoided; these topics should instead be addressed in earlier sections. In addition to practice recommendations, the practice policy should include a one-to-two sentence summary of recommended research priorities for providing better evidence of effectiveness.

- **Summary for Prevention Practice Committee:** On a separate page, the authors of the practice policy should provide a brief, but complete summary of the differences - if any - between the proposed practice policy and the position taken by the U.S. Preventive Services Task Force (USPSTF). Although, in the past, ACPM has endorsed the recommendations of the USPSTF, ACPM practice policies need not conform with USPSTF positions. In reviewing proposed practice policies, however, the ACPM Practice Guidelines Committee finds it useful to consider the author's rationale for departures from the USPSTF recommendations.

Please note that the format of ACPM Practice Policies will evolve over time as participating departments and reviewers provide suggestions. Improvements in the format will be reflected in revised drafts of this document.