AGA Institute Organizational Statement

Clinical Practice & Quality Management Committee*

**Mission**
To further the Strategic Plan by meeting the needs of members who provide care to patients by developing clinical practice guidelines; quality measurement and improvement tools; patient outcomes data; patient education materials; and developing other policies and programs that improve the provision of care to patients with digestive diseases.

The specific charge to this Committee is to be concerned with (1) Developing evidence-based clinical practice guidelines; policy statements; consensus statements, etc., for gastroenterologists and primary care physicians with respect to the management and treatment of patients with various digestive diseases and conditions; (2) developing priorities, standards and processes for development of standards of practice (development of which shall be the responsibility of the AGA Institute Council); (3) developing clinical quality performance measures; (4) overseeing and providing guidance to the Center for Quality in Practice and the Center for GI Practice Management and Economics on all related programs, products and tools related to the provision of quality and clinical practice; (5) providing recommendations to the Governing Board on issues related to patient care, quality and safety; (6) monitoring trends in gastroenterology clinical practice; and (7) other matters that affect the delivery of care to patients with digestive diseases.

**Committee Structure**
The Committee has six appointed members, plus a Chair¹. The Chair of the Practice Management and Economics Committee shall be an ex-officio member of this Committee. A Chair-elect (who shall not count against the maximum membership) shall be appointed one year before the end of the term of the Chair.

Appointment terms of the Chair and all Committee members shall be one year terms, renewable three times based on evaluation of performance, with one-third expiring annually.

The Committee Chair is authorized to create small, temporary subgroups consisting of members and nonmembers of the Committee to address policy development and oversight of specific issues within the Committee’s mission. Costs of all such subgroups must be included in the Committee’s approved budget.

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¹ Approved, AGA Institute Governing Board, (36) VOTED, February 2007. Revised and approved by the AGA Institute Governing Board without comment, January 2010.

¹ Between 2010 and 2012 as four appointments expire, only two will be authorized until the Committee reaches its authorized membership.
Special Qualifications, Committee Chair
A physician who:

- Has extensive knowledge and experience in the management of a clinical practice, ideally in both academic and private practice settings.
- Understands medical practice guideline concepts and issues (e.g., principles of evidence-based medicine).
- Understands the concepts regarding quality measurement and improvement.
- Understands the present state of outcomes studies.
- Has previously served on an AGA Institute committee, task force or Clinical Practice Section activities.

Special Qualifications, Committee Members

- A majority of representation from private and academic practice.
- Members should have expertise in the development and implementation of clinical practice guidelines and “best practices” into practice, the application of evidence-based medicine principles, quality measurement and patient assessment tools, and familiarity with concepts related to practice management.
- One member should be a non-physician physician assistant (PA) serving as a non-voting member.

Responsibilities:
Committee Chair and Members:

- See “Guidelines and Responsibilities of Committee Members and Committee Chairs”.

Committee Functions
In carrying out its mission, the Committee will:

- Implement relevant strategic directions from the Strategic Plan assigned to the Committee and review the Strategic Plan to determine new and better ways to achieve association goals per Governing Board policy.
- Provide input on strategic trends and opportunities and suggest adjustments to the Strategic Plan for the Chair to communicate to the Leadership Cabinet.
- Implement and monitor a standard process for development of practice guidelines/standards of practice and topics and set priorities for their development.
- Provide information and resources to members to enable them to incorporate the best evidenced-based medicine into practice.
- Provide oversight and guidance to the Center for Quality in Practice.
- Develop subcommittees/working groups with members of the Clinical Practice and Quality Management Committee and the Practice Management and Economics Committee, and other physicians as appropriate, to coordinate on issues that overlap (e.g., imaging initiatives and sedation) and develop concurrent strategies on the issues.
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- Track trends in health care delivery that will impact the quality and safety of gastroenterology practice (e.g., new technologies, practice patterns and diagnosis, management and treatment options).
- Analyze and report on topics related to the daily practice of gastroenterology, hepatology, and endoscopy in the office, hospital, AEC or university settings with a focus on quality measurement.
- Interface with national and regional quality initiatives, employer-based quality initiatives and other agencies on topics important to members.
- Perform other functions as assigned by the Governing Board.

Meetings
The Committee is authorized to hold two face-to-face meetings per year, one in September and one at DDW, and to hold teleconferences as necessary.