



March 20, 2018

Laxmaiah Manchikanti, MD

Chairman of the Board and

Chief Executive Officer, ASIPP, SIPMS

81 Lakeview Drive

Paducah, KY 42001

Dear Dr. Manchikanti

Thank you for your continued interest in AIM and our guideline development process. Our approach is in fact based on the IOM principles, and we clearly agree with these recommended standards which has consistently been a point of differentiation in the rigor of our process.

1. **Establishing transparency** - our guidelines and references are made publically available, easily accessible online and free of charge by visiting: www.aimspecialtyhealth.com.
2. **Management of conflict of interest (COI)** - all AIM panelists must declare any COI when they begin working with us and then again annually. In addition, updates to COI are performed at each panel meeting and every COI is reviewed by our in-house council.
3. **Group composition** - as you note, this has been previously addressed.
4. **Clinical practice guidelines systematic review intersection** - AIM follows ADAPTE methodology developed by the Guidelines International Network (GIN) as we did in developing our interventional pain guidelines. We seek to adopt recommendations from existing high quality evidence based guidelines when there is agreement/consistency among more than one guideline development body. We use AGREE II methodology to determine when guideline developers adhered to a robust process with particular emphasis on the rigor of development score. We also review the evidentiary basis of the recommendations within the guideline.

When consistent recommendations among high quality evidence based guidelines targeting our population of interest are available, AIM performs a supplemental systematic literature review from the date of last literature search within the guideline. Our systematic review of existing guidelines and evidence is then presented to AIM's expert and multispecialty panels for review as part of the guideline development process.

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When consistent recommendations among high quality evidence based guidelines targeting our population of interest are not available, AIM performs a systematic review of the literature, starting with high quality evidence and where necessary (when this is not available) move to lower quality evidence.

5. **Establishing evidence foundations for and rating strength of recommendations** - AIM follows GRADE methodology in developing guidelines. In fact, to our knowledge we are the only specialty benefits management company that takes this approach. Specifically, we assess a body of literature for both internal (bias) and external (applicability) validity, as well as for unexplained heterogeneity, imprecision and publication bias. Evidence is then graded according to the level of confidence we have that future research will not change estimates of effect size for the outcome measure under investigation.

6. **Articulation of recommendations** - Evidence acquired and analyzed in the matter described above is then presented to our expert panel for review. The panel considers the evidence, along with harms and benefits, patient values and preferences and feasibility among other factors in making recommendations about the final guideline.

7. **External review** - AIM guidelines are externally reviewed by our independent multidisciplinary physician panel and further reviewed by the medical directors of health plans with which AIM administers programs. In addition, all providers engaged with AIM programs through their patient's health plan are given a 90 day notification period for any new or updated guidelines that may impact care.

8. **Updating** - AIM guidelines are updated annually via a systematic review of the recent literature.

As clinical professionals focused on appropriate, safe and affordable care, we are glad to know that our interests in supporting the IOM recommended standards are aligned. We hope this summary makes clear our commitment and we again thank you again for your interest in AIM.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert J. Mandel". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert J. Mandel, MD, MBA