FOCUS
ON APPROPRIATE USE

Appropriate Use Criteria

What You Need to Know

Right Patient. Right Test.

Learn more at *ACC.org/AUC*

What are Appropriate Use Criteria (AUC)?

AUC are developed by the American College of Cardiology (ACC), in partnership with cardiology subspecialty societies, to help guide the appropriate use of cardiovascular tests and procedures. AUC are based on scientific evidence and practice experience, and are intended to define "when to do" and "how often to do" a given test in the context of an individual patient, the health care environment, and a physician's judgment. While the criteria can inform individual patient care decisions, they are best used to evaluate patterns of care by physicians over time and serve as a framework for reducing Rarely Appropriate cases. The goal of appropriate use criteria is to enable cost-effective, quality patient care.

ACC Has Published AUC on Numerous Cardiovascular Topics Including:

- Coronary Revascularization
- Imaging, including Pediatric
- TAVR/SAVR
- Electrophysiology
- Peripheral Artery Disease

AUC assist clinicians at the point of care by ensuring patients receive the right treatment at the right time.

How Do AUC Complement Guidelines?

Clinical Practice Guidelines (CPG) are comprehensive and robust tools for disseminating information and offering evidence-based recommendations and serve as important cornerstones to clinical practice. AUC often contain more detailed patient scenarios than the recommendations covered in CPG. Although AUC development includes a thorough guideline cross-reference process, the AUC scores and guideline recommendations are not always a one-to-one match, especially since AUC frequently focus on gaps in the guidelines. AUC attempt to address these gaps, recognizing that clinical trials are costly and often not representative of the practice environment. With little data in a specific area, the experience of professionals in that subspecialty helps to inform practice. AUC seek to be comprehensive in the breadth of cardiovascular topics covered, with the intent of guiding the use of cardiovascular tests and procedures based on scientific evidence and practice experience.

How Are AUC Developed and How Often Are They Updated?

Experts from ACC and partner societies develop the criteria based on clinical evidence (when available) and expert opinion. Rating panels assess the benefits and risks of a test or procedure for the different "indications," or patient scenarios. Ultimately, the scenarios are then rated as either Appropriate Care, May Be Appropriate Care, or Rarely Appropriate Care.

- ☑ **APPROPRIATE CARE**
- ☐ **MAY BE APPROPRIATE CARE**
- ☐ **RARELY APPROPRIATE CARE**

Along with a modified Delphi method for scoring the AUC indications, the College is always considering new ways to refine the AUC process. Over the years several changes have been made, including more comprehensive lists of clinical scenarios and early review of those scenarios, larger rating panels, a better balance of expertise on those panels, and ongoing coordination with other ACC clinical policy.

In general, the documents are reviewed annually and updated every few years as scientific evidence and clinical practice dictate.

What Is the AUC Rating System?

These three categories provide specific information for how the criteria should be applied to patient populations as well as individual cases:

Median Score 7 to 9: Appropriate Care	An appropriate option for management of patients in this population due to benefits generally outweighing risks; an effective option for individual care plans although not always necessary, depending on clinician judgment and patient specific preferences (i.e., procedure is generally acceptable and generally reasonable for the indication).
Median Score 4 to 6: May Be Appropriate Care	At times, an appropriate option for management of patients in this population due to variable evidence or agreement regarding the benefits/risks ratio, potential benefit based on practice experience in the absence of evidence, and/or variability in the population; effectiveness for individual care must be determined by a clinician in consultation with the patient on the basis of additional clinical variables and judgment along with patient preferences (i.e., procedure may be acceptable and may be reasonable for the indication).
Median Score 1 to 3: Rarely Appropriate Care	Rarely an appropriate option for management of patients in this population due to the lack of a clear benefit/risk advantage; rarely an effective option for individual care plans; exceptions should have documentation of the clinical reasons for proceeding with this care option (i.e., procedure is not generally acceptable and is not generally reasonable for the indication).

How Can AUC Be Used?

Institutions can take advantage of ACC's partnerships with clinical decision support companies, which offer quality improvement tools with the ability to provide real-time AUC benefit/risk calculations for individual patients and to track practice patterns over time. Data from the AUC programs show that through the use of self-directed, quality improvement software, physicians in different practices can significantly decrease the proportion of tests not meeting appropriate use standards.

ACC's NCDR® registries offer a standardized way to measure appropriate use of procedures and many tools have been developed to complement these AUC reports at the point-of-care. These resources assist clinicians with understanding their current patient mix, and help to ensure appropriate case selection.

What Is the CMS AUC Mandate?

In March 2014, Congress passed legislation requiring ordering professionals to consult with AUC through a clinical decision support tool for all Medicare patients receiving advanced imaging. ACC is proactively working with the Centers for Medicare & Medicaid Services and clinical decision support vendors to ensure that cardiology-specific AUC are available for determining appropriate use of cardiovascular imaging. As a qualified provider led entity, ACC is approved to develop and modify AUC for advanced diagnostic imaging though June 2021.

What Plans Does ACC Have For AUC in the Future?

While AUC can be credited for decreasing unecessary tests and procedures, there is still a need to educate payers, politicians, the media and other stakeholders about the effectiveness of AUC and the associated quality improvement tools for cardiovascular patient care. As always, the College will continue to work with clinicians, hospitals, practices, health plans, and researchers to better understand the impact of AUC on quality improvement and outcomes. By doing so, our profession can ensure that the best information is available for clinical decision making, and that appropriate choices are made by both physicians and patients.

ACC regularly updates our AUC catalog in consideration of clinical areas in which physician recommendations are needed. We also continue to expand our partnerships with clinical decision support vendors in order to provide members and stakeholders with our latest AUC content.

Learn more at ***ACC.org/AUC***

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