Technical Expert Panel Charter

**Project Title:** **Misdiagnosis of Urinary Tract Infection (UTI) in WomenTEP Expected Time Commitment and Dates:**The TEP will meet on a quarterly basis from March of 2022 through June of 2023. These sessions will be held via conference call to ensure health and safety throughout the ongoing COVID-19 pandemic.

**Project Overview:**Through funding from the Gordon and Betty Moore Foundation, the American Institutes for Research (AIR) and the Infectious Diseases Society of America (IDSA) are developing a measure on the misdiagnosis of urinary tract infection (UTI). This funding is part of a grant to support Clinical Quality Measures to Improve Diagnosis, under the Moore Foundation’s [Diagnostic Excellence Initiative](https://www.moore.org/initiative-strategy-detail?initiativeId=diagnostic-excellence). An average 45% of patients with asymptomatic bacteriuria (ASB) are misdiagnosed with UTI and are ultimately overprescribed antibiotics. Inappropriate treatment of misdiagnosed UTI is associated with greater risk of Clostridioides difficile infection (CDI), 90-day hospital readmission, and increased hospital length of stay.1-4 The goal of this effort is to reduce misdiagnosis of UTI by measuring the appropriate use of urinary culture testing only in the presence of UTI symptoms in accordance with evidence-based clinical practice guidelines.1,5-7 The primary desired outcome is to correctly diagnose ASB), rather than UTI, and the secondary outcomes are to reduce antimicrobial overprescribing, antimicrobial resistance, and CDI. The TEP’s input and expertise will be instrumental to the co-creation of this measure. Our goal is to create a welcoming environment that recognizes the value of diverse customs, values, and perspectives.  
  
**Project Objectives:**To develop a measure of the appropriate use of urinary culture testing only in the presence of UTI symptoms. We aim to reduce misdiagnosis of UTI by measuring the appropriate use of urinary culture testing only in the presence of UTI symptoms, reduce antimicrobial overprescribing and antimicrobial resistant infections.

**Technical Expert Panel (TEP) Objectives:**To provide information, support, feedback, and perspective on the development, specification, and testing of clinical quality measures that reduces the misdiagnosis of asymptomatic bacteriuria as UTIs in women.

**TEP Requirements:**A TEP of approximately 12 individuals will provide information, support, feedback, and perspective on the development, specification, and testing of clinical quality measures that reduces the misdiagnosis of asymptomatic bacteriuria as UTIs in women. The TEP will be composed of individuals with differing areas of expertise and perspectives, including patients, families, and caregivers; infectious disease experts; and other clinical specialists such as primary care, obstetrics-gynecology and emergency medicine. A TEP will be sought that represents diverse cultural, intellectual, methodological, economic, and geographical backgrounds, and ethnic customs, values, and perspectives.

**Scope of Responsibilities:**The TEP’s role is to provide input, advice, and diverse perspectives to AIR and IDSA throughout the measure development process.

**Guiding Principles:** **All potential TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members should be able to commit to the anticipated time frame needed to perform the functions of the TEP.**

Participation as a TEP member is voluntary and the measure developer records the participant’s input in the meeting minutes, which the measure developer will summarize in a report that they may disclose to the Moore Foundation. If a participant has chosen to disclose private, personal data, then related material and communications are not covered by patient-provider confidentiality. Patient, family, and caregiver participants may elect to keep their names confidential in certain documents. AIR will answer any questions about confidentiality.

All potential TEP members must disclose any significant financial interest or other relationships that may influence their perceptions or judgment. It is unethical to conceal (or fail to disclose) conflicts of interest. However, there is no intent for the disclosure requirement to prevent individuals with particular perspectives or strong points of view from serving on the TEP. The intent of full disclosure is to inform the measure developer, other TEP members, and the Moore Foundation about the source of TEP members’ perspectives and how that might affect discussions or recommendations.  
  
**Estimated Number and Frequency of Meetings:**The TEP members will hold a minimum eighteen-month term with possible extension. The TEP will meet by teleconference or videoconference quarterly for approximately 90 minutes. There will be approximately 1 hour of pre-work and 1-hour of post-work per scheduled meeting. The total time commitment of approximately 12 hours per year.  6 quarterly meetings, starting in March 2022 and ending in June 2023.**Date Approved by TEP:**TBD**TEP Membership:**TBD

**References**

1. Nicolle LE, Gupta K, Bradley SF, et al. 1 Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America. Clin Infect Dis Off Publ Infect Dis Soc Am. 2019;68(10):1611-1615. doi:10.1093/cid/ciz021
2. Kelley D, Aaronson P, Poon E, McCarter YS, Bato B, Jankowski CA. Evaluation of an antimicrobial stewardship approach to minimize overuse of antibiotics in patients with asymptomatic bacteriuria. Infect Control Hosp Epidemiol. 2014;35(2):193-195. doi:10.1086/674848
3. Flokas ME, Andreatos N, Alevizakos M, Kalbasi A, Onur P, Mylonakis E. Inappropriate Management of Asymptomatic Patients With Positive Urine Cultures: A Systematic Review and Meta-analysis. Open Forum Infect Dis. 2017;4(4):ofx207. doi:10.1093/ofid/ofx207
4. Stagg A, Lutz H, Kirpalaney S, et al. Impact of two-step urine culture ordering in the emergency department: a time series analysis. *BMJ Qual Saf*. 2018;27(2):140-147. doi:10.1136/bmjqs-2016-006250
5. Choosing Wisely. Don’t treat asymptomatic bacteriuria with antibiotics. Published online February 23, 2015. Accessed May 1, 2021. <https://www.choosingwisely.org/clinician-lists/infectious-diseases-society-antibiotics-for-bacteruria/>
6. Association of Medical Microbiology and Infectious Diseases Canada. Five Things Physicians and Patients Should Question. Published online June 2018. Accessed May 1, 2021. https://choosingwiselycanada.org/wp-content/uploads/2017/02/Medical-microbiology.pdf
7. Choosing Wisely. Don’t perform cultures (e.g. urine, blood, sputum cultures) or test for C. difficile unless patients have signs or symptoms of infection. Tests can be falsely positive leading to over diagnosis and overtreatment. Published online December 2, 2019. Accessed May 1, 2021. https://www.choosingwisely.org/clinician-lists/shea-urinalysis-urine-culture-blood-culture-or-c-difficile-testing/