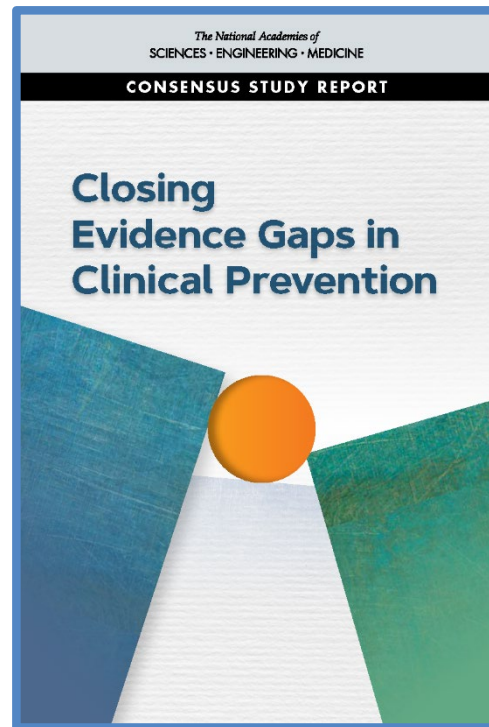


HEALTH AND MEDICINE DIVISION

# Closing Evidence Gaps in Clinical Prevention: Public Webinar

January 27, 2022  
2:00-3:00 PM ET | 12:00-1:00 PM MT

*Welcome. The webinar will begin shortly.*



# Agenda

- 2:00-2:05 PM ET     **Welcome and Introduction**  
*Tracy A. Lieu, M.D., M.P.H., Committee Chair*
- 2:05-2:30 PM ET     **Report Overview**  
*Tracy Lieu*  
*Ann E. Kurth, Ph.D., M.P.H., M.S.N., CNN, Committee Member*  
*Cathy J. Bradley, Ph.D., M.P.A., Committee Member*
- 2:30-2:55 PM ET     **Moderated Discussion**  
*Tracy Lieu*
- 2:55-3:00 PM ET     **Closing Comments and Adjourn**  
*Tracy Lieu*

# Committee

**Tracy A. Lieu (*chair*)**

*Kaiser Permanente Northern California*

**Cathy J. Bradley**

*University of Colorado Cancer Center*

**Theodore G. Ganiats**

*University of California San Diego School of Medicine*

**Keng-Yen Huang**

*New York University Grossman School of Medicine*

**Preeti Gokal Kochar**

*National Institutes of Health*

**Ann E. Kurth**

*Yale School of Public Health*

**Tianjing Li**

*University of Colorado School of Medicine*

**K. M. Venkat Narayan**

*Emory University School of Medicine*

**Wanda K. Nicholson**

*University of North Carolina School of Medicine*

**Elizabeth O. Ofili**

*Morehouse School of Medicine*

**Nicolaas P. Pronk**

*HealthPartners Institute*

**Robert B. Wallace**

*University of Iowa College of Public Health*

# The Committee's Task



**Propose a taxonomy** to consistently describe evidence gaps in clinical prevention research



**Propose ways** for research funders and guideline committees **to facilitate research** to close important gaps in prevention

# The Challenge

- US Preventive Services Task Force follows a rigorous structured process to assess evidence
- Insufficient evidence exists for many preventive services
- Clinical prevention research does not always focus on the most crucial evidence gaps
- To accelerate progress, evidence gaps could be described more systematically and prioritized more clearly
- Agency for Healthcare Research and Quality (AHRQ) and National Institutes of Health Office of Disease Prevention (NIH ODP) sponsored this work

# Partners in Clinical Prevention and Research



## Note About Recommendations and Resourcing

New work should  
be balanced  
among AHRQ,  
USPSTF, and NIH

Multiple options  
for implementing  
recommendations

More resources  
will be needed

# Report in Brief



Using the taxonomy  
to categorize  
evidence gaps



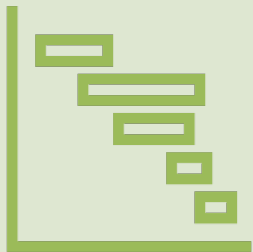
Fostering clinical  
prevention research



Advancing the work  
of USPSTF and other  
CPG developers



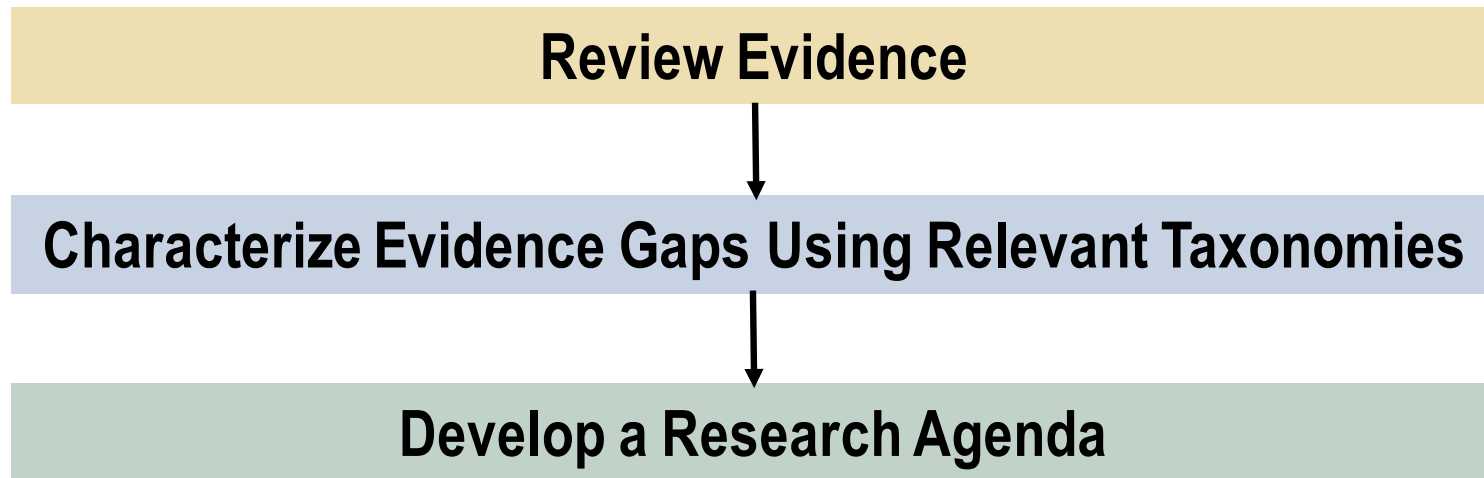
## Recommendation 1



For each of its recommendation statements, the United States Preventive Services Task Force should use the Clinical Prevention Research Taxonomy to identify and describe evidence gaps.

## ✓ Using the Taxonomy

See the interactive graphic at  
[www.nap.edu/resource/clinical-prevention-  
interactive](http://www.nap.edu/resource/clinical-prevention-interactive)



## Review Evidence

Use a systematic review of evidence about the preventive service to develop a recommendation statement. Gather additional information if needed from stakeholders.



Characterize Evidence Gaps Using Relevant Taxonomies



Develop a Research Agenda

## ✓ Using the Taxonomy

Review Evidence



### Characterize Evidence Gaps Using Relevant Taxonomies

Foundational  
Issues  
Taxonomy

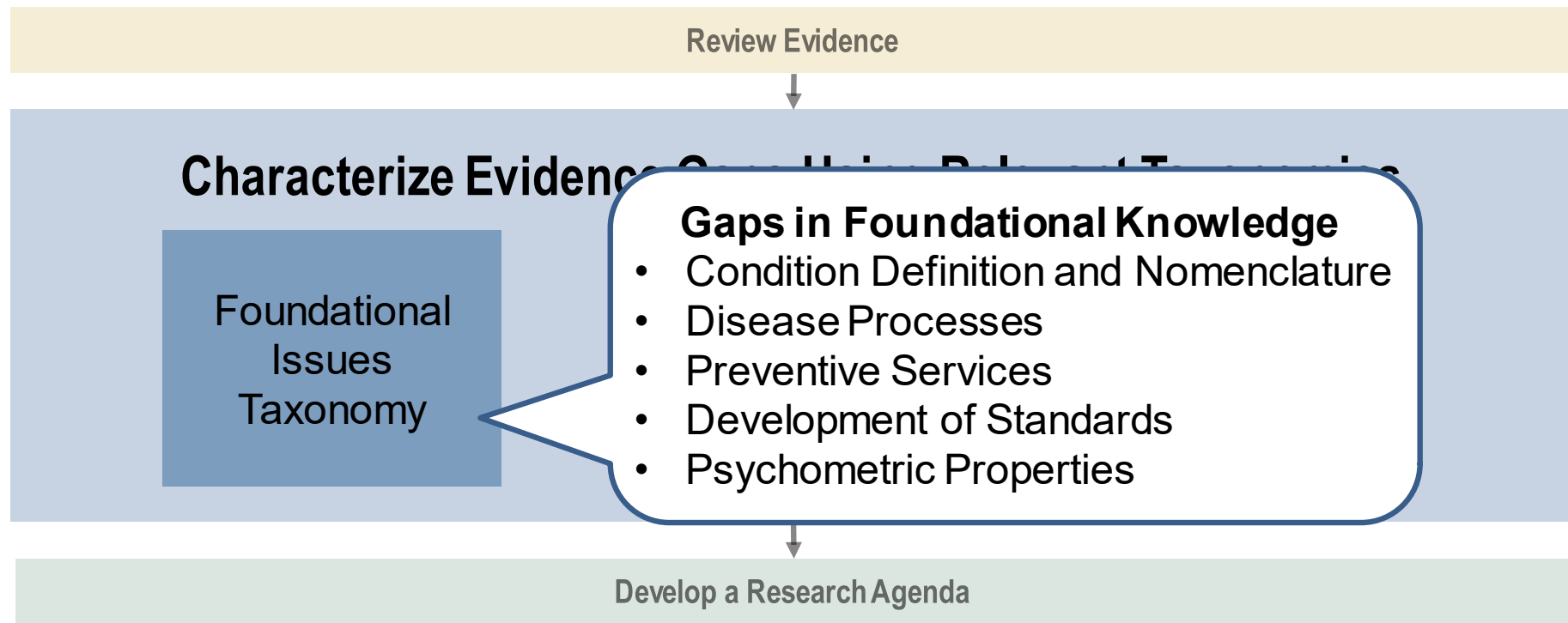
Analytic  
Framework  
Taxonomy

Dissemination  
and  
Implementation  
Taxonomy

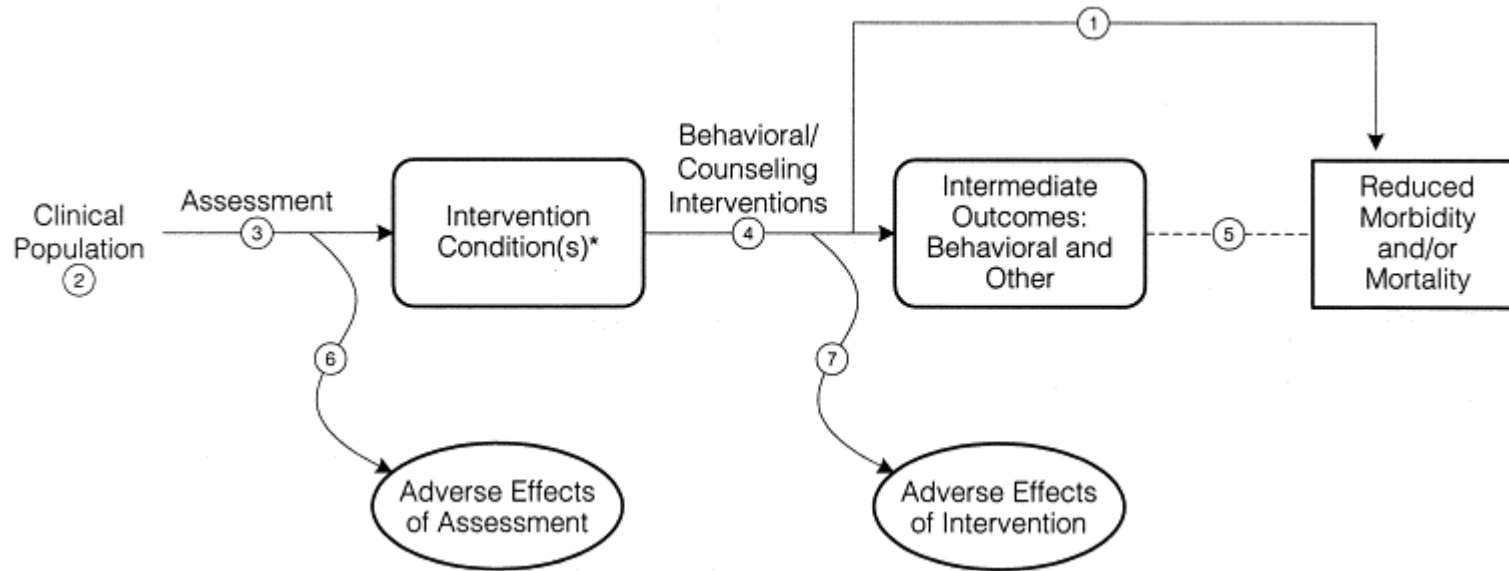


Develop a Research Agenda

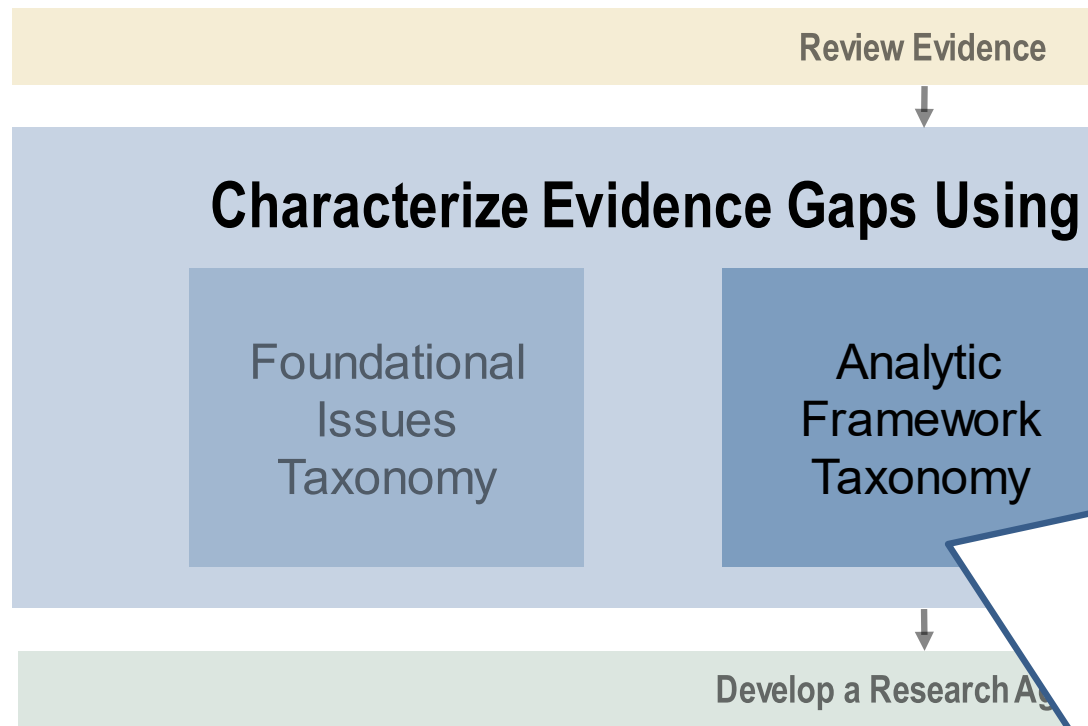
## ✓ Using the Taxonomy



# USPSTF Analytic Framework for Behavioral Counseling Interventions



## ✓ Using the Taxonomy



### Analytic Framework Gaps

- Risk Assessment and Health Equity Considerations: Behavioral and Sociodemographic and Biological and Clinical Risk Factors
- Early Detection
- Intermediate Outcomes: Effects of Treatment, Association with Morbidity and Mortality
- Effectiveness: Effects of Screening, Effects of Treatment or Behavioral Intervention
- Harms: Screening Harms, Treatment harms

# ✓ Using the Taxonomy

## Review Evidence

Ch

F

### Dissemination and Implementation Evidence Gaps

- Size
- Scope of Services, Including Costs
- Scalability
- Sustainability
- Penetration of Program Into the Intended Audience
- Implementation of the Scope of Services
- Participation in the Program
- Effectiveness of the Program

ant Taxonomies

Dissemination  
and  
Implementation  
Taxonomy



# Guideline Implementation & Health Equity



USPSTF has recognized that health equity relies on implementation



Future evidence reviews will pilot test inclusion of evidence on differential effectiveness, harms, reach, or delivery of a preventive service, including implementation outcomes

## ✓ Using the Taxonomy

### The committee

does not intend for D&I considerations to influence USPSTF grades

knows this requires time and resources to be fully implemented

hopes that eventually USPSTF will assume responsibility for D&I work

## ✓ Using the Taxonomy

USPSTF and other guideline committees

Funders including AHRQ, PCORI, and NIH

Researchers

Clinicians and health care systems

## ✓ Using the Taxonomy

The committee envisions that AHRQ will direct EPCs to conduct reviews using terminology consistent with the taxonomy

Partner organizations and staff at AHRQ and NIH could provide pivotal support and input

## Recommendation 2



For each recommendation and I statement, USPSTF should indicate high priority evidence gaps.



Staff from ODP and AHRQ should broadly outline research that could address those priority gaps and be available to help funders, whether NIH or others, develop a research agenda to address them.



The USPSTF and staff from ODP and AHRQ should consult partner organizations and stakeholders as needed.

## ✓ Using the Taxonomy

Review Evidence



Characterize Evidence Gaps Using Relevant Taxonomies



### **Develop a Research Agenda**

Set priorities across all evidence gaps using the prioritization criteria.

Outline study specifications to address each high-priority gap.

## ✓ Using the Taxonomy

### Criteria for Prioritizing Evidence Gaps

- Population Impact
- Centrality
- Equity
- Relative importance
- Time Urgency
- Adoptability
- Value, Including Economic Considerations
- Feasibility of the Research

### Step 4: Develop a Research Agenda

Set priorities across all evidence gaps using the prioritization criteria.

Outline study specifications to address each high-priority gap.

## ✓ Using the Taxonomy

### Review Evidence

Char

- Population
- Intervention (Preventive Service)
- Comparison Group
- Outcome(s)
- Timeframe for Follow-Up
- Setting
- Aggregability
- Design Considerations
- Potential Funders and Mechanisms

Set priorities across

Outline study specifications to address each high-priority gap.



## ✓ Using the Taxonomy



Given the demands on USPSTF members, the committee suggests that NIH and AHRQ staff develop a research agenda in consultation with USPSTF members and stakeholders.



The taxonomy of study specifications is an enhancement of the PICOTS framework, with terms to encourage new research that is particularly helpful to the USPSTF.



The research agenda should not be overly prescriptive, so as not to limit researcher creativity or funders' expectations of research proposals.

## Recommendation 3



NIH and AHRQ should make the taxonomy accessible on their websites and integrate the taxonomy terms and phrases in their relevant publications, including but not limited to USPSTF recommendation statements; funding announcements; and grant and contract awards.

## Using the Taxonomy



Consistent use of these metadata will provide a common language to stakeholders and encourage wider adoption of the taxonomy.



Applying the taxonomy terms in publications linking USPSTF recommendations or I statements with funding opportunity announcements will be crucial for making evident the impact of the research agenda laid out by the USPSTF.



To ensure relevance and usability, the taxonomy and workflow will need to be maintained, updated, and evaluated.



## Recommendation 4



Funders, in particular NIH and PCORI, should set aside funding to address high-priority evidence gaps identified by USPSTF.



## Fostering Clinical Prevention Research

NIH and stakeholders can work with Congress and HHS leadership to identify appropriate funding levels and secure sufficient funding for this area of need.

Many research questions may require trans-institute collaboration, and these should be actively encouraged.



### Recommendation 5



NIH staff developing funding announcements for research related to high priority evidence gaps should consult with ODP and AHRQ to ensure appropriateness of support mechanisms and fidelity to the research specifications and should include a link to the research needs document on the USPSTF website.



## Fostering Clinical Prevention Research



Program announcements related to high-priority research needs of the USPSTF should be as explicit as possible to ensure usefulness to the USPSTF and other guideline bodies.



AHRQ and ODP staff could serve as an important resource in the crafting of the requests and notices.



## Fostering Clinical Prevention Research



Reviewers of applications and proposals could be encouraged to study the research needs specification from the USPSTF.



Study sections dedicated to these applications could ensure that study section members are oriented to the needs of the USPSTF.





## Recommendation 6



NIH and other funders addressing high-priority evidence gaps identified by USPSTF should use funding mechanisms and processes that can assure that research is conducted expediently, efficiently, and with fidelity to the specified research needs, rather than relying on investigator-initiated grant mechanisms.



## Fostering Clinical Prevention Research

This can increase the likelihood that studies are of sufficient rigor to allow for aggregating studies; to demonstrate an effect if one exists; and to meet the methodologic rigor for high-quality studies identified in USPSTF evidence syntheses.

The committee encourages NIH and other funders to explore developing creative new programs that can be brought to bear on closing evidence gaps in clinical prevention.

Expanding and establishing trans-NIH prevention interests into networks for clinical prevention research could also contribute to closing high-priority evidence gaps identified by the USPSTF.



## Recommendation 7



AHRQ should fund research in how guideline developers assess evidence and issue clinical practice guidelines.



## Advancing the Work of USPSTF



Differences in guidelines on the same topic are informed by a variety of factors



Understanding how committees make decisions is important



Research on how groups make decisions may improve the consistency and quality of guideline development



## Recommendation 8



AHRQ should work with relevant government agencies and key stakeholders to evaluate how effectively USPSTF recommendations are implemented in real-world settings, to identify and address gaps in achieving the intended benefits.



## Advancing the Work of USPSTF



A primary question is how a program's “real world” outcomes compare to those of the initial trials



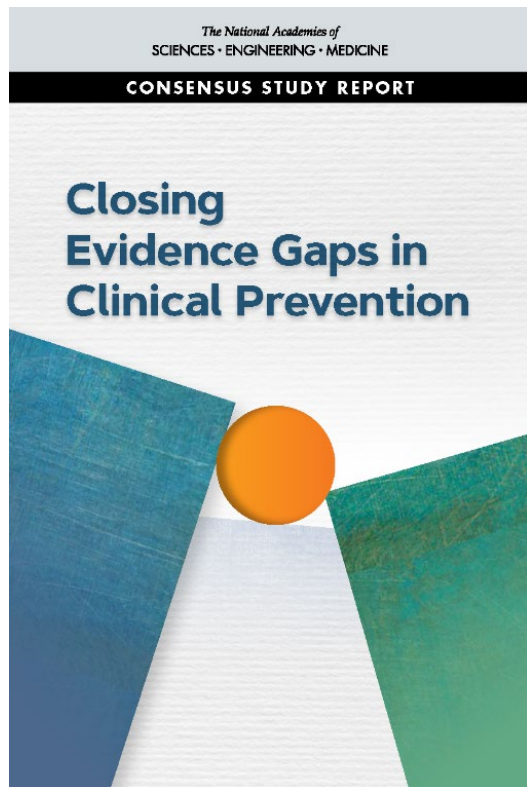
Outcomes may differ due to differences in training and incentives, or less funding and personnel resources



Real-world implementation of a program may differ from that evaluated in efficacy studies

# References

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Thank you!

**Download** the free prepub PDF, taxonomy terms, and report highlights at <https://nap.edu>

Final books available no later than February 15

**Explore** the interactive graphic

[Click Here for JAMA Viewpoint](#)

### Contact

Kathleen Stratton, Study Director  
[kstratton@nas.edu](mailto:kstratton@nas.edu)