

U.S. Preventive Services Task Force Methods and Processes

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Goals

- Improve understanding of the U.S. Preventive Services Task Force (USPSTF or Task Force)
- Explain the connection between the USPSTF & the Agency for Healthcare Research and Quality (AHRQ)
- Describe how the Task Force develops recommendations
- Highlight child mental/behavioral recommendations

Overview

The U.S. Preventive Services Task Force...

- Makes recommendations on clinical preventive services to primary care clinicians for use in a primary care setting
 - The USPSTF scope for clinical preventive services include:
 - screening tests
 - counseling
 - preventive medications
 - Services are offered in or referred from the primary care setting
 - Recommendations apply to adults & children with no signs or symptoms

Overview, cont'd.

The U.S. Preventive Services Task Force

- Makes recommendations based on rigorous review of existing peer-reviewed evidence
 - Does not conduct the research studies, but reviews & assesses the research
 - Evaluates benefits & harms of each service based on factors such as age & sex
 - Makes population-based recommendations for primary care clinicians based on patient's age & sex
- Is an independent panel of non-Federal experts in prevention & evidenced-based medicine

USPSTF Members

- The 16 volunteer members represent disciplines of primary care including family medicine, internal medicine, nursing, obstetrics/gynecology, pediatrics, and behavioral medicine
- Led by a Chair & Vice Chairs
- Serve 4-year terms
- Appointed by AHRQ Director with guidance from Chair & Vice Chairs
- Current members include deans, medical directors, practicing clinicians, and professors
 - <http://www.uspreventiveservicestaskforce.org/members.htm>

AHRQ's Support of the Task Force

- AHRQ's Mission: to improve the quality, safety, efficiency, & effectiveness of health care for all Americans
- AHRQ provides administrative, scientific, technical, and dissemination support to the USPSTF
- AHRQ's Director, with guidance from the USPSTF Chair & Vice Chairs, appoints USPSTF members
- While AHRQ provides support to the USPSTF, it is important to note that the USPSTF is an independent entity

Topic Nomination

- How are topics *nominated* for review?
 - Anyone can nominate a topic for the USPSTF to consider via its Web site <http://www.uspreventiveservicestaskforce.org/tftopicnon.htm>
 - The public may:
 - Suggest a new preventive service topic
 - Recommend reconsideration of an existing topic due to:
 - Availability of new evidence
 - Changes in the public health burden of the condition
 - Availability of new screening tests supported by new evidence
 - Topic nominations are accepted all year round and are considered by the USPSTF at its three annual meetings

Steps the USPSTF Takes to Solicit Public Input and Make a Recommendation

Create Research Plan

Develop Evidence Report and Recommendation Statement

Disseminate Recommendation Statement

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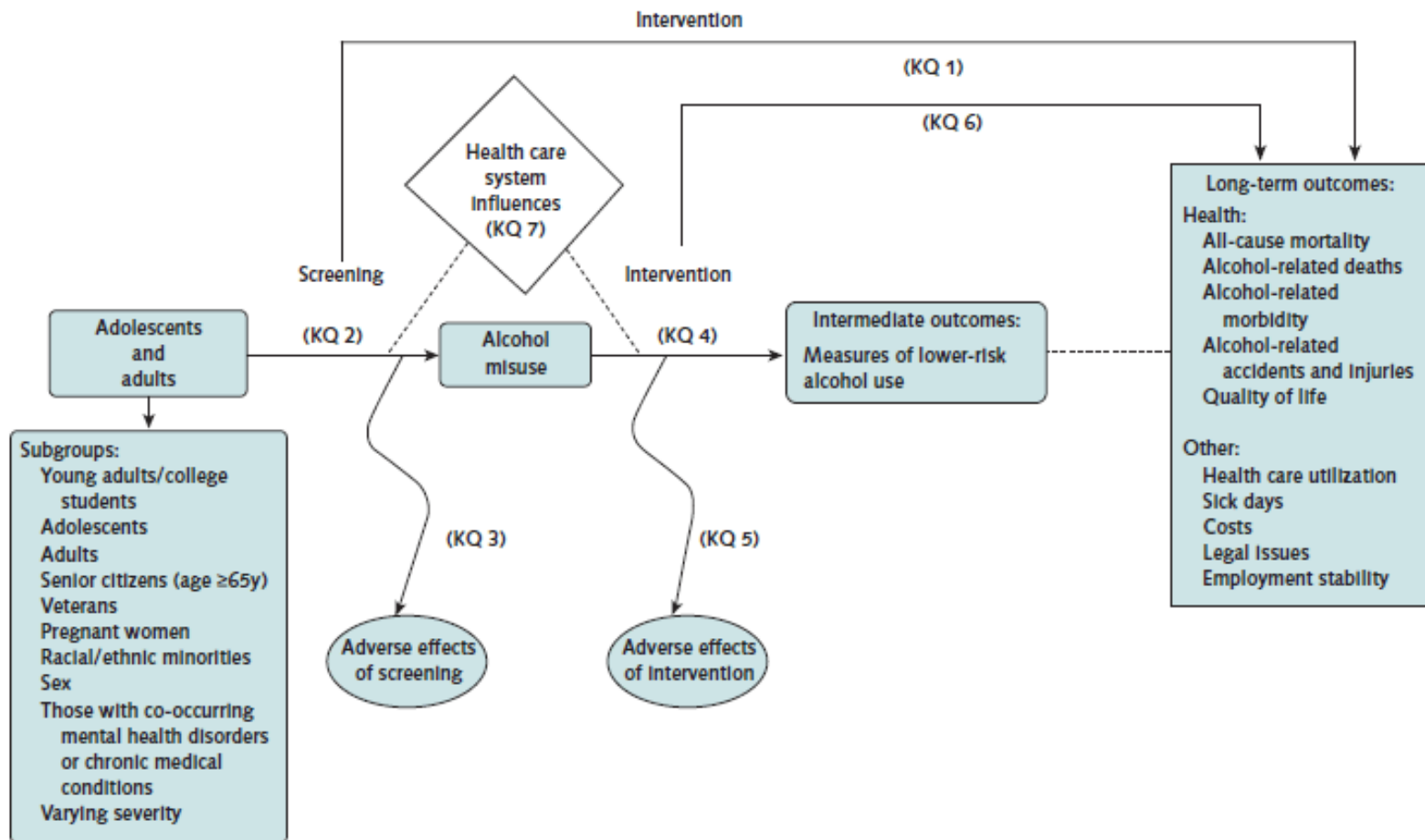
Disseminate Recommendation Statement

Publish and Disseminate Final Recommendation Statement

The final Recommendation Statement and supporting materials, including the final Evidence Report, are posted on the USPSTF Web site at www.uspreventiveservicestaskforce.org.

At the same time, the final Evidence Report and final Recommendation Statement are published together in a peer-reviewed journal. The final Recommendation Statement is also made available through electronic tools and a consumer guide.

Sample Analytic Framework: Screening and Behavioral Counseling to Reduce Alcohol Misuse



Evidence Review

- For each *Key Question* in the analytic framework, the EPC
 - Creates inclusion/exclusion criteria
 - Searches relevant databases (e.g., PubMed, Cochrane, CINAHL, etc.)
 - Reviews references from key articles, editorials, review articles
 - Consults experts

Synthesis and Judgment of the Overall Strength of evidence

- Convincing: Well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes
- Adequate: Sufficient evidence to determine effects on health outcomes, but evidence is limited by number, quality, or consistency of studies; generalizability to routine practice; or indirect nature of the evidence
- Inadequate: Evidence insufficient due to limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes

Assessment of Net Benefit

- Assesses the likelihood of whether net benefit of a preventive service is correct
 - The USPSTF assigns a **certainty level** based on the nature of the overall evidence available to assess the net benefit of a preventive service
 - Net benefit is defined as *benefit minus harm* of the preventive service as implemented in a primary care population

Assessment of Certainty

- **High Certainty:** Evidence includes consistent results from well-designed, well-conducted studies in representative primary care populations, using health outcomes. Conclusion unlikely to be strongly affected by the results of future studies.
- **Moderate Certainty:** Evidence *is* sufficient to determine the effects on health outcomes, *but* confidence in the estimate is constrained by limitations in the research. As more information becomes available, magnitude or direction of the observed effect could change, and change may be large enough to alter the conclusion.
- **Low Certainty:** Available evidence is insufficient to assess effects on health outcomes.

Recommendation Grades

Letter grades are assigned to each recommendation statement. These grades are based on the strength of the evidence on the harms and benefits of a specific preventive service. <http://www.uspreventiveservicestaskforce.org/uspstf/grades.htm>

Grade	Definition
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Identification of Evidence Gaps

- Identification of evidence gaps drives a research agenda
- Examples of common gaps
 - Validity and reliability of screening tests that can be used in the primary care setting in an unselected population
 - Benefits and harms of detection through screening versus usual clinical detection on intermediate measures or patient-centered outcomes
 - The relationship between intermediate measures and patient-centered outcomes

Patient Protection and Affordable Care Act: Investment in Prevention

- A group health plan and a health insurance issuer offering group or individual health insurance coverage shall provide coverage for and shall not impose any cost sharing requirements for
 - Evidence-based items or services that have a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force

Development and Behavior

- Autism Spectrum Disorder – In review
- Speech and Language Delay (2006) – being updated
 - I statement for children 5 years or younger

Mental Health and Substance Abuse

- Alcohol Misuse (2013)
 - I statement for adolescents
- Depression Screening (2009) – being updated
 - B recommendation for major depressive disorder in adolescents (12-18 years) when systems are in place
 - I statement for age 7-11 years

Mental Health and Substance Abuse

- Illicit or Nonmedical Drug Use (2014)
 - I statement
- Smoking or Tobacco Use (2013)
 - B recommendation for interventions to prevent the initiation of tobacco use
- Suicide Risk (2014)
 - I statement

Thank you for your interest
www.USPreventiveServicesTaskForce.org