Closing Evidence Gaps in Clinical Prevention: A Perspective from the NIH

NASEM Committee on Addressing Evidence Gaps in Clinical Prevention Recommendations: Meeting #1 December 15, 2020

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The ODP's Mission



Improve public health by increasing the scope, quality, dissemination, and impact of prevention research supported by the NIH.



ODP's Location in the NIH Organization

NIH Office of the Director

Divisio	n of Program Coordin	ation, Planning, and S	Strategic Initiatives (I	OPCPSI)
Office of AIDS Research	Office of Research on Women's Health	Office of Disease Prevention	Office of Behavioral and Social Sciences Research	Office of Strategic Coordination
Office of Research Infrastructure Programs	Sexual & Gender Minority Research Office	Tribal Health Research Office	Office of Data Science Strategy	Office of Dietary Supplements
	Office of Portfolio Analysis	Office of Administrative Management and Communications	Office of Evaluation, Performance, and Reporting	

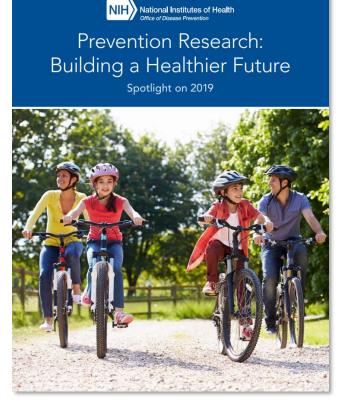


ODP's Strategic Priorities and Cross-Cutting Themes





ODP Spotlight on 2019: Select Accomplishments



prevention.nih.gov/Spotlight2019

- Co-sponsored projects to better measure and study electronic nicotine delivery systems such as e-cigarettes and vaping devices.
- Developed collaborative initiatives across the NIH to address unmet prevention research needs.
- Identified the leading risk factors and causes for premature death so we can focus on the most pressing health challenges facing the nation.
- Analyzed the NIH prevention research portfolio and highlighted opportunities to better align research funding with disease burden.
- Organized workshops to identify research gaps and produce action-oriented recommendations for future research.







Strategic Priority II

Identify prevention research areas for investment or expanded effort by the NIH.



ODP Partners with Stakeholders to Identify Prevention Research Areas for Investment or Expanded Effort by NIH

- ODP is the NIH liaison office for the US Preventive Services Task Force and the Community Preventive Services Task Force.
- ODP draws attention to evidence gaps identified by the Task Forces and works with NIH's 27 Institutes and Centers (ICs) to develop new activities to address gaps relevant to their missions.
 - Solicit IC Task Force Liaisons
 - Solicit IC nominations for new Task Force members
 - Solicit IC input for Task Force topic choices and topic prioritization
 - Solicit IC input on proposed Task Force research plans
 - Solicit IC input on Task Force draft evidence reports and recommendations
 - Coordinate messaging across NIH for final Task Force recommendations
 - Solicit IC participation in annual Insufficient Evidence Statement (I Statement) Survey
 - Disseminate reports from annual NIH I Statement survey

ODP and AHRQ Collaborate in Disseminating USPSTFidentified Evidence Gaps in Clinical Prevention

- Evidence gaps are identified in the evidence reports generated by AHRQsupported evidence-based practice centers (EPCs).
- Evidence gaps are described in the Research Needs and Gaps section of published USPSTF recommendation statements.
- Evidence gaps are highlighted in the USPSTF Annual Report to Congress.
- A complete listing of I Statements and their corresponding research needs and gaps is maintained on ODP's website (<u>https://prevention.nih.gov/research-priorities/research-needs-and-gaps/i-statements</u>).
- I Statements and their corresponding research needs and gaps are communicated to the NIH ICs through the Annual I Statement Reporting Survey.
- ODP and AHRQ convene meetings with NIH staff and present on evidence gaps at national meetings, to draw attention to the need for new/innovative research.



Challenges and Opportunities for Addressing USPSTFidentified Evidence Gaps

- Challenges:
 - Evidence gaps described in multiple places.
 - Non-specific descriptions
 - "High-quality studies on the potential harms of screening and treatment are needed".
- Opportunities:
 - Linking gaps to TF criteria for study inclusion (i.e., study designs, sample sizes, intervention characteristics, target populations, etc.)
 - More coordinated effort to describe and communicate evidence gaps so that they are easier to identify and address.
- Ultimate goal: Reduce the number of I statements by filling key evidence gaps.



NIH-AHRQ Contract with NASEM: Improving the Characterization and Translation of Evidence-Based Clinical Prevention

Charge to the Committee:

- Outline how research gaps are described in the current USPSTF portfolio.
- Propose a taxonomy for describing research gaps and apply it to a sample of existing USPSTF evidence gaps/I statements.
- Characterize the types of research studies needed to inform different types of evidence gaps, considering both existing USPSTF methods and innovative new methodologies.
- Propose ways for prevention research funders and recommendation statement developers, including NIH and the USPSTF, to enhance partnerships to accelerate research to close important gaps in prevention.



Summary

- NIH has an important role in disseminating and addressing evidence gaps in clinical prevention.
- Closing USPSTF-identified evidence gaps:
 - Reduces uncertainty for health care providers
 - Has broad population health impact
- Improving the Characterization and Translation of Evidence-Based Clinical Prevention will lead to clearer elucidation of key evidence gaps and bettertargeted efforts on the part of research funders and the scientific community to address them.





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