



Understanding How the U.S. Preventive Services Task Force Works

USPSTF 101

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
- Explain the role of Task Force partners
- Highlight opportunities for public input
- Highlight dissemination efforts

Overview

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

- Is an independent panel of non-Federal experts in prevention & evidence-based medicine
- Makes evidence-based recommendations about clinical preventive services, including screening, counseling, and preventive medications
 - Recommendations address only services offered in the primary care setting or services referred by a primary care clinician.
 - Recommendations apply to adults & children with no signs or symptoms (or unrecognized signs and 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

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
- Undergo a rigorous review of potential conflicts of interest
- Current members include deans, medical directors, practicing clinicians, and professors
 - www.uspreventiveservicestaskforce.org/members.htm

AHRQ's Support of the Task Force

- AHRQ, an agency within the U.S. Department of Health and Human Services (HHS), provides administrative, scientific, technical, and dissemination support to the USPSTF
- AHRQ's Mission: to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to make sure that the evidence is understood and used
- While AHRQ provides support to the USPSTF, it is important to note that the USPSTF is an independent entity

USPSTF Recommendation Development Process

- Rigorous 4-stage recommendation development process:
 - Topic nomination
 - Draft and final research plans
 - Draft evidence review and recommendation statement
 - Final evidence review and recommendation statement
- 4-week public comment period on all draft materials
- The Task Force works with AHRQ Evidence-based Practice Centers (EPCs) to develop research plans and review evidence
- Subject matter experts are consulted throughout the recommendation development process
- Procedure Manual available under Methods and Processes at: www.uspreventiveservicestaskforce.org

THE USPSTF RECOMMENDATIONS DEVELOPMENT PROCESS

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STEP 1: TOPIC NOMINATION

Anyone can nominate a new topic or an update to an existing topic at any time, via the Task Force Web site. The Task Force prioritizes topics based on several criteria, including the topic's relevance to prevention and primary care, importance for public health, potential impact of the recommendation, and whether there is new evidence that may change a current recommendation.

The USPSTF Recommendations Development Process, cont'd.

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STEP 2: DRAFT AND FINAL RESEARCH PLANS

Once a topic is selected, the Task Force and researchers from an Evidence-based Practice Center (EPC) develop a draft research plan for the topic. This plan includes key questions to be answered and target populations to be considered. The draft research plan is posted on the Task Force's Web site for four weeks, during which anyone can comment on the plan. The Task Force and the EPC review all comments and consider them while making any necessary revisions to the research plan. The Task Force then finalizes the plan and posts it on its Web site.

The USPSTF Recommendations Development Process, cont'd.

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STEP 3: DRAFT EVIDENCE REVIEW AND DRAFT RECOMMENDATION STATEMENT

Using the final research plan as a guide, EPC researchers gather, review, and analyze evidence on the topic from studies published in peer-reviewed scientific journals. The EPC then develops one or more draft evidence reviews summarizing the evidence on the topic. Members discuss the evidence reviews and use the information to determine the effectiveness of a service by weighing the potential benefits and harms. Members then develop a draft recommendation statement based on this discussion. The draft evidence review and draft recommendation statement are posted on the Task Force Web site for four weeks.

The USPSTF Recommendations Development Process, cont'd.

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STEP 4: FINAL EVIDENCE REVIEW AND FINAL RECOMMENDATION STATEMENT

The Task Force and EPC consider all comments on draft evidence reviews and the Task Force considers all comments on the draft recommendation statement. The EPC revises and finalizes the evidence reviews and the Task Force finalizes the recommendation statement based on both the final evidence review and the public comments.

All final recommendation statements and evidence reviews are posted on the Task Force's Web site. The final recommendation statement and a final evidence summary, a document that outlines the evidence it reviewed, are also published in a peer-reviewed scientific journal.



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.

USPSTF Partners

- USPSTF Partners provide input on recommendations and facilitate dissemination and implementation. Partners represent:
 - Primary care clinicians, consumers, and other stakeholders
 - Federal agencies
- Partners help the Task Force ensure that its recommendations are useful for clinicians and able to be put into practice
- Partners also support the Task Force as they work to keep America's primary care workforce up to date on USPSTF recommendations

USPSTF Partners, cont'd.

Partners Who Support Primary Care Delivery

- American Academy of Family Physicians (AAFP)
- American Association of Nurse Practitioners (AANP)
- American Academy of Pediatrics (AAP)
- American Academy of Physician Assistants (AAPA)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Physicians (ACP)
- American College of Preventive Medicine (ACPM)
- American Medical Association (AMA)
- American Osteopathic Association (AOA)
- American Psychological Association (APA)
- National Association of Pediatric Nurse Practitioners (NAPNAP)

Partners Focused on Healthcare Utilization, Coverage, and Quality

- America's Health Insurance Plans (AHIP)
- AARP
- Consumers Union
- National Business Group on Health (NBGH)
- National Committee for Quality Assurance (NCQA)
- Patient-Centered Outcomes Research Institute (PCORI)

Partners Who Develop Recommendations on Prevention

- Canadian Task Force on Preventive Health Care (CTFPHC)
- Community Preventive Services Task Force (CPSTF)

Federal Partners

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Community Preventive Services Task Force (CPSTF)
- Department of Defense (DOD) Military Health System
- Department of Veterans Affairs (VA) Center for Health Promotion & Disease Prevention
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Cancer Institute (NCI)
- National Institutes of Health (NIH)
- Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion (ODPHP)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- U.S. Food and Drug Administration (FDA)

Public Engagement With USPSTF

- The Task Force is committed to transparency and public engagement
- Several opportunities for the public to provide input:
 - Task Force member nomination
 - Topic nomination
 - Public comment periods during draft stages
- USPSTF email list helps the public stay up-to-date on Task Force activities, including public comment periods
- Individuals and organizations can provide comments and sign up for the email list by visiting the Task Force's Web site:
www.uspreventiveservicestaskforce.org

USPSTF Dissemination Efforts

Some activities the Task Force conducts to disseminate its recommendations include:

- **Electronic Preventive Services Selector (ePSS)** (<http://epss.ahrq.gov>), a Web site and mobile app that allows clinicians to identify which preventive services are right for their patients
- **Healthfinder Web site** (<http://healthfinder.gov>) a tool for patients to learn more about prevention and find the right preventive services for them
- **Email list notifications** to alert subscribers to topic activity as well as general Task Force updates
- **News bulletins** to summarize recommendations for the media
- **Plain language summaries** of Task Force draft recommendations to help individuals understand the recommendation before submitting comments

USPSTF Dissemination Efforts, cont'd.

- The Task Force also has a **partnership with *JAMA*** to publish final recommendation statements and evidence summaries, reaching a wide network of clinicians and the public
 - *JAMA* develops materials including a patient page and audio podcast to help explain recommendations
- Beyond final recommendations, the Task Force:
 - Develops a yearly **Report to Congress** to highlight evidence gaps and guide future research
 - Publishes **editorials** in peer-reviewed journals about different areas of interest in prevention and evidence-based medicine

Thank you for your interest
www.USPreventiveServicesTaskForce.org