



# USPSTF: Who We Are & How We Work



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# About the Task Force

The U.S. Preventive Services Task Force works to improve the health of people nationwide.



The U.S. Preventive Services Task Force (USPSTF or Task Force) makes evidence-based recommendations about preventive services such as screenings, behavioral counseling, and preventive medications. Task Force recommendations are created for primary care professionals by primary care professionals.

## The Importance of Evidence-Based Prevention in Primary Care

Preventive services provide tremendous value in our Nation's health care system. They can detect disease at earlier stages when it is more treatable or reduce a person's risk for developing a disease. Some preventive services, however, may not help patients as expected or, even worse, they may cause harm. Therefore, it is critical that clinicians have access to trustworthy, evidence-based information about what works—and doesn't work—in prevention.

The scientifically independent, volunteer Task Force has been filling this need since 1984. We provide primary care clinicians and their patients with information about the benefits and harms of a wide range of preventive services so that together they can make informed health care decisions that are best for each patient.

**Benefits** of preventive services can include helping people stay healthy, preventing disease or detecting it early when treatment may be more effective, and prolonging life.

**Harms** of preventive services can include inaccurate test results, receiving treatment when it is not needed, and side effects and complications from the service itself or resulting treatment.

## About Task Force Recommendations

Task Force recommendations focus exclusively on preventive services offered in the primary care setting, or services that are referable by a primary care clinician, and apply to patients who have no obvious signs or symptoms of the disease or condition. Our recommendations cover more than 80 preventive service topics for people across the lifespan—from vision screening in young children, to heart disease prevention in adults, to colorectal cancer screening in older adults. We keep our recommendations as current as possible by routinely updating existing recommendations and developing new recommendations.

## The Recommendation Development Process

The Task Force does not conduct original research studies; it reviews and assesses the best available evidence to make a conclusion about the benefits and harms of preventive services. We use gold standard methods to review the evidence and are transparent at each step of the recommendation development process—from topic nomination to publication of the final recommendation.

## The Makeup of the Task Force and Input from Others

The Task Force is made up of 16 volunteer experts in the fields of preventive medicine and primary care, including internal medicine, family medicine, pediatrics, behavioral health, obstetrics/gynecology, and nursing. Most of our members are practicing clinicians. To develop recommendations, we use our own expertise and routinely invite the input of disease experts and specialists. We also invite input from stakeholders and the public.

The Agency for Healthcare Research and Quality (AHRQ) convenes the Task Force and provides scientific, administrative, and dissemination support.

# Our Approach: Evidence-Based, Objective, and Transparent

To be valuable and trustworthy, the work of the Task Force must be evidence-based, objective, and transparent.



## Evidence-Based Recommendation Process

Evidence is at the core of the work of the Task Force. Our scientifically rigorous process enables our recommendations to be based solely on an independent and unbiased review of evidence. We start each topic by commissioning an independent, comprehensive evidence review. We then analyze the information to identify the benefits and the harms of the preventive service. It is only after this process has taken place that we deliberate on whether to recommend for or against a preventive service. Sometimes, we conclude that there is not enough evidence to make a recommendation; instead we call for more research.

Because our recommendations are based on evidence, we do not include opinions in our analysis. We do know, however, that the science is just one factor that clinicians consider when they are deciding which preventive services are right for their patients. In all our recommendations, we encourage clinicians to use their clinical judgment and discuss patients' values and preferences as part of the decisionmaking process.

## Ensuring Objectivity

The public must have confidence in the integrity of the Task Force's processes to develop balanced, scientifically independent, rigorous, and objective recommendations. Key elements to protecting this integrity are:

- The rigorous screening of Task Force members for outside interests that could potentially influence their work
- The use of safeguards to ensure that any outside interests do not bias Task Force members' decisionmaking

First, all candidates considered for Task Force membership are screened for potential financial and nonfinancial conflicts of interest related to the Task Force's work. Once on the Task Force, members are required to regularly disclose all potential conflicts for each topic. The Task Force then determines whether the member's role on that specific topic should be limited. We review disclosures regularly and post updated information on significant disclosures on our website.

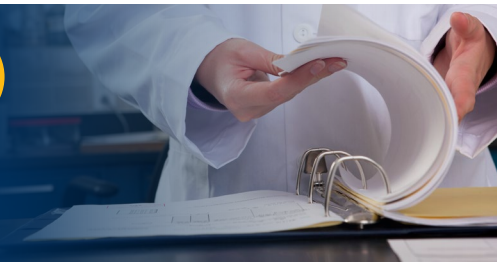
## Commitment to Transparency

The Task Force is committed to making its processes transparent. We do this in multiple ways:

- We post all materials—draft and final—on our website. Topics can be searched by type of preventive service, population, publication date, and stage of recommendation development.
- We invite input at every stage. Anyone can provide comments on draft materials, and a summary of comment themes and resulting changes is included in all final materials. In addition, we invite input from disease experts and specialists for all topics.
- We keep stakeholders and the public up to date on Task Force activities. We notify stakeholders and the public about the USPSTF's work. For example, we send announcements through the Task Force email list, which reaches more than a hundred thousand subscribers. We also work with our partners to disseminate information to their members, and we notify the media about the posting of new draft and final recommendations.

# How We Develop Recommendations

The Task Force follows a rigorous, four-step process to develop every recommendation.



## Step 1 | Topic Nomination and Prioritization

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

## Step 2 | Draft and Final Research Plans

Once a topic is selected, the Task Force and researchers from an Evidence-based Practice Center (EPC), an academic or research organization with expertise in conducting systematic evidence reviews, 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 website for 4 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 the website.

## 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 high-quality studies published in peer-reviewed scientific journals. The EPC then develops a draft evidence review summarizing the evidence on the topic. Task Force members discuss the findings and use a systematic approach to weigh the potential benefits and harms of the preventive service. We then develop a draft recommendation statement based on this discussion. The draft evidence review and draft recommendation statement are posted on the Task Force website for 4 weeks for public comments.

## Step 4 | Final Evidence Review and Final Recommendation Statement

The Task Force and EPC consider all comments submitted in the draft recommendation stage. The EPC finalizes the evidence review and evidence summary based on public comments, and the Task Force finalizes the draft recommendation statement based on both the final evidence review and public comments.

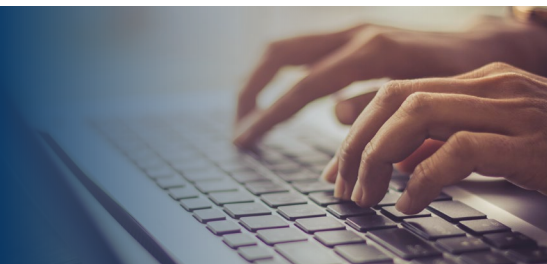
All final recommendation statements and evidence reviews are posted on the Task Force's website. The final recommendation statement and the evidence summary are also published in its journal of record, the *Journal of the American Medical Association (JAMA)*.

Each draft and final recommendation is issued a letter grade of A, B, C, or D or classified as an I statement.

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended
B	Recommended
C	Recommendation depends on the patient's situation
D	Not recommended
I statement	There is not enough evidence to make a recommendation

# How We Get Input From Others

For each recommendation, the Task Force seeks input from expert reviewers, partners, stakeholders, and the public.



The Task Force is committed to ensuring its recommendations are clear, its processes are transparent, and the best available science is reviewed. Part of this commitment is routinely and consistently seeking outside input. All input is carefully reviewed and considered when finalizing the documents.

## Expert Reviewers

**Engaging with disease experts and specialists is essential, as they play an important role in the prevention and treatment of specific diseases and conditions.**

- Expert reviewers are subject matter experts on the topic, and include specialists. Areas of expertise include screening, diagnosis, and treatment of the condition, as well as at-risk populations.
- The Task Force invites relevant professional groups to submit nominations for expert reviewers.
- Expert reviewers provide input during the development of the draft research plan and draft evidence review. Other experts are encouraged to give input during public comment periods.

## Partners

**Partner input helps ensure Task Force recommendations are relevant and useful to clinicians and patients.**

- Task Force partners are a group of national organizations that work with the Task Force on all topics and represent primary care clinicians, patients, and other primary care stakeholders and health-related Federal agencies. A list of partners is available on the Task Force website.
- Partners are encouraged to provide input during public comment periods.

## Stakeholders

**Task Force recommendations are improved when stakeholder organizations that are knowledgeable about particular topics and audiences share their expertise.**

- Stakeholders are national primary care, specialty, patient, advocacy, and other organizations with expertise and interest in a topic reviewed by the Task Force.
- The Task Force identifies relevant stakeholder groups for each topic and contacts leadership.
- Stakeholders are encouraged to provide input during public comment periods.

## Public

**Public input helps ensure that Task Force recommendations are relevant and useful to health professionals, patients, and family members.**

- The Task Force posts materials for comment on its website and communicates directly to the public through the Task Force email list.
- The public is encouraged to provide input during public comment periods.

# How We Disseminate Our Work

The Task Force disseminates its recommendations to audiences through many methods and channels.

It is essential that clinicians, health care organizations, and patients are aware of and understand our recommendations so they can be put into practice.

## Reaching Audiences Through Task Force Channels

The Task Force uses three main channels to keep people informed about its work.

- **Task Force website:** All topic materials are posted on the Task Force website. The website also includes information about members, methods, partners, and more.
- **Task Force email list:** The Task Force sends email notifications to subscribers at all stages of the recommendation process and for other Task Force activities.
- **Prevention TaskForce:** The Prevention TaskForce is an app that includes all final Task Force recommendation statements and is designed to help primary care clinicians identify the right clinical preventive services for their patients.

## Enhancing Reach Through Collaboration

The Task Force works with many partners to expand its reach and ensure that clinicians, researchers, Federal agencies, and the public are aware of its work.

- **JAMA:** All final recommendation statements and evidence summaries are published in *Journal of the American Medical Association*. JAMA also develops additional materials, including information for patients and podcast interviews with Task Force members.
- **Task Force partners:** Partners use their own channels, such as newsletter articles, social media posts, and Web content, to disseminate the work of the Task Force.
- **Healthfinder.gov:** Healthfinder is a consumer-friendly tool based on Task Force recommendations and other reliable resources that helps people determine which preventive services they may need based on age, sex, and health status.

## Amplifying Reach Through Media

The Task Force is committed to ensuring the public is aware of its work; its coordination with the media helps it to effectively reach a wide audience.

- **News bulletins:** The Task Force distributes news bulletins to major media outlets for its draft and final recommendations. All bulletins are also posted on the Task Force website.
- **Media interviews:** Task Force members frequently conduct media interviews to ensure accurate coverage of recommendations.

## Communicating Research Gaps

The Task Force highlights evidence gaps to assist researchers and funders in targeting their efforts, ensuring a collaborative approach to improving preventive health and health care for people nationwide.

- **Report to Congress:** The Task Force issues an annual Report to Congress that identifies gaps in the evidence base for clinical preventive services.
- **Coordination with Federal partners:** The Task Force works closely with Federal partners, particularly the National Institutes of Health, to communicate important evidence gaps to the research community.

# How Our Recommendations Are Related to Insurance Coverage

Scientific evidence informs the coverage of effective preventive services.



The Task Force is committed to using the best science to identify the most effective preventive services that can improve the health of the public. Most private insurance plans are required to cover preventive services that receive a grade of A or B from the Task Force without a copay, but coverage is not considered in assigning grades to preventive services. Coverage decisions are determined by payors and policymakers.

Fundamentally, the Task Force's recommendations are not recommendations for or against insurance coverage. Grade A and B recommended services may be used by others as a floor, rather than a ceiling, on coverage of preventive services. All Task Force grade A and B recommendations can be found on the Task Force website.

## For More Information About the Task Force

To learn more about the Task Force, visit our website, [www.USPreventiveServicesTaskForce.org](http://www.USPreventiveServicesTaskForce.org). You can also email questions to [info@uspstf.net](mailto:info@uspstf.net).