



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

USPSTF 101

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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 opportunities for public input
- Highlight dissemination efforts

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# Overview

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

- Makes recommendations on clinical preventive services to primary care clinicians
  - The USPSTF scope for clinical preventive services include:
    - screening tests
    - counseling
    - 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)

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## 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
- Is an independent panel of non-Federal experts in prevention & evidenced-based medicine

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## 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
- Complete a rigorous review of potential conflicts of interest
- 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 produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.
- 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

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## USPSTF Methods

- Rigorous 4-stage recommendation development process over 24 months+
  - 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 drafts
- Consult with subject matter experts
- Procedure Manual available under Methods and Processes at:  
<http://www.uspreventiveservicestaskforce.org>

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# 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

# 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.)

## 2

### 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.)

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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.)

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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. |

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## Dissemination & Implementation (D&I)

- USPSTF Partners provide input on recommendations and facilitate dissemination and implementation. Partners represent:
  - Primary care clinicians, consumers, and other stakeholders
  - Federal agencies
- Examples of D&I resources:
  - USPSTF Web site ([www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org))
  - Electronic Preventive Services Selector (ePSS) (<http://epss.ahrq.gov>)
  - <http://healthfinder.gov>

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Thank you for your interest  
[www.USPreventiveServicesTaskForce.org](http://www.USPreventiveServicesTaskForce.org)