

The background features a dark blue gradient with faint, light blue circular patterns and a scale-like graphic on the left side. The scale has markings from 160 to 260 in increments of 20. The text is white and centered.

ASKING THE RIGHT QUESTIONS: EXPERIENCE FROM THE USPSTF

**EFFECTIVE RELATIONSHIPS BETWEEN GUIDELINE
GROUPS AND SYSTEMATIC REVIEWERS**

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Disclosure Information

- **I have no financial relationships to disclose.**
- **I will not discuss off label use and/or investigational use.**

OVERVIEW

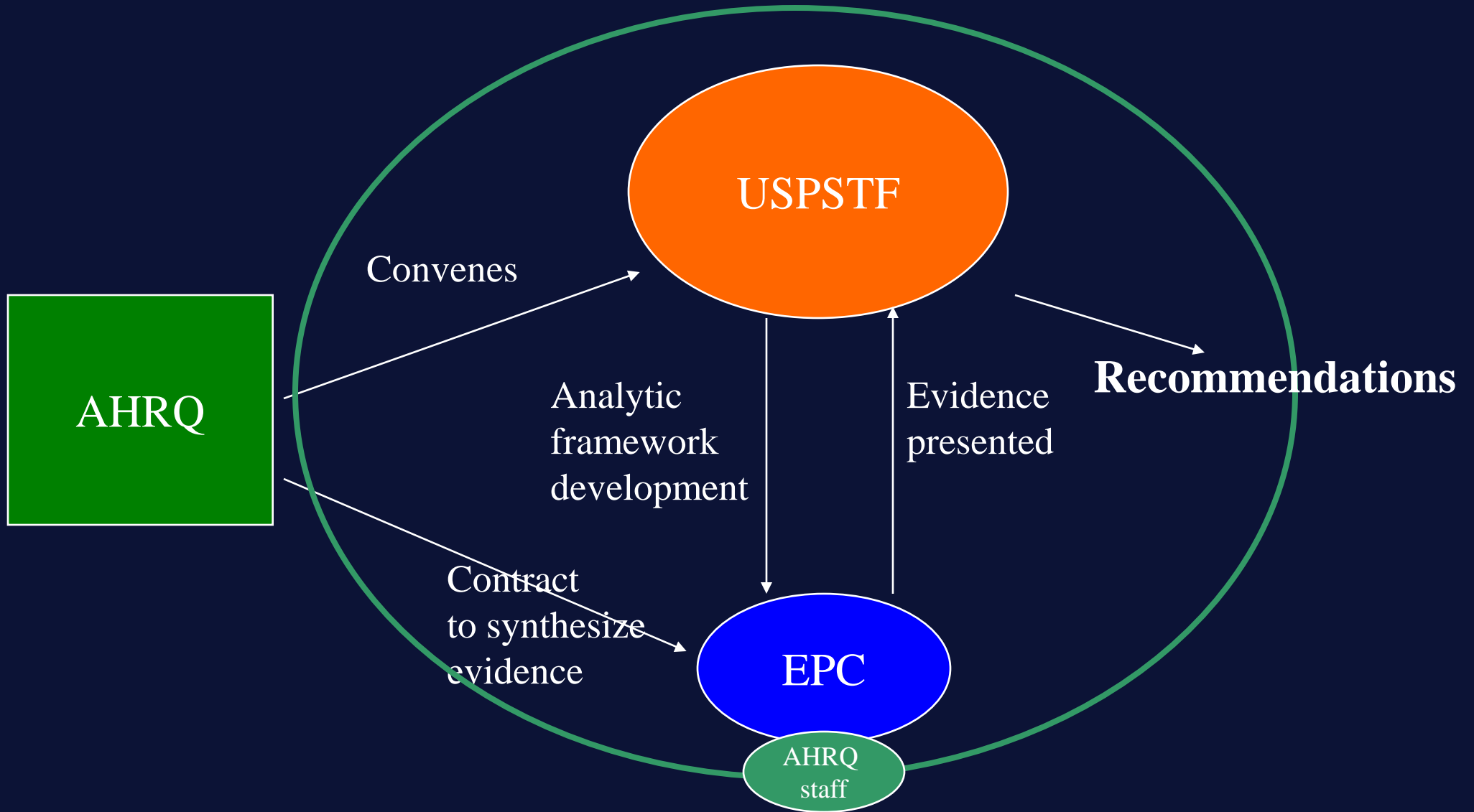
- Brief introduction to US Preventive Services Task Force (USPSTF) approach
- Challenges: Working with Evidence-based Practice Centers
 - What works/what doesn't?

THE U.S. PREVENTIVE SERVICES TASK FORCE

- Established in 1984
- Independent panel of nationally known, non-federal experts in primary care, prevention and evidence-based medicine
- Extensive vetting for conflict-of-interest

THE U.S. PREVENTIVE SERVICES TASK FORCE

- Charged by Congress to
 - Review the scientific evidence for clinical preventive services
 - Develop evidence-based recommendations for the health care community
 - Focus on primary care settings
 - Make recommendations for asymptomatic adults and children



USPSTF RECOMMENDATION PROCESS

- Limited resources
 - Existing topics require periodic updating
 - Limited number of new topics feasible
 - Most evidence reviews are updates
- USPSTF Workgroup (3 members) identified for each topic review or update.

USPSTF RECOMMENDATION PROCESS

- Research Plan development
- Public comment on research plan
- Evidence review
- Draft recommendation statement
- Full Task Force review - vote
- Public comment on draft recommendation
- Task Force review of public comments
- Final recommendation vote
- Final recommendation published

USPSTF RECOMMENDATION PROCESS

Research Plan Development

Evidence-based Practice Center (EPC) and Task Force topic work-group, with input from AHRQ medical officers, create a research plan that guides the recommendation process

Evidence Review

EPC independently gathers and reviews the available published evidence

Evidence review critiqued by external national subject matter experts

USPSTF RECOMMENDATION PROCESS

Draft

Recommendation Development

USPSTF topic workgroup discusses the evidence and drafts a preliminary recommendation

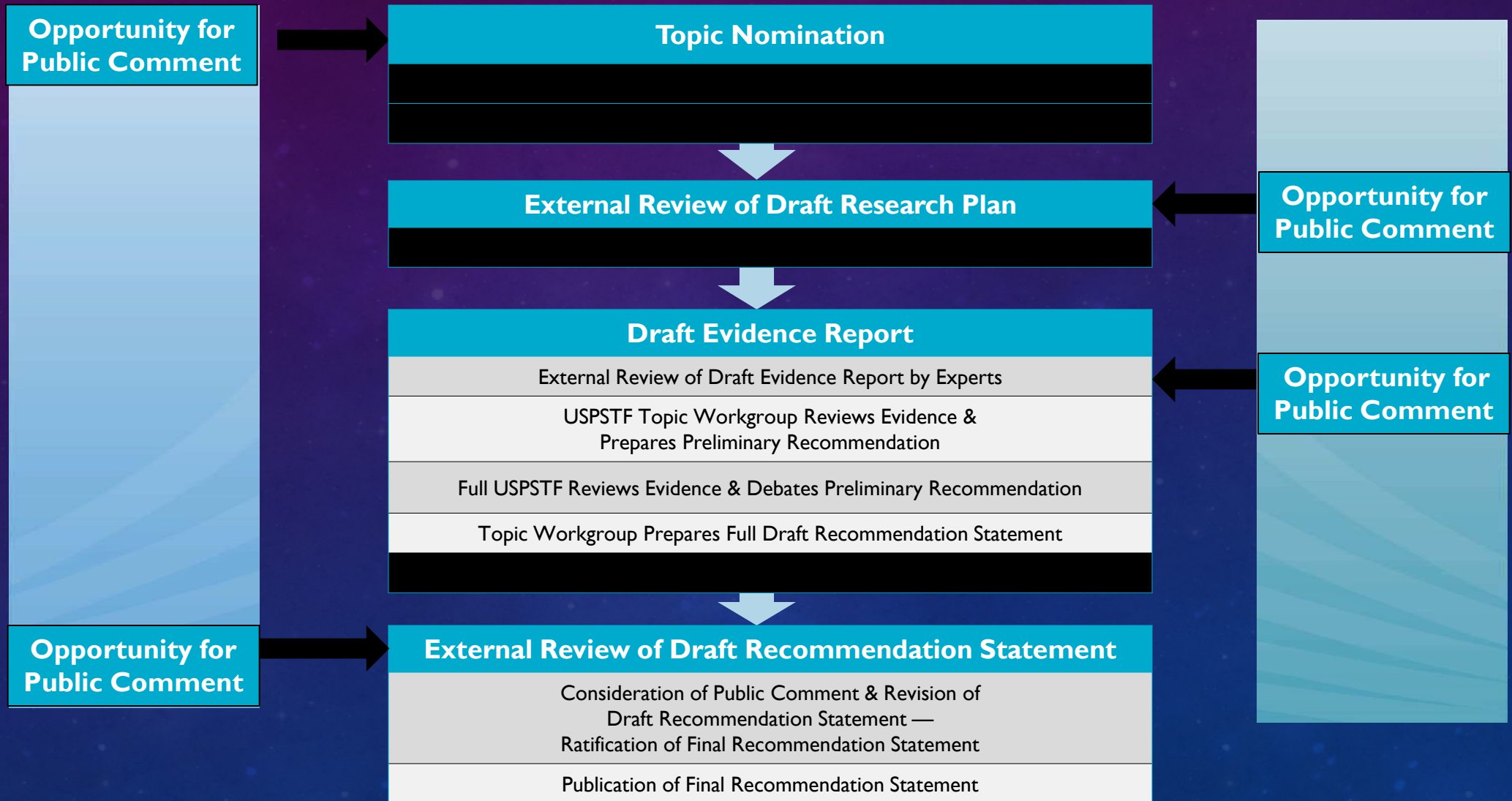
Full Task Force Review

Evidence report and draft recommendation are presented to the full Task Force

All members discuss draft recommendation statement

Topic work group then drafts the full recommendation language, including clinical considerations and discussion

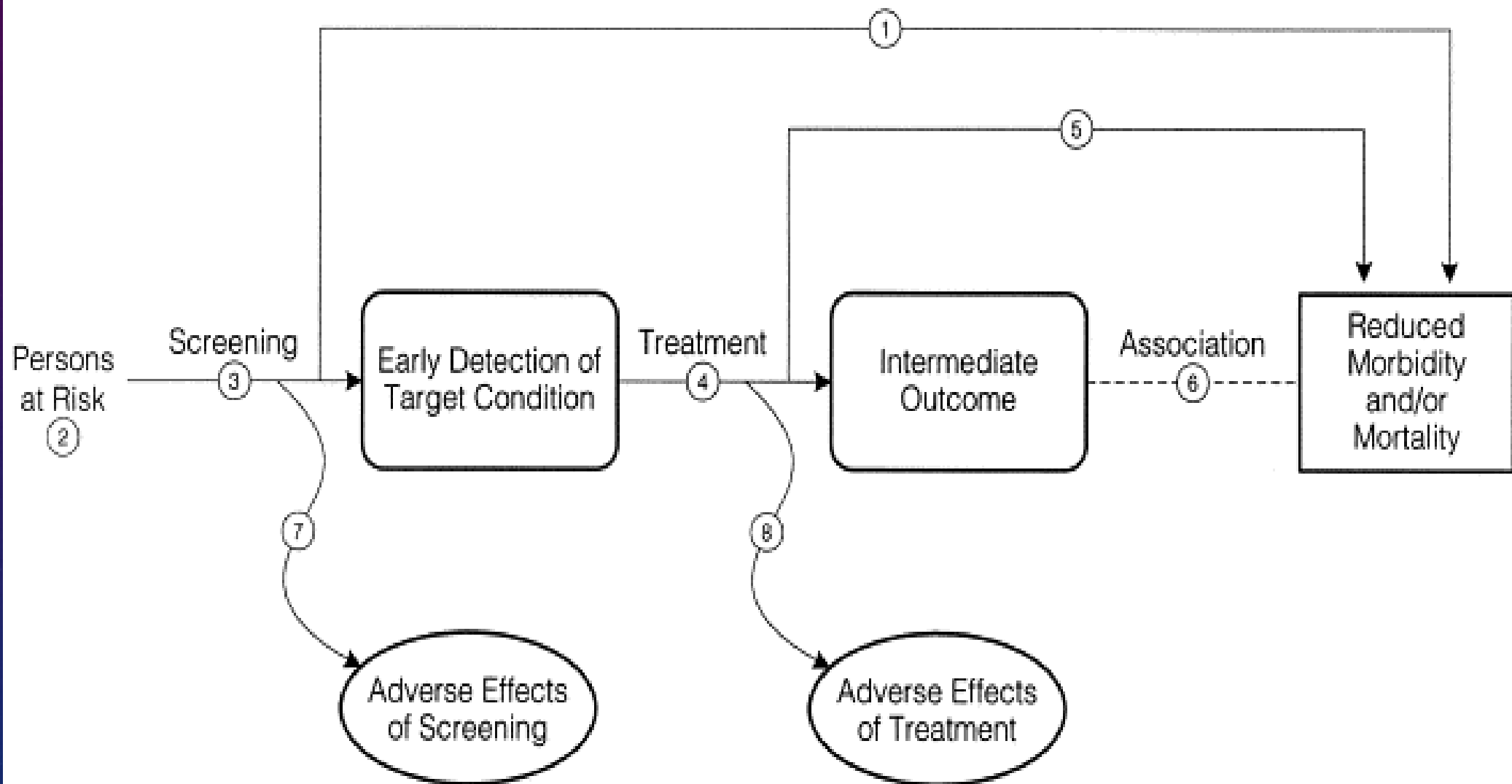
OPPORTUNITIES FOR PUBLIC ENGAGEMENT



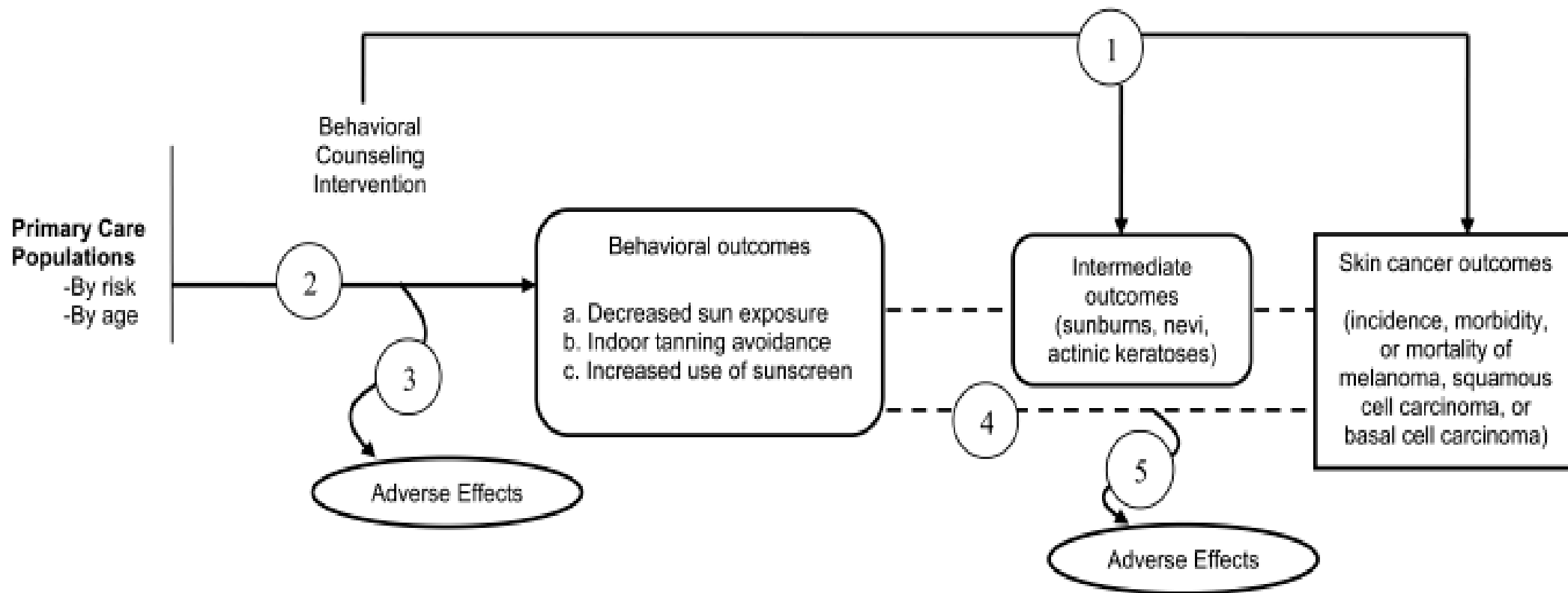
ANALYTIC FRAMEWORK

- Defines key questions for review
- Distinguishes contextual questions from key questions
- Joint development between TF workgroup and review group is key to successful process

ANALYTIC FRAMEWORK ON SCREENING FOR A DISEASE: WHAT EVIDENCE DO WE SEEK?



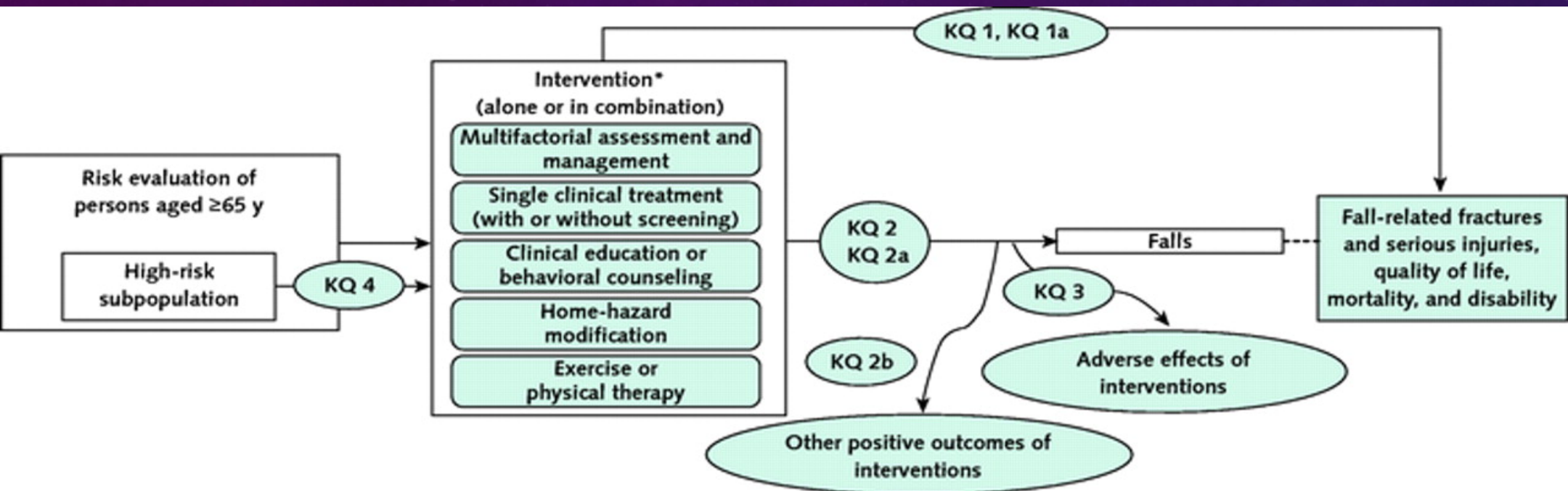
ANALYTIC FRAMEWORK FOR A BEHAVIORAL COUNSELING INTERVENTION: REDUCING RISK OF SKIN CANCER



Key Questions

1. Is there direct evidence that counseling patients on sun-protective behaviors (decreasing sun exposure, avoidance of indoor tanning, and using sunscreen) reduces intermediate outcomes (sunburns, nevi, or actinic keratoses) or skin cancer (melanoma or squamous cell or basal cell carcinoma)?
2. Does primary care relevant counseling change sun-protective behaviors (decreasing sun exposure, avoidance of indoor tanning, and using sunscreen)?
3. Do primary care relevant counseling interventions have adverse effects?
4. Is sun exposure (intentional or unintentional), indoor tanning, or sunscreen use associated with skin cancer outcomes?
5. Are sun-protective behaviors associated with adverse effects (increased time spent in the sun, reduced physical activity, dysphoric mood, or vitamin D deficiency)?

ANALYTIC FRAMEWORK : INTERVENTIONS TO REDUCE FALLS AND FALL-RELATED OUTCOMES



Key Questions

- KQ 1: Is there direct evidence that primary care interventions reduce fall-related injury, improve quality of life, reduce disability, or reduce mortality when used alone or in combination to reduce falls in community-dwelling older adults?
- KQ 1a: Do these interventions reduce injury, improve quality of life, reduce disability, or reduce mortality in older adults specifically identified as high risk for falls?
- KQ 2: Do primary care interventions used alone or in combination in community-dwelling older adults reduce risk for or rate of falls or fallers?
- KQ 2a: Do these interventions reduce falls in older adults specifically identified as high risk for falls?
- KQ 2b: Are there positive outcomes other than reduced falls, and related morbidity and mortality, that result from primary care fall interventions?
- KQ 3: What are the adverse effects associated with interventions to reduce falls?
- KQ 4: How are high-risk older adults identified for primary care fall interventions?

PRESENTATION OF REVIEW FINDINGS

- Organized based on analytic framework
- Contextual questions may form the basis of introduction
- Systematically addresses each key question
- Tables and figures easy to access and interpret

EVIDENCE EVALUATED AT THREE LEVELS

- Quality of each individual study
- Quality and strength of evidence across each key question
- Strength of evidence across the entire analytic framework – i.e. linking the left side of the framework to the right side

CHALLENGES IN THE PROCESS

- Analytic framework is missing a key question
- Key question changes/evolves
 - Shift in primary outcomes
 - Impact of public/partner comment
- New evidence is identified late in the process
- Evidence is absent or reported outcomes unclear
- Evidence presentation does not systematically address key questions (primary purpose not TF review)

OVERCOMING CHALLENGES

- Communication between TF workgroup and SR group:
 - Early and often!
- Consistency in working with SR group so needs of guideline group are understood
- Understanding by guidelines group of resources required for evidence review
 - Important to get analytic framework right at the outset

OVERCOMING CHALLENGES

- Flexibility to incorporate late-breaking new evidence
- Request/commission new analyses of existing data to address literature gaps
- Contact PI's to clarify study findings