

# CER and US Preventive Services Task Force

North Carolina Institute of Medicine Annual Meeting  
“Transforming the Health Care System to Achieve Value.”  
October 17, 2014

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# Objectives

- Describe the role of the USPSTF in developing recommendations for preventive services
- Understand the role of comparative effectiveness research in improving delivery of evidence-based preventive health services

# What is CER?

- CER is the generation and synthesis of evidence that **compares** the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care.
- The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers **to make informed decisions** that will improve health care at both the individual and population levels.

- Institute of Medicine, 2009

# Getting to the Evidence



# US Preventive Services Task Force

- 16 member independent panel convened by AHRQ
- Non-federal experts in primary care & prevention
- Uses up-to-date, peer-reviewed evidence syntheses to create screening, counseling & illness prevention recs
  - Based on age, gender, & disease risk factors
  - Undergo peer review and public comment
- Does **NOT** advise insurers, make coverage decisions or incorporate costs
- Target audience: Primary care providers



# USPSTF Mission

To improve the health of all Americans by making evidence-based recommendations about clinical preventive services and health promotion.



# Do Screen or Not to Screen:

## Screen

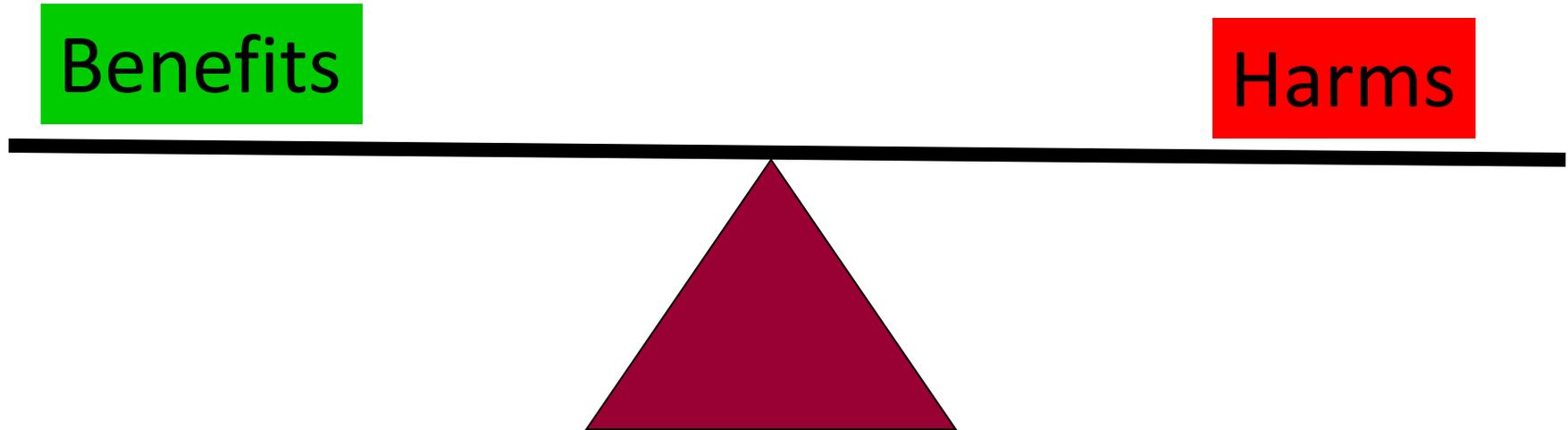
- Cervical cancer screening
- Behavioral counseling for cardiovascular disease prevention
- ASA in women at high risk for preeclampsia
- Screen for obesity; if  $BMI \geq 30 \text{ kg/m}^2$ , refer for counseling

## Don't screen

- Abdominal aortic aneurysm –in women
- Hepatitis C in asymptomatic adults
- HRT for chronic disease prevention

# USPSTF Recommendations Based On:

Magnitude & Certainty of  
Benefits and Harms  
(Net Benefit)



# USPSTF Recommendation Grid

## **Certainty of Net Benefit**

## **Magnitude of Net Benefit**

Substantial Moderate Small Zero/Neg.

- High
- Moderate
- Low

# USPSTF Recommendation Grid

<u>Certainty of Benefit</u>	<u>Net</u>	<u>Magnitude of Net Benefit</u>			
		Substantial	Moderate	Small	Zero/Neg.
<ul style="list-style-type: none"><li>• <b>High</b></li></ul>		<b>A</b>			
<ul style="list-style-type: none"><li>• Moderate</li></ul>					
<ul style="list-style-type: none"><li>• Low</li></ul>					

# USPSTF Recommendation Grid

<u>Certainty of Net Benefit</u>	<u>Magnitude of Net Benefit</u>			Zero/Neg.
	Substantial	Moderate	Small	
• High	A	B		
• Moderate	B	B		
• Low				

# USPSTF Recommendation Grid

## Certainty of Net Benefit

## Magnitude of Net Benefit

- High
- Moderate
- Low

	Substantial	Moderate	Small	Zero/Neg
A		B	<b>C</b>	D
B		B	<b>C</b>	D
Insufficient				

# USPSTF Recommendation Grid

**Certainty of Net Benefit**

**Magnitude of Net Benefit**

Substantial Moderate Small **Zero/Neg**

- **High**
- **Moderate**
- Low

**D**

**D**

# USPSTF Recommendation Grid

**Certainty of Net Benefit**

**Magnitude of Net Benefit**

Substantial Moderate Small Zero/Neg

- High
- Moderate

• Low

Insufficient

# Other Leaders in Systematic Reviews of Evidence

- Cochrane Collaboration
- Evidence Based Practice Centers of the Agency for Healthcare Research and Quality (since 1998)
- National Institute for Health and Clinical Effectiveness [U.K., National Health Service] (since 1999)

# CER: Getting Evidence Efficiently into Practice

## High-Value, Cost-Conscious Health Care: Concepts for Clinicians to Evaluate the Benefits, Harms, and Costs of Medical Interventions

Douglas K. Owens, MD, MS; Amir Qaseem, MD, PhD, MHA; Roger Chou, MD; and Paul Shekelle, MD, PhD, for the Clinical Guidelines Committee of the American College of Physicians\*

**High-value care = good net benefit relative to expenditure**

Owens et al. 2011

# USPSTF Cervical Cancer Screening Recommendation

- Women, ages 21-29
  - Pap smear alone every 3 years
  
- Women ages 30 to 65 years
  - Pap smear alone every 3 years or,
  - Co-test with cytology and HPV testing every 5 years.

# Enhancing High Value Care

- Women undergoing cervical cancer screening
  - Widen screening interval
    - Reduce diagnostic and treatment harms
    - Decrease over diagnosis and over treatment
- Women, 21-29 and HPV
  - Recommend against HPV in this age group
    - Maintain ability for early detection and treatment
    - Reduce treatment harms
    - Lower resource utilization and health care costs

# Gains in Health Services Research

- Concerns on Capitol Hill about health care costs and viability of Medicare
- William Roper as head of Health Care Financing Administration (HCFA, now CMS) got **effectiveness research** as an item in proposed FY 1990 budget
- Later as White House health policy advisor, advocated for “effectiveness research”



# INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

- Advice from “broad range of stakeholders”
- 2606 nominations from 1758 responders
- 3-step voting process
- Sought balanced portfolio
- 100 high-priority topics, ranked in quartiles

# Affordable Care Act and Efficiency in Preventive Care Services

- Establishment of PCORI: Patient-Centered Outcomes Research Institute
- NOT an agency of the government
- Mission: The Patient-Centered Outcomes Research Institute (PCORI) helps people make informed health care decisions – and improves health care delivery and outcomes – by producing and promoting high integrity, evidence-based information – that comes from research guided by patients, caregivers and the broader health care community.

# Stakeholder Engagement

- Learning better methods for engaging stakeholders in the process of designing research
- Methods for engaging multiple stakeholders in participating in research
  - Patients
  - Clinicians
  - Purchasers
  - Communities

# Summary

- Efficiency is as important as efficacy
- Exciting opportunities for improving effectiveness of care and care delivery
- Supportive legislation
- Possibility of more stable funding streams
- Appreciation of the role of all stakeholders in this process