

# Public Support for Translating Evidence into Prevention Practice and Policy

## Foreword

John M. Eisenberg, MD, MBA and Douglas B. Kamerow, MD, MPH

In the 13 years since the release of its first report in 1989, the U.S. Preventive Services Task Force (USPSTF) has become widely regarded as a premier source of information on the effectiveness of a broad range of clinical preventive services. The work of the USPSTF is an important example of a successful public-private partnership to help translate research advances into better preventive care.

The Agency for Healthcare Research and Quality (AHRQ), as required by its reauthorization in 2000, has assumed responsibility for supporting the USPSTF as part of the Agency's mission to enhance the quality, appropriateness, and effectiveness of health care services. From the initial inception of the USPSTF, under the auspices of the U.S. Public Health Service Office of Disease Prevention and Health Promotion, federal support has been critical to ensuring both the quality of USPSTF products and the broad participation of relevant professional groups and government agencies. AHRQ's current support of the USPSTF typifies the Agency's strategy of improving health care by assuring that decisionmakers have access to the evidence they need to draw conclusions about the most effective and efficient screening, diagnostic, and therapeutic choices. AHRQ's support of the USPSTF also provides opportunities for public and private partners to translate the evidence that is generated from research into recommendations, clinical practice guidelines, continuing education, and quality assurance or improvement measures.

The recommendations contained in this incremental release are based on systematic reviews of the evidence on the effectiveness of providing various clinical preventive services—including screening, counseling, immunization, and chemoprevention—in the primary care setting. These reviews were conducted by 2 AHRQ-

supported Evidence-based Practice Centers (EPCs) and involved consideration of hundreds of research articles and the input of a broad array of federal and private peer reviewers. At the same time, the independence of the USPSTF has ensured that its recommendations are based on an impartial assessment of existing evidence, not the positions of any particular federal agency or interest group. This approach to improving clinical prevention complements the community-based prevention emphasis of the Centers for Disease Control and Prevention (CDC).

Support of the USPSTF falls within a larger commitment by AHRQ to promote evidence-based health care. It is fitting that the USPSTF, which helped propel the early movement of evidence-based medicine in the United States, is now benefiting from the advances and insights of a growing international network of scholars who are expert in systematic reviews, practice guidelines, and implementation research. Among this network are investigators at 12 AHRQ-supported EPCs, who produce systematic reviews on important questions concerning medical technologies and/or treatment or diagnostic strategies, and who work with private partners interested in developing guidelines, quality improvement tools, and other interventions to improve care.

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From the Agency for Healthcare Research and Quality and the U.S. Public Health Service, Rockville, Maryland.

Address correspondence to: David Atkins, MD, MPH, Chief Medical Officer, Center for Practice and Technology Assessment, 6010 Executive Boulevard, Suite 300, Rockville, MD 20852. E-mail: datkins@ahrq.gov.

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Some of the information on outcomes and effectiveness emanates from the Patient Outcomes Research Teams (PORTs) that AHRQ supported in the 1990s. AHRQ also supports the online National Guideline Clearinghouse™ ([www.guideline.gov](http://www.guideline.gov)), which allows online access to a wide array of evidence-based guidelines on a variety of health care topics. The USPSTF recommendations and guidelines based on them have been the foundation for performance measures that are used to judge quality, such as those designed and used by oversight organizations such as the National Committee for Quality Assurance (NCQA), Peer Review Organizations (PROs), and the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO). AHRQ's compendium of performance measures, called CONQUEST, provides evidence-based tools for quality assurance and quality improvement; some are based on the conclusions of the USPSTF, making them more accessible to purchasers, institutions, clinicians, and patients.

But just supporting research that can serve as the foundation for recommendations, guidelines, performance measures, and educational programs will not necessarily result in improved quality of care. A decade of AHRQ-supported research has highlighted the challenges of translating evidence into practice. The Put Prevention Into Practice initiative ([www.ahrq.gov/clinic/prevenix.htm](http://www.ahrq.gov/clinic/prevenix.htm)),

sponsored by AHRQ, is developing different tools and products to help translate the USPSTF recommendations for the broad array of audiences (clinicians, educators, policymakers, payers, and patients) who directly and indirectly influence the quality of preventive care. Other ongoing research sponsored or conducted by AHRQ is examining several additional quality improvement opportunities, such as interventions to improve the delivery of clinical preventive services in different settings; health outcomes, cost-effectiveness, and quality measurement for individual preventive services; changes in payment mechanisms and the organization or delivery of preventive services; and the increasing role of patients in decisions about preventive care.

The work of the USPSTF has helped to establish the importance of including prevention in primary health care, ensuring insurance coverage for effective preventive services, and holding providers and health care systems accountable for delivering effective care. Its findings have also highlighted the opportunities for improving delivery of effective services, reducing use of ineffective services, and narrowing gaps between the preventive care of different populations. Equally important, the USPSTF has identified an agenda for research on clinical preventive services that is a key component of research on health care quality.