

Introducing the New U.S. Preventive Services Task Force

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Providing preventive services to apparently healthy individuals in clinical settings is such a ubiquitous part of primary care practice that it is easy to forget that the concept is less than 100 years old. The idea that clinicians had anything useful to offer healthy people was a product of the 1930s and 1940s, during an era of rapid advances in public health and progress in the pathophysiologic view of disease. Claims that patients could benefit from “periodic health examinations” were initially met with skepticism on the part of most medical practitioners. But the skeptics were quickly converted, so that by the 1950s and 1960s the proliferation of screening tests and primary preventive advice was far advanced in routine clinical practice. Many clinical conditions for which diagnostic tests were available became targets for inclusion in periodic examinations, at one extreme resulting in programs of excess in which healthy individuals of means might be admitted to the hospital to undergo a battery of screening and diagnostic testing over several days.

Despite the quick and general acceptance of screening as a component of routine clinical practice, a few advocates for studies to test directly the efficacy of screening tests and other preventive interventions raised concerns about the lack of evidence that interventions truly improved clinical outcomes. These concerns became organized during the 1970s when critical scientific reviews were first published by individuals and expert groups. Since the 1980s, both the Canadian Task Force on Preventive Health Care and the U.S. Preventive Services Task Force (USPSTF) have provided evidence-based scientific reviews of preventive health services for use in primary care clinical settings, including screening tests, counseling, and

chemoprevention. The first USPSTF *Guide to Clinical Preventive Services*¹ was published in 1989. The second USPSTF *Guide to Clinical Preventive Services*² was published in 1996 and served as the basis for the 1998 *Clinicians Handbook of Preventive Services*³ and the Put Prevention into Practice national implementation program.

This incremental release introduces the methods and products of the current USPSTF. The first background chapter by Woolf and Atkins, entitled “The Evolving Role of Prevention in Health Care: Contributions of the U.S. Preventive Services Task Force,”⁴ reviews the philosophy and history of USPSTF work, placing our new efforts in historical perspective, discussing challenges faced by the USPSTF, and previewing several of the contributions to be made. The second background chapter by Harris et al, entitled “Current Methods of the U.S. Preventive Services Task Force: A Review of the Process,”⁵ summarizes the methods used by the USPSTF and reflects the importance it places on public accountability and transparency of the

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methods used to reach its conclusions. The third background chapter by Saha et al, entitled “The Art and Science of Incorporating Cost-effectiveness into Evidence-based Recommendations for Clinical Preventive Services,”⁶ covers one of the significant new additions to the scope of work of the current USPSTF: economic evaluation. For the first time, when evaluating preventive interventions, we are attempting to answer not only the question “Does it work?” (the scientific assessment of efficacy), but, for selected conditions, “Is it worth it?” (the assessment of economic benefits and costs).

Following the background chapters are pairs of recommendation and rationale statements (produced principally by USPSTF members and staff) and evidence summaries (produced principally by the Evidence-based Practice Centers at the Oregon Health Sciences University and Research Triangle Institute-University of North Carolina). These recommendation and rationale statements, evidence summaries, and their corresponding and more detailed Systematic Evidence Reviews are available on the USPSTF Web site at www.ahrq.gov/clinic/uspstfix.htm. We also hope to see many of the recommendation and rationale statements published in a variety of peer-reviewed and continuing education journals to reach a broad range of health professionals. The Systematic Evidence Reviews will be used to generate individual papers in the peer-reviewed literature highlighting key meta-analyses, modeling projects, and other work conducted as part of the review process used by the USPSTF.

References

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