

5 I Statements and C and D Recommendations of the U.S. Preventive Services Task Force (USPSTF)

Overview:

Information on clinical preventive services that were reviewed by the USPSTF, but not included in the *Purchaser's Guide*. This information may assist benefits staff in determining which clinical preventive services currently offered in their health plan(s) should be re-evaluated.



5

I Statements and C and D Recommendations of the U.S. Preventive Services Task Force (USPSTF)

The vast majority of recommendations featured in the *Purchaser's Guide to Clinical Preventive Services* are recommended by the U.S. Preventive Services Task Force (USPSTF).

The USPSTF grades clinical preventive services based on the strength of evidence available to support a particular clinical preventive service and the magnitude of net benefit for that service. The net benefit of a clinical preventive service is defined as the benefits of the service (e.g., years of life saved through early cancer detection) minus the harms of the service (e.g., risks associated with false-positives). The USPSTF assigns each clinical preventive service it reviews a grade. The *Purchaser's Guide* includes all USPSTF “A” (Strongly Recommended) and “B” (Recommended) rated recommendations (as of March 2006).

The USPSTF also identifies other services that, for one reason or another, are not recommended:

- “I”-rated (Insufficient Evidence to Recommend For or Against)
- “C”-rated (No Recommendation Either For or Against)
- “D”-rated (Recommend Against)

For more information on the U.S. Preventive Services Task Force (USPSTF) please refer to the Introduction of the *Purchaser's Guide*.

In a resource-constrained environment, employers must carefully consider which preventive services to offer. Many preventive services are available. Some are known to be effective; others are known to be relatively ineffective or even harmful; others may be effective but the proof of effectiveness is weak. In addition to adding coverage for services recommended in the *Purchaser's Guide*, employers should evaluate their current preventive service benefits and consider removing benefits for services that are ineffective or harmful (“D”-rated services).

Important Note:

Several services recommended in the *Purchaser's Guide* received an “I” rating from the U.S. Preventive Services Task Force (USPSTF). These services are recommended for inclusion in benefit plans by the National Business Group on Health because they are recommended by other respected organizations, but they are not endorsed by the USPSTF.

Employer Action

I **Employers have discretion as to whether to provide coverage for services with limited or conflicting evidence (services that received an “I” rating).** The provision of coverage for “I” rated services should be secondary to the provision of coverage for all recommended services featured in the *Purchaser’s Guide*.

It is important to remember that “insufficient evidence” means just that: the evidence is not now adequate for evidence-based decisions. On occasion, employers may need to resort to the informed opinions of unbiased experts about such interventions. There are several reasons why an intervention may have insufficient evidence. It may be a new intervention for which there has been insufficient time to conduct and publish the large, rigorous studies needed to assess it. In other instances, such as with vaccines that have been widely used for decades, it is generally agreed that it would be unethical to conduct controlled studies, where a vaccine would be tested against a placebo. Similarly, if a preventive intervention has made a condition so rare that it almost never occurs, but experience suggests that removing the preventive intervention from use would threaten the health of people, the preventive service would be imprudent to test in the United States. It is also possible that an intervention has minimal effectiveness and that, despite considerable study, its small effects have been insufficient to allow a decision about its value.

C **Employers should provide coverage for “C”-rated services only if there is a population-specific and compelling reason to do so.** The USPSTF issues a “C” rating to services in which the balance of benefits and harms is too close to justify a general recommendation. Therefore, the provision of coverage for “C”-rated services should be secondary to the provision of coverage for all recommended services featured in the *Purchaser’s Guide*.

D **Employers are discouraged from providing coverage for clinical preventive services that received a “D” rating from the USPSTF, as these services have been found to be ineffective or to have more harms than benefits.**

Important Note:

“D”-rated services are *not* recommended for the general asymptomatic population and therefore should not be covered as preventive services within a medical benefit plan. However, these services may play an important role in the *treatment or management* of existing conditions and *should* be covered for all populations under the health plan’s treatment benefit.

Figure 5.0: U.S. Preventive Services Task Force (USPSTF) Ratings

A *Strongly Recommended*

The USPSTF strongly recommends that clinicians provide the service to eligible patients. The USPSTF found good evidence that the service improves important health outcomes and concludes that the benefits substantially outweigh harms.¹

B *Recommended*

The USPSTF recommends that clinicians provide the service to eligible patients. The USPSTF found at least fair evidence that the service improves important health outcomes and concludes that the benefits outweigh harms.¹

C *No Recommendation Either For or Against*

The USPSTF makes no recommendation either for or against routine provision of the service. The USPSTF found at least fair evidence that the service can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.¹

D *Recommend Against*

The USPSTF recommends against routinely providing the service to asymptomatic patients. The USPSTF found at least fair evidence that the service is ineffective or that the harms associated with the service outweigh benefits.¹

I *Insufficient Evidence in Order to Make a Recommendation*

The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing the service. Evidence that the service is effective is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.¹

I Statements of the USPSTF

Explanation: The USPSTF concludes that the evidence is insufficient to recommend for or against routinely providing [the service]. Evidence that [the service] is effective is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.¹

Employers have discretion to cover these services if they choose. However, the provision of coverage for “I”-rated services should be secondary to the provision of coverage for all recommended services featured in the Purchaser’s Guide (“A” and “B”-rated services and equivalencies).

Important Note: Several services recommended in the *Purchaser’s Guide* received an “I” rating from the U.S. Preventive Services Task Force (USPSTF). These services are recommended for inclusion in benefit plans by the National Business Group on Health because they are recommended by other respected organizations, but they are not endorsed by the USPSTF.

Clinical Preventive Services with Insufficient Evidence Available to Make a Recommendation	Explanation
*Alcohol Misuse, Screening and behavioral counseling interventions	The USPSTF concludes that the evidence is insufficient to recommend for or against screening and behavioral counseling interventions to prevent or reduce alcohol misuse by adolescents in primary care settings.
Bacterial Vaginosis in Pregnancy, Screening	The USPSTF concludes that the evidence is insufficient to recommend for or against routinely screening high-risk pregnant women for bacterial vaginosis.
Breast Cancer, Screening	The USPSTF concludes that evidence is insufficient to recommend for or against routine clinical breast exam (CBE) alone to screen for breast cancer.
Breast Cancer, Screening	The USPSTF concludes that the evidence is insufficient to recommend for or against teaching or performing routine breast self-examination.
Breastfeeding, Behavioral interventions to promote	The USPSTF found insufficient evidence to recommend for or against the following interventions to promote breastfeeding: brief education and counseling by primary care providers; peer counseling used alone and initiated in the clinical setting; and written materials, used alone or in combination with other interventions.

*Recommended for coverage in the *Purchaser’s Guide*

I Statements of the USPSTF (continued)

<p>Cervical Cancer, <i>Screening</i></p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of new technologies to screen for cervical cancer.</p>
<p>Cervical Cancer, <i>Screening</i></p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against the routine use of human papillomavirus (HPV) testing as a primary screening test for cervical cancer.</p>
<p>Coronary Heart Disease, <i>Screening</i></p>	<p>The USPSTF found insufficient evidence to recommend for or against routine screening with electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe Coronary Artery Stenosis (CAS) or the prediction of Coronary Heart Disease (CHD) events in adults at increased risk for CHD events.</p>
<p>Chlamydial Infection, <i>Screening</i></p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routinely screening asymptomatic men for chlamydial infection.</p>
<p>Dental Caries (in preschool children), <i>Preventive medication</i></p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routine risk assessment of preschool children by primary care clinicians for the prevention of dental disease.</p>
<p>Depression, <i>Screening</i></p>	<p>The USPSTF concludes the evidence is insufficient to recommend for or against routine screening of children or adolescents for depression.</p>
<p>Developmental Dysplasia of the Hip, <i>Screening</i></p>	<p>The USPSTF concludes that evidence is insufficient to recommend for or against routine screening for developmental dysplasia of the hip in infants as a means to prevent adverse outcomes.</p>
<p>Diabetes Mellitus Type 2, <i>Screening</i></p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routinely screening asymptomatic adults for type 2 diabetes, impaired glucose tolerance, or impaired fasting glucose.</p>
<p>Diet, <i>Behavioral counseling</i></p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routine behavioral counseling to promote a healthy diet in unselected patients in primary care settings.</p>

I Statements of the USPSTF (continued)	
Dementia, Screening	The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for dementia in older adults.
Family and Intimate Partner Violence, Screening	The USPSTF found insufficient evidence to recommend for or against routine screening of parents or guardians.
Gestational Diabetes Mellitus, Screening	The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for gestational diabetes.
Gonorrhea, Screening	The USPSTF found insufficient evidence to recommend for or against routine screening for gonorrhea infection in men at increased risk for infection.
Gonorrhea, Screening	The USPSTF found insufficient evidence to recommend for or against routine screening for gonorrhea infection in pregnant women who are not at increased risk for infection.
Hepatitis C, Screening	The USPSTF found insufficient evidence to recommend for or against routine screening for hepatitis C virus (HCV) infection in adults at high risk for infection.
*High Blood Pressure, Screening	The USPSTF concludes that evidence is insufficient to recommend for or against routine screening for high blood pressure in children and adolescents to reduce the risk of cardiovascular disease.
Iron Deficiency Anemia, Screening children and pregnant women	The U.S. Preventive Services Task Force (USPSTF) concludes that evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months.
Iron Supplementation for Children and Pregnant Women, Preventive medication	The USPSTF concludes that evidence is insufficient to recommend for or against routine iron supplementation for asymptomatic children aged 6 to 12 months who are at average risk for iron deficiency anemia. The USPSTF concludes that evidence is insufficient to recommend for or against routine iron supplementation for non-anemic pregnant women.

*Recommended for coverage in the *Purchaser's Guide*

I Statements of the USPSTF (continued)

<p>*Newborn Hearing, Screening</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening of newborns for hearing loss during the postpartum hospitalization.</p>
<p>Obesity, Counseling</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against the use of moderate- or low-intensity counseling together with behavioral interventions to promote sustained weight loss in obese adults.</p>
<p>Obesity, Counseling</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against the use of counseling of any intensity and behavioral interventions to promote sustained weight loss in overweight adults.</p>
<p>Oral Cancer, Screening</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routinely screening adults for oral cancer.</p>
<p>*Overweight in Children and Adolescents, Screening</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for overweight in children and adolescents as a means to prevent adverse health outcomes.</p>
<p>Physical Activity, Behavioral counseling</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against behavioral counseling in primary care settings to promote physical activity.</p>
<p>Prostate Cancer, Screening</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for prostate cancer using prostate specific antigen (PSA) testing or digital rectal examination (DRE).</p>
<p>Skin Cancer, Counseling</p>	<p>The USPSTF concludes that the evidence is insufficient to recommend for or against routine counseling by primary care clinicians to prevent skin cancer.</p>

*Recommended for coverage in the *Purchaser's Guide*

I Statements of the USPSTF (continued)	
Skin Cancer, <i>Counseling</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against routine counseling by primary care clinicians to prevent skin cancer.
Skin Cancer, <i>Screening</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for skin cancer using a total-body skin examination for the early detection of cutaneous melanoma, basal cell cancer, or squamous cell skin cancer.
Speech and Language Delay in Preschool Children, <i>Screening</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against routine use of brief, formal screening instruments in primary care to detect speech and language delay in children up to 5 years of age.
Suicide Risk, <i>Screening</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening by primary care clinicians to detect suicide risk in the general population.
Thyroid Disease, <i>Screening</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for thyroid disease in adults.
*Tobacco Use (adolescents), <i>Screening, counseling, and intervention</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against routine screening for tobacco use or interventions to prevent and treat tobacco use and dependence among children and adolescents.
Vitamin Supplementation to Prevent Cancer and Cardiovascular Disease, <i>Preventive medication</i>	The USPSTF concludes that the evidence is insufficient to recommend for or against the use of supplements of vitamins A, C, or E; multivitamins with folic acid; or antioxidant combinations for the prevention of cancer or cardiovascular disease.

*Recommended for coverage in the *Purchaser's Guide*

C Recommendations of the USPSTF

Explanation: The USPSTF makes no recommendation for or against routine provision of [the service]. The USPSTF found at least fair evidence that [the service] can improve health outcomes but concludes that the balance of benefits and harms is too close to justify a general recommendation.¹

Employers have discretion to cover “C”-services if they choose. However, the provision of coverage for “C”-rated services should be secondary to the provision of coverage for all recommended services featured in the Purchaser’s Guide (“A” and “B”-rated services and equivalencies)

Clinical Preventive Services with No Recommendation	Explanation
Abdominal Aortic Aneurysm, Screening	The USPSTF makes no recommendation for or against screening for AAA in men aged 65 to 75 who have never smoked.
Chlamydial Infection, Screening	The USPSTF makes no recommendation for or against routinely screening asymptomatic low-risk women in the general population for chlamydial infection.
Chlamydial Infection, Screening	The USPSTF makes no recommendation for or against routine screening for asymptomatic, low-risk pregnant women aged 26 years and older for chlamydial infection.
*Human Immunodeficiency Virus (HIV) Infection, Screening	The USPSTF makes no recommendation for or against routinely screening for HIV adolescents and adults who are not at increased risk for HIV infection.
*Lipid Disorders in Adults, Screening	The USPSTF makes no recommendation for or against screening for lipid disorders in younger adults (men aged 20 to 35 years or women aged 20 to 45 years) in the absence of known risk factors for coronary heart disease.
Osteoporosis (in postmenopausal women), Screening	The USPSTF makes no recommendation for or against routine osteoporosis screening in postmenopausal women who are younger than 60 or in women aged 60 to 64 who are not at increased risk for osteoporotic fractures.

*Recommended for coverage in the *Purchaser’s Guide*

D Recommendations of the USPSTF

Explanation: The USPSTF recommends against routinely providing [the service] to asymptomatic patients. The USPSTF found at least fair evidence that [the service] is ineffective or that harms outweigh benefits.¹

Employers should not provide coverage for these clinical preventive services for their general asymptomatic beneficiary population. However, employers may choose to cover these services on a case-by-case basis as determined by beneficiary risk or medical necessity criteria. Further, these services should be covered when part of a medical treatment plan for an existing condition/disease or when an individual is determined to be at high-risk for the respective condition/disease.

Non-Recommended Clinical Preventive Service	Explanation
Abdominal Aortic Aneurysm, Screening	The USPSTF recommends against routine screening for AAA in women.
Asymptomatic Bacteriuria, Screening	The USPSTF recommends against the routine screening of men and nonpregnant women for asymptomatic bacteriuria.
Bacterial Vaginosis in Pregnancy, Screening	The USPSTF recommends against routinely screening average-risk asymptomatic pregnant women for bacterial vaginosis.
Bladder Cancer, Screening	The USPSTF recommends against routine screening for bladder cancer in adults.
Breast Cancer, Preventive medication	The USPSTF recommends against routine use of tamoxifen or raloxifene for primary prevention of breast cancer for women at low or average risk for breast cancer.
Cervical Cancer, Screening	The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk.
Cervical Cancer, Screening	The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

D Recommendations of the USPSTF (continued)

<p>Coronary Heart Disease, Screening</p>	<p>The USPSTF recommends against screening with resting electrocardiography (ECG), exercise treadmill test (ETT), or electron-beam computerized tomography (EBCT) scanning for coronary calcium for either the presence of severe coronary artery stenosis (CAS) or the prediction of coronary heart disease (CHD) in adults at low risk for CHD events.</p>
<p>Gonorrhea, Screening</p>	<p>The USPSTF recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection.</p>
<p>Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian Cancer Susceptibility</p>	<p>USPSTF recommends against routine referral for genetic counseling or routine breast cancer susceptibility gene (<i>BRCA</i>) testing for women whose family history is not associated with an increased risk for deleterious mutations in breast cancer susceptibility gene 1 (<i>BRCA1</i>) or breast cancer susceptibility gene 2 (<i>BRCA2</i>).</p>
<p>Hepatitis B Virus Infection, Screening</p>	<p>The USPSTF recommends against routinely screening the general asymptomatic population for chronic hepatitis B virus infection.</p>
<p>Hepatitis C, Screening</p>	<p>The USPSTF recommends against routine screening for hepatitis C virus (HCV) infection in asymptomatic adults who are not at increased risk (general population) for infection.</p>
<p>Hormone Therapy, Prevention of chronic conditions in postmenopausal women</p>	<p>The USPSTF recommends against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. The USPSTF recommends against the routine use of unopposed estrogen for the prevention of chronic conditions in postmenopausal women who have had a hysterectomy.</p>
<p>Idiopathic Scoliosis, Screening</p>	<p>The USPSTF recommends against the routine screening of asymptomatic adolescents for idiopathic scoliosis.</p>
<p>Ovarian Cancer, Screening</p>	<p>The USPSTF recommends against routine screening for ovarian cancer.</p>

D Recommendations of the USPSTF (continued)	
Pancreatic Cancer, <i>Screening</i>	The USPSTF recommends against routine screening for pancreatic cancer in asymptomatic adults using abdominal palpation, ultrasonography, or serologic markers.
Peripheral Arterial Disease, <i>Screening</i>	The USPSTF recommends against routine screening for peripheral arterial disease (PAD).
Syphilis Infection, <i>Screening</i>	The USPSTF recommends against routine screening of asymptomatic persons who are not at increased risk for syphilis infection.
Testicular Cancer, <i>Screening</i>	The USPSTF recommends against routine screening for testicular cancer in asymptomatic adolescent and adult males.

Source: Agency for Healthcare Research and Quality. The Guide to Clinical Preventive Services: Recommendations of the U.S. Preventive Services Task Force. Rockville, MD: Agency for Healthcare Research and Quality; 2005.