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| Body System: Population-Based Care | | | |
| Session Topic: U.S. Preventive Services Task Force Update | | | |
| Educational Format | | Faculty Expertise Required | |
| REQUIRED | Interactive Lecture | Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required. | |
| OPTIONAL | Problem-Based Learning (PBL) | Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u> | |
| Professional Practice Gap | | Learning Objective(s) that will close the gap and meet the need | Outcome Being Measured |
| <ul style="list-style-type: none"> • Family physicians should be aware of the complex preventive health care needs of an increasing elderly population. • Family physicians should be prepared to offer evidence-based clinical preventive services as recommended by the USPSTF. • Healthcare professionals' knowledge of breast cancer screening guidelines is suboptimal. • Primary care providers face barriers to providing preventive services, including lack of time, limited patient receptiveness, lack of remuneration, and limited counseling skills. • Despite recommendations, physicians are not offering HIV testing routinely • Less than 20% of patients meeting the 2009 USPSTF | | <ol style="list-style-type: none"> 1. Become familiar with recent U.S. Preventive Services Task Force updates to key clinical preventive services. 2. Know where and how to obtain further details about the recommendations and underlying scientific evidence. 3. Develop strategies for systematically integrating current USPSTF recommendations into practice. | Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations. |



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| <p>criteria for ASA for primary prevention of CVD events were prescribed ASA.</p> <ul style="list-style-type: none"> • There is often poor adherence to cervical cancer screening guidelines. • There is a lack of evidence-based recommendations for preventive care by primary care provider's care for children. • Parents are often unwilling to participate in certain preventive services (e.g. behavioral counseling), even when they are offered. | | |
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ACGME Core Competencies Addressed (select all that apply)

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| <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> Patient Care |
| <input type="checkbox"/> Interpersonal and Communication Skills | <input type="checkbox"/> Practice-Based Learning and Improvement |
| <input type="checkbox"/> Professionalism | <input checked="" type="checkbox"/> Systems-Based Practice |

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide an overview of recently released recommendations from the USPSTF, & how to integrate them into practice in a meaningful way.
- Provide resources and strategies to help physician-learners know where and how to obtain further details about the recommendations and underlying scientific evidence,



- including web sites, mobile/computer/tablet applications, etc.
- Provide recommendations to help physician-learners develop strategies for systematically integrating current USPSTF recommendations into practice.

Needs Assessment

The U.S. Preventive Services Task Force (USPSTF) is an independent panel of non-Federal experts in prevention and evidence-based medicine and is composed of primary care clinicians including family physicians, internists, pediatricians, gynecologists/obstetricians, nurses and health behavior specialists. The USPSTF conducts scientific reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications) and develops recommendations for primary care clinicians and health systems.¹

For the USPSTF to recommend a service, the benefits of the service must outweigh the harms. The USPSTF focuses on maintenance of health and quality of life as the major benefits of clinical preventive services, and not simply the identification of disease. These recommendations have formed the basis of the clinical standards for many professional societies, health organizations, and medical quality review groups. In an effort to make its processes more transparent, the Task Force shares drafts of its recommendations for public comment.

Clinical preventive services are delivered to asymptomatic people in a clinical setting and can include, but not limited to:²

- Immunizations for children, adolescents and adults
- Preventive medicine (chemoprevention) involving the administration of biological or chemical compounds that serve to prevent disease onset
- Disease screening that detect disease or risk factors
- Behavioral counseling interventions to assist patients in adopting, changing, or maintaining behaviors known to affect health outcomes or health status.

One of 10 patients seen by family physicians is over the age of 65, and by 2030 20% of the total U.S. population will fall in this category. Family physicians need to be prepared to give advice on the prevention of diseases or injuries in elderly individuals, including preventive measures on cancer, heart and vascular diseases, musculoskeletal disorders and vision and hearing disorders identified by the USPSTF.^{3,4}

Additionally, 20% of visits by children to physicians are with family physicians.⁵ By ensuring children receive appropriate immunizations and preventive care as recommended by the USPSTF, family physicians can reduce the incidence of disease later in life.

Physicians often face many challenges and barriers to full implementation of USPSTF guidelines.⁶⁻¹¹ CME outcomes data from 2014 and 2015 AAFP FMX (formerly Assembly): *U.S. Preventive Services Task Force Update* sessions suggest that over one-third identified the need to pursue additional education; nearly 20% planned to discuss identified barriers with colleagues before making practice changes; and nearly one-third planned to immediately implement changes based on the education they had received; including over 190 written commitment to change statements, mostly dealing with screening guidelines.^{12,13} Feedback from learners suggest that physicians find it difficult to remain up to date on USPSTF guidelines, are often challenged



by conflicting guidelines from other organizations, and are unaware of tools such as the ePSS mobile app.^{12,14}

A review of the literature suggests the following practice gaps with regard to USPSTF guideline adherence:

- Healthcare professionals' knowledge of breast cancer screening guidelines is suboptimal.¹⁵
- Primary care providers face barriers to providing preventive services, including lack of time, limited patient receptiveness, lack of remuneration, and limited counseling skills.¹⁶
- Despite recommendations, physicians are not offering HIV testing routinely.¹⁷
- Less than 20% of patients meeting the 2009 USPSTF criteria for ASA for primary prevention of CVD events were prescribed ASA.¹⁸
- There is often poor adherence to cervical cancer screening guidelines.¹⁹
- There is a lack of evidence-based recommendations for preventive care by primary care providers' care for children.²⁰
- Parents are often unwilling to participate in certain preventive services (e.g. behavioral counseling), even when they are offered.²⁰
- Behavioral counseling intervention recommendations are infrequently and ineffectively delivered.²¹

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- AAFP Clinical Preventive Service Recommendations²²
- U.S. Preventive Services Task Force: A-Z Topic Guide²³

References

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