Duke Clinical Research Institute

Condition Review Matrix

Alex R. Kemper, MD, MPH, MS

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Condition Review Workgroup (2012 – 2013)

Members	Institution
Alex R. Kemper, MD, MPH, MS (*Chair*)	Duke University
Anne M. Comeau, PhD	New England NBS Prog /UMass Med School
Aaron Goldenberg, PhD	Case Western Reserve
Nancy S. Green, MD	Columbia University
Scott D. Gross, PhD	Centers for Disease Control and Prevention
Lisa A. Prosser, PhD	University of Michigan
K.K. Lam, PhD (*Project Leader*)	Duke University

Background

- **Multi-partner stakeholder meeting, April 2012**
  - *to revise the process for evidence review*
  - *to refine the process for weighing the evidence and formulating a recommendation*
- **Led to a new *Condition Review Manual of Procedures (CR-MOP)*, which defined the approach**
  - *to systematic evidence review*
  - *to estimate bounds of benefit and harm on population with universal screening*
  - *to assess public health system readiness and feasibility of comprehensive screening*
  - *to communicate the review process and outcomes*

CR-MOP Components

Activity	Deliverable	Overview
Method Development	**Scope of Review**	Describes case definition, screening methods, and key outcomes
	Analytic Framework and Key Questions	Describes specific key questions for the Systematic Evidence Review
	Protocol	Describes the approach and methods for the Systematic Evidence Review
Evidence Report	**A. Systematic Evidence Review**	Provides evidence regarding the key questions
	B. Bounds of Net Benefit	Models the public health-population impact of screening
	C. Readiness & Feasibility Assessment	Describes state of readiness and resource requirements for public health system adoption of screening
Dissemination	**Technical Summary**	Provides a detailed summary to support the development of a recommendation
	Lay Summary	Summarizes the evidence report for the public and the decision of the Advisory Committee

Assessing the Magnitude of Net Benefit

- **Negative Net Benefit**
  - *Harms outweigh benefits*
- **Zero to Small Net Benefit**
  - *Benefits and harms closely balance*
    - Little benefit / little harm
    - High benefit / high harm
- *Note*: Costs are not considered in assessing magnitude of net benefit. Costs are a component of feasibility.

Assessing Certainty of the Evidence

- **Low Certainty**
  - *Available evidence is insufficient to have confidence in the assignment of net benefit because of significant limitations in the available evidence.*
- **Moderate Certainty**
  - *Further research could change the magnitude or direction of findings within any of the key questions such that the assessment of net benefit would change.*
- **High Certainty**
  - *Net benefit is unlikely to be strongly affected by the results of future studies.*

Matrix One: Net Benefit

CERTAINTY OF NET BENEFIT	MAGNITUDE OF NET BENEFIT		
	Significant	Small to Zero	Negative
High	A	C	D
Moderate	B	C	D
Low	L		

Assessing State of Readiness

- **Ready**
  - *Most public health departments could implement screening within one year if resources were available.*
- **Developmental**
  - *Most public health departments would require one to three years to implement screening, even if resources were available. Potential barriers include*
    - Need to develop high-throughput screening
    - Equipment, supplies, or training materials require refinement before full-scale implementation
- **Unprepared**
  - *Most public health departments would not be able to implement screening in fewer than three years.*

Assessment of Feasibility

- **High to Moderate Feasibility**
  - *Screening is possible within the financial constraints of most public health departments and the cost of screening is well balanced against the other obligations of public health programs.*

- **Low Feasibility**
  - *The resources for screening are not available to most state public health departments or the cost is not balanced against the other obligations of most state health departments.*

Matrix Two: Readiness and Feasibility

FEASIBILITY	READINESS		
	Ready	Developmental	Unprepared
High to Moderate	1	2	3
Low	4		

The Matrix Combined

- The combined matrix is a guide to support the development of specific recommendations. It alone does not specify the recommendations, but facilitates the development of the recommendation and enhances transparency.

NET BENEFIT/ CERTAINTY			READINESS			FEASIBILITY	
			Ready	Developmental	Unprepared		
SIGNIFICANT Benefit	Certainty	HIGH	**A1** Screening for the condition has a high certainty of significant net benefits, screening has high or moderate feasibility. Most public health departments are ready to screen.	**A2** Screening for the condition has a high certainty of significant net benefits and screening has high or moderate feasibility. Public health departments have only developmental readiness.	**A3** Screening for the condition has a high certainty of significant net benefits and screening has high or moderate feasibility. Public health departments are unprepared for screening.	Feasibility	HIGH or MODERATE
			A4 There is high certainty that screening would have a significant benefit; however, most health departments have low feasibility of implementing population screening.				LOW
		MOD	**B 1-4** There is moderate certainty that screening would have a significant benefit.			----	
Small to ZERO Benefit	Certainty	MOD/HIGH	**C 1-4** There is high or moderate certainty that adoption of screening for the targeted condition would have a small to zero net benefit.			----	
NEG Benefit			**D 1-4** There is high or moderate certainty that adoption of screening for the targeted condition would have a negative net benefit.			----	
---		LOW	**L 1-4** There is low certainty regarding the potential net benefit from screening.			----	

Recommendation and Rationale Statement

Nominated Condition:	[Name]
Screening Methods:	[Brief description of currently available screening methods]
Recommendation for Addition to the RUSP:	[Yes or No]
Evaluation Code:	[Final matrix code]
Evidence Gaps Related to Net Benefits:	[Description]
Public Health System Readiness and Feasibility Needs:	[Summary]
Recommendations for Future Research:	[Summary]
Recommendations for Future Public Health Activities:	[Summary]
Rationale:	[Brief summary of the rationale for the recommendations]

Proposed Committee Use of the Matrix

Conditions that fall into:

- Categories A1 and A2
  - *Recommend addition to the RUSP.*
- Categories A3, A4, and B
  - *An expedited review will occur after noted gaps are addressed by nominator.*
- Categories C, D, and L
  - *Re-submission is required for consideration to the RUSP.*

Vote

- Aye – SACHDNC supports the use of the new decision matrix to guide the development of recommendations regarding the RUSP.

- Nay – SACHDNC does not support the use of the new decision matrix to guide the development of recommendations regarding the RUSP.