

# RUSP Decision Matrix

Revisions for discussion

# Summary of suggested changes

- Separate out elements of public health readiness and feasibility
  - These have not impacted recommendation decisions
  - There may be better approaches to assessing barriers to implementation, which should be evaluated separately from the evidence-based decision to add (or not to add) a condition
- Create a single A grade (high certainty of substantial net benefit)
- Create a B grade inclusive of moderate certainty of substantial net benefit OR high certainty of a moderate net benefit
- Create a C grade inclusive of moderate to high certainty of a zero or small net benefit, or net harm
- Create an “I” grade, corresponding to low certainty, which indicates that the evidence is (currently) insufficient to assign another grade

# Decisions for new grades

- Conditions with an “A” grade will be forwarded to the Secretary with a recommendation to add to the RUSP
- Conditions with a “B” grade will be discussed by the Committee, and on the basis of a second vote, be forwarded or not to the Secretary
- Conditions with a “C” grade will not be forwarded to the Secretary
- Conditions with an “I” grade will be not be forwarded to the Secretary, but evidence gaps will be identified and shared with nominators

# Summary of suggested revised matrix

	Magnitude of Net Benefit		
Certainty of Net Benefit	Substantial	Moderate	Zero, Small or Negative
High	A	B	C
Moderate	B	B	C
Low	I (insufficient)		

Letter Grade	Description	Action
A	High certainty of substantial net benefit	Recommend addition to the RUSP
B	At least moderate certainty of at least moderate net benefit	Discuss and vote on recommending addition to the RUSP
C	At least moderate certainty of zero, small or negative net benefit	Do not recommend addition to the RUSP
I	Low certainty of net benefit	Do not recommended addition to the RUSP; Identify evidence gaps

# Implementation issues

- The matrix requires judgements in two areas: certainty of net benefit and magnitude of net benefit
  - Certainty of net benefit: there are well-established approaches for this decision; would suggest we adopt or revise the criteria used by the USPSTF
  - Magnitude of net benefit: this is more complex, especially in the setting of creating new levels of net benefit, “substantial” and “moderate”; the Committee will need to outline at least rough criteria we can use to make this judgement consistently over topics and time

# Determination of public health feasibility/readiness

- The Committee should discuss what we want to achieve with this process
  - Identify real barriers to implementation within 3 years
  - Identify support for implementation the ACHDNC could provide
  - Assess the level of support and prioritization from decision makers in the individual states (Newborn Screening Advisory Committees, State Public Health Laboratory Directors, State Public Health Department Executive Directors, Governor's offices, key legislators)
  - Create a set of actions that the assessment results would prompt

# Next steps

- Create an ad-hoc topic group to review possible revisions to the decision matrix including the assessment of public health feasibility and readiness
- This group should include interested Committee members, Organizational representatives and members of the public
  - Future meetings will include the topic group's progress and time designated for public feedback