



# Averting a Health Care “Meltdown”: Investing in Prevention

October 7, 2008

# Agenda

<b>Introductory Remarks</b>	<b>Wendy E Braund</b> , MD, MPH, MSEd, 11th Luther Terry Fellow & Senior Clinical Advisor Office of Disease Prevention and Health Promotion, HHS
<b>Featured Speakers</b>	<b>John Clymer</b> , President, Partnership for Prevention <i><b>The Definition of Prevention and Evidence for How It Will Reduce Health Care's Economic Burden</b></i>
	<b>Jenny Gladieux</b> , Senior Legislative Representative, AARP <i><b>How Prevention is Valuable to AARP's Constituents and What AARP is Doing to Promote Prevention in Health Reform</b></i>
	<b>Ken Thorpe</b> , Ph.D., Executive Director, Partnership to Fight Chronic Disease, and Chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University <i><b>How to Make Prevention a Priority in Health Reform</b></i>
<b>Audience Q&amp;A</b>	Moderated by Wendy Braund

# The Value of Prevention

John M. Clymer

President, Partnership for Prevention

1015 18<sup>th</sup> Street NW, Suite 300

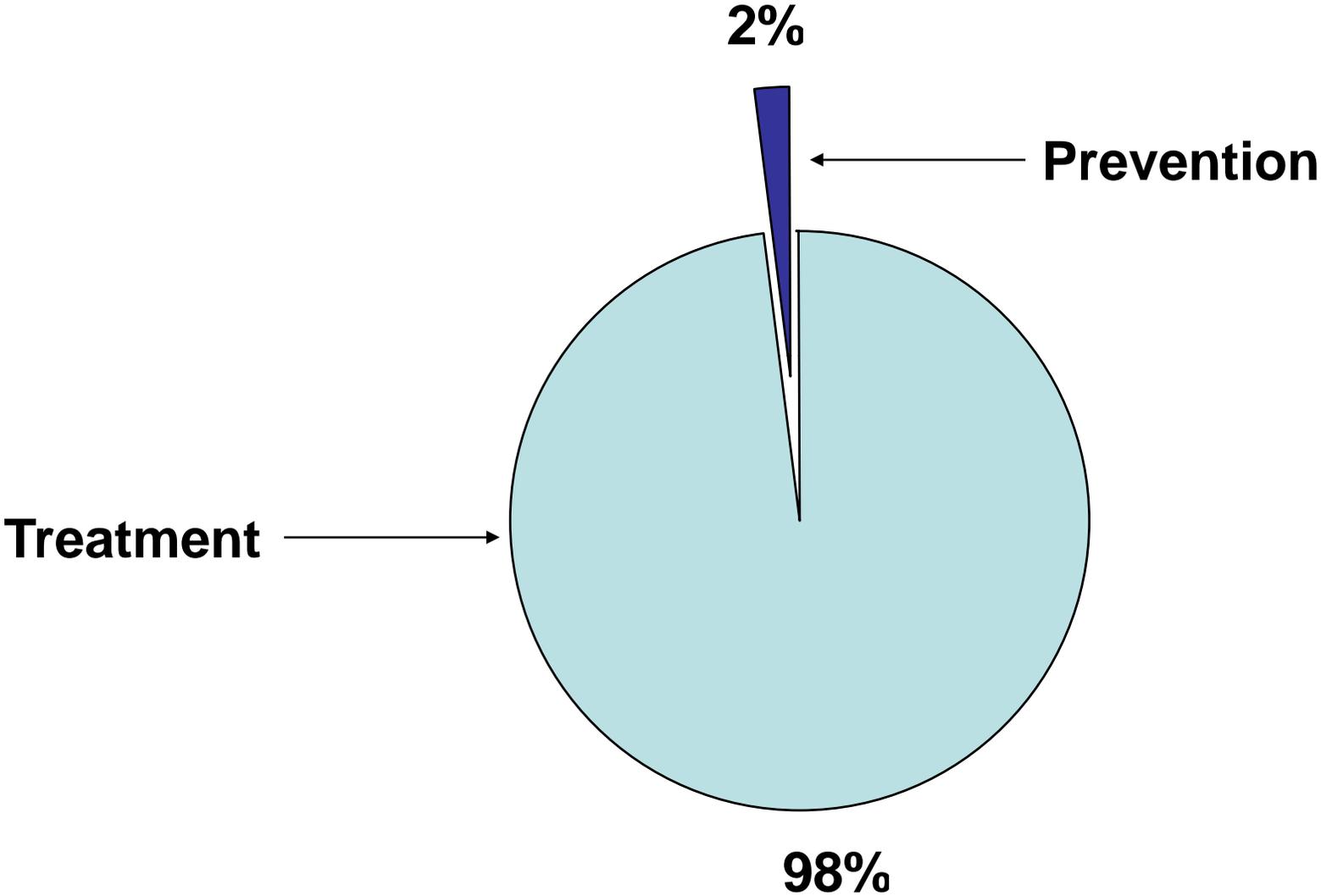
Washington, DC 20036

202-833-0009

[jclymer@prevent.org](mailto:jclymer@prevent.org)



# \$2.1 Trillion Health Care Budget, U.S.



# Actual Leading Causes of Death in 2000

- Tobacco – 435,000 deaths
- Poor diet and physical inactivity – 112,000 deaths
- Alcohol consumption – 85,000 deaths
- Microbial agents – 75,000 deaths

# Defining Prevention

## Two types:

### 1. Clinical preventive services

- Clinical preventive services are delivered in medical settings.
- They include immunizations, counseling, and disease screenings.

### 2. Community preventive services

**Clinical and community preventive services reinforce one another and together are necessary for real improvements in health.**

# Defining Prevention

Two types:

**1. Clinical preventive services**

**2. Community preventive services**

- Community preventive services are policies, programs and services that aim to improve the health of the entire population or specific subpopulations.
- Examples of community preventive services are programs that: increase the amount of time students spend in PE class, provide diabetes self-management education in community gathering places or increase the price of harmful products, such as tobacco
- We will get a MUCH greater return on investment by focusing on health improvement opportunities in communities, schools and worksites rather than focusing **solely** on what occurs in traditional health care settings.

**Clinical and community preventive services reinforce one another and together are necessary for real improvements in health.**

# Why Don't More People Use Preventive Care?

## *Barriers Facing Consumers:*

- High out-of-pocket costs = low demand
- No regular source of health care or “medical home”
- Unaware of the preventive services they need; miscalculate their risk of disease; uncertain about preventive services' effectiveness.

## *Health Care System Barriers*

- Providers lack or don't use systems proven to increase delivery of preventive care
- Limited investment in a prevention-oriented health care workforce
- Reimbursement

# National Commission on Prevention Priorities

- The **National Commission on Prevention Priorities (NCPPI)**, convened by Partnership for Prevention, is a panel of experts from medicine and public health.
  - Provides evidence-based information about which clinical preventive services are most beneficial and cost effective.
  - Demonstrates where improving the use of preventive services and eliminating disparities will save and improve the most lives.

# Which preventive services are most valuable?

## NCPP ranks preventive services based on 2 measures:

### 1. Health Impact

- Measured as QALYs Saved
- Accounts for years of life saved and quality of life preserved

### 2. Cost Effectiveness (CE)

- Measures economic value: what does it cost to produce a healthy year of life?
- $$CE = \frac{\$s \text{ Spent} - \$s \text{ Saved}}{\text{QALYs Saved}}$$

# Measuring Value

Highest Ranking Preventive Services for U.S. Population	H.I.	C.E.	Total
Discuss daily aspirin use—men 40+, women 50+	5	5	10
Childhood immunizations	5	5	
Smoking cessation advice and help to quit—adults	5	5	
Alcohol screening and brief counseling—adults	4	5	9
Colorectal cancer screening—adults 50+	4	4	8
Hypertension screening and treatment—adults 18+	5	3	
Influenza immunization—adults 50+	4	4	
Vision screening—adults 65+	3	5	
Cervical cancer screening—women	4	3	7
Cholesterol screening and treatment—men 35+, women 45+	5	2	
Pneumococcal immunization—adults 65+	3	4	
Breast cancer screening—women 40+	4	2	6
Chlamydia screening—sexually active women under 25	2	4	

**NCPP scoring system to indicate relative value:**

*Health Impact Score*  
**5** = Highest impact among these preventive services  
**1** = Lowest impact

*Cost Effectiveness Score*  
**5** = Most cost effective among these preventive services  
**1** = Least cost effective

**Total Score Range:**  
**10 to 2**

# Increasing the Use of Just 5 Services Would Save More than 100,000 lives each year in the U.S.

<b>Preventive Service</b>	<b>Additional Lives Saved Each Year</b>
Aspirin Use to Prevent Heart Disease	45,000
Smoking Cessation Advice and Help to Quit	42,000
Colorectal Cancer Screening in Adults 50+	14,000
Influenza Immunization in Adults 50+	12,000
Breast Cancer Screening in Women 40+	3,700

# Conclusions

- Preventive services can save lives and improve the quality of life.
- Many preventive services are very cost-effective: For a relatively small cost, the services produce valuable health benefits. Some preventive services save more money than they cost.
- There is a great opportunity to increase the use of preventive services.
- It is a national imperative to make these and other preventive services affordable and accessible to all Americans.

# The Value of Prevention to AARP's Constituents and How AARP is Promoting Prevention in Health Reform

Jenny Gladieux  
Senior Legislative Representative, AARP



# How to Make Prevention a Priority in Health Reform

Kenneth Thorpe, Ph.D.

Executive Director, Partnership to Fight Chronic Disease

Executive Director, Emory Institute for Advanced Policy Solutions

Chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University

[Ken.thorpe@fightchronicdisease.org](mailto:Ken.thorpe@fightchronicdisease.org)



# Why Make Prevention a Priority? Chronic Illness is Threatening to Bankrupt Our Health Care System

During 2005, the U.S. spent over \$2.2 trillion on health care

Of every dollar spent...



...75 cents went towards treating patients with one or more chronic diseases

**In public programs, treatment of chronic diseases constitute an even higher portion of spending:**

More than **96 cents** in Medicare... ...and **83 cents** in Medicaid

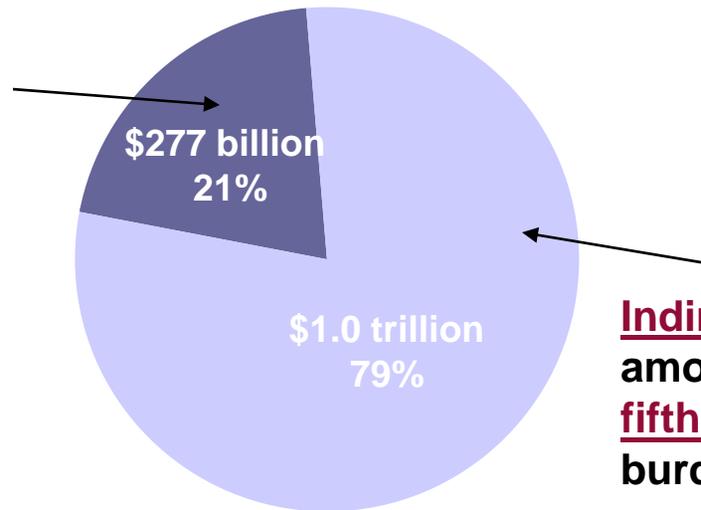
***“The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases.”***

**-- Centers for Disease Control and Prevention**

# Chronic Illness is Costing Our Economy Too: Chronic Illness is a Major Drain on Productivity

## Total cost burden in 2003 for seven common chronic diseases\*

Direct costs represent about a fifth of the total cost burden of chronic diseases



Indirect costs amount to four-fifths of the total burden

- Direct costs = Health care costs associated with treatment of chronic disease
- Indirect costs = Productivity losses such as absenteeism and presenteeism associated with people with chronic diseases

# PFCD Brings Together the Nation's Leading Health Care Stakeholders...



PARTNERSHIP TO FIGHT  
CHRONIC DISEASE

**Honorary Chair: Richard Carmona**, Former U.S. Surgeon General



**Executive Director: Ken Thorpe**, Professor and Chair, Rollins School of Public Health, Emory University, Former Deputy Assistant Secretary for HHS



More than 120 national partner organizations, including:

- Patient and provider groups
- Civic groups
- Business and labor groups
- Major employers
- Public and private health groups
- Academic institutions

An active, executive level advisory board:

*Inaugural meeting held April 27, 2007*

# ...To Identify Policies and Practices to Solve This Crisis

*Crafting effective solutions to the high and rising costs of private insurance and entitlement spending requires a clear understanding of the problem.*

The rise in health care spending is largely traced to:

- Rising rates of obesity and chronic illness
- New, more expensive (though not always more effective) technologies to treat illness

# Democrats and Republicans Agree That Prevention of Chronic Diseases Is A Health Reform Priority

“Too many Americans go without **high-value preventive services**...The nation faces epidemics of obesity and **chronic diseases**...” – **Sen. Barack Obama**

“[The Obama proposal] **encourages preventive care and better chronic care management**. Healthier people use less care than sick people, and many preventive services have been shown to save money.”

-- **David Cutler**, health policy adviser for the Obama campaign



"Chronic diseases account for 70 percent of the nation's overall health care spending. **We need to promote healthy lifestyles and disease prevention and management** especially with health promotion programs at work and physical education in schools.

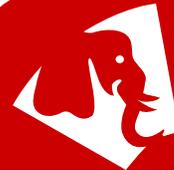
All Americans should be empowered to **promote wellness and have access to preventive services to impede the development of costly chronic conditions, such as obesity, diabetes, heart disease, and hypertension**. Chronic-care and behavioral health management should be assured for all Americans who require care coordination. ("Democratic Party Platform," pg. 10)."

“Chronic conditions account for three-quarters of the nation's annual health care bill.... **We should dedicate more federal research to treating and curing chronic disease**.

– **Sen. John McCain**

“We must reward quality, promote prevention, encourage wellness and take better care of those with chronic illnesses (who account for at least 70 percent of health costs) by supporting research into new cures and investing in the next generation of management, treatment and prevention for chronic diseases.”

-- **Jay Khosla**, health policy adviser for the McCain campaign



**Chronic diseases — in many cases, preventable conditions — are driving health care costs, consuming three of every four health care dollars.**

We can reduce demand for medical care by fostering personal responsibility within a culture of wellness, while **increasing access to preventive services, including improved nutrition and breakthrough medications that keep people healthy and out of the hospital**. (2008 Republican Platform, pg. 39.)

# How to Give Prevention Higher Priority in Health Reform

**Make Improved Patient Health – Through Better Prevention and Enhanced Patient Wellness – The Focus of Reform**

## Ideas for Change:

- **Advance** chronic disease prevention and management models with proven efficacy and value throughout the health care system and public health infrastructure.
- **Promote** healthy lifestyles and disease prevention and management in every community.
- **Encourage and reward** continuous advances in clinical practice and research that improve the quality of care for those with prevalent and costly chronic diseases.
- **Accelerate** improvements in the quality and availability of health information technology (HIT) throughout the health care system.
- **Reduce** health disparities by focusing on barriers to good health.

## Policy Direction

- Major opportunities for improvement in the public sector – focus on Medicare and Medicaid to reduce level and growth in health care spending
  - More effective management of where the \$\$ are—chronic disease
  - More effective prevention of chronic disease—example normal weight adults aged 65 spend 17 to 40% LESS over their remaining life compared to obese seniors with chronic illness
  - These are not partisan issues, but common sense clinical and self-management approaches

**For a list of successful programs and practices, visit:  
[www.fightchronicdisease.org/promisingpractices](http://www.fightchronicdisease.org/promisingpractices)**