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Achieving Potential, Returning Value
Why Prevention Policy Is Key

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National challenges

- **Expensive health care:** 30% higher than the world's second biggest spender
- **Poor returns:** at least 2 dozen countries with better health statistics
- **Backward priorities:** first dollar to treatment, last to prevention
- **Human consequences:** illness, injury, pain, suffering, and death that ought not to occur

National opportunities

- **Leading causes of death are preventable:** heart disease, cancer, stroke, diabetes, injuries—each driven by preventable factors, e.g. physical inactivity, poor nutrition, tobacco use, alcohol misuse
- **Preventive services work:** preventive services are evidence-based and have even been prioritized by impact—e.g. aspirin use, tobacco cessation, colorectal cancer screening, flu vaccinations, breast cancer screening
- **The impact can be large:** Partnership estimates that 100,000 lives could be saved yearly with just these 5 services
- **They are a relative bargain:** Partnership has studied cost-effectiveness relative to each other and relative to treatment .

What does investing in prevention mean?

- **Clinical preventive services:** provided in medical care settings—e.g. immunizations, screening tests, preventive medicines, and counseling for behavior change
- **Community preventive services:** provided outside the medical care setting—e.g. through schools, workplaces, community-wide initiatives—and enlisting a wide variety of public health, cultural, environmental, and social service interventions and incentives.
- **Synergy:** clinical and community preventive services reinforce one another and together are necessary for real improvements in health.

Partnership's Medicare policy emphases

- **Embed prevention in Medicare:** Using 1964 assumptions for 2007 levels of science makes no sense. Prevention clearly works for older people, from immunizations to physical activity, and should be a centerpiece of the program, not a peripheral component.
- **CMS prevention authority:** Give CMS authority to add and remove coverage for preventive services in Medicare, applying evidence-based recommendations from the U.S. Preventive Services Task Force, including authority for community approaches.
- **Welcome to Medicare visit:** Extend the eligibility period, remove the deductible from the Welcome to Medicare Visit, and give CMS the authority to determine the appropriate elements based on the evidence.

Other Partnership policy priorities

- **Physical inactivity and poor nutrition:** With current trends, children today could end up being sicker and dying earlier than their parents. We need:
 - consistent dietary messages (Guidelines, pyramid, food labels, food standards)
 - standards and incentives for accurate point-of-choice information
 - nutritious federal purchases (school meals, WIC, food stamps, crops)
 - set-asides in housing, roads and education for activity-friendly places
 - enforced authority for accurate advertising practices
 - authorization and funding for social marketing on diet and activity
 - authorization and funding for development of models for economic incentives
- **Tobacco:** Still leading the list of preventable deaths. We need:
 - strong standards and incentives for tobacco cessation services (counseling, medication)
 - regulatory and economic incentives for tobacco cessation services under Medicaid
 - Medicare reimbursement authorized for proven OTC smoking cessation aids
 - full coverage of tobacco cessation for federal and federally funded beneficiaries
 - authorization of tobacco regulation by FDA
 - increased federal excise taxes on tobacco
- **Alcohol abuse and addiction:** A leading killer that is also a pervasive social and economic drain. We need:
 - higher federal excise taxes on alcohol
 - incentives for states to enforce zero tolerance laws for young drivers

In summary, you can transform health policy

- By modernizing Medicare
- By offering the support, incentives and standards communities need to make physical activity and good nutrition easier choices for all
- By discouraging tobacco use and excessive alcohol use
- By supporting smokers who want to quit
- By ensuring that health reform is grounded in prevention, and reflects a strategy that marshals both clinical and community action and resources.
- By using your bully pulpits to constantly remind colleagues, constituents and the American people of the opportunities we have through prevention.

You can put the bottom line at the top

- **Prevention** is the key to achieving the universal health policy priority: improving the health of the American people.
- **Evidence** is strongest for preventive services, both in health and economic terms.
- **Value** in our national health investments will only be achieved when prevention is the centerpiece—in care and in communities.
- **Justice** demands that health services and health insurance be available to all.
- **Equity** will only truly be achieved when both the opportunity for prevention and the opportunity for treatment are equally and universally available to all.
- **Our health** depends on it.