
Prevention

The Cornerstone of Quality Health Care

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These are the best of times and the worst of times in health care. We are living in an era of breathtaking advances in biomedicine. Yet, at the same time, the health status of the population of the United States continues to deteriorate and health-care costs continue to rise.

In the past century, public health achievements—including immunization, infection control, and workplace safety—have added 25 years to U.S. life expectancy. At the same time, however, the prevalence of chronic illness—particularly diabetes and heart disease, fueled by an epidemic of obesity—is steadily rising. By 2010, it is projected that more than 140 million Americans will suffer from a chronic illness.

Historically, the healthcare industry has focused on cure versus prevention, on treating disease versus mitigating its onset. Our own health plan experience shows that 5% of our members, often with multiple and complex chronic conditions, represent approximately 50% of healthcare costs. Moreover, an aging population will soon require more healthcare services and, with advancing technology, cause significant growth in healthcare spending.

As a nation, increasing our investment in high-impact, cost-effective preventive services will not only save valuable healthcare dollars but, more importantly, will significantly improve the health status of the U.S. population.

One of the most effective approaches we can take in both the public and private sectors is to direct more attention and more resources to preventive health services. The challenge, however, for providers, payers, and policymakers, is determining the most beneficial preventive services in a resource-constrained environment. The reality is that some health services are emphasized at the expense of others, and decisions are often based on practice experience versus evidence-based science and rigorous comparative analyses. Too often, medical services of unproven value usurp the resources that could be used to provide preventive services.

In this issue, Maciosek et al.¹⁻⁵ provide evidence-based analytic tools to help guide critical decision

making regarding the prioritization of preventive health services. The model is flexible: weightings can be modified and data tailored for specific populations. The authors used the model to update the 2001 ranking of clinical preventive services with findings based on data for the U.S. population.

The results are compelling. For example, the authors conclude that if colorectal cancer screening were offered at recommended intervals to all people 50 aged years and older, 18,000 deaths could be prevented each year. Currently, only 7500 of these deaths (42%) are being prevented. Moreover, the authors' analyses show that colorectal cancer screening costs less than \$13,000 per year of life saved, demonstrating its value as a high-impact, cost-effective preventive service. Yet, less than half of the target population uses this service.

This is a wake-up call for the healthcare industry. The imperative for quality, affordable health care calls on us to expertly prioritize preventive and curative health services that are clinically proven, have the greatest impact on the target population, and are cost effective.

The intent of the National Commission on Prevention Priorities—and the counsel it provided to the authors—is to infuse evidence-based information into the national debate on improving the health of Americans at the most affordable cost. We must enhance our ability to effectively prioritize preventive health services that make a difference in people's lives and reduce medical cost burden for all payers, including consumers.

Consumers are becoming more-informed participants in their health care. Studies have shown that informed consumers make better healthcare decisions. Internet sites, including those sponsored by health plans and professional medical societies, complement the role that health professionals play in providing access to important clinical information, including the value of preventive services.

There is no single cure for what ails our healthcare system. But prevention is—and must continue to be—the cornerstone of a healthcare system that delivers high-quality affordable care. Healthcare consumers, benefits providers, policymakers, and healthcare professionals must work in partnership to address health care in our communities. It is the hope of the National Commission on Prevention Priorities that the authors' updated ranking of preventive health services will act as a catalyst for further conversation, collaboration, and change.

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UPCOMING MEETINGS

◀ 2006 ▶

National Association of Local Boards of Health Annual Conference • San Antonio, TX • July 26-28 • www.nalboh.org
10th Congress of the European Fed. of Neurological Societies • Glasgow, UK • Sep 2-5 • www.efns.org/efns2006
American Academy of Family Physicians • Washington, DC • Sep 27-Oct 1 • www.aafp.org
Association of American Medical Colleges • Seattle, WA • Oct 27-Nov 1 • www.aamc.org
American Public Health Association • Boston, MA • Nov 4-8 • www.apha.org
European Society of Contraception • Kuala Lumpur, Malaysia • Nov 5-10 • www.contraception-esc.com

◀ 2007 ▶

American College of Preventive Medicine • Miami, FL • Feb 21-25 • www.acpm.org
Society of Behavioral Medicine • Washington, DC • Mar 21-24 • www.sbm.org
American College of Occupational & Environmental Medicine • New Orleans, LA • May 4-9 • www.acoem.org
Aerospace Medical Association • New Orleans, LA • May 13-17 • www.asma.org
American Academy of Family Physicians • Chicago, IL • Oct 3-7 • www.aafp.org
Association of American Medical Colleges • Washington, DC • Nov 2-7 • www.aamc.org
American Public Health Association • Washington, DC • Nov 3-7 • www.apha.org

◀ 2008 ▶

American College of Preventive Medicine • Austin, TX • Feb 20-24 • www.acpm.org
American College of Occupational & Environmental Medicine • New York, NY • Apr 13-16 • www.acoem.org
European Society of Contraception • Prague, Czech Rep • Apr 30-May 3 • www.contraception-esc.com
Aerospace Medical Association • Boston, MA • May 11-15 • www.asma.org
American Academy of Family Physicians • San Diego, CA • Sep 17-21 • www.aafp.org

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