



The Need For Prevention-Centered Health Reform

PREAMBLE

The typical centerpieces of health care reform efforts are financing of health insurance coverage and access to care. While financing and access are, indeed, critical and necessary elements of health care reform, by themselves, they fall short of our ability to achieve the real goal – improving the health of all Americans. Indeed, much of the criticism of our current system is that for all we spend, our health outcomes lag behind those of other nations that spend much less.

With our increased awareness of the determinants of both good and endangered health, we should not yet again miss the opportunity to ensure that reform efforts take account of the full range of mandates to our health system – promoting health, preventing disease, treating the sick, and ameliorating the consequences of illness. Comparisons with other countries' per capita spending and health status indicators make clear, however, that spending more on treatment alone will not bring about commensurate improvements in health.

More important than increasing our overall healthcare spending is spending our precious resources on the things that contribute the most to improved health. This means prevention. Delivering preventive services that have been proven effective is essential if we are to optimize the health of our citizens. Unfortunately, low utilization rates for many important preventive services reflect the lack of emphasis that our current system gives to providing these services. For example, only ten percent of female Medicare beneficiaries have been screened for cervical, breast, and colon cancer and been immunized against influenza and pneumonia;¹ the majority of Americans at risk for colorectal cancer are not being screened; and in 2005, 78% of Hispanic adults and 63% of black adults over age 65 reported never having received the pneumococcal immunization compared to 38% of white adults over 65.^{2,3,4}

In keeping with society's natural attention to rescuing those in distress, historically, the debate over health care has been dominated by those most concerned with diagnosis and treatment. As awareness grows, however, that it is often possible to prevent the distress in the first place – improving health status in a more cost-effective manner – support for policies to expand the delivery of preventive services is increasing.

Universal coverage is an important component of a just and equitable healthcare system, but it is not the ultimate goal. In fact, health care reform that simply aims to extend coverage to all Americans but fails to place more emphasis on prevention is likely to be even more costly and unsustainable than today's system. The end we seek is the preservation and improvement of health. So, in considering what a reformed and more effective health system should look like, we need to ask what more we might be doing that would actually improve health, especially the prevention of disease and its consequences. Investing in prevention means supporting the two approaches that health professionals use to promote health and prevent disease, namely, (1) improving the quality and quantity of **clinical preventive services** delivered to individual patients and (2) implementing **community preventive services**, programs, and policies aimed at broad populations or sub-populations.

Clinical preventive services are delivered in a medical setting (most often a physician's office or clinic) by a healthcare professional. They include counseling individuals to maintain healthy lifestyles and avoid unhealthful behaviors, immunizing children and adults to prevent future disease, and screening individuals to identify diseases that are present but not yet symptomatic. Expanding and improving the delivery of clinical preventive services would enable millions of Americans to live longer, healthier, and more fulfilling lives. It would also lead to a more effective use of the nation's health resources. This is because most clinical preventive services are very cost-effective, and certain preventive services actually save more money than they cost.

The second approach to promoting health is to utilize policies, programs, and services that aim to improve the health of the entire population or specific sub-populations. Target groups for **community preventive services** could include, for example, all Americans, residents of a state, municipality, or neighborhood, or even those at a school or worksite. While discussions about health reform typically focus on the traditional healthcare system (i.e., hospitals, insurers, healthcare professionals, etc.), the largest gains in health status will result when the nation addresses the many societal conditions that lead to unhealthy lifestyles and poor health. These include cultural, environmental, and economic forces that contribute to the leading preventable causes of death and disease, namely, tobacco use, poor nutrition, physical inactivity, and alcohol and drug abuse. In fact, many of the most significant advances in health have resulted from policies aimed at health threats that are not typically addressed in traditional healthcare settings, such as clean water, speed limits, seat belt use, clean air, food and restaurant inspections, fire prevention and building standards, etc.

Ensuring health insurance coverage for each person is an important national responsibility, and research shows that having health insurance does impact health, especially when lack of coverage is an impediment to obtaining important immunization and screening services. Insurance coverage of high-value clinical preventive services, such as those recommended by the National Commission on Prevention Priorities, can help lead to a healthier population. High-value clinical preventive services are those services that, based on extensive evidence reviews, are proven to be effective and that offer the greatest improvements in health and the best cost value. (Examples of high-value clinical preventive services include tobacco cessation counseling, childhood and adult immunizations, colorectal cancer screening, and counseling about aspirin therapy to prevent heart disease.)

Considerable and compelling evidence also makes clear, however, that community preventive services aimed at populations have an *enormous* impact on health and are extremely cost-effective. The nation will get a much greater return on investment by focusing on health improvements in communities,

schools, and worksites rather than focusing solely on what occurs in traditional healthcare settings, such as doctors' offices and hospitals.

The health reform agenda that Partnership for Prevention is promoting affirms the need for a health system continuum that goes from community-based health promotion and disease prevention, to primary care-based health promotion and disease prevention, to primary-based early detection and treatment of disease, to specialty care diagnostic testing, hospital care, emergency care, and end-of-life care.

PRINCIPLES TO IMPLEMENT PREVENTION-CENTERED HEALTH REFORM

Partnership for Prevention is a national, nonprofit organization dedicated to improving the health of all Americans through evidence-based health promotion and disease prevention practices and policies. Partnership encourages policy makers to ensure that a reformed health system includes a balanced portfolio of investments in clinical prevention and community prevention.

Prevention-centered health reform will promote health and prevent disease in the places where we live our lives. The medical setting is one of those places. In addition, where we work, where we go to school, where we worship, where we play, and where we live as families are places where prevention-centered health can happen.

The following prevention policy principles, if enacted in conjunction with national health reform efforts, will have a significant and lasting impact on the health of the American people.

Clinical preventive services should be a basic benefit of proposed health financing reform.

- **Financing mechanisms should make high-value clinical preventive services accessible to all who need them** – This should be accomplished by ensuring that all Americans have access to quality, affordable health care and by increasing the capacity of community-based providers, such as community health centers, rural and migrant health centers, free clinics, and public health departments, to deliver these services to persons that are not adequately served by the traditional healthcare system.
- **Financing mechanisms should encourage patients to use preventive services** – Health insurers and healthcare purchasers should encourage individuals to use preventive services by avoiding financial disincentives such as applying high levels of cost-sharing to such services.

KNOWLEDGE-BASED DECISIONS IN HEALTH CARE

An ongoing dilemma for physicians and other clinicians concerned with preventive services is determining which services to provide when the time available to spend with a patient is limited. To assist health care providers in addressing this challenge, Partnership for Prevention, with direction from the National Commission on Prevention Priorities, has ranked those clinical preventive that are known to be effective. The services are ranked according to two important measures – (1) the amount of disease, disability, and death they could prevent if they were delivered to the target population, and (2) their cost-effectiveness. These evidence-based rankings, which have demonstrated the value of such services as tobacco cessation counseling and counseling about aspirin use to prevent cardiovascular disease, help clinicians deliver services that offer the most health benefit for the lowest cost.

Governments should also encourage consumer demand for high-value services by supporting public education efforts about preventive services.

**LINKING HEALTHCARE
DELIVERY ORGANIZATIONS
WITH COMMUNITY
PROVIDERS**

Healthcare providers are, for a variety of reasons, often unable to deliver the preventive services that patients most need. Healthcare providers are often unaware that patients may be able to obtain these services through a variety of community-based and, thus, miss opportunities to refer patients to the resources. Physicians' offices may not, for instance, have the capacity or the expertise to offer tobacco cessation counseling or weight management counseling to patients, but these services are often available in the community. Programs need to be put in place to facilitate easy referrals and information exchanges between healthcare professionals and community providers.

- **Financing mechanisms should offer incentives to healthcare providers to deliver clinical preventive services** – Incentives such as tax benefits and preferential payments for healthcare delivery organizations can be used to encourage investments in systems and strategies that are proven to result in improved health outcomes. These might include such practices as: offering health risk assessments and behavioral counseling for diet and exercise, tobacco use, and alcohol and substance abuse; establishing linkages with community-based programs that provide preventive services; and having in place decision supports and patient advisories to ensure consistency in the delivery of preventive care and chronic disease management services. Another desired practice is the use of proactive “practice teams” that provide ongoing coaching for patients regarding preventive practices and management of their chronic conditions.

- **Financing mechanisms should offer incentives to employers that reward their active engagement in employee health promotion** – This can be accomplished by providing companies with incentives to, for example, establish evidence-based worksite health programs that promote health and screen for disease, adopt policies for maintaining a healthy workplace, provide health insurance coverage for preventive services, and require health plans and providers with whom they contract to use electronic health records.

Community preventive services should be an integral part of health financing reform.

- **Congress should enact policies that create healthy environments and promote healthy lifestyles** – Health professionals and policy makers have identified a wide range of policies that will lead to healthier diets, higher levels of physical activity, reduced tobacco use, and lower levels of inappropriate use of alcohol. Partnership has previously recommended, for example, that Congress give the Federal Trade Commission the authority to regulate advertising of “junk food” to children and give the Food and Drug Administration the authority to regulate tobacco. In addition, though, Congress should look beyond traditional public health programs and consider legislative changes in such areas as agriculture, transportation, advertising, and

education, all of which influence behaviors that affect health. One important strategy is to give communities incentives to ensure the built environment (e.g., the availability of parks, walking trails, and safe neighborhoods) promotes healthy lifestyles. The goal should be to make healthy choices the easy choices for all Americans.

- **Financing mechanisms should offer incentives to organizations that influence the health of populations to deliver community preventive services** – Forward-looking health reforms should create incentives for public health departments, as well as for other institutions such as school districts and parks and recreation departments, to deliver evidence-based community preventive services to bring about public health and environmental changes that promote good health. One approach is to reward health departments that meet strict performance standards with higher levels of Federal funding.
- **Americans need to give greater attention to prevention in their own lives, using preventive services and taking steps to prevent obesity and other high-risk conditions.** Government and the private sector can help by fostering healthy habits and by reversing incentives that encourage unhealthy lifestyles. They can also educate people about the real risks to their health and the preventive services that are recommended for individuals of their age, gender, and risk factors.

**COMMUNITY-WIDE
CAMPAIGNS TO PROMOTE
PHYSICAL ACTIVITY**

Most Americans are sedentary and do not engage in regular physical activity that would improve their health. Strong evidence exists, however, that community-wide campaigns are effective in increasing the number of people who are physically active. These community-wide campaigns, which may involve use of television, radio, newspaper, and mailings, are an example of an underutilized, but scientifically proven, community preventive service.

Health financing reform should continue to increase the impact of prevention.

- **Financing reforms should increase support for research on community-based and clinical prevention** – Increased Federal funding for public health systems research and health services research will enhance our ability to translate knowledge about prevention into effective policy and practice. Additional research will increase our understanding of which community and clinical preventive services are most effective and most cost-effective and in which settings.
- **Financing mechanisms should support the development of system performance standards related to prevention and the subsequent evaluation of performance** - Prevention-centered health reform requires that the nation develop performance standards to measure progress in promoting health and preventing disease. The performance measures should address both clinical and community preventive services and should help guide future decisions by Congress to ensure that our investment in prevention yields maximum results.

ABOUT PARTNERSHIP FOR PREVENTION

Partnership for Prevention aims to increase the priority of health promotion and disease prevention throughout the nation's health system. In reviewing strategies to promote health and prevent disease, Partnership strictly adheres to the evidence base about prevention.

Partnership systematically studies the impact preventive measures have on health along with the cost-effectiveness of prevention measured in terms of dollars spent for improved health and quality of life. The recently published work of the National Commission on Prevention Priorities, staffed by Partnership for Prevention and its colleagues, is a concrete example of identifying implementation-ready practices. Partnership ranked 25 clinical preventive services recommended by the U.S Preventive Services Task Force based on each service's health impact and cost effectiveness. The rankings have been used widely by health care organizations to ensure that they deliver the highest impact services to patients.

In addition, Partnership for Prevention has played an important role in advocating for, and helping to implement, prevention practices in both publicly funded and private sector programs. For example, Partnership successfully petitioned the Centers for Medicare and Medicaid Services to provide Medicare coverage for tobacco cessation services. Partnership has also worked closely with Congress to expand Medicare's coverage of important preventive services.

In its policy implementation role, Partnership has developed close working relations with the U.S Congress, key Federal health agencies (CMS, CDC, AHRQ) and, through its Leading by Example initiative, large employers.

For these reasons, Partnership for Prevention is well positioned to help make prevention-centered health reform a reality. Prevention-focused policies and practices will not only make health care more accessible and affordable, but will significantly improve human health.

¹ United States Government Accountability Office. Testimony Before the Subcommittee on Health, Committee on Energy and Commerce, House of Representatives. Medicare Preventive Services: Most Beneficiaries Receive Some but Not All Recommended Services, Tuesday, Sept. 21, 2004.

² National Committee for Quality Assurance. The state of healthcare quality 2005. Washington DC: National Committee for Quality Assurance, 2005.

³ Centers for Disease Control and Prevention. National Health Interview Survey 2003, public use data set. Available at: www.cdc.gov/nchs/nhis.htm. Accessed November 2005.

⁴ Centers for Disease Control and Prevention. National Health Interview Survey. Early release of selected estimates based on data from January to March 2005. Available at: www.cdc.gov/nchs/nhis.htm. Accessed November 17, 2005.