

Eduardo Sanchez, MD, MPH
Director, Institute for Health Policy
University of Texas School of Public Health
Chair, National Commission on Prevention Priorities

Preventive Care: A National Profile on Use, Disparities, and Health Benefits

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Shaping Policies • Improving Health

Overview

- The **National Commission on Prevention Priorities**, convened by Partnership for Prevention, is a panel of experts from medicine and public health. It guides an ongoing study that:
 - 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

What Works in Clinical Preventive Care?

- U.S. Preventive Services Task Force
 - Determines the effectiveness of clinical preventive services based on a rigorous, evidence-based assessment
- Advisory Committee on Immunization Practices
 - Evaluates the clinical appropriateness of vaccines
- There are many recommended preventive services, and even more that are of questionable benefit, but are still offered to patients. **Which preventive services are most valuable? Which need immediate attention?**

Which Preventive Services Are Most Valuable?

NCPP ranks preventive services based on 2 measures:

- **Health Impact**
 - Measured as QALYs Saved
 - Accounts for years of life saved and days lived with sickness avoided
- **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

- NCPP uses a scoring system to indicate preventive services' relative value:
 - *Health Impact Scores*
 - 5 = Highest impact among these preventive services
 - 1 = Lowest impact
 - *Cost Effectiveness Scores*
 - 5 = Most cost effective among these preventive services
 - 1 = Least cost effective
- Total Scores Range from 10 to 2

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	

What Do the Rankings Tell Us?

- Many preventive services are very cost-effective: For a relatively small cost, the services produce valuable health benefits. Some preventive services are cost neutral or save more money than they cost.
- A health care system that optimizes the use of high-value preventive services is using its resources efficiently.
- **QUESTION:** Where does the U.S. stand on utilization of the highest ranking preventive services? What do we stand to gain from making improvements?

Aspirin Use to Prevent Heart Disease

HEALTH IMPACT

Population	% Currently Reporting Daily Aspirin Use (2005)	Lives Saved Annually if Daily Use of Aspirin Increased to 90%	Lives Saved Annually Per 100,000 if Daily Use of Aspirin Increased to 90%
Men 40+ Women 50+	40%	45,000	23

Hispanics are **24%** less likely and **Asians** are **40%** less likely to use aspirin daily or every other day compared to non-Hispanic whites.

Smoking Cessation Advice and Help to Quit

HEALTH IMPACT			
Population	% of Smokers Who Were Offered Help to Quit in Past 12 Months (2005)	Lives Saved Annually if % of Smokers Offered Help to Quit Increased to 90%	Lives Saved Annually Per 100,000 Smokers if % Offered Help to Quit Increased to 90%
All Adult Smokers	28%	42,000	43

Hispanics are **55%** less likely to have been offered assistance to quit smoking by a health professional compared to non-Hispanic whites.

Cholesterol Screening in Past 5 Years

HEALTH IMPACT			
Population	% Screened in Past 5 Years (2003)	Lives Saved Annually If % Screened in Past 5 Years Increased to 90%	Lives Saved Annually per 100,000 If % Screened in Past 5 Years Increased to 90%
Men 35+ Women 45+	79%	2,450	5

Hispanics are **11%** less likely to have been screened in the previous 5 years.

Among people who have been screened, **long-term persistence with medication is about 40 percent.**

Influenza Immunization in Adults 50+

HEALTH IMPACT

Population	% Vaccinated Against Influenza in Past 12 Months (2005)	Lives Saved Annually If % Vaccinated Increased to 90%	Lives Saved Annually Per 100,000 If % Vaccinated Increased to 90%
Adults 50+	37%	12,000	14

Hispanic adults are **40%** less likely to have had a flu shot in the previous 12 months compared to non-Hispanic whites; **blacks** are **35%** less likely, and **Asians** are **21%** less likely.

Pneumococcal Immunization in Adults 65+

HEALTH IMPACT

Population	% Ever Vaccinated Against Pneumococcal (2005)	Lives Saved Annually If % Ever Vaccinated Increased to 90%	Lives Saved Annually Per 100,000 If % Ever Vaccinated Increased to 90%
Adults 65+	54%	800	2

Hispanic adults are **55%** less likely to have had a pneumococcal vaccine compared to whites; **Asian** adults are **45%** less likely and **black** adults are **34%** less likely.

Chlamydia Screening

HEALTH IMPACT

Population	% Screened in 2005	Cases of PID Prevented Annually If % Screened Increased to 90%	Cases of PID Prevented Annually Per 100,000 If % Screened Increased to 90%
Sexually Active Women 16-25	40%	30,000	13

Chlamydia is the most common bacterial sexually transmitted disease in the U.S. Left untreated, Chlamydia causes **pelvic inflammatory disease** and **infertility** in some women.

Colorectal Cancer Screening in Adults 50+

HEALTH IMPACT			
Population	% Up to Date with Any Recommended Screening Method (2005)	Lives Saved Annually if % Up to Date with Screening Increased to 90%	Lives Saved Annually Per 100,000 If % Up to Date with Screening Increased to 90%
White only	51%	11,100	17
Black only	42%	1,800	26
Hispanic	31%	700	15
Asian only	31%	330	15

Colorectal Cancer Screening

- **Hispanic** and **Asian** adults are **40%** less likely to have been screened for colorectal cancer with any recommended method compared to non-Hispanic whites.
- **African Americans** are **19%** less likely to have been screened for colorectal cancer with any recommended method compared to non-Hispanic whites.
- **African Americans** would benefit the most from increasing screening because they have **higher mortality** from colorectal cancer.

Breast Cancer Screening in Women 40+

HEALTH IMPACT

Population	% Screened with Mammography in Past 2 Years (2005)	Lives Saved Annually If % Screened in Past 2 Years Increased to 90%	Lives Saved Annually Per 100,000 If % Screened in Past 2 Years Increased to 90%
White only	69%	2,950	10
Black only	65%	500	14
Hispanic	59%	190	8
Asian only	55%	90	8

Breast Cancer Screening in Women 40+

- **Asian women** were **21%** less likely to have been screened in the past 2 years compared to white women.
- **Hispanic women** were **13%** less likely to have been screened compared to white women.
- **African American women** would benefit the most from increasing screening because they have **higher mortality** from breast cancer.
- Breast cancer **screening rates were down** for white, Hispanic, African American and Asian women between 2003 and 2005. African American and Hispanic women had the greatest declines (**5 percentage point decline** for each).

Cervical Cancer Screening Among Women 18-64

HEALTH IMPACT			
Population	% Screened in Past 3 Years (2005)	Lives Saved Annually If % Screened in Past 3 Years Increased to 90%	Lives Saved Per 100,000 Annually If % Screened in Past 3 Years Increased to 90%
White only	86%	328	0.5
Black only	84%	125	1.2
Hispanic	76%	107	1.1
Asian only	64%	46	1.3

Cervical Cancer Screening in Women 18-64

- **Asian women** were **25%** less likely to have been screened for cervical cancer in the previous 3 years compared to white women.
- **Hispanic women** were **11%** less likely to have been screened compared to white women.
- Cervical cancer **screening rates were down** for white, Hispanic, African American and Asian women between 2000 and 2005. African American women experienced the greatest decline in screening (**4 percentage point decline**).

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

Conclusions

- Low utilization rates for cost-effective preventive services reflect the lack of emphasis that our health care system currently gives to providing these services.
- Increasing the use of just **5 preventive services** would save more than **100,000 lives** annually.
- It is a national imperative to make these and other cost-effective preventive services affordable and accessible to all Americans.