National Prevention Strategy

Partners in Prevention

HEALTH CARE SYSTEMS, INSURERS, and CLINICIANS





The National Prevention Strategy aims to guide our nation in the most effective and achievable means for improving health and well-being. Aligning and coordinating prevention efforts across a wide range of partners is central to the success of the National Prevention Strategy. Engaging partners across disciplines, sectors, and institutions can change the way communities conceptualize and solve problems, enhance implementation of innovative strategies, and improve individual and community well-being.

WHY PARTNER WITH THE NATIONAL PREVENTION STRATEGY?

Individuals and organizations that deliver health care services can implement policies and systems to support the delivery of high-impact clinical preventive services and enhance linkages between clinical and community prevention efforts. For example, a health care system can adopt a decision support system that prompts clinicians to deliver appropriate clinical preventive services to patients.

RECOMMENDATIONS: NATIONAL PREVENTION STRATEGY STRATEGIC DIRECTIONS

Healthy and Safe Community Environments

- Partner with state, tribal, local and territorial governments, business leaders, and communitybased organizations to conduct comprehensive community health needs assessments and develop community health improvement plans.
- Increase the use of certified electronic health records to identify populations at risk and develop policies and programs.
- Support integration of prevention and public health skills into health care professional training and cross train health care practitioners to implement prevention strategies.

Clinical and Community Preventive Services

- Inform patients about the benefits of preventive services and offer recommended clinical preventive services, including the ABCS, as a routine part of
- Adopt and use certified electronic health records and personal health records.
- ▶ Adopt medical home or team-based care models.
- Reduce or eliminate client out-of pocket costs for certain preventive services, as required for most health plans by the Affordable Care Act, and educate and encourage enrollees to access these services.
- Establish patient (e.g., mailing cards, sending e-mails, or making phone calls when a patient is due for a preventive health service) and clinical (e.g. electronic health records with reminders or cues, chart stickers, vital signs stamps, medical record flow sheets) reminder systems for preventive services.
- Expand hours of operation, provide child care, offer services in convenient locations (e.g., near workplaces), or use community or retail sites to provide preventive services.

- Create linkages with and connect patients to community resources (e.g., tobacco quitlines), family support, and education programs.
- Facilitate coordination among diverse care providers (e.g., clinical care, behavioral health, community health workers, complementary and alternative medicine).
- Communicate with patients in an appropriate manner so that patients can understand and act on their advice and directions.

Empowered People

- Use proven methods of checking and confirming patient understanding of health promotion and disease prevention (e.g., teach-back method).
- Involve consumers in planning, developing, implementing, disseminating, and evaluating health and safety information.
- Use alternative communication methods and tools (e.g., mobile phone applications, personal health records, credible health websites) to support more traditional written and oral communication.
- Refer patients to adult education and Englishlanguage instruction programs to help enhance understanding of health promotion and disease prevention messages.

Elimination of Health Disparities

- Increase the cultural and communication competence of health care providers.
- Train and hire more qualified staff from underrepresented racial and ethnic minorities and people with disabilities.
- Enhance care coordination and quality of care (e.g., medical home models, integrated care teams).



RECOMMENDATIONS: NATIONAL PREVENTION STRATEGY PRIORITIES

Tobacco Free Living

- Implement evidence-based recommendations for tobacco use treatment and provide information to their patients on the health effects of tobacco use and secondhand smoke exposure.
- Implement provider reminder systems for tobacco use treatment (e.g., vital signs stamps, and electronic medical record clinical reminders).
- Reduce or eliminate patient out-of-pocket costs for cessation therapies.

Preventing Drug Abuse and Excessive Alcohol Use

- Identify and screen patients for excessive drinking using SBIRT, implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders) and evaluate the effectiveness of alternative methods for providing SBIRT (e.g., by phone or via the internet).
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.
- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

Healthy Eating

- Use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly Hospital standards.
- Screen for obesity by measuring body mass index and deliver appropriate care according to clinical practice guidelines for obesity.
- Assess dietary patterns (both quality and quantity of food consumed), provide nutrition education and counseling, and refer people to community resources (e.g., Women Infants and Children (WIC), Head Start, County Extension Services, and nutrition programs for older Americans).

Active Living

- Conduct physical activity assessments, provide counseling, and refer patients to allied health care or health and fitness professionals.
- Support clinicians in implementing physical activity assessments, counseling, and referrals (e.g., provide training to clinicians, implement clinical reminder systems).

Injury and Violence Free Living

- Conduct falls-risk assessments for older adults, including medication review and modification and vision screening.
- Implement and test models for increasing fallsrisk assessments (e.g., physician education, and linkages with community-based services).
- Include occupational and environmental risk assessment in patient medical history taking.

Reproductive and Sexual Health

- Advise patients about factors that affect birth outcomes, such as alcohol, tobacco and other drugs, poor nutrition, stress, lack of prenatal care, and chronic illness or other medical problems.
- Include sexual health risk assessments as a part of routine care, help patients identify ways to reduce risk for unintended pregnancy, HIV and other STIs, and provide recommended testing and treatment for HIV and other STIs to patients and their partners when appropriate.
- Provide vaccination for Hepatitis B virus and Human Papillomavirus, as recommended by the Advisory Committee on Immunization Practices.
- Offer counseling and services to patients regarding the range of contraceptive choices either onsite or through referral consistent with Federal, state, and local regulations and laws.
- Implement policies and procedures to ensure culturally competent and confidential reproductive and sexual health services.

Mental and Emotional Well-Being

Educate parents on normal child development and conduct early childhood interventions to enhance mental and emotional well-being and provide support (e.g., home visits for pregnant women and new parents).



More information can be found at:

Website: www.HealthCare.gov/ nationalpreventioncouncil

Email: prevention.council@hhs.gov

Twitter: #NPSAction

- Screen for mental health needs among children and adults, especially those with disabilities and chronic conditions, and refer people to treatment and community resources as needed.
- Develop integrated care programs to address mental health, substance abuse, and other needs within primary care settings.
- Enhance communication and data sharing (with patient consent) with social services networks to identify and treat those in need of mental health services.

