

Clinical and Community Preventive Services

Evidence-based preventive services are effective in reducing death and disability, and are cost-effective or even cost-saving. Preventive services consist of screening tests, counseling, immunizations or medications used to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health. While preventive services are traditionally delivered in clinical settings, some can be delivered within communities, work sites, schools, residential treatment centers, or homes. Clinical preventive services can be supported and reinforced by community-based prevention, policies, and programs. Community programs can also play a role in promoting the use of clinical preventive service and assisting patients in overcoming barriers (e.g., transportation, child care, patient navigation issues).

KEY FACTS

- Less than half of older adults are up-to-date on a core set of clinical preventive services (e.g., cancer screening and immunizations).⁴⁶
- On average, 42,000 deaths per year are prevented among children who receive recommended childhood vaccines.⁴⁷
- Brief clinician counseling is effective in helping people quit using tobacco; however, less than 20 percent of current tobacco users report receiving tobacco cessation counseling during their most recent office visit with a clinician.⁴⁸
- Less than half of Americans with hypertension have adequately controlled blood pressure and only a third with high cholesterol have it adequately controlled.⁴⁹ Improving control is one of the most effective ways to prevent heart disease and stroke.⁵⁰
- Colorectal cancer is the second leading cause of cancer-related death in the United States.⁵¹ Some estimates suggest that if screenings were implemented at recommended levels, more than 18,000 lives could be saved each year.⁵²
- Each year, asthma costs the U.S. about \$3,300 per person (with asthma) in medical expenses, missed school and work days, and early deaths. Some of the 12 million annual asthma attacks can be prevented through home visitation programs that assess and modify homes to reduce exposure to asthma triggers and educate individuals on how to improve asthma self-management.⁵³
- Diabetes is the leading cause of heart disease and stroke, blindness, kidney failure, and lower-extremity amputation. Blood pressure control reduces the risk of cardiovascular disease (heart disease and stroke) among people with diabetes by 33 to 50 percent and the risk of microvascular disease (eye, kidney and nerve disease) by approximately 33 percent.⁵⁴ Community programs that teach people how to manage their diabetes can help prevent short- and long-term health conditions, enhance individuals' quality of life, and contain health care costs.⁵⁵
- More than 80 million people in the U.S. do not have access to fluoridated water. Water fluoridation reduces tooth decay by 25 percent in children and adults, and every dollar spent on fluoridation saves more than \$40 in dental treatment costs.⁵⁶

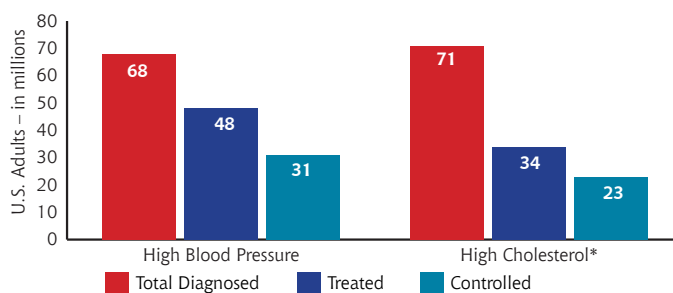
Recommendations: What Can Be Done?

Increasing use of preventive services depends on the health care system's ability to deliver appropriate preventive services as well as people's understanding of the benefits of preventive care and their motivation and ability to access services. The Affordable Care Act expands access to clinical preventive services by helping more people obtain health coverage and removing cost-sharing for clinical preventive services ranked "A" or "B" by the U.S. Clinical Preventive Services Task Force. Many more people will receive needed preventive care if logistical, financial, cultural, and health literacy barriers to care are removed and if information and clinical supports are available to clinicians. Furthermore, quality of care will be improved if clinical, community, and complementary services are integrated and mutually reinforcing.

1 Support the National Quality Strategy's focus on improving cardiovascular health.

The National Quality Strategy prioritizes interventions to prevent cardiovascular disease, which could save tens of thousands of lives each year.⁵⁷ The highest-value services that are both evidence-based and cost-effective include Aspirin, Blood pressure control, Cholesterol reduction, and Smoking cessation (the "ABCS").⁵⁸ Activities that can improve heart health include reducing uncontrolled blood pressure and cholesterol, decreasing sodium and saturated and trans fat intake, eliminating smoking and exposure to secondhand smoke, increasing aspirin use to prevent and reduce the severity of heart attacks and strokes, and lifestyle interventions to modify risk factors such as obesity and physical inactivity.⁵⁹

The Majority of Americans with High Blood Pressure or High Cholesterol Do Not Have It Controlled



*Indicates low-density lipoprotein cholesterol
Source: National Health and Nutrition Examination Survey, 2005–2008

2 Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services.

The Affordable Care Act ensures that new private health plans and Medicare cover certain preventive services without cost sharing, and provides incentives for States to do so through Medicaid. Making preventive services free at the point of care is critical to increasing their use, but it is not sufficient.⁵⁷ Delivery of clinical preventive services increases when clinicians have billing systems in place to facilitate appropriate reimbursement for providing these services. Furthermore, payment systems can incentivize quality and value of care (e.g., by increasing reimbursements for improving patient outcomes). Reimbursement mechanisms focused on proven interventions (e.g., those that support team-based care; use nonphysician clinicians such as nurse practitioners, physician assistants, pharmacists, and community health workers; and implement bundled payment systems) and measurable treatment outcomes can increase delivery of preventive services.⁶⁰ In addition, preventive services and medications can be made more affordable through approaches such as health benefit design or facilitating entry of generic drugs into the market.⁶¹

3 Expand use of interoperable health information technology.

Patients, clinicians, and health care systems can use health information technology to improve delivery of clinical preventive services, improve quality of care, and reduce health care costs.⁶² Certified electronic health records with decision support can prompt clinicians to implement evidence-based practices tailored to individual health needs.⁶⁰ Clinicians or health care systems can receive feedback on their rate of delivery of clinical preventive services and be recognized or rewarded for their performance. Monitoring and public

reporting systems that make health and clinical information available empowers people to make more informed decisions and better manage their care.⁶² Electronic health records and other health information technology can enhance the quality and value of health care, but only if there are appropriate protections in place to keep health information private and secure. Patients and providers must feel confident that laws, policies, and processes are in place to keep their health information private and secure, and that they will be enforced when violations occur.

4 Support implementation of community-based preventive services and enhance linkages with clinical care.

Clinical and community prevention efforts should be mutually reinforcing—people should receive appropriate preventive care in clinical settings (e.g., a clinician providing tobacco cessation counseling and medication) and also be supported by community-based resources (e.g., tobacco cessation quitlines).⁶³ Clinicians can refer patients to community-based prevention resources such as programs for blood pressure and cholesterol control or home-based interventions to control asthma triggers.⁶⁴ Additionally, some preventive services can be delivered effectively outside of traditional medical settings (e.g., measuring blood pressure or adjusting medication regimens through community pharmacies).⁶⁵ Work site and school clinics can also provide convenient points of care for traditionally underserved populations.⁶⁶

5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.

When people are motivated to seek care and have a primary care clinician, they are more likely to access health services.⁶⁷ Locating clinical services

Key Indicators	Current	10-Year Target
Proportion of medical practices that use electronic health records †	25.0%	27.5%
Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control	43.7%	61.2%
Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels	33.2%	36.5%
Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines	54.2%	70.5%
	6 – 23 months: 23.0%	80.0%
	2 – 4 years: 40.0%	80.0%
Proportion of children and adults who are vaccinated annually against seasonal influenza ††	5 – 12 years: 26.0%	80.0%
	13 – 17 years: 10.0%	80.0%
	18 – 64 years: 24.9%	80.0%
	65 years and older: 67.0%	90.0%

† Patients, clinicians, and health care systems can use electronic health records to improve delivery of clinical preventive services and improve the quality of preventive care.
 †† This key indicator is being reassessed in light of recent ACIP recommendations and data sources.

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conveniently near homes or workplaces, as well as logistical factors (e.g., adequate transportation, time off for workers, child care), can all help facilitate access.⁶⁸ Community health workers and peer support can also facilitate access to and use of preventive services, especially among vulnerable populations.⁶⁹

6 Enhance coordination and integration of clinical, behavioral, and complementary health strategies.

Integrated health care describes a coordinated system in which health care professionals are educated about each other's work and collaborate with one another and with their patients to achieve optimal patient well-being.⁷⁰ Implementing effective care coordination models (e.g., medical homes, community health teams, integrated workplace health protection and health promotion programs) can result in delivery of better quality care and lower costs.⁷¹ Gaps and duplication in patient care, especially among those with multiple chronic conditions, can be reduced or eliminated through technologies (e.g., electronic health records, e-prescribing, telemedicine).⁷² Evidence-based complementary and alternative medicine focuses on individualizing treatments, treating the whole person, promoting self-care and self-healing, and recognizing the spiritual nature of each individual, according to individual preferences.⁷³ Complementary and alternative therapies for back and neck pain (e.g., acupuncture, massage, and spinal manipulation) can reduce pain and disability.⁷⁴

Actions

The Federal Government will

- Support delivery of clinical preventive services in various health care and out-of-home care settings, including Federally Qualified Health Centers; Bureau of Prisons, Department of Defense, and Veterans Affairs facilities; and among Medicare providers.
- Improve monitoring capacity for quality and performance of recommended clinical preventive services.
- Identify, pilot, and support strategies to reduce cardiovascular disease, including improving screening and treatment for high blood pressure and cholesterol.
- Encourage older adults to seek a free annual Medicare wellness visit, a new benefit provided by the Affordable Care Act.
- Educate clinicians, Federal employees, and the public

(especially those in underserved populations) about coverage improvements and elimination of cost-sharing for clinical preventive services as set forth in the Affordable Care Act.

- Encourage adoption of certified electronic health record technology that meets Meaningful Use criteria, particularly those that use clinical decision supports and registry functionality, send reminders to patients for preventive and follow-up care, provide patients with timely access to their health information (e.g., lab results, discharge instructions), identify resources available to patients, and incorporate privacy and security functions (e.g., encrypting health information to keep it secure, generating audit logs to record actions).
- Improve use of patient-centered medical homes and community health teams, which are supported by the Affordable Care Act.
- Promote and expand research efforts to identify high-priority clinical and community preventive services and test innovative strategies to support delivery of these services.
- Develop new and improved vaccines, enhance understanding of the safety of vaccines and vaccination practices, support informed vaccine decision-making, and improve access to and better use of recommended vaccines.
- Research complementary and alternative medicine strategies to determine effectiveness and how they can be better integrated into clinical preventive care.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Increase delivery of clinical preventive services, including ABCS, by Medicaid and Children's Health Insurance Program (CHIP) providers.
- Foster collaboration among community-based organizations, the education and faith-based sectors, businesses, and clinicians to identify underserved groups and implement programs to improve access to preventive services.
- Create interoperable systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services and other social services.
- Expand the use of community health workers and home visiting programs.

PROJECT HIGHLIGHT: Diabetes Prevention and Control Alliance

A partnership between UnitedHealth Group, the YMCA of the USA, and retail pharmacies, the Diabetes Prevention and Control Alliance helps to enhance linkages between clinical and community-based preventive services through innovative programming. The Diabetes Prevention Program helps people with prediabetes eat healthier, increase physical activity, and learn about other health-promoting behavior modifications. The Diabetes Control Program links people with diabetes to local pharmacists who are trained to help them manage their condition and follow their physicians' treatment plans.*

* Employment-based group health plans should always check to ensure that any benefits provided by the plan comply with applicable state and Federal laws.

PROJECT HIGHLIGHT: Colonoscopy Patient Navigator Programs: New York City, New York

These programs are working to eliminate barriers to care, improve patient understanding of colonoscopy, reduce patient “no-show” rates, and improve colonoscopy screening rates. “Navigators” explain to patients why the procedure is important, how to prepare for it, and alleviate fears by answering questions and explaining what the patient can expect. In a 12-month period, the New York City Department of Health and Mental Hygiene saw a 61 percent increase in colonoscopy volume in hospitals with a colonoscopy patient navigator (versus a 12 percent increase at comparison hospitals) and a 25 percent increase in the number of patients completing their procedure (compared with a 1 percent decrease in completion rates in comparison hospitals over the same time).

Businesses and Employers can

- Offer health coverage that provides employees and their families with access to a range of clinical preventive services with no or reduced out-of-pocket costs.
- Provide incentives for employees and their families to access clinical preventive services, consistent with existing law.
- Give employees time off to access clinical preventive services.
- Provide employees with on-site clinical preventive services and comprehensive wellness programs, consistent with existing law.
- Provide easy-to-use employee information about clinical preventive services covered under the Affordable Care Act.

Health Care Systems, Insurers and Clinicians can

- Inform patients about the benefits of preventive services and offer recommended clinical preventive services, including the ABCS, as a routine part of care.
- 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.

Early Learning Centers, Schools, Colleges and Universities can

- Train providers (e.g., doctors, nurses, dentists, allied health professionals) to use health information technology and offer patients recommended clinical preventive services as a routine part of their health care.
- Promote the use of evidence-based preventive services within their health services (e.g., school health program).

Community, Non-Profit, and Faith-Based Organizations can

- Inform people about the range of preventive services they should receive and the benefits of preventive services.
- Support use of retail sites, schools, churches, and community centers for the provision of evidence-based preventive services.
- Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).
- Support community health workers, patient navigators, patient support groups, and health coaches.

Individuals and Families can

- Visit their health care providers to receive clinical preventive services.
- Use various tools to access and learn about health and prevention and ways they can better manage their health (e.g., personal health records, text reminder services, smart phone applications).

KEY DOCUMENTS

- The National Strategy for Quality Improvement in Health Care
- The Guide to Clinical Preventive Services, U.S. Preventive Services Task Force
- The Guide to Community Preventive Services, Task Force on Community Preventive Services
- Recommendations of the Advisory Committee on Immunization Practices
- The National Vaccine Plan
- Multiple Chronic Conditions: A Strategic Framework
- National Health Care Quality Report