



## **FRAMEWORK FOR A PREVENTION DELIVERY SYSTEM**

### I. Background

### II. A Common Vision for a Prevention Delivery System

A new health system capable of consistently delivering the most effective preventive services would not only improve the quality of life and health outcomes for millions of people over time, but also could lead to more efficient use of our nation's health resources. Our three organizations envision a "prevention-centered" system that utilizes our clinical, technological, public health, and community resources to deliver:

- Programs and counseling that span a range of prevention activities and promote healthy lifestyles across the risk-stratified population;
- Recommended screening and early detection services based on age, gender, race/ethnicity, family history, and other risk factors for chronic disease;
- Support systems and infrastructure for the delivery of patient-centered wellness/health promotion programs in a timely and integrated manner in a variety of settings;
- Incentives to consumers and providers in order to maximize the utilization and coordination of prevention and early detection.

A call for new and improved approaches to the delivery and utilization of prevention should be a focal point of our current national debate around health reform. All Americans deserve timely access to quality, evidence-based preventive and other healthcare services as part of a comprehensive program of health care that includes acute care and bio-medical research. Moreover, preventive care must be affordable and available throughout the lifestages in a system with fewer administrative barriers.

### III. Core components of a Prevention Delivery System

- a. New Models for Clinical Preventive Encounters
- b. Tailoring the package of services and the role of the health risk assessment.
- c. Bridging the gap between the clinic and community resources
- d. The Role for Electronic Medical Records (EMRs)
- e. The importance of scheduling and reminder systems
- f. Coordinated, team approach and the role of ancillary personnel
- g. Incentives to Providers and Patients

### IV. Key Issues to be addressed

- a. Pay for Performance
- b. The role of technology?
- c. End-of-life care
- d. Comparative effectiveness
- e. How to deal with waste and inefficiency to cut cost without decreasing quality of care.
  - i. Excessive imaging
  - ii. Multiple testing
  - iii. Interventions that don't bring value to therapy



V. How would these various elements integrate to create a system that optimizes the delivery of prevention in the most cost-effective way?

- what is the most cost effective to deliver prevention in terms of personnel?
- what are the most cost effective preventive services?
- what expensive services can be eliminated or reduced throughout the system to offset increased cost related to prevention?

VI. Many parts of the system are already in place (just not functioning as a system)