



*A Statement from the American Cancer Society, the American Diabetes Association, and the American Heart Association*

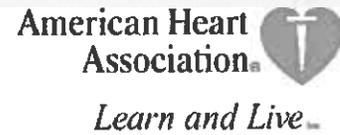
## **Reforming the Health Care Delivery System: A Common Vision and General Principles for Prevention**

It is almost universally agreed that the nation's health care system is not delivering the highest quality care possible and, consequently, clinical outcomes are poorer than we should expect. Moreover, the growing burden of chronic disease is contributing significantly to both the rising costs of health care and the poor health outcomes that are increasingly prevalent in our society, and especially among certain segments of our society.

The major chronic diseases -- cancer, diabetes, heart disease, and stroke -- account for three out of every four deaths in the U.S. and the estimated total direct and indirect health care cost for these chronic disease areas exceeds \$700 billion each year. These staggering human and economic costs will continue to increase as the population ages and as risk factors common to cancer, diabetes, and cardiovascular disease rise in prevalence, such as poor nutrition, obesity, and lack of physical activity.

Much of the chronic disease burden could be avoided if there were systematic application of what is known about preventing the onset and progression of these conditions. Prevention encompasses activities that promote healthy lifestyles, early interventions, early diagnosis and early treatments to prevent the long term, costly, and debilitating consequences of chronic disease. Fundamental reform in health care delivery is essential to insure that the potential for prevention to improve health for all Americans is fully realized. If we want better and more cost effective health care for more Americans, we must go beyond the critical issue of insurance coverage, whether private or public, to the underlying incentives and organization of health care delivery that impede greater utilization of preventive services.

Our nation's health care system is largely organized around the delivery of acute and episodic treatment of sickness and disease. Utilization of medical services is often deferred until clear signs of illness emerge and then steps are taken to remedy the problem, often after significant damage has already occurred. While treating the sick should be a high priority, a significant emphasis also must be placed on prevention strategies that we know can avoid or delay the onset of disease. A 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.



## **A Common Vision for a Prevention Delivery System**

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, early detection, and management of chronic disease and related complications.

## **Key Principles for Quality Preventive Care**

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. Although we differ in our areas of expertise and we often serve different constituencies, our three organizations are united around the following fundamental goals for quality preventive care:

### **1. Quality preventive services should be available to all Americans.**

- All Americans deserve timely access to the quality, evidence-based preventive and other healthcare services needed as part of a comprehensive program of health care that includes acute care, bio-medical research in addition to secondary and tertiary preventive services..
- The nation’s health care system should have the ability to track the quality and effectiveness of preventive care over the long term to maximize system performance
- Systems should be developed and implemented to permit the patients and providers to integrate the documentation of preventive services into a person’s overall medical record, and these systems should be interoperable and used to maximize delivery of preventive care.
- Where preventive services indicate a potential medical problem, patients should have access to affordable, quality treatment and care.



## **2. Preventive care should be affordable**

- The cost of preventive services should not constitute a barrier to care. Accessing needed preventive services should not create a fiscal hardship for individuals, families, businesses or society.

## **3. Preventive care should be available without “red tape”**

- All Americans deserve a health care system that provides clear, upfront explanations of costs and benefits. Administrative barriers to obtaining preventive health care services should be removed.

## **4. Preventive care should be available when and where people need it.**

- All Americans, regardless of their health, deserve adequate coverage that gives them the best available preventive care in appropriate settings through all life stages.

The time has come for a concerted effort to increase the application of public health and clinical interventions of known efficacy in order to reduce the prevalence of tobacco use, poor diet, and insufficient physical activity -- the key risk factors for cancer, diabetes, and cardiovascular disease -- and to increase appropriate utilization of screening tests for their early detection. These enormously complex and challenging goals can only be reached through a concerted effort driven by cooperation and collaboration across multiple organizations. By working together, we can achieve greater progress in health promotion and disease prevention than by working alone.



**Health Policy Stakeholder Meeting Template  
American Diabetes Association  
December 11, 2008**

**Health policy priorities/goals in the short term:**

**Existing Programmatic Funding for NIH and CDC**

The American Diabetes Association (the Association) continues to work to ensure the Centers for Disease Control's (CDC) Division of Diabetes Translation (DDT) and the National Institutes of Health's (NIH) National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) are adequately funded. The mission of DDT is to eliminate the *preventable* burden of diabetes through leadership, research, programs, and policies that translate science into practice. Working together with federal, state and local governments, DDT provides proven educational programs, best practice guidelines, and prevention, detection and management supplies, in concert with state public health services and other health partners. The Association believes the FY 2008 level of \$62.7 million is woefully inadequate to carry out this mission.

NIDDK is one of the 27 institutes housed at the NIH. Through their valuable work, NIDDK is poised to make major discoveries that could prevent or reverse the autoimmune destruction of insulin-producing cells. For the NIDDK, the Association continues to fight to increase funding to find new treatments and a cure for diabetes. It is estimated that the direct and indirect costs of diagnosed diabetes and its complications in the United States were more than \$174 billion in 2007. Current NIDDK funding levels are \$1.706 billion. The Association believes an increased investment in the NIDDK will further advancements in diabetes prevention and treatment that will reduce the cost and burden of diabetes on our health system, our economy, and more importantly, on the millions of Americans and their families who suffer from this disease.

**Health policy priorities/goals in the long term:**

**Health Reform**

For the 23.6 million children and adults in the United States who have diabetes, and the additional 57 million who have pre-diabetes, health reform must assure affordable coverage that helps them prevent the progression of the disease and stave off its complications. In order to achieve a meaningful, sustainable health care system, reform must be comprehensive as well as multifaceted, addressing not only how to cover the uninsured, and how to increase coverage for the underinsured, but also such issues as effectiveness, efficiency and equity. The Association embraces three areas of reform: coverage, quality, and prevention.

Coverage: Ensuring accessible, adequate and affordable health care coverage for all is a fundamental goal of the Association. When people with diabetes face insurance company rules and practices that leave them without coverage at all, they often forgo the care needed to prevent, delay or slow diabetes progression. Without adequate care, too many suffer needlessly from preventable life-limiting or life-threatening complications, and require more expensive care later. Today, 46 states and the District of Columbia require state-regulated health plans to provide adequate coverage for diabetes supplies, medication, equipment and education. Insurance rules, especially in the small group and individual insurance market, tend to favor those who are healthy and discriminate against those with chronic conditions. While rules vary from state to state, they often limit a person's access to affordable, continuous coverage. People living with diabetes and other chronic conditions should have coverage that allows them to manage and control their health, including: **guaranteed issue/eligibility and**



**automatic renewal; rating rule protections, including regulation of premium increases; elimination of pre-existing condition exclusion periods; regulation of rescission practices; and portability and choice.**

Quality: To achieve better quality health care and improved health outcomes for those with diabetes and other chronic diseases, chronic disease care should be integrated into the fabric of our health care system. Quality care delivery should support and promote care coordination to ensure that the patient's needs and preferences for health services and information are met over time, across different care settings, and are culturally and linguistically appropriate. Such system based reforms should include: **care coordination; widespread adoption of health information technology; greater utilization of evidence-based medicine; increased transparency in terms of care quality and cost; retooling the graduate medical education system; patient safety; and elimination of racial disparities.**

Prevention: The number of people in the United States with diagnosed diabetes has more than doubled over the last 15 years. One in three children in the United States will have diabetes in their lifetime. The increased health and financial burden of diabetes is not inevitable. Diabetes can be controlled through careful monitoring, lifestyle changes and medication. An aggressive national agenda focusing on both clinical preventive services (early detection, improved delivery of care and proper self-management measures) coupled with community preventive services (education initiatives, public health programs and policies) are needed to tackle this growing epidemic. Prevention initiatives should recognize the long term financial benefits of health promotion and disease prevention in relation to the costs associated with various stages of disease treatment and should include: **primary, secondary and tertiary prevention services; and, increased support for health promoting behaviors – including nutrition, education and wellness programs.**

**The mechanisms for achieving these goals:**

The Association believes programmatic funding for the CDC and NIH starts with the President's budget and continues through the Congressional appropriations process.

Health reform will depend on all federal branches working in coordination to achieve the goal. Not only will Congress need to authorize the various federal departments to reform the existing health delivery system, but the federal agencies will need to carry out the intent in a thoughtful transparent manner. This will require executive action, regulation changes, and legislation to achieve the goal.

**Any budgetary or appropriations concerns or impact:**

For both health reform and programmatic funding increases it will be imperative that the President-Elect embrace health care not only as a legislative priority, but a budgetary/appropriations issue. Health reform will require an investment in prevention as well as other areas. Health reform will require upfront investments, but will provide long term financial benefits, including improved efficiencies in the system, as well as the prevention of costly complications and hospitalizations associated with various stages of disease treatment.

**Any other HHS related issue:**

We have attached the Association's Health Reform Task Force recommendations for your review. This document lays out the Association's full recommendations for comprehensive health reform.