



REAL HEALTH REFORM STARTS WITH PREVENTION



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**Partnership for Prevention is a membership
organization of businesses, nonprofit organizations,
and government agencies. Partnership's mission
is to advance policies and practices that promote
health and prevent disease.**



>> A HEALTH SYSTEM THAT COSTS TOO MUCH AND DELIVERS TOO LITTLE

The challenge to improve our nation’s high cost, underperforming health system is both daunting and exciting. Legislators are becoming increasingly aware that in order to fix our ailing system—one that leads the world in cost but lags behind most industrialized countries in health performance—we need to address the causes of poor health. Giving all Americans access to quality, affordable medical care will not by itself rein in the ballooning health care costs that threaten to overwhelm our government and our economy. We must address the drivers of those costs and do more to keep people healthy.

Real health reform must start with prevention. Without a much stronger emphasis on prevention than now exists, we have little hope of controlling costs without sacrificing health.

— CORINNE G. HUSTEN, MD, MPH, INTERIM PRESIDENT, PARTNERSHIP FOR PREVENTION

The Congressional Budget Office projects that, without any changes, total spending on health care will rise from 16.5 percent of the gross domestic product (GDP) in 2007 to 25 percent in 2025 and to 49 percent in 2082.

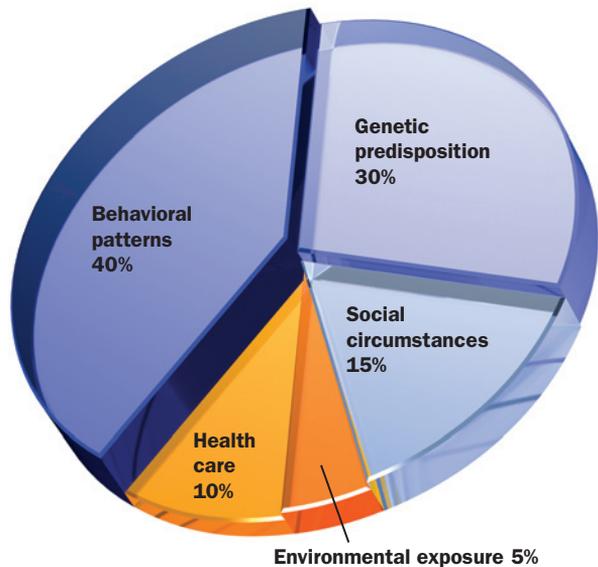
In this report, Partnership for Prevention offers a series of recommendations to the 111th Congress to increase our health system’s emphasis on health promotion and disease prevention. The recommendations represent a cost-conscious approach to maximize value in the health care and public health systems.

The crisis facing our health care system has disturbing parallels with the one that has recently befallen the nation’s financial system. Timely actions to address fundamental problems on Wall Street might have averted a devastating day of reckoning in the financial sector. We must not fail to apply that lesson to the health sector while we still can.

According to the Congressional Budget Office, rising health care spending is the main long-term threat to the federal budget and

threatens our nation’s financial well-being. CBO projects that, without any changes, total spending on health care will rise from 16.5 percent of the gross domestic product (GDP)

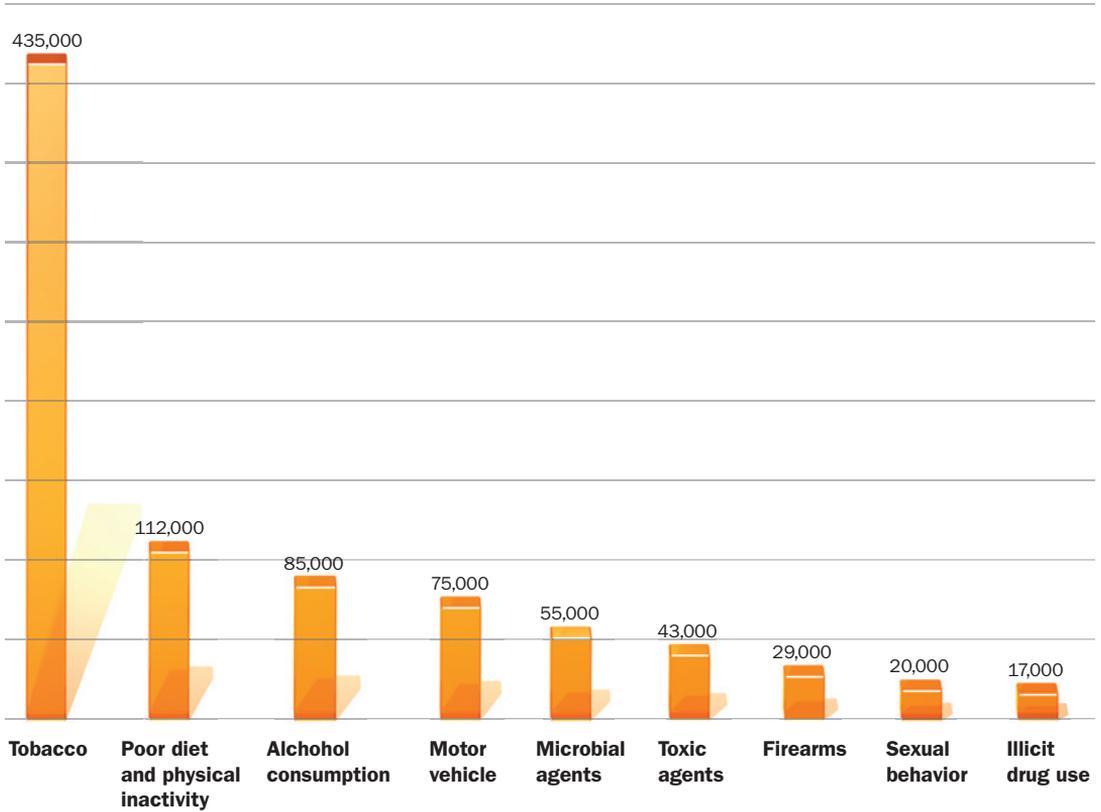
DETERMINANTS OF HEALTH AND THEIR CONTRIBUTIONS TO PREMATURE DEATH



SOURCE: Schroeder SA. We can do better: improving the health of the American people. NEJM 2007; 357(12): 1221-1228.



ESTIMATED ACTUAL CAUSES OF DEATH, 2000



SOURCE: Mokdad AH, Marks JS, Stroup DF, et al. Actual causes of death in the United States, 2000. JAMA 2004;291(10):1238-1245. Correction published in JAMA 2005;293:298. SOURCE: Flegal KM, Graubard BI, Williamson DF, Gail MH. Excess deaths associated with underweight, overweight, and obesity. JAMA. 2005;293:1861-1867.

in 2007 to 25 percent in 2025 and to 49 percent in 2082. Net federal spending on Medicare and Medicaid will rise from 4 percent of GDP to almost 20 percent over the same period.¹

In addition, skyrocketing health care costs incurred by businesses are making it increasingly difficult for America to compete in the global marketplace. What surprises many people, though, is that productivity losses due to poor employee health dwarf businesses' direct health care costs, further undermining competitiveness.

And even though one in six dollars in the U.S. economy currently goes to health care – 50% more than any other country – our health system

is ranked 37th in the world, according to the World Health Organization.² On such important indicators as infant mortality and life expectancy, the United States ranks 29th and 38th, respectively.^{3,4}

Clearly, the path we are on is unsustainable. We need to get better value for our investment in health. One way to do this is to invest in the policies, programs, and services that have been proven to promote health and prevent disease.

We must ensure our approaches address the underlying causes of poor health, health disparities, and high health care costs. These include the economic, social, and physical environments that can hinder healthy behavior and that can contribute to stress, poor

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COST-EFFECTIVE PREVENTIVE SERVICES CAN SAVE LIVES

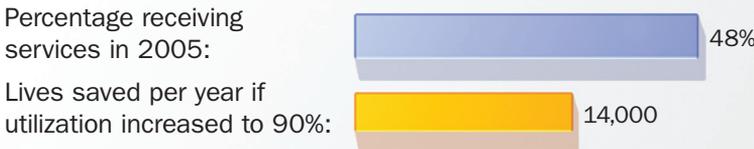
Daily aspirin use in men over 40 and women over 50



Smokers offered assistance to quit



Colorectal cancer screening of adults 50 and older



Adult influenza immunization



Breast Cancer Screening



SOURCE: Source: National Commission on Prevention Priorities. Preventive Care: A National Profile on Use, Disparities, and Health Benefits. Partnership for Prevention, August 2007.

educational outcomes, and medical illiteracy. Without addressing these underlying drivers, we will never be able to do more than provide temporary solutions to the difficult problems facing our health system.

When the focus is on the financing issues that threaten our health care system, critical health issues often get lost in national health policy debates. We need to find ways, such as forming a high-level commission of important stakeholders, to keep Congress informed about the important opportunities to strengthen the nation's public

health system and make the United States the healthiest nation in the world.

Partnership for Prevention believes that keeping people healthy and preventing disease must be an important part of the solution in fixing our high cost, low yield health system. In this report, we will explain why that is so, and we will present a series of recommendations to increase the nation's commitment to disease prevention and health promotion.

...if utilization rates of just five of these services could be increased to 90% of the target population, more than 100,000 lives would be saved each year.



RANKINGS OF PREVENTIVE SERVICES FOR THE U.S. POPULATION

Clinical Preventive Services	CPB	CE	Total
Discuss daily aspirin use, men 40+, women 50+	5	5	10
Childhood immunizations	5	5	
Smoking cessation advise 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 immunizations, adults 65+	3	4	
Breast cancer screening, women 40+	4	2	6
Chlamydia screening, sexually active women under 25	2	4	
Discuss calcium supplementation, women	3	3	
Vision screening, preschool children	2	4	
Discuss folic acid use, women of childbearing age	2	3	5
Obesity screening, adults	3	2	
Depression screening, adults	3	1	4
Hearing screening adults 65+	2	2	
Injury prevention counseling, parents of children ages 0-4	1	3	
Osteoporosis screening, women 65+	2	2	
Cholesterol screening, men < 35, women <45 at high risk	1	1	2
Diabetes screening, adults at risk	1	1	
Diet counseling adults at risk	1	1	
Tetanus-diphtheria booster, adults	1	1	

Notes:

CPB is clinically preventable burden, or the disease, injury and premature death that would be prevented if the service were delivered to all people in the target population.

CE is cost effectiveness, which is a standard measure for comparing services' return on investment.

Services with the same total score tied in the rankings:

10 = highest impact, most cost effective among these evidence-based preventive services

1 = lowest impact, least cost effective among these evidence-based preventive services

For more information about the rankings and how to interpret the scores see:

Maciosek MV, Coffield AB, Edwards NM, Goodman MJ, Flottemesch TJ, Solberg LI.

Priorities among effective clinical preventive services: results of a systematic review and analysis.

Am J Prev Med 2006; 31(1):52-61.



» PREVENTION WORKS

Nearly all of the leading causes of death in the United States are chronic diseases – heart disease, cancer, stroke, chronic lower respiratory diseases, and diabetes. Yet these statistics do not tell the full story. The primary drivers of poor health and high health care costs are behaviors – tobacco use, poor diet, physical inactivity, and alcohol consumption – that are potentially preventable. What’s more, there are many policies, programs and services that have been proven to be effective in addressing these underlying drivers. These interventions include programs and policies that foster environments that support healthy behaviors and healthy choices. They also include services that are delivered within the clinical health care system.

Clinical Preventive Services

Some preventive services are clinical – delivered in the doctor’s office or other clinical settings. These services – which include immunizations, disease screenings, and behavioral counseling– are designed to prevent diseases from occurring in the first place or to enable early detection and early treatment of disease.

Partnership for Prevention’s National Commission on Prevention Priorities has identified the highest value clinical preventive services by ranking them according to (1) the burden of disease each service can prevent and (2) the extent to which the services are cost-effective or cost-saving.⁵ Policy makers, health

care providers, and health care purchasers use Partnership’s analyses to allocate resources to the highest value preventive services.

Many preventive services, however, are under-utilized. In addition, significant disparities exist in the use of preventive services by racial and ethnic minorities compared to the general U.S. population. The Commission found that if utilization rates of just five of these services could be increased to 90% of the target population, more than 100,000 lives would be saved each year. (See Chart on pg. 3)

There are several reasons people do not receive the clinical preventive services that would help keep them healthy. Our health care system reimburses specialty care and acute care treatment at a much higher rate than the delivery of preventive services. Uninsured consumers face high out-of-pocket charges for preventive services, while even those with insurance are hampered by poor coverage of these services and high deductibles or co-pays. Many consumers are not aware of preventive services recommended for people of their age, gender, and risk factors, while many health care providers either lack or fail to use systems to identify and follow up with patients who need them. Additionally, many Americans, particularly disadvantaged minorities, have no connection to a regular source of health care to help ensure they are getting all the preventive services they need. And finally, the nation has made only a limited investment in developing a prevention-oriented health care workforce

Our progress in reducing tobacco use among adults from 42% to 21% over the last 40 years serves as an example of how policy and program interventions can produce enormous health benefits.



and providing focused training for doctors and other health care providers in delivering preventive care.

Community Preventive Services

Community preventive services are policies, programs, and services that aim to improve the health of the entire population or specific sub-populations. The Task Force on Community Preventive Services, an independent panel of experts sponsored by the Centers for Disease Control and Prevention, has identified more than sixty policies and programs that address the nation’s most serious preventable health problems.

Investing in these evidence-based programs and policies is essential if we are to restore a better balance between investing in health rather than just sick care.

Examples of proven community preventive services include: designing streets and neighborhoods so that they are more conducive to walking,

jogging, and biking; enacting policies that discourage the use of harmful products, such as increasing the price of tobacco products; providing diabetes self-management education in community gathering places; and even enacting policies to improve the social and economic environment, such as early childhood development programs for low-income children.

Our progress in reducing tobacco use among adults from 42% to 21% over the last 40 years serves as an example of how policy and program interventions can produce enormous health benefits. Successful tobacco

prevention policies and programs have included media campaigns, higher tobacco taxes, smokefree policies, and free telephone counseling services for tobacco users. But progress has plateaued in recent years making it imperative that we strengthen our efforts on tobacco.

Meanwhile, an epidemic of obesity threatens the health of millions of adults and, increasingly, the future health of today’s young people. While obesity has serious medical consequences, the medical community alone cannot reverse the epidemic. Only a multi-pronged, community-oriented approach will help create the healthy environments that facilitate good nutrition choices and opportunities to engage in physical activity. The problem of obesity also illustrates the need to assess – both prospectively and retrospectively – the impact on health of policies in a wide range of areas, such as transportation, city planning, and agriculture. Legislators are already using these “health impact assessments” in California and elsewhere.

Likewise, many other factors – such as substance abuse, sexual activity, and occupational health risks – are best addressed through coordinated clinical and community approaches.

The Healthy People 2010 national health objectives, along with the soon-to-be-released Healthy People 2020 objectives, tell us what a healthy nation looks like. Our nation needs to now turn its attention to bringing together the many agencies and stakeholders needed to develop and implement plans for achieving the objectives and a healthier population.

Partnership for Prevention has estimated that \$4 billion would have been saved in 2006 if the utilization of 20 recommended clinical preventive services was increased from current levels to 90%.



>> PREVENTION IS COST-EFFECTIVE

Today's economic realities underscore the need to build a more cost-effective health system. Underuse of effective preventive care is a wasted opportunity in this regard because most recommended clinical preventive services provide substantial health benefits at a very reasonable cost. Seventy-five percent of the nation's health spending is on chronic disease, and the vast majority of these diseases are preventable.

Some clinical preventive services will save the health care system money; others are highly cost-effective. Partnership for Prevention has estimated that \$4 billion would have been saved in 2006 if the utilization of 20 recommended clinical preventive services was increased from

current levels to 90% (the cost of increasing the use of these services would have been \$18 billion while the savings would have been \$22 billion). And the potential impact of these services would have been substantial: more than 2 million life years would have been saved in 2006 if these 20 clinical preventive services had been delivered as recommended to 90% of each service's target population in previous years. While the costs and savings of these services is a small fraction of total health care expenditures (the \$4 billion in savings represents 0.2% of health care expenditures in 2006), the findings make clear that investing in prevention yields high value.

...keeping people healthy and preventing disease must be an important part of the solution in fixing our high-cost, low-yield health system.





Clinical preventive services that **save** money include:

- » advising at-risk adults about regular aspirin use to prevent heart disease,
- » counseling smokers to help them quit,
- » immunizing children,
- » screening adults for and counseling them about alcohol misuse,
- » screening older adults for poor vision, and
- » immunizing older adults for pneumococcal disease.

Many other preventive services are highly cost-effective. Eighteen of the 25 preventive services evaluated by Partnership in 2006 cost \$50,000 or less per quality-adjusted life year, and 10

of these cost less than \$15,000 per QALY, all well within the range of what is considered a favorable cost-effectiveness ratio. (A QALY is a measure that accounts for both years of life gained and disease and injury avoided.)

Policies and programs aimed at the entire population or specific sub-populations are often the most effective way to influence the social- and built-environment factors that so directly affect health. Many of these programs and policies have been proven to be cost-effective. In the tobacco control arena, for example, tobacco quitlines and increasing tobacco taxes are cost-saving interventions.

While research on the cost-effectiveness of many community prevention programs and policies is not as extensive as we would like, common sense tells us that interventions that reach thousands or millions of people at once are often far more cost-effective than clinical preventive services that must be delivered one patient at a time. Other examples include education campaigns encouraging seat belt use, laws to prohibit sale of alcohol to minors, school-based sealant programs to prevent cavities, and folic acid fortification of food products to reduce the number of infants affected by neural tube defects.

In addition, the benefits of many of these interventions go beyond health. Policies that make neighborhoods more hospitable to walking and biking can lead to more pleasant communities, increased real estate values, and an increased sense of community.



» RECOMMENDATIONS TO MAKE PREVENTION AN IMPORTANT PART OF HEALTH REFORM

In 2007, Partnership for Prevention developed nine “Principles for Prevention-Centered Health Reform” to guide efforts to increase the priority for prevention. Partnership then commissioned some of the nation’s leading prevention experts to develop issue briefs to identify policy options for implementing the principles ([online at www.prevent.org/HealthReform](http://www.prevent.org/HealthReform)). Based on the issue briefs, Partnership has developed a series of legislative recommendations to elevate the priority that our health system places on disease prevention and health promotion – both clinical prevention and community prevention. These recommendations should be viewed as a starting point for helping the health sector function in a more rational and cost-effective manner.

Partnership’s recommendations follow. They are arrayed in accordance with Partnership’s “Principles for Prevention-Centered Health Reform.”

Clinical preventive services should be a basic benefit of proposed health financing reform.

1. Make recommended

clinical preventive services accessible to all.

- » Ensure that federally-sponsored health insurance programs (e.g., Medicare, Medicaid, DoD, VA) and the private-sector health insurance offerings included in the Federal Employees Health Benefits Program provide coverage for clinical preventive services recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices. Consider withdrawing coverage for preventive services not recommended by these groups, helping to pay for added services and higher utilization of recommended services.
- » Create incentives for states to cover cost-effective clinical preventive services in their Medicaid and State Children’s Health Insurance

Programs (SCHIP). Cost-effective services are those services that cost less than \$50,000 per quality-adjusted life year saved.

- » Authorize the Secretary of HHS to expand Medicare coverage under Part B for immunization services recommended by the Advisory Committee on Immunization Practices (ACIP). The recently enacted Medicare Improvements for Patients and Providers Act allows the Secretary to cover services recommended by the U.S. Preventive Services Task Force but makes no mention of services recommended by ACIP.

2. Encourage patients to use preventive services.

- » Offer first-dollar coverage (i.e., no deductibles or copayments) for cost-effective clinical preventive services in federally-sponsored health insurance programs, in state Medicaid and SCHIP programs, and in

Common sense tells us that interventions that reach thousands or millions of people at once are often cost-effective.



private sector insurance plans included in FEHBP.

3. Offer incentives to health care providers to deliver clinical preventive services.

- » Increase reimbursement in federally-sponsored health insurance programs to provide an incentive to deliver cost-effective clinical preventive services. The services should be delivered on a recommended schedule with appropriate documentation and patient education.
- » Reward health plans and insurers that achieve high delivery rates of recommended clinical preventive services in federally-sponsored health insurance programs. Metrics, such as those developed by the National Committee for Quality Assurance, should be utilized, and such ratings should be shared with patients and employers.
- » Provide incentive payments to community health centers (CHCs) that meet performance objectives for delivering recommended clinical preventive services.

4. Reward employers for their active engagement in employee health promotion.

- » Provide time-limited tax incentives to employers instituting or enhancing evidence-based workplace health promotion programs and policies. The programs should raise awareness about important health issues, encourage healthy behaviors, or create environments or incentives to encourage employee participation in the programs.

Community preventive services should be an integral part of health financing reform and of community-based health promotion and disease prevention.

1. Create healthy environments and promote healthy lifestyles.

- » Identify and establish a discrete, sustainable revenue source from which proceeds would be dedicated to core state and local public health prevention activities.
- » Establish a Public Health Advisory Commission to recommend to the Congress how these core public health funds should be allocated to have maximum impact on the health of Americans. The Commission should advise on strategies to hold federal, state, and local public health agencies accountable for achieving the HHS-sponsored Healthy People National Health Objectives, and it should report on the state of the nation's public health system and on the delivery of evidence-based clinical and community preventive interventions.
- » Provide incentive payments to states that meet state health objectives jointly developed by HHS and state health departments.

2. Offer incentives to organizations that influence the health of populations to deliver community preventive services.

- » Require that state and local recipients of public health funding use evidence-based programs and policies in all areas where they exist



as a condition of full Federal funding.

3. Encourage Americans to give greater attention to prevention in their own lives.

- » Support consumer education initiatives to encourage individuals to adopt healthy behaviors. Mount sustained campaigns that build on successful past campaigns, e.g., seat belt use, tobacco reduction, immunizations, and physical activity.

Health reforms should aim to increase the impact of prevention through studies and financing mechanisms.

1. Increase support for research on community-based and clinical prevention.

- » Support expansion of research on effective community interventions as well as the work being done by the CDC-sponsored Task Force on Community Preventive Services to conduct systematic reviews of what works to improve health at the population level, with related economic analyses.
- » Support expansion of research on effective clinical preventive services as well as the work being done by the AHRQ-sponsored U.S. Preventive Services Task Force to conduct systematic reviews of which clinical preventive services are effective in preventing disease, with related economic analyses.

- » Create a National Center for Health Impact Assessment to examine the potential health effects of a wide range of multi-sectoral proposed policies and programs, especially those that are not viewed as primarily health policies and programs, such as housing and urban renewal, land use, and agriculture.

2. Support development and tracking of system performance standards related to prevention.

- » Invest in improved data systems to monitor progress toward achieving the HHS-sponsored Healthy People National Health Objectives and toward reducing disparities in access to preventive services among racial and ethnic population groups.





>> APPENDIX

ADDITIONAL RESOURCES FOR UNDERSTANDING AND IMPLEMENTING PREVENTION

Partnership for Prevention. *Principles for Prevention-Centered Health Reform.* 2007. Available at www.prevent.org/HealthReform/.

National Commission on Prevention Priorities. *Preventive Care: A National Profile on Use, Disparities, and Health Benefits.* Partnership for Prevention, August 2007. Available at www.prevent.org/100,000Lives/

Maciosek MV, Coffield AB, Edwards NM, Goodman MJ, Flottemesch TJ, Solberg LI. *Priorities among effective clinical preventive services: results of a systematic review and analysis.* *Am J Prev Med* 2006; 31(1):52-61. Available at www.prevent.org/PreventionPriorities/.

Partnership for Prevention has commissioned a series of issue briefs, authored by some of the nation's leading prevention authorities, addressing many of the most important prevention policy issues facing the nation. The issue briefs can be viewed at www.prevent.org/HealthReform/.

To view recommendations from the U.S. Preventive Services Task Force about effective clinical preventive services, go to www.ahrq.gov/clinic/prevenix.htm.

To view recommendations from the Task Force on Community Preventive Services about effective community preventive services, go to www.thecommunityguide.org/.

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- 1 Congressional Budget Office. *The Long-Term Outlook for Health Care Spending.* Congressional Budget Office, November 2007.
 - 2 World Health Organization. *Health Systems: Improving Performance.* The World Health Report, 2000. Geneva: World Health Organization, 2000.
 - 3 MacDorman MF, Mathews TJ. *Recent Trends in Infant Mortality in the United States.* NCHS data brief, no. 9. Hyattsville, MD: National Center for Health Statistics, 2008.
 - 4 United Nations, Department of Economic and Social Affairs, Population, Division (2007). *World Population Prospects: The 2006 Revision, Highlights, Working Paper No. ESA/P/WP.202.*
 - 5 Maciosek MV, Coffield AB, Edwards NM, Goodman MJ, Flottemesch TJ, Solberg LI. *Priorities among effective clinical preventive services: results of a systematic review and analysis.* *Am J Prev Med* 2006; 31(1):52-61.





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