



# 2009 Health Reform Policy Brief Clinical Preventive Care

## The Problem

There is insufficient access to, and use of, clinical preventive services and inadequate emphasis in the medical industry on educating and training primary care providers. Suboptimal use of preventive care results in many preventable health conditions and unnecessary medical spending as these illnesses progress and require secondary or tertiary care. The Healthiest State Campaign's investigation of clinical preventive service use in Washington<sup>i</sup> identified three factors contributing to the suboptimal use of preventive care: An inconsistent patchwork of requirements and enforcement, variations in primary care practice patterns and standards, and low public awareness of clinical preventive services.

## The Solution

Congress should require all publicly purchased and regulated medical insurance plans include first dollar coverage for U.S. Preventive Services Task Force (USPSTF) recommended preventive services, and should require adequate payments to providers to encourage their delivery of these services. Congress should require AHRQ and CDC to track and report regularly on use of these services by health plan and by state population respectively. Congress should create a scholarship and loan forgiveness program for primary care providers willing to serve in medically underserved areas. Medical schools should emphasize preventive care and public health approaches in curricula for health care providers.

**Healthiest State Reform Themes:** *Universal Coverage, Prevention and System Re-Design*

**Healthiest State Measures:** *Use of Proven Preventive Care, Insuring for Prevention*

## Discussion

USPSTF is a group of primary care and prevention experts widely recognized as the premier source of information on clinical preventive care by organizations such as the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA). The USPSTF has made evidence based recommendations on 65 clinical services. These services include immunizations to prevent dangerous vaccine-preventable diseases, screenings and health checks to prevent cancer, heart disease, and diabetes, and services to reduce health risks such as tobacco use and obesity. A wide range of groups support proposals like the Partnership for Prevention's Model Legislative Language which requires immunizations, screening tests, periodic clinician visits, preventive counseling and health education services and chemoprophylaxis.<sup>ii</sup>

The Healthiest State Campaign's investigation in 2008-2009 confirmed the need to increase the use of clinical preventive services in Washington state. Our review of Washington state coverage and service mandates and publicly purchased insurance program coverage policies for 36 "A and B" USPSTF recommended services found low, but widely varying policies, practices and use rates in our sample of some of our state's most widely enrolled health plans.<sup>iii</sup>

We found the majority of USPSTF recommended services mandated by an inconsistent patchwork of state law or rule and covered in our sampling of publicly purchased insurance programs. However, less than optimal use rates for services for which use rates were available, our inability to find use rates for many services and widely divergent reports about provider practices regarding many services all led us to conclude the need for improvement. Increased public awareness of the benefits of preventive services, more consistent support for adherence to standards of practice in primary care settings, and more consistent requirements for delivery of preventive services all seem indicated.<sup>iv</sup>

Finally, preventive care will not become more widely used without a renewed force of primary care health service providers. Many states are experiencing critical shortages.<sup>v</sup> To address this problem, providers in training must be encouraged at least to begin their careers in primary care. A loan forgiveness program such as that in Minnesota, if instituted nationally, could create one incentive.

In the end, the Healthiest State Campaign believes national policy can be guided by examples like the one in Massachusetts where the use of at least one proven preventive service—childhood immunizations—has benefited from a combination of successful policies, budget decisions and programs. Together, these actions have led the state to a ranking in childhood immunization rates that consistently remains among the highest in the nation. Policies that have led to this high ranking include: A generous Medicaid program, universal vaccine purchase, regular public and provider education and awareness campaigns and higher provider reimbursements for vaccine administration.<sup>vi</sup>

## Proposal

1. Congress should require Medicare, Medicaid and all other federally recognized and regulated health insurance plans to include first dollar coverage for all of the “A” and “B” USPSTF recommended preventive services, and to report use of these services by their enrolled populations. The AHRQ and the CDC should regularly report health plan and population based use of these services.
2. Congress should ensure that such plans reimburse health providers adequately for delivery of these services, including those requiring counseling, and should encourage the use of incentives for performance.
3. Congress should require training and deployment of a primary-care workforce skilled in prevention and public health<sup>vii</sup> through improvements in medical school curricula regarding prevention.<sup>viii</sup>
4. To alleviate the shortage of primary care providers, Congress should create financial incentives including loan forgiveness and scholarships tied to practice in underserved areas.

---

<sup>i</sup> Link to Megan’s report

<sup>ii</sup> Model legislative language pg 6

<sup>iii</sup> <http://www.ahrq.gov/clinic/3rduspstf/ratings.htm>

<sup>iv</sup> Link to Megan’s report

<sup>v</sup> [http://www.mdhospitals.org/mha/Physician\\_Workforce\\_Study/index.pws.shtml](http://www.mdhospitals.org/mha/Physician_Workforce_Study/index.pws.shtml) &

<http://www.massmed.org/AM/Template.cfm?Section=Home6&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=23165>

and theres probably more

<sup>vi</sup> Healthiest state report card pg 16

<sup>vii</sup> [http://www.prevent.org/images/stories/2009/prevention\\_and\\_health\\_reform\\_model\\_legislative\\_language.pdf](http://www.prevent.org/images/stories/2009/prevention_and_health_reform_model_legislative_language.pdf) pg 4

<sup>viii</sup> HELP, A New Vision for American Health Care: Strengthening What Works and Fixing What Doesn’t, May 21, 2009