



EXECUTIVE SUMMARY

Americans are suffering from a “prevention gap.” Although a healthier lifestyle and the receipt of clinical preventive services (e.g., screening tests, immunizations) can save thousands of lives and help control health care costs, the average American receives only half of recommended preventive services. A long list of barriers faced by clinicians, patients, and health care systems account for the failure to capitalize on prevention.

Physicians and their practices can do more to close the prevention gap. A variety of tools and techniques for practice redesign can be adopted by the medical community to improve the delivery of preventive care. Examples include the implementation of reminder systems when patients are due for preventive services, and the use of a team approach in which receptionists and nurses share responsibilities with physicians for delivering certain preventive services. However, most doctors’ offices lack the resources for dramatic restructuring. Although they want their patients to receive excellent preventive care, most physicians lack the time, skills, and reimbursement to deliver services with the intensity and consistency that patients deserve.

Patients in many communities can obtain such assistance through local programs (e.g., smoking cessation classes), telephone quit lines, and online resources. Studies indicate that such programs are often more effective than physicians, many of whom would welcome the help. The great paradox, however, is that physicians are often unaware of such programs, or fail to refer patients because they lack a simple means of doing so. Creating systems that enable physicians to easily refer patients to such programs and to obtain reports on their progress offers a “win-win” solution. Clinicians acquire the means to offer their patients more intensive preventive care without overburdening their practice. Patients obtain more effective help than the practice could provide alone. Community programs receive more referrals. Payers get more value for the dollar from a more effective prevention package.

Joining hands—the partnership between clinicians and the community to improve preventive care—requires three important elements. First, awareness of community programs must be raised for clinicians. Second, public and private health insurance plans must eliminate financial barriers to use of such services. Third, an infrastructure must be created to enable clinicians to easily refer patients and to exchange information with community programs in the course of routine patient care. Examples exist in which clinicians are already succeeding in such partnerships—with telephone counseling programs, online resources, and local behavior-change classes. Some states and cities have implemented community-wide integration strategies to promote healthy behaviors. But more can be done.



Building on these local success stories, federal policymakers and leaders of health systems can take the next step of fostering such partnerships on a national scale. Specific policies at the federal level could enhance preventive care not only by catalyzing practice redesign (e.g., financial incentives under Medicare or pressing vendors to develop electronic tools to improve preventive services delivery), but also by expanding the infrastructure that practices require to coordinate with community resources (e.g., stabilize funding for quit lines and analogous services, create a website that clinicians could use to identify local resources quickly, and create a nationwide system for local facilitation of partnerships analogous to the Cooperative Extension System Offices model).

The business case for taking such steps is compelling. If a joint approach to prevention is more effective in slowing the upsurge in chronic diseases—a major driver of spiraling health care costs that threaten the U.S. economy—the enormous savings would easily offset the outlays required to build systems for integration. This is the wrong time to be penny-wise and pound-foolish. Leaders must understand the implications of an aging baby-boomer generation and recognize the “perfect storm” on the horizon. The urgency of investing in prevention now to mitigate a crisis could not be greater.