

**PREVENTION IN HEALTH CARE REFORM:
How much bang for the American buck and the
Australian quid?**

Dr Lesley Russell

Menzies Foundation Fellow, Menzies Centre for Health Policy

Research Associate, US Studies Centre

Visiting Professor, Department of Health Policy, George Washington University

Visiting Fellow, Center for American Progress, Washington DC

Outline

Preventive health as an essential part of US health care reform

- What's in the bills
- What's not in the bills
- Issues around costs / cost-benefit / value
- Health disparities

The preventive health issues in the US and Australia

Common issues in all the bills

- Health insurance reform:
 - Rating based on age, geography;
(SFC bill allows rating on tobacco use if provide smoking cessation treatments)
 - No OOP costs for recommended preventive services;
 - No exclusions for pre-existing conditions;
 - 'Wrap-round' provision of EPSDT services for children, including dental, hearing, vision.
- Emphasis on primary care.
- Incentives for co-ordination through medical homes and accountable care organisations, especially for chronically ill.
- Nurse Family Partnership programs for MCH.
- Bundling of payments for acute/ post-acute services.

HR 3200: America's Affordable Health Choices Act (House Tri-committee Bill as reported by E&C Cttee)

PUBLIC HEALTH INVESTMENT FUND \$89 billion / 10 years

Community Health Centres \$38 billion

Workforce \$11 billion

- National Health Service Corps

- Primary care education and training

- Dental and dental hygienist training

- Public Health Workforce Corps

- Public health training

- Diversity and cultural competence

- Advisory Committee on Health Workforce Evaluation and Assessment

Prevention and Wellness Trust Fund \$35 billion

- Task force on clinical preventive services

- Task force on community preventive services

- Prevention and wellness research

- Community prevention and wellness services (50% to reducing disparities)

- Grant program to improve public health infrastructure

S 1679: Affordable Health Choices Act (Senate HELP Committee)

PREVENTION & PUBLIC HEALTH FUND \$80 billion / 10 years

National Prevention, Health Promotion and Public Health Council

Clinical Preventive Health Services Task Force

Community Preventive Health Services Task Force

School-based health clinics

Oral health care prevention activities

Community Transformation Grants

Healthy Ageing, Living Well

Nutrition labelling for chain restaurants and vending machines

Employer-sponsored wellness programs

Reasonable break for nursing mothers

Advancing research and treatment for pain management

S 1679: Affordable Health Choices Act (Senate HELP Committee) contd

Public health issues

- Research on optimising delivery of public health services
- Health impact assessments of impact of built environment
- Epidemiology laboratory capacity grants
- Coordinated Environment Public Health Network

Understanding health disparities – data collection and analysis

Right Choices Program

- Interim prevention program for low-income people who have been without health insurance

Senate Finance Committee Chairman's Mark America's Health Future Act of 2009

- Medicare:
 - Comprehensive health risk assessment and annual wellness visit.
 - Healthy lifestyles incentive program targeting high blood pressure, high cholesterol, diabetes, obesity, tobacco use, falls (\$100m / 5 years).
- Medicaid:
 - States can apply for grants for health lifestyles incentives programs (as above) but may also address co-morbidities such as depression (\$100m / 5 years).
- Private health coverage:
 - Allows group health plans to provide rewards, including insurance premium discounts or rebates, based on an individual's or an employee's participation in wellness programs.

What's not in the bills

- Mental health
- Vision
- Hearing
- Dental health (except for workforce and small provisions in Senate HELP bill)
- E-Health (\$22 billion in American Recovery and Reinvestment Act)

The costs and cost-benefits of prevention

Obama election campaign proposal:

“Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.”

Obama to joint session of Congress, September 9, 2009

"Insurance companies will be required to cover, with no extra charge, routine checkups and preventive care, like mammograms and colonoscopies — because there's no reason we shouldn't be catching diseases like breast cancer and colon cancer before they get worse. That makes sense, it saves money, and it saves lives."

The costs and cost-benefits of prevention

CBO letter to members of Subcommittee on Health, House Energy and Commerce Committee, August 7, 2009:

“In making its estimates of the budgetary effects of expanded government support for preventive care, CBO takes into account any estimated savings that would result from greater use of such care as well as the estimated costs of that additional care. Although different types of preventive care have different effects on spending, the evidence suggests that for most preventive services, expanded utilization leads to higher, not lower, medical spending overall.”

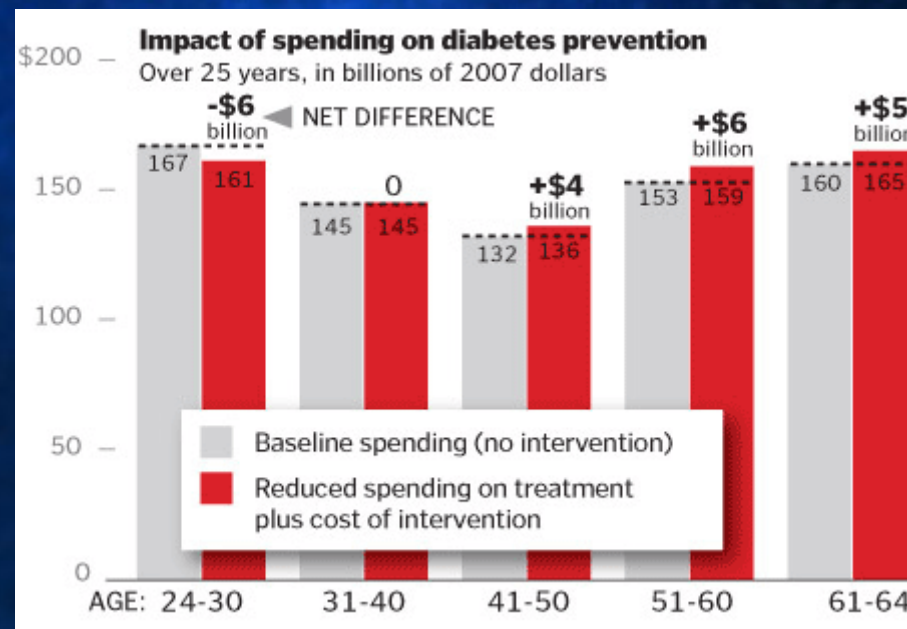
Cites:

Cohen et al (2008) “Does preventive care save money? Health Economics and the Presidential Candidates”, *NEJM*; 358 (7): 661-663.

Kahn et al (2008). “The impact of prevention on reducing the burden of cardiovascular disease”, *Circulation*; 118: 576-585.

The costs and cost-benefits of prevention

Data from National Changing Diabetes Program
Graphic from Washington Post (1/0/09)



The *value* of prevention

Goal of prevention is to prevent premature death and the compression of morbidity.

Preventing people from getting sick (or sicker) has value in human terms that is not captured by econometrics.

The costs/benefits for society differ from those of a health system.

Woolf (2009). "A closer look at the economic argument for disease prevention", *JAMA*; 301(5): 356-358.

Most Cost-effective Preventive Services

Cost saving

- Advising at-risk adults to consider taking aspirin daily
- Childhood immunisation
- Pneumococcal immunisation (adults 65+)
- Smoking cessation advice and help to quit
- Screening adults for alcohol misuse and brief counselling
- Vision screening (adults 65+)

\$0-\$15,000 / QALY

- Chlamydia screening (sexually active adolescents and young women)
- Colorectal cancer screening (adults 50+)
- Influenza immunisation (adults 50+)
- Vision screening in preschool aged children

\$15,000 to \$50,000 / QALY

- Breast cancer screening (women 40+)
- Cervical cancer screening (all women)
- Cholesterol screening (men 35+ and women 45+)
- Counselling women of childbearing age to take folic acid supplements
- Injury prevention counselling for parents of young children
- Hypertension screening (all adults)

Maciosek et al (2006) "Priorities among effective clinical preventive services: results of a systematic review and analysis", *Am J Prev Med*, 31(1):52-61.

Addressing disparities in prevention services

	Total Popln	White	Hispanic	Black	Asian
Smokers advised to quit	47.9%	51.2%	26.8%	50.1%	N/A
Offered help to quit	27.3%	29.7%	13.4%	29.7%	N/A
Colorectal ca screening	48.1%	51.2%	31.2%	41.6%	30.6%
Breast ca screening	67.0%	68.6%	59.4%	64.6%	54.5%
Influenza immunisation (adults 50+)	37.3%	40.3%	24.0%	26.2%	29.9%
Pneumococcal immunisation (adults 65+)	54.1%	58.5%	26.1%	38.9%	32.0%

Data from:

“Preventive Care: a national profile on use, disparities and health benefits”, Partnership for Prevention 2007

Addressing disparities in prevention services

	<u>Total Popln</u>	<u>White</u>	<u>Hispanic</u>	<u>Black</u>	<u>Asian</u>
Colorectal ca screening	48.1%	51.2%	31.2%	41.6%	30.6%
<i>Lives saved (per100,000)/ yr if % screened was 90%</i>	<i>14,000</i>	<i>11,100 (17)</i>	<i>1,800 (26)</i>	<i>700 (15)</i>	<i>330 (15)</i>
Breast ca screening	67.0%	68.6%	59.4%	64.6%	54.5%
<i>Lives saved (per100,000) /yr if % screened was 90%</i>	<i>3,700</i>	<i>2,950 (10)</i>	<i>500 (14)</i>	<i>190 (8)</i>	<i>90 (8)</i>

Data from:

"Preventive Care: a national profile on use, disparities and health benefits", Partnership for Prevention 2007

Common preventive health issues in the US and Australia

- Long-term, substantial financial investment
- Coordinating agency
- National strategy
- Role of public health vs clinical services
- Tackling obesity
 - smoking
 - alcohol
- Sin taxes
- Workforce
- Timely, targeted access to services
- States' roles
- Business and PHI involvement

Sin taxes

Obama on a soda tax:

"I actually think it's an idea that we should be exploring. There's no doubt that our kids drink way too much soda. And every study that's been done about obesity shows that there is as high a correlation between increased soda consumption and obesity as just about anything else.

Obviously it's not the only factor, but it is a major factor."

"Obviously there is resistance on Capitol Hill to those kinds of sin taxes. Legislators from certain states that produce sugar or corn syrup are sensitive to anything that might reduce demand for those products.

And look, people's attitude is that they don't necessarily want Big Brother telling them what to eat or drink, and I understand that.

It is true, though, that if you wanted to make a big impact on people's health in this country, reducing things like soda consumption would be helpful."



Tackling prevention – one bite at a time!

