

PREVENTIVE HEALTH CARE ADVISORY COMMITTEE

FINAL REPORT TO THE SUSTINET BOARD

1. EXECUTIVE SUMMARY

The Committee approached its charge to improve health for SustiNet members broadly: to improve health for the whole person, including physical health, mental health, addictive behaviors and oral health. The Committee recommends that SustiNet cover a comprehensive package of preventive services, with no cost sharing required from the patient. Moreover, the Committee recommends that SustiNet cover additional preventive care services that a primary care clinician includes in an Annual Individual Preventive Care Plan, specifically designed to meet an individual patient's needs. These recommendations are explained in more detail below.

The Committee set forth a number of over-arching principles that guided its work. In this report, it offers detailed recommendations relating to governance, criteria for evaluating a preventive services package, the process for developing a preventive services package, components of a preventive services package, an approach for including community-based preventive care services, payment and financial incentives, data collection and use, and issues that intersect with those covered by other advisory committees and task forces.

2. PURPOSE AND MISSION

- a. **SustiNet Law; direction to the Committee.** The relevant sections of the SustiNet law are as follows (emphasis added).

Public Act No. 09-148: AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN

"Sec. 8. (NEW) (*Effective July 1, 2009*) (a) The board of directors shall establish a preventive health care advisory committee that shall use evolving medical research to draft **recommendations to improve health outcomes for members in areas involving nutrition, sleep, physical exercise, and the prevention and cessation of the use of tobacco and other addictive substances.** The committee shall include providers, consumers and other individuals chosen by said board. Such recommendations may be targeted to member populations where they are most likely to have a beneficial

impact on the health of such members and may include behavioral components and financial incentives for participants. Such recommendations shall take into account existing preventive care programs administered by the state, including, but not limited to, state administered educational and awareness campaigns. **Not later than July 1, 2010, and annually thereafter, the preventive health care advisory committee shall submit such recommendations to the board of directors.**

“(b) The board of directors shall recommend that the Sustinet Plan provide **coverage for community-based preventive care services** and such services be required of all health insurance sold pursuant to the plan to individuals or employers. Community-based preventive care services are those services identified by the board as capable of being safely administered in community settings. Such services shall include, but not be limited to, immunizations, simple tests and health care screenings. Such services shall be provided by individuals or entities that satisfy board of director approved standards for quality of care. The board of directors shall recommend that: (1) Prior to furnishing a community-based preventive care service, a provider obtain information from a patient's electronic health record to verify that the service has not been provided in the past and that such services are not contraindicated for the patient; and (2) a provider promptly furnish relevant information about the service and the results of any test or screening to the patient's medical home or the patient's primary care provider if the patient does not have a medical home. The board of directors shall **recommend that community-based preventive services be allowed to be provided at job sites, schools or other community locations consistent with said board's guidelines.**”

b. Members

Michael Critelli, Co-Chair

Retired Executive Chairman and
Director
Pitney Bowes

Nancy Heaton, Co-Chair

Executive Director
Foundation for Community
Health

Norma Gyle, Board of Directors Liaison

Deputy Commissioner
Department of Public Health
State of Connecticut

Patricia Baker

President & CEO
CT Health Foundation

Tanya Barrett

VP 211 Health & Human
Services
United Way of CT

Yvette Bello

Executive Director
Latino Community Services

Thomas Buckley

Assistant Clinical Professor
UConn School of Pharmacy

Gina Carucci

Chiropractic Physician
President, Connecticut Chiropractic
Association

David K. Emmel

Physician
President, Connecticut Society
of Eye Physicians

Dennis Gottfried

Physician

Steve Huleatt

Director of Public Health
West Hartford - Bloomfield
Health District

Robert Krzys

Attorney

Sharon Langer

Senior Policy Fellow
Connecticut Voices for Children

Steve Levinson

Practical EM

Joe Pandolfo

Public Policy Advisor
CT Society of Acupuncture and
Oriental Medicine

Stephanie Paulmeno

Principal & CEO
Global Health Systems
Consultants, LLC

Carlos Sanchez-Fuentes

Managing Partner
Axiom Actuarial Consulting, LLC

Nancy Sheehan

Pediatrician, Dept. of Human
Development & Family Studies
University of Connecticut

Alicia Woodsby

Public Policy Director
National Alliance on Mental Illness,
CT

Lynn Rapsilber

Chair
Connecticut Coalition of
Advanced Practice Nurses

Dorothy Shearer

Vice President
Health Sciences International,
Inc.

Randy Trowbridge

Founder
Team Rehab

Nancy Yedlin

Vice President
Donaghue Foundation

c. Methodology/Process

The Preventive Healthcare Advisory Committee held meetings on

December 14, 2009
January 19, 2010
February 10, 2010
March 16, 2010
April 8, 2010
May 5, 2010
June 7, 2010
June 25, 2010

The Committee established three sub-committees, which each met at least monthly and submitted recommendations and materials to the full Committee. The three sub-committees were:

Plan Design: Carlos Fuentes, Chair

Provider and Patient: Patricia Baker, Chair

Optimal State and Community Health Programs: Stephanie Paulmeno, Chair

d. Definitions

Community - for purposes of this report, the Committee defined “community” to include workplaces, schools, school-based health clinics, places of worship, and other neighborhood centers.

Cost-effectiveness analysis – An economic analysis that views effects in terms of overall health, specific to the problem, and describes the likely costs, the likely additional health gains, and the likely savings (e.g. cost per additional stroke prevented).¹

Current best evidence – “up-to-date information from relevant, valid research about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors.”²

Evidence-based health care – “the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services.”³

Health- “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁴

Medically Underserved – areas and populations having “too few primary care providers, high infant mortality, high poverty and/or high elderly population.”⁵

Primary prevention: “Prevention of diseases or disorders in the general population by encouraging community wide measures such as good nutritional status, physical fitness, immunization, and

¹ Adapted by the Committee from definition provided in the Cochrane Collaborative, Glossary. www.cochrane.org/glossary

² Gray JAM. *Evidence-based healthcare: how to make health policy and management decisions*. London: Churchill Livingstone, 1997. Cited by The Cochrane Collaborative, About Us, Evidence-Based Health Care. <http://www.cochrane.org/about-us/evidence-based-health-care>

³ The Cochrane Collaborative, About Us, Evidence-Based Health Care. <http://www.cochrane.org/about-us/evidence-based-health-care>

⁴ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration. <http://muafind.hrsa.gov/>

making the environment safe. Primary prevention maintains good health and reduces the likelihood of disease occurring.”⁶

Secondary prevention: “Detection of the early stages of disease before symptoms occur, and the prompt and effective intervention to prevent disease progression.”⁷

Tertiary prevention: “Prevention or minimization of complications or disability associated with established disease. Preventive measures are part of the treatment or management of the target disease or condition.”⁸

Vulnerable populations - those groups of people “made vulnerable by their financial circumstances or place of residence; health, age, or functional or developmental status; or ability to communicate effectively...[and] personal characteristics, such as race, ethnicity, and sex,” including “populations whose vulnerability is due to chronic or terminal disease or disability.”⁹

e. Acronyms

CDC – [U.S.] Centers for Disease Control and Prevention

ECC – Enhanced Care Clinic

EPSDT – Early and Periodic Screening, Diagnostic and Treatment

PPACA - Patient Protection and Affordable Care Act of 2010 (federal health reform law)

ROI – Return on Investment

SAMHSA – [U.S.] Substance Abuse and Mental Health Services Administration

3. STATEMENT OF THE PROBLEM

- a. **Goal:** To improve the health of the people of Connecticut through the coverage of comprehensive preventive health services by maximizing the delivery and use of these services and by promoting healthy behaviors at both the individual and community levels.

⁶ The Royal Australian College of General Practitioners, Guidelines for preventive activities in general practice, 7th edition.

⁷ Ibid.

⁸ Ibid.

⁹ *Final Report of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry*, cited by the Agency for Healthcare Research and Quality, <http://www.ahrq.gov/news/press/vulnpr.htm>

- b. **Approach:** The Committee approached its charge broadly: to improve health for the whole person, including physical health, mental health, addictive behaviors, and oral health.
- c. **Principles:**
- (1) The goal to improve the health of the people of the Connecticut through the coverage of preventive health services will be most effective when all key stakeholders –including consumers, providers and payers are engaged and their incentives are aligned.
 - (2) The Sustinet Plan must develop strategies and financing mechanisms that recognize the complexity of patient’s lives and both the challenges and unique assets of the communities in which they live.
 - (3) The Sustinet Plan should pay special attention and care to insure that all vulnerable and underserved populations gain access to and are able to take full advantage of all prevention services covered under the Sustinet plan, and that these services are provided in a culturally and linguistically appropriate manner.
 - (4) The Sustinet Plan must include full mental health parity, as defined in the federal Patient Protection and Affordable Care Act (PPACA).
 - (5) Patients and providers must work together as partners toward the shared goal of improving the patient’s overall health.
 - (6) The Sustinet Plan must honor patient choice regarding providers by including all credentialed, proven preventive health professions and modalities, and by enabling patient access to clinicians with applicable specialties in various care settings.
 - (7) The Sustinet Plan must focus available resources on promoting and covering the most cost-effective care and services. Decisions should be made using the strongest and most current evidence available. Resources should be deployed to promote wellness through broad-based primary, secondary and tertiary prevention and primary care capacity building, as opposed to focusing resources on a single disease or other medical condition.

4. RECOMMENDATIONS

1) Governance

- a) Authority: SustiNet’s governing body needs to have the authority, as well as flexibility to respond (i.e. adjust the plan) to new research or evidence that may affect preventive benefits and/or community interventions.
- b) Advisory Committee: As required in the SustiNet law, SustiNet’s governing structure must include a preventive health care advisory committee. This committee should include individuals with the medical and science skills needed to review and evaluate preventive clinical and community level interventions on an ongoing basis, including, but not limited to, individuals with specific expertise in: prevention (including physical health, mental health, substance abuse, tobacco use, and oral health), evidenced-based medicine, primary care, public health, epidemiology, behavioral economics, social marketing, and experience serving vulnerable and underserved populations.
- c) Relationships with State Agencies: SustiNet’s governing body needs to establish formal liaison/relationships with relevant Connecticut Departments that have responsibilities for preventive health care (including, but not limited to the Departments of Public Health, Mental Health and Addiction Services, Social Services, and Children and Families.).
- d) Relationships with Federal Entities: SustiNet’s governing body should include liaisons to federal councils and task forces, to (a) access funds; (b) ensure compliance with guidelines; (c) import federal program information and practices; and (d) export SustiNet program information and practices.

2) Criteria for Developing a Preventive Services Package

- a) National Guidelines: The preventive health care advisory committee should identify a set of covered preventive care services based on national guidelines, such as those established by the US Preventives Services Task Force, the American Academy of Pediatrics’ Bright Futures, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health, the National Institute of Health Office of Disease Prevention, the American Dental Association, the American Academy of Pediatric Dentistry, the Health Evidence Network of the World Health Organization, and the Guide to Community Preventive

Services from the Centers for Disease Control and Prevention. The Committee will refer to these recommended guidelines rather than repeat them verbatim.

- b) Cost-Effectiveness: The preventive health care advisory committee should incorporate cost-effectiveness assessments into its decision-making on covered benefits whenever possible.

Cost-effectiveness and cost-saving analyses provide an assessment of how much gain in "health" each preventive service will deliver for a unit of cost and should be reviewed and considered as a component of coverage decisions. These analyses can determine which services are likely to have the greatest return on investment and thus should be strongly encouraged, with reduced barriers to delivery and use.

Cost effectiveness modeling should include projections of the actual dollar reductions to overall health care spending expected from specific prevention activities so that return on investment (ROI) analyses can be performed. The time horizon for these analyses should be appropriate to each prevention activity, often 3 years or more. Cost-effectiveness modeling should incorporate evidence-based research on behavioral responses to prevention initiatives. The committee should also consider recognizing social benefits in its cost-effectiveness modeling, such as improving school performance and reducing days missed from work.

The committee should consult multiple sources of evidence, but should give the greatest weight to the recommendations of the U.S. Preventive Services Task Force, which now considers cost effectiveness assessments when making its recommendations, and the National Committee on Prevention Priorities, which has calculated cost-effectiveness ratios for preventive services. The committee should also consult the U.S. Advisory Committee on Immunization Practices for immunization guidance, as well as the Centers for Disease Control and Prevention, the Cochrane Collaborative, and the UK's National Institute for Clinical Excellence.

In evaluating the available evidence-based research, the committee should consider factors including, but not limited to: the number of clinical studies, the size of the populations participating, the level of certainty of the results, the breadth of the study's findings, and the quality of the study methodologies used.

- c) Disparities and Health Equity: SustiNet needs to focus specifically

on the prevention needs of vulnerable and underserved populations, and to devise prevention and outreach strategies that are both culturally and linguistically appropriate. The committee should evaluate cost-effectiveness and cost-saving analyses specific to underserved and/or vulnerable populations to ensure it is accurately determining the relevant assessment of gains in health outcomes.

The Sustinet plan must establish specific expectations for the reduction of health disparities in order to drive continuous quality improvement.

- d) Life Events and Transitions: Prevention efforts should attempt to capitalize on life events and transitions which bring individuals in contact with the health care system, government agencies, or other entities that provide preventive care services. These life events and transitions include, but are not limited to, accessing pre-natal services, the birth of a child, a child entering school, a hospital discharge, discharge from active duty in the military, and release from a correctional facility.
- e) Barriers to Accessing Services: The Committee should take steps to identify and eliminate barriers to providing and using preventive health services, with a particular focus on vulnerable and underserved populations. Barriers that prevent clinicians from providing preventive health services may include factors such as a lack of provider time, staffing, and training. Barriers that prevent patients from using preventive health services may include factors such as cost, transportation, work hours, geographic access, and family responsibilities.

3) Process for Developing a Preventive Services Package

- a) Begin with the Basics: Sustinet should begin by establishing a basic set of preventive services. Every preventive service package should include the services that have been shown unequivocally to be effective. These should include services with an "A" or "B" rating by the U.S. Preventive Services Task Force, which currently rates a comprehensive list of services for both adults and children.
- b) Update Regularly: Sustinet should update the package of services regularly. Because the evidence on the effectiveness of preventive services is continually evolving and changes frequently, it is important that the package not be a static list. The Sustinet prevention/health promotion advisory committee should review and periodically revise the covered package of services, based on the

most current and reliable evidence available, including the success of Sustinet's prevention initiatives.

- c) Feedback Loop: The Committee should review data frequently to measure utilization of specific recommended preventive services by population group, with a goal of continuously improving quality of care. Where the Committee finds that services are underutilized, the Committee should take steps to identify and eliminate barriers to clinicians providing and patients using these services.

4) Preventive Services Package Components

- a) Scope: Prevention plans and strategies should be comprehensive, addressing the full range of preventable medical conditions, with the goal of promoting overall health and wellness. These strategies should address physiological, emotional, mental, and developmental conditions for members throughout their life span (from birth to the end of life). The Sustinet plan should include the full range of EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services.

The Sustinet plan should create easy and accessible schedules of age and gender specific prevention services, for the general population and for certain high risk and vulnerable groups. All intervention modalities that can reduce risky behaviors, decrease disease and extend life should be considered. Strategies in all these areas that have been shown to be cost-effective and/or cost-saving, by reliable research, should be included as part of the preventive services package. Sustinet should provide coverage for evidence-based early intervention programs, including birth to three, healthy steps, and head start.

Preventive services need to be provided as part of both a periodic plan and as part of episodic clinical interventions. The preventive health care advisory committee should establish a standard schedule of preventive services. Sustinet should then enable clinicians to customize preventive services for individuals based on unique risk factors and circumstances, using the Annual Individual Preventive Care Plan described below.

- i) Clinical preventive services: The Sustinet plan should include the full range of clinical preventive services in the coverage package, such as screening tests, immunizations, counseling, pharmaceuticals, evidence-based early medical intervention programs, and smoking cessation services.

- ii) Behavioral Health: The basic preventive care guidelines must include behavioral health preventive services including age and risk appropriate developmental and behavioral health assessments and screenings, as well as early interventions for depression and substance use. Screening for mental health conditions and substance abuse is even more important for individuals with chronic physical health conditions, because behavioral health and physical health conditions often exacerbate each other.

SustiNet preventive care services should include diagnostic tools for mental health conditions including depression, anxiety, suicide, bipolar disorders, developmental disorders, obsessive-compulsive disorder, psychoses, prenatal and postpartum depression, and other mental health conditions.

If the Sustinet Board decides to carve out behavioral health benefits, the carve-out plan should be modeled after or be assumed under the current Behavioral Health Partnership program (<http://www.ctbhp.com>) that has been operating in Connecticut since 2006. It has proven to be cost-effective and has resulted positive system reform and health outcomes.

- iii) Oral Health: The basic preventive care guidelines must include oral health preventive services, including screening, cleaning, fluoride applications, and sealants.

If the Sustinet Board decides to carve out oral health benefits, the carve-out should be modeled on the newly formed dental carve out for children oral health services in Connecticut, run by The Dental Health Partnership (<http://www.ctdhp.com>). It has been very effective to date in recruiting dentists as well as enrolling participants and matching them with providers.

b) Annual Individual Preventive Care Plan

The Sustinet plan should include the development and authorization of an Annual Individual Preventive Care Plan. This preventive care plan identifies and documents appropriate services prospectively, including standard recommendations based on the participant's demographics and flexible recommendations based upon personal history and circumstances. This plan serves as a single benefit authorization mechanism for all recommended plan services and providers, informing all the participant's health providers in a consistent manner.

For patients with chronic physical and/or mental health conditions, primary care clinicians/medical home providers should have the option of working with a patient to develop a more extensive preventive care plan to meet the individual patient's needs.

The plan could address an individual patient's need for services to promote healthy nutrition, sleep, physical exercise, and the cessation of the use of tobacco and other addictive substances. The plan could include non-standard services that the clinician expects would improve the patient's health and would reduce the likelihood that the patient would require emergency department visits and hospitalizations.

The clinician would submit the patient's preventive care plan to Sustinet for approval on an annual basis. The Sustinet plan would pay for the preventive care services approved under this care plan, and the patient's copayment would be reduced or eliminated. The medical home team would be responsible for ensuring that the patient and the clinician follow the plan.

This Annual Individual Preventive Care Plan is modeled on the "individualized family service plan" benefit authorization mechanism included in the birth-to-three program (Conn.Gen.Stat. §38a-516(a)), and on the Patient Protection and Affordable Care Act (PPACA) § 4103, which provides for Medicare coverage of an "annual wellness visit providing a personalized prevention plan." This new Medicare benefit is summarized as follows:

"The personalized prevention plan would take into account the findings of the health risk assessment and include elements such as: a five-to-ten year screening schedule; a list of identified risk factors and conditions and a strategy to address them; health advice and referral to education and preventive counseling or community-based interventions to address modifiable risk factors such as physical activity, smoking, and nutrition."¹⁰

- c) Cultural Competence: The design and practice of Sustinet must be culturally and linguistically competent with a fundamental respect for both the patient and the provider to maximize the relationship. Sustinet must provide health literacy materials for enrollees, must provide cultural and linguistic training for health care providers, and must collaborate with community based health organizations to support culturally responsive practices.

¹⁰ The Patient Protection and Affordable Care Act Section-by-Section Analysis, Democrats.Senate.Gov/Reform.

5) Community-Based Preventive Care Services

a) Locations: Sustinet should promote innovation and flexibility in the methods, organization and sites of delivery for preventive services. Many opportunities exist to provide preventive services in non-clinical settings. Therefore, their development and delivery in diverse settings such as workplaces, schools and school-based health clinics, places of worship, retail establishments, community, recreation centers and other community and fraternal organizations settings should be encouraged, supported and reimbursed where appropriate. Non-clinical settings should be designated as sites of service if they can demonstrate effectiveness. Pilot programs in unique clinical and non-clinical settings, such as the worksite for state employees, should be encouraged, financed and evaluated on an ongoing basis.

b) Areas of Focus: Sustinet should cover a broad range of effective, evidence-based preventive care services provided in community settings. The Childhood and Adult Obesity Task Force and the Tobacco and Smoking Cessation Task Force reports detail prevention strategies related to obesity and smoking that may be addressed in community settings. Community-based preventive care services should also include services promoting healthy behaviors, specifically in the areas of:

i) Nutrition

ii) Sleep and stress reduction

iii) Physical Activity, including:

- Physical activity that promotes strengthening of the cardiovascular systems of individuals; and
- Structured and targeted exercise programs that improve cardiovascular functions, strength, flexibility, and resistance to injuries.

iv) Behavioral Health, including mental health, substance abuse, and tobacco use

v) Other Services, including, but not limited to infectious disease control, sexually transmitted disease (STD) control, environmental toxins, injury prevention and domestic violence prevention.

These services may, and in most cases should, be designed to

address these areas/issues with a variety of strategies and services, including, but not limited to: environmental hygiene strategies, public health strategies, individual strategies, immunizations, early intervention services and safety programs. (An example of an environmental hygiene strategy that could be included in an Annual Individual Prevention Plan might be a home audit to identify asthma triggers for a patient with poorly controlled asthma.)

- c) **Program Development:** The preventive health care advisory committee should actively encourage the participation of community and non clinical settings as sites for prevention by issuing calls for model programs, promoting and listing available sites and developing criteria, standards and best practices for community based programs.

6) Payment and Financial Incentives

- a) Preventive Care Services: SustiNet plan should cover preventive care services recommended in the standard guidelines *with no patient cost sharing* (\$0 co-payment). SustiNet plan should cover additional preventive care services included in an Annual Individual Preventive Care Plan, with the patient cost sharing reduced or eliminated.

The SustiNet plan design should be consistent with Medicaid and Exchange plan requirements for preventive care; and incorporate wellness related health incentive premium discounts consistent with those provided through insurance industry plans. However, SustiNet should *not* include premium adjustments based on an enrollee's weight.

- b) Services Delivered in Community Settings: The SustiNet plan should have a mechanism to pay for preventive care services that are provided in a community setting, such as a workplace or a place of worship. The service would need to be captured in the personal health and/or electronic medical record, and reported to and/or coordinated by the medical home provider or primary care clinician.
- c) Incentives for Providers: The SustiNet plan should include financial rewards to encourage clinicians to provide recommended preventive care services to all patients, where clinically appropriate. SustiNet must include payment mechanisms that allow clinicians to take the time to consider prevention actions that could reduce the frequency

of the occurrence of that condition and the reoccurrence for that patient. Positive financial incentives should be targeted to the delivery and receipt of especially cost-effective and under-delivered clinical preventive services. These financial incentives should be developed using existing models, where successful models are available.

The Sustinet Plan should also include a mechanism that a clinician could use to indicate that the clinician chose not to provide standard preventive care service(s) to an individual patient for a specified reason. Any system established to reward clinicians for providing preventive care services should *not* penalize clinicians for *not* providing a service that the clinician judged and documented to be contra-indicated, duplicative, or otherwise clinically inappropriate for an individual patient.

- d) Incentives for Enrollees: Sustinet should be designed to provide a financial incentive for individual enrollees to prefer cost-effective preventive strategies over discretionary therapeutic services. These incentives should be positive, not punitive, and should be targeted to increase enrollee participation in preventive services and wellness programs offered through Sustinet, with a particular focus on vulnerable and underserved populations.

7) Data Collection and Use

- a) Health Data: Health data should be collected and aggregated to inform state agencies and departments that are charged with improving the public's health on the health status of Connecticut residents. Information should be collected from multiple sources including claims and service utilization data sets and be organized in ways that are helpful -- regionally, by gender, by age group, etc. Agencies and departments, in turn, need to develop structures and processes that can receive, prioritize and act on this data.
- b) Evaluation: Sustinet needs to collect individual and population level data on an ongoing basis to enable it to measure the effectiveness of its prevention strategies.
- c) Feedback: Health data must be available to provide timely feedback to health care providers and to policy makers in order to drive continuous improvement. Clinicians will require timely access to their own patients' preventive health care services utilization data in order to monitor and improve the clinician's own performance. In addition, the preventive health care advisory

committee will require ongoing access to utilization data for preventive services, stratified by factors including, but not limited to: patients' clinical condition, geographic area, age, sex, race and ethnicity.

8) Intersecting Issues (topics that overlap with other committees)

a) Care Delivery & Medical Home

- SustiNet should promote innovation and flexibility in the personnel, methods, organizations, and sites of delivery for preventive services, in order to increase the number of patients who receive preventive services, to contain costs, and to prepare for expected shortages of primary care physicians and nurses.
- Primary care physicians need complementary assistance from other clinical providers, as well as community health providers. The SustiNet plan design must utilize a wide range of health professionals to deliver and assist the coordination of preventive care services, including community health workers and credentialed complementary and alternative medicine professionals.
- The SustiNet design must enable all those delivering preventive services to coordinate their actions, and to enable the patient to have a total view of what he or she needs to do and with whom he or she needs to work. Care coordination may be performed on-site by the medical home or primary care clinician, or it may be performed off-site by a community organization.
- Preventive care services provided in a community setting, such as a workplace or a place of worship, need to be reported to and/or coordinated by the medical home provider.
- The SustiNet Board should consider whether a medical home or medical home satellite can be located at a workplace, for example, at or near large government office buildings.
- The integration of care for physical health, mental health, and substance use conditions is critical to address the needs of people with serious mental illnesses. SAMHSA's Primary Care and Behavioral Health Integration programs should be supported models, as well as mental health and substance abuse clinics designated as Enhanced Care Clinics (ECC's).

b) Health Information Technology

- SustiNet should promote the broad-based adoption of both electronic health records to enable providers to share

information and patient-controlled, portable personal health records that patients can bring with them from plan to plan and provider to provider. These electronic records will provide population-level information, clinical decision support tools, and information to support wellness and health promotion.

- Preventive care services provided in a community setting, such as a workplace or a place of worship, need to be captured in the electronic medical record.
- Sustinet should promote the demonstration and adoption of health information technologies that collect assessment information directly from, and disseminate wellness and prevention information directly to plan participants.

c) Quality and Provider: Sustinet should address cost-effective tertiary prevention strategies by including quality and safety performance measures that promote improvements, such as:

- Reducing hospital readmissions within 30 days,
- Reducing preventable hospitalizations and emergency department visits,
- Reducing hospital acquired infections,
- Reducing the incidence of “serious reportable events” as defined by the National Quality Forum,
- Reducing adverse drug events, and
- Improving care transitions.

Note that in evaluating these measures, Sustinet must also evaluate the cause of reductions in service, for example, if emergency room visits decline, but there is increased use of other inappropriate and costly settings.

Health care providers require a wide range of resources and supports in order to provide preventive care services effectively. These resources and supports include, but are not limited to sufficient payment, HIT technical support, a medical home coordination team, and after-hours call support.

d) Workforce: Medical home staff and primary care physicians need appropriate training in:

- shared decision making with patients as partners,
- developing and implementing an effective Annual Individual Preventive Care Plan,
- promoting wellness, and
- mental health screening and referral.

5. ADDITIONAL ISSUES BEYOND THE SCOPE OF THIS COMMITTEE

The Preventive Health Care Advisory Committee noted several issues that are beyond the Committee's charge, but that the Sustinet Board may wish to consider nonetheless.

- a. **Government's Opportunities as an Employer:** As employers, state and local governmental entities have an opportunity to drive a prevention strategy for their employees, the families of their employees, and retirees. In addition to providing a value-based health plan, such as Sustinet, government entities have three broad levers for driving a prevention agenda with the objectives of improving health, improving productivity, and containing health care costs:
 - (1) Creating a healthy and supportive work environment for employees that drives healthy behaviors at the workplace; private companies, such as Pitney Bowes and General Electric, have demonstrated significant return on these investments.
 - (2) Delivering preventive clinical services at or near the workplace; partnering with community clinicians to provide preventive services in or near the workplace increases the likelihood that employees will take advantage of these services.
 - (3) Giving employees, their families and retirees tools for more effective self-management of their health; for example, a patient-controlled, portable, electronic medical record.
- b. **Promoting Healthy Sleep:** The Committee is charged with drafting "recommendations to improve health outcomes for members in areas involving ... sleep." The Committee notes that sleep deprivation issues are often related to an individual's work or school schedule, or to the total number of hours worked. State government should consider reviewing whether the extent to which sleep deprivation results from these issues, as well as quantifying the potential harm.
- c. **Public Health:** To a large extent, primary prevention efforts are the responsibility of the Department of Public Health, the Department of Mental Health and Addiction Services, and other state and local agencies. The Committee supports these efforts and notes that these efforts ultimately produce significant savings in health care costs for individuals, employers, and government.

6. UNKNOWN/UNRESOLVED ISSUES

Federal funding opportunities: The federal Patient Protection and Affordable Care Act (PPACA) includes a number of funding opportunities for preventive care, including the following. The Sustinet Board should consider which funding opportunities would be most beneficial for Connecticut.

- (1) Wellness Program Demonstration Project (Sec. 1201): a 10-state demonstration program to promote health and prevent disease, no later than July 1, 2014. If effective, expand demonstration to additional states beginning July 1, 2017.
- (2) Incentives to prevent chronic diseases in Medicaid populations (Sec. 4108): Provide grants to states to implement incentive programs to help individuals quit smoking, control/reduce weight, lower cholesterol and blood pressure, avoid diabetes, and address co-morbidities, beginning 2011.
- (3) Community Transformation Grants (Sec. 4201): Implement, evaluate, and disseminate evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming, FY2010-2014.
- (4) Promoting healthy aging and living well (Sec. 4202): 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age, FY2010-2014.
- (5) Demonstration to Improve Immunization Coverage (Sec. 4204): Improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high risk populations, FY2010-2014.
- (6) Wellness Demonstration (Sec. 4206): Implement, evaluate, and disseminate evidence-based community preventive health activities to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming, beginning 2014.

- (7) Community-based collaborative care network program (Sec. 10333): Support community-based collaborative care networks (consortium of health care providers with a joint governance structure) to provide comprehensive coordinated and integrated health care services for low-income populations, FY2011-2015.
- (8) Workplace wellness grants (Sec. 10408): Grants for small employers to provide their employees with access to comprehensive workplace wellness programs, FY2011-2015.

7. RESOURCES

Websites

U.S. Preventive Services Task Force (USPSTF), Agency for Healthcare Research and Quality (AHRQ). An independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. <http://www.ahrq.gov/clinic/uspstfix.htm>

American Academy of Pediatric Dentistry - The American Academy of Pediatric Dentistry (AAPD) is the membership organization representing the specialty of pediatric dentistry www.aapd.org/

ADA Center for Evidence Based Dentistry – The American Dentistry Association provides this Web site to help clinicians identify systematic reviews, the preferred method for assembling the best available scientific evidence, through its database and provides appraisal of the evidence through our critical summaries. <http://ebd.ada.org>.

Association of State and Territorial Dental Directors (ASTDD) - provides leadership to promote a governmental oral health presence in each state and territory, to formulate and promote sound oral health policy, to increase awareness of oral health issues, and to assist in the development of initiatives for prevention and control of oral diseases. <http://www.astdd.org/index.php?template=bestpractices.html&tier1=Best%20Practices>

Bright Futures, American Academy of Pediatrics - Bright Futures is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community. <http://brightfutures.aap.org>

Centers for Disease Control and Prevention - CDC's Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. www.cdc.gov

Cochrane Collaboration - The Cochrane Collaboration is an international, independent, not-for-profit organization of over 28,000 contributors from more than 100 countries, dedicated to making up-to-date, accurate information about the effects of health care readily available worldwide. www.cochrane.org

Guide to Community Preventive Services - The Guide to Community Preventive Services is a free resource to help users choose programs and policies to improve health and prevent disease in your community. www.thecommunityguide.org/index.html

Health Evidence Network - HEN is a network of technical members and financial partners, involving United Nations agencies with a mandate related to health, and organizations or institutions promoting the use of evidence in health policy or health technology assessment. www.euro.who.int/en/what-we-do/data-and-evidence/health-evidence-network-hen

National Committee on Prevention Priorities - Represents prevention advocates in every sector committed to improving health and controlling health costs through effective prevention policies and practices. www.prevent.org/content/view/90/74/

National Institute of Health Office of Disease Prevention - Fosters, coordinates, and assesses prevention and health promotion research as part of the NIH effort to improve public health, reduce disease burden, and improve the quality of life for all Americans. <http://prevention.nih.gov/>

UK's National Institute for Clinical Excellence - The National Institute for Health and Clinical Excellence (NICE) provides guidance, sets quality standards and manages a national database to improve people's health and prevent and treat ill health. www.nice.org.uk/aboutnice/

U.S. Advisory Committee on Immunization Practices - The Advisory Committee on Immunization Practices (ACIP) consists of 15 experts in fields associated with immunization, who provide advice and

guidance on the control of vaccine-preventable diseases.
www.cdc.gov/vaccines/recs/acip/default.htm

U.S. Substance Abuse and Mental Services Administration (SAMHSA) - SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
www.samhsa.gov/

World Health Organization - WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. www.who.int/en/

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