

**IMPROVING PREVENTIVE CARE FOR YOUR PATIENT POPULATION:**

# 9 essential things you need to know to help your organization enhance preventive care



Phreesia

# 1

## Preventive care is underutilized

Despite ongoing reminders from the media, healthcare providers and family about the importance of proactively managing their health, Americans use preventive services at half<sup>1</sup> the recommended rate. Chronic illnesses such as heart disease, cancer and diabetes are responsible for 7 out of 10 deaths in the U.S. each year and account for 75% of the nation's healthcare spending. These diseases are often preventable through healthy lifestyle habits and regular provider visits or more easily treated if diagnosed early. However, patients' increasing financial responsibility for medical treatment can deter them from seeking regular care.

Other times, they're simply unaware of their eligibility for free preventive services, such as Medicare Annual Wellness Visits (AWVs) and other clinical assessments. A survey from the John A. Hartford Foundation found<sup>2</sup> that 68% of patients age 65 and older had never heard of the Medicare AWV. Similarly, a 2018 Health Affairs study revealed<sup>3</sup> that only one-fifth of all eligible Medicare patients receive an AWV, and more than half of primary care practices do not offer them to their Medicare patients. Beyond the increased potential for poor health outcomes, low uptake of the AWV is a missed opportunity for additional practice revenue, since these visits provide higher Medicare reimbursements than general provider appointments. And seniors aren't the only patients missing out on free preventive care. Researchers at the Urban Institute found<sup>4</sup> low uptake levels in preventive services utilization among children and adolescents covered by Medicaid and the Children's Health Insurance Program (CHIP).

Regardless of age, preventive health services are an essential building block of comprehensive patient care. Providers should look for gaps in preventive care utilization within their organization and implement strategies to better promote, schedule and provide those services to their patients.





## Preventive care is a key component of value-based care and population health management

In today's value-based care system, providers are increasingly rewarded for focusing on quality care, efficiency and keeping patients healthy. Value-based care contracts represent<sup>5</sup> more than 60% of current provider reimbursements, and preventive care plays a direct role in providers' ability to comply with federal and third-party quality programs such as accountable care organizations (ACOs) and bundled-payment arrangements. For example, 8 of the 33 quality measures for Medicare ACOs relate to illness prevention, including vaccinations and screenings. Compliance with these measures directly affects the financial success of healthcare organizations through contract incentives that tie shared savings to performance, including the ability to improve patients' health over time.

Preventive care also is critical to achieving the goals of the Institute for Healthcare Improvement's Triple Aim: improving the patient care experience, improving the health of populations and reducing the per capita cost of healthcare. Meeting the demands a value-based care delivery system requires a primary focus on preventive care. Success is defined not only by providing high-quality preventive care to individuals, but also by systematically scaling preventive health efforts across the organization.



# 3

## Preventive health needs differ between men and women

Although everyone needs preventive care, men and women have different care needs and health risks. For men, preventive visits can provide early detection of such diseases as prostate, colon and lung cancer. But men are far less likely than women to seek preventive services. According to a study from the Centers for Disease Control and Prevention, men were half as likely<sup>6</sup> as women to visit a physician over a two-year period, and more than three times as likely to go five years without a physical exam. They also were twice as likely to report that they never contacted a doctor or other healthcare professional. When researchers at Orlando Health, a health system in Florida, studied why men are more reluctant<sup>7</sup> to seek medical care, they found a mix of reasons, from busyness or discomfort to fear and shame. Providers should be cognizant of the reasons male patients may be hesitant to schedule preventive care visits. They should also talk to patients about the importance of screenings and encourage open, ongoing communication with a regular primary care provider (PCP).

In contrast to men, women tend to have more contact<sup>8</sup> with care providers, partly because they have more healthcare needs throughout their reproductive and pre- and post-menopausal years, but also because they often play a central role in making healthcare decisions for their families. These frequent interactions give PCPs and OB/GYN providers a critical opportunity to develop ongoing relationships with their female patients and counsel them on preventive care for various age-related health risks such as breast cancer, which is the second-leading cause of death<sup>9</sup> for women in the U.S., as well as cervical and colon cancers, sexually transmitted diseases, and bone and heart health. The Affordable Care Act (ACA) also has brought significant improvements to women's health insurance, including coverage for preventive visits and many screenings, which has helped to increase their uptake. A 2017 study revealed<sup>10</sup> that early detection of breast cancer has increased since the ACA was enacted, while research<sup>11</sup> from the JAMA Network found that the ACA's dependent-coverage provision was associated with higher rates of early cervical-cancer detection among young women. Providers can leverage their regular communication with their female patients to inform them about their eligibility for these services and underscore the importance of ongoing preventive care.





## Preventive care includes addressing social determinants of health

It's not just about what happens within the walls of your practice—external factors such as social, cultural, economic and environmental influences play a significant role in your patients' health. Whether it's poor access to healthy food, lack of transportation or unsafe housing, the real-world challenges that patients face may influence their ability to make regular appointments and seek preventive services and screenings. For example, in a post on the Health Affairs Blog about healthy aging among low-income Medicare beneficiaries, health services researchers Renuka Tipirneni, M.D., and Kenneth Langa, M.D., wrote<sup>12</sup>, “While assessment of fall risk and hearing impairment is certainly important for all seniors, low socioeconomic status beneficiaries may face additional barriers to health and health care, such as difficulty affording medications, challenges with transportation to visits, or concerns about meeting basic needs such as access to healthy food.”

Providers need to establish open dialogue with patients about these social determinants in order to improve preventive care. Expanding screening and counseling to include social determinants of health, including during physicals and Medicare AWWs, can help providers better understand patients' needs and address the root causes of care disparities in different patient populations.



# 5

## Preventive care includes non-clinical healthcare professionals

Providing comprehensive, high-quality preventive care requires a holistic approach that encompasses patients' physical, mental and emotional well-being. That approach necessitates care coordination among a diverse set of providers, including non-clinical professionals. Patient navigators, community health workers and health coaches all play important roles in preventive healthcare, from providing patients with personalized guidance and advocacy to nutrition and behavioral-health support. Non-clinical workers make up nearly half<sup>13</sup> of the nation's healthcare workforce and are integral to the patient-centered medical home model (PCMH), one of the most widespread approaches to healthcare delivery transformation and disease prevention<sup>14</sup>. Partnering with non-clinical workers allows providers to deliver more thorough care and helps patients become better-equipped to manage their health and wellness.





# 6

## **Preventive care is simple (and fun) to promote**

Service promotions and practice newsletters offer your patients an easy and engaging way to learn about your available services and understand the benefits of preventive screenings and health assessments. As one approach, include a “wellness update” in your next outreach effort that reminds patients to come in for their flu shots or annual wellness visits. Or, if you have a staff member who loves to cook, ask him or her to share healthy recipes and cooking tips. Patient communications also offer providers an opportunity to educate their patient population about local health and wellness resources such as fitness classes, mental health services, community activities and mentorship programs. Don’t forget to ask for your patients’ opinions either. Satisfaction surveys are a great way to collect feedback on how patients feel about their wellness visits and allow them to voice their specific health concerns.



## 7 Preventive care connects communities

Community gatherings such as health fairs, open houses and outdoor fitness events offer healthcare organizations a valuable opportunity to connect with patients and share information about preventive services. They are also a direct way to address the need for no- or low-cost healthcare services that target disease prevention among underserved patient populations. To address local health disparities, many community-based organizations hold community health fairs<sup>15</sup> and invite local providers to set up booths offering screenings, vaccinations and other preventive health services. Consider hosting a “flu fair” or setting up a booth at a local 5K fun run where participants can learn about your practice’s services and meet your care team. These interactions offer patients a more personal and accessible preventive care experience, especially if negative social determinants may hinder their ability to seek in-office care.

Survey data collected during a neighborhood health fair for low-income Latina women found that two-thirds of attendees had either never had a wellness visit or had not had one in the past two years. During that event, more than half of participants registered for breast-health assessments, and indicated that they wanted screenings for cholesterol, diabetes and osteoporosis. The study also revealed a direct correlation between a lack of preventive care and social determinants of health such as low income, lack of insurance and low health literacy. Connecting with local residents at health events gives providers an opportunity to promote proper preventive care to a much broader patient population, including those in underserved communities.





# 8

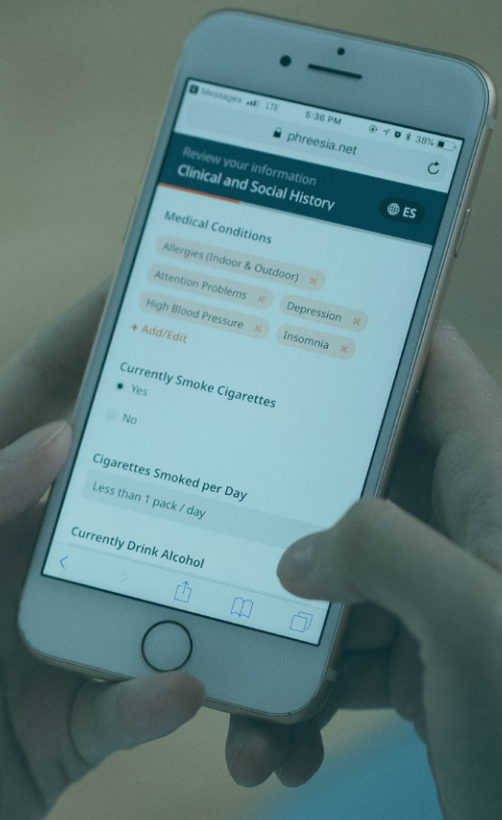
## Preventive care requires engaged patients

Today's patients play a more active role in their healthcare decisions and seek providers who want to engage in their care. Providers can encourage good preventive health habits through shared decision-making with their patients<sup>16</sup>, helping them make educated choices that align with their values, concerns, goals and preferences. This type of engagement may also encompass patients' families and friends, as well as counselors and non-clinical health providers, and may include decision aides such as educational materials, surveys and questionnaires. Shared decision-making is a critical component of preventive care because when patients feel empowered to take responsibility for their health outcomes, they're more likely<sup>17</sup> to follow treatment protocols and their provider's recommendations.

The expansion of patient-centered care has spurred several policy initiatives that facilitate shared decision-making, including federal coverage decisions that require providers to incorporate shared decision-making with their patients for certain tests and procedures such as lung-cancer screenings. As healthcare consumerism<sup>18</sup> continues to shift the way care is delivered, providers can leverage this momentum to actively involve patients in making decisions about their preventive care.

# 9

## Preventive care is improved and enhanced with technology



From self-service tools to advanced integrations that can track, store and analyze patient-reported data, leveraging the latest advances in health information technology allows healthcare organizations to provide more accessible, efficient and standardized preventive care. Technology contributes to patient-centered care by fostering communication between patients and providers through online portals, text messaging and email. It also gives patients better access to their medical records, which can improve self-monitoring and engagement. Automated clinical screeners and questionnaires that collect patient-reported outcomes give providers a first-hand account of patients' symptoms, functional status and quality of life, enabling them to deliver the right care at the right time. Put simply, these tools take the guesswork out of identifying and treating patients for specific health risks.

Providers can leverage a wealth of patient data through electronic medical records, data warehouses and other reporting tools to gather insights about common morbidities across their broader patient population and then design treatment plans at scale across the organization. Such population health efforts allow them to meet the requirements of federal clinical quality programs, boost reimbursement, and most importantly, improve the overall effectiveness of the preventive healthcare they deliver.



## End Notes

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