

THE WALL STREET JOURNAL

The Informed Patient: Preventive Care Falls Short of Target

By Laura Landro

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The U.S. Preventive Services Task Force plans to significantly expand its guidelines for doctors and health plans in the next year, adding new or updated recommendations on whether patients should be screened for 16 types of health risks, including skin cancer, hip problems, iron disorders, peripheral artery disease and genes linked to breast cancer.

The new guidelines are part of an effort to increase the rate at which Americans get preventive services that can ward off serious and costly illnesses and diseases, while at the same time cutting down on unnecessary tests and procedures that drive up costs without providing much benefit. Studies show patients routinely fail to receive the preventive care that evidence shows they need – and that most health plans now cover – yet there is growing demand for expensive tests that may not be medically necessary, and may even carry their own health risks, such as body scans when there are no symptoms of disease.

The continuing gap in preventive-care delivery is highlighted by a study in today's *Journal of the American Medical Association*, which found that less than half of eligible Medicare beneficiaries received six recommended preventive services – including cancer screenings, diabetic eye exams and flu shots – even though all the services were fully covered by the federal health plan. While Medicare patients are older and sicker than the average American, the study, led by the nonprofit Center for Studying Health System Change, found suboptimal care even in higher-income areas, where doctors are often treating many other patients.

“The bottom line is that we've made improvements in the delivery of preventive care, but we can still do better,” says Carolyn Clancy, director of the federal Agency for Healthcare Research and Quality, which oversees the government's preventive-services research. Ned Calonge, chairman of the preventive-services task force and chief medical officer for the state of Colorado, says the primary aim is to identify interventions that reduce the risk of disease in otherwise healthy individuals, such as counseling patients not to smoke, prescribing fluoride to children to prevent cavities, and evaluating blood pressure in adults to identify those at risk for heart disease.

But barriers to good preventive care remain. The American College of Preventive Medicine says its specialists are dwindling in number because there is little funding to train doctors who aren't pursuing hospital-based specialties. General practitioners, especially those in small practices, have little time to focus on preventive care or counseling, are often unaware of recommended screenings, and have little financial incentive to refer patients to specialists to provide preventive care. And patients often don't seek out such care.

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“Even when preventive services are covered at 100%, most patients aren't getting them, and don't have any idea for their age and gender what tests and counseling they should be asking for in their next doctor visit,” says Michael Parkinson, president elect of the college of preventive medicine and chief medical officer at health plan Lumenos. “We have to educate patients about what works and what they should be seeking.”

The National Business Group on Health, an employer coalition, says that while almost all large employers and about 80% of smaller ones now cover preventive screenings or offer employee health-promotion programs such as smoking cessation, only about 30% of employees take advantage, in part because employers often don't actively promote the programs, and don't always cover all costs. Helen Darling, president of the nonprofit group, says employers often see better results when they offer employees financial incentives to undergo recommended tests.

A number of new efforts are under way to better educate doctors and patients, and to push big employers to encourage and promote preventive-care services. In January, Medicare began covering comprehensive physical exams for new beneficiaries, asking doctors to offer patients counseling on weight control, smoking cessation and other practices. The nonprofit Partnership for Prevention, which includes large employers, health plans and state health agencies, is recruiting chief executive officers and governors for a national effort to encourage adoption of strategies to promote prevention and wellness nationwide. The group also offers an online tool to help employers and health plans rank the health impact and cost-effectiveness of different preventive services, which it will update this winter. Its address is www.prevent.org.

The U.S. Preventive Services Task Force updates guidelines if important new evidence emerges; this month, for example, it amended its guidelines on HIV screening to include a recommendation that all pregnant women be tested. A new pocket guide for doctors and other health-care professionals includes abridged versions of 45 recommendations made between 2001 and 2004; an electronic guide for hand-held devices lets doctors type in a patient's age and sex and quickly determine what tests are recommended. Consumer-friendly guides are also available at www.preventiveservices.ahrq.gov. The task force grades its recommendations from “A” to “D” based on the strength of the evidence and how much the benefits outweigh potential harm, but often issues an “I” rating if there is insufficient evidence to recommend for or against a service.

While some patient advocates and critics say the recommendations don't always go far enough in screening for some diseases, Dr. Calonge, the chairman of the task force, counters that “a lot of these issues come from the belief that early detection must always translate into a benefit.” The blood test for ovarian cancer, for example, has a high incidence of false positive, and there is a relatively low incidence of disease, so the task force recommends against routine screening. “While women may feel it is just a blood test, the problem is what to do if it turns positive,” Dr. Calonge says. “It may start you on

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a journey that includes other, more-invasive diagnostic tests that may carry their own risks.”

– Five Screening Tests You Need and When

Women

- Mammograms: Every one to two years starting at age 40.
- Pap Smears: Every one to three years if you have been sexually active or are older than 21.
- Cholesterol Checks: Regularly starting at age 45. If you smoke, have diabetes, or family history of heart disease, age 20.
- Blood Pressure: At least every two years.
- Colorectal Cancer Tests: Starting at age 50.

Men

- Cholesterol Checks: At least every five years, starting at age 35. If you smoke, have diabetes, heart disease in family, at age 20.
- Blood Pressure: At least every two years.
- Colorectal Cancer Tests: Starting at age 50.
- Diabetes Tests: If you have high blood pressure or high cholesterol.
- Prostate Cancer Screening: Talk to doctor about benefits and harms if you are considering having a prostate-specific antigen (PSA) test or digital rectal examination (DRE).

Source: U.S Preventive Service Task Force