PREVENTIVE CARE FOR ADULTS BASKET OF CARE SUBCOMMITTEE

Report to:

Minnesota Department of Health

June 22, 2009

BASKET TOPIC DETERMINED BY BASKET OF CARE STEERING COMMITTEE:

Preventive Care for Adults

BASKET TOPIC DETERMINED BY BASKET OF CARE STEERING COMMITTEE:

Preventive Care Assessment, Recommendations and Referrals in Adults

SCOPE STATEMENT: [1]

To provide a comprehensive health assessment for adults age 18-75 on an annual basis, and a summary report or plan of care that recommends screening maneuvers, preventive counseling, immunizations and appropriate referrals based on health risk, age and gender.

Rationale for Scope Selection

The scope of this basket changed many times during the three meetings (9 hours) in which the subcommittee met. Initially, the scope was very wide and very deep. All adults ages 18 and older would have a health risk assessment yearly. Then, all preventive care screening tests, interventions, immunizations, counseling (such as tobacco cessation) and appropriate referrals were included.

Subsequently, the subcommittee developed "compartments" within the basket, which included all of the above components based on age and gender; males ages 18-39, females ages 18-39, males 40+, and females 40+.

However as a result of the public comments that were received, and lack of full consensus among the subcommittee, the scope was revised

Finally, the focus of the care within the basket shifted to the importance of each person receiving a comprehensive health risk assessment. And, as a result of that assessment a summary report or care plan would be developed.

Also discussed was that pregnant women will not necessarily be excluded from the basket; however, this basket may not be beneficial to pregnant women, as there is a substantial overlap of the basket components with obstetric care. And that geriatric persons (up to age 75) will not necessarily be excluded from the basket; however, this basket may not be beneficial for this group. In the future a geriatric care basket may be available.

BASKET OF CARE COMPONENTS:

Basket components were identified based on current literature, existing guidelines, current standards of practice and in some cases evidence informed consensus.

These assessment components are for all adults (ages 18-75) male and female as noted

Health Screening/Risk Assessment [2] For:	**Once per year**
• Personal Health History [3]	
• Lifestyle Risk Factors (e.g. exercise, nutrition, sexually transmitted infections, sexual behaviors, sleep habits, etc.)	
• Tobacco use	
• Hazardous or Harmful Drinking	
• Substance Abuse and Misuse	
• Depression /Anxiety	
• Height, Weight [4] (calculate BMI)	
• Breast Cancer screening	
• Colorectal Cancer screening	
• Cervical Cancer screening	
• Hypertension (Blood Pressure)	
• Hyperlipidemia (Lipid tests)	
• Vision	
• Hearing	
• Osteoporosis	
• Chlamydia	
• Abdominal Aortic Aneurysm--male	
• Diabetes screening	
• Prostate Cancer Screening	
• Comprehensive immunization review	
Summary Report [5] (Preventive Care Plan) Based on Health Assessment	**Once per year**
• Risk Reduction Recommendations based on health assessment: physical activity, nutrition, healthy weight/obesity/BMI, reinforce healthy lifestyle, safety awareness, calcium supplement, depression/anxiety, folic acid consumption for women of reproductive age, etc	
• Tobacco cessation advice, assistance, and referral as appropriate	
• Hazardous or harmful drinking advice, assistance, and referral as appropriate	
• Recommendations for screening maneuvers/tests and immunizations as indicated	

Notes:

1. **Scope**

   The age group for the basket is 18-75. Evidence-based guidelines generally do not exist for specific cares beyond age 75. Several USPSTF recommendations limit to age 75. The subcommittee did not want to limit to age 65, as some persons age 65-75 do not have Medicare, and would still benefit from a preventive care basket.

   Pregnant women will not necessarily be excluded from the basket; however, this basket may not be beneficial to pregnant women, as there is a substantial overlap of the basket components with obstetric care.

   Geriatrics (up to age 75) will not necessarily be excluded from the basket; however, this basket may not be beneficial for this group.

2. **Health Screening / Risk Assessment**

   The HSA or HRA could be administered by any number of ways. A questionnaire is one way this could be done. It does not necessarily have to be provided by MD or in a physician's office. There should be flexibility in terms of appropriate providers and appropriate locations.

3. **Personal Health History**

   Questions regarding a person's health history should include: past illnesses or conditions, hospitalizations, surgeries, family history, allergies, current medications, OTC and herbal products, etc.

4. **Height, Weight (calculate BMI)**

   Height has been shown to be reported fairly accurately throughout life until later years.

   As the accuracy of self-reported weights is known to be low, actual weight measurement is needed.

5. **Summary Report**

   A required basket component will be a portable product entitled "summary report," or "preventive care plan." Standard inclusions: assessment of risk factors, and ongoing preventive care recommendations. The report does not need to be developed by the patient's provider.

   The basket is discreet--subsequent recommendations are not included in the basket.

   The subcommittee envisioned this report to then track the preventive care services completed during the year. An innovative idea would be that a preventive care coordinator could facilitate the scheduling of follow-up appointments. This person would assist in tracking the recommended interventions. At year's end, the report would contain what was accomplished and what was declined by the patient or the provider.

Personal and cultural preferences must be taken into account when consumers view the components in the basket. There will be times when services are refused by the patient.

Based on information in the report, patients are expected to set a goal(s) and work with their health care provider team to achieve goals. The patient should be responsible for scheduling follow up appointments and obtaining recommended screening tests.

Components considered but not included:

- See scope discussion above

Components in initial basket that were deleted or modified for final draft:

- As discussed above, initially all screening maneuvers, interventions, counseling and referrals were included. (Examples: Mammograms, colonoscopies, Pap smears, tests for hyperlipidemia, DXA screening for Osteoporosis, vision/hearing tests, Chlamydia and other STI tests, diabetes and hypertension screenings, etc.

  All of these components that could be used to determine recommendations for inclusion in the summary report are compiled in a table below.

The following table may be used to determine recommendations for screening maneuvers, chemoprophylaxis and immunizations in the summary report.

Recommended Frequency (per USPSTF, ACIP, ICSI) for Screening maneuvers/tests and Immunizations based on age, gender and risk factors
Breast Cancer – Mammogram Females beginning at age 50 every 1-2 years (unless risk assessment indicates otherwise)
Colorectal Cancer (The patient and provider determine the best screening method) Males and females beginning at age 50 unless risk assessment indicates otherwise. Repeat at intervals depending on risk and screening method chosen
Cervical Cancer Females beginning at age 21 or three years after first sexual intercourse, and then every three years after three consecutive normal pap smears. Women 65 and older with new sexual partner should resume screening.
Blood Pressure Minimum yearly and as determined by risk assessment

Depression and Anxiety The nature of positive findings on the screen is the beginning of a professional conversation (reassess). Follow-up should occur within three months.
Lipids Every 5 years Males age 35+/females 45+or as determined by risk assessment
Hearing and Vision – simple screen Age 65+ males and females—once yearly
Osteoporosis DXA screening for all women age 65+ and men age 70+; younger post- menopausal females with risk factors. Stadiometer serial height measurements.
Chlamydia Sexually active females, yearly, age 18-24 or 24+ if at risk
Abdominal Aortic Aneurysm Males, **once** (not annually)**,** between age 65-75 who have ever smoked
Diabetes Males and females with sustained blood pressure greater than 135/80 yearly
Prostate cancer Consider potential benefits and potential harms on an individual basis
Aspirin Chemoprophylaxis Daily for males age 45+ and females age 55+ with risks for coronary artery disease.
Immunizations as appropriate/indicated by CDC, ACIP

OPPORTUNITIES FOR INNOVATION INCLUDE:

- The health risk assessment must be comprehensive and standardized. The questions asked must be developed to address the components that are found in the table that is included at the end of this document.

- The health risk assessment can be delivered to the person in multiple ways. It could be an on-line survey; it may be part of an employer/employee's annual practice/event; it may be completed in a physician's office, etc.

- A required basket component will be a portable product entitled "summary report," or "preventive care plan." Standard inclusions: assessment of risk factors, and ongoing preventive care recommendations. The report does not need to be developed by the patient's provider.

- The subcommittee envisioned this report to then track the preventive care services completed during the year. An innovative idea would be that a preventive care coordinator could facilitate the scheduling of follow-up appointments. This person would

assist in tracking the recommended interventions. At year's end, the report would contain what was accomplished and what was declined by the patient or the provider.

ADDITIONAL CONSIDERATIONS:

- It is hoped that some preventive assessments and recommended care maneuvers can be done potentially outside of the classical medical encounter, e.g., at the workplace, mobile clinic, etc. However, recommended interventions should include referral to qualified specialists when indicated. When specialty expertise that could provide benefit to patient is needed, the basket provider would make appropriate referrals.
- Providing care in this basket will require appropriate expertise in qualified and trained personnel. It is hoped this basket will create innovation in care delivery.
- We are not necessarily proposing yearly physicals; we are proposing health assessments including the need for immunizations and screening maneuvers, prevention counseling, recommendations, and referrals. If we can change behaviors early on, we can prevent pain and suffering from disease later on. This basket is a tool to help people increase their ability to live a long and healthy life, to decrease disease burden.
- It is important to recognize how behavioral variables play an important role in the prevention of disease. Behaviors are often changed when people get information from various screening tools. The preventive care basket can be enhanced by using screening tools that identify risk factors affecting health.
- The innovative features of the basket are: portability of the health assessment and of the summary report, flexibility in providers of care for this basket, facilitation of follow-up with other professionals. This is a basket of prevention and assessments, providers could do innovative things with this basket – it is open for originality.
- Preventive services, as part of a basket of care, will be expected to be delivered in new and innovative ways, supported by partnerships among various members of the healthcare team. Nurses, psychologists, public health agencies, employers, wellness centers, and others may all have a role in the provision of preventive services, with much less of a focus on the traditional, physician-provided, one-on-one "annual physical." Primary physicians, in turn, will function in consultative or supervisory roles, as team leaders, or in the evaluation and management of areas of concern or abnormalities which may be discovered through risk assessment or screening maneuvers.

JUNE 4, 2009 STEERING COMMITTEE REVIEW AND COMMENT:

- Steering Committee acknowledged that the market for this should be large given interest in wellness and patient activation.

- Acknowledged the variety of settings this could basket could be delivered (i.e. college, workplace, etc.)
- Discussed possible overlap with health care home.

SUPPORTING REFERENCES

These care components are supported by the following evidence and guidelines:

US Preventive Services Task Force 2009

Institute for Clinical Systems Improvement Preventive Services in Adults guideline 2008

Advisory Committee on Immunization Practices 2008