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The voice of public health physicians, guardians of the public's health

Preventive Services ToolKit Project

Instructor's Manual and Supplemental Materials

Module 2 – Evidence, Guidelines and Benchmarks

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Slide 1: Title Slide

Error! Objects cannot be created from editing field codes.-- This module will introduce the participants to the concept of “evidence base” and, by doing so, help dispel the common belief that “prevention” and “health education” are of little practical value in real-life practice.

- We will also introduce the concepts of guideline and benchmark documents
- We will identify and review the leading resources available from government and the private sector.
- An extensive set of materials, including descriptions of many of the resources and useful URLs is available on the AAPHP web site with an extensive package of supplementary materials.



Slide 2: Teaching Objectives*Error! Objects cannot be created from editing field codes.*

Teaching Objectives

- Describe and use "evidence base"
- Locate and use "evidence base" resources.
- Identify and use guideline resources
- Identify and use baseline-reference resources
- Identify and use benchmarks

2/12/06 AAPHP PSTK Evidence Module 2, Slide 2

Participants will be able to:

- Describe the concept of "evidence base" and utilize it as a practical tool for dealing with issues of prevention and quality improvement in healthcare delivery systems.

Locate and use the best and most readily-available evidence-based, guideline and benchmark print and Internet resources.

Slide 3: Definitions

Error! Objects cannot be created from editing field codes. **Science** – the broad field of human knowledge acquired by systematic observation and experiment and explained by means of rules, laws, principles, theories and hypotheses

Evidence – scientific facts that are helpful in forming a conclusion or judgment

Evidence-based preventive service – one which is based on high-quality scientific studies

Expert opinion -- the judgment of nationally recognized experts in the absence of sufficient scientific evidence (studies not done or studies not feasible)

- These definitions are from various dictionaries such as the Academic Press Dictionary of Science and Technology
- Renewed attention has been focused on scientific evidence recently by the court decision in Pennsylvania regarding the scientific merit of evolution vs. intelligent design
- The vast majority of medical practice is performed without the benefit of good, published scientific studies and evidence

Slide 4: What Use of an "Evidence Based" Approach Can and Cannot Do

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Slide 5: Documents and Web Sites

Error! Objects cannot be created from editing field codes. This slide presents the major federally sponsored evidence-based documents and web sites

- The clinical and community guides present recommendations based on extensive literature reviews by expert panels in accordance with very strict guidelines for interpretation of scientific evidence.
- CDC Advisory Committee and MMWR recommendations deal with immunization policy and control of communicable and other diseases and injuries in community, healthcare and other settings. They are based on a combination of literature review, scientific evidence, CDC program experience and expert opinion

Slide 6: Guide to Clinical Preventive Services

Error! Objects cannot be created from editing field codes. Overseen by panel of experts, the U.S. Preventive Services Task Force,

- Launched in 1984 and now overseen by the Agency for Healthcare Quality (AHRQ)
- Issues recommendations for many primary care clinical conditions, based on quality and strength of scientific evidence, plus judgments about benefits vs harm from intervention
- Has issued more than 30 recommendations to date, including screening such as mammography, counseling such as for tobacco use, and preventive medications such as folate for pregnant women
- **Rating system**
 - A - **Strongly recommend** (*good evidence, benefits substantially outweigh harms*)
 - B – **Recommend** (*at least fair evidence, benefits outweigh harms*)
 - C - **USPSTF makes no recommendation** (*fair to good evidence, benefits and harms closely balanced*)
 - D - **Recommend against routine use** (*ineffective or harms outweigh potential benefits*)
 - I - **Insufficient evidence**

Slide 7: Clinical Guide Recommendations

Error! Objects cannot be created from editing field codes. Infections (such as Chlamydia) – 5

- Lipid, Metabolic and CV diseases (such as hypercholesterolemia) – 7
- Cancer (such as breast cancer) – 11
- Mental Health/Behavioral (such as alcohol abuse) – 8
- Other (such as auto seat belt use) – 7
- The numbers refer to the number of guidelines within each category.
- The clinical guide is heavily focused on screening and counseling interventions.

Comment

Tabulated from Table of contents, June, 2005 print copy, clinical guide updated version

Slide 8: Recommendation: Obesity in Adults

Error! Objects cannot be created from editing field codes. Clinicians should screen all adult patients for obesity (via BMI) and offer **intensive** counseling and behavioral interventions to promote sustained weight loss for **obese** adults (“B” recommendation)

- Evidence is insufficient to recommend for or against the use of **moderate-** or **low-intensity** counseling together with behavioral interventions to promote sustained weight loss in **obese** adults. (“I” recommendation)
- Evidence is insufficient to recommend for or against the use of counseling of any intensity and behavioral interventions to promote sustained weight loss in **overweight** adults (“I” recommendation)

- High intensity is defined as more than one person-to-person (individual or group) session per month for at least the first three months of the intervention.
- Note that counseling is not recommended for overweight persons

Slide 9: Guide to Community Preventive Services

Error! Objects cannot be created from editing field codes. Task Force on Community Preventive Services

- Sponsored by CDC. Evidence process is similar to USPSTF.
- More than 70 findings issued to date
- Info available at www.thecommunityguide.org or in new printed Guide
- Community interventions (such as water fluoridation)
- Health system change (such as provider reminder systems in clinics)
- Group education (such as mass media campaigns to reduce tobacco use)
- Policy change (such as seat belt laws)
- Environmental change (such as hiking & biking trails)

Slide 10: Smoking Bans and Restrictions

Error! Objects cannot be created from editing field codes. Studies that evaluated the effect of smoking bans in workplaces observed an average reduction in exposure to components of ETS (e.g., nicotine vapor) of 72%.

- Smoking bans were more effective in reducing ETS exposures than were smoking restrictions.
- Smoking bans were effective in a wide variety of public and private workplaces and healthcare settings. Their effectiveness should extend to most indoor workplaces in the United States.
- Studies evaluating smoking bans also observed reductions in the amount smoked.

Slide 11: CDC/MMWR Guidelines

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For the conditions selected as examples, improved health, reduced disability, and optimal health can result in lower costs for the system and can be developed by following the guidelines for primary, secondary and tertiary prevention.

- One of the better places to start looking for options are the web pages suggested

Slide 12: CDC/MMWR – Immunization

Error! Objects cannot be created from editing field codes. The CDC/ACIP Immunization Schedule for Children, Adolescents and Adults is the gold standard for clinical practice

- Based on regular scientific reviews and recommendations by ACIP, which includes representatives from government, academia and the private sector
- Has recommendations for normal and high risk populations
- Updated on an annual basis
- Used widely across clinical practices, managed care, government, etc.
- Provides the basis for many quality measurements

Slide 13: Baselines, Benchmarks, and Implementation Guidelines

Error! Objects cannot be created from editing field codes. HP 2010 is a set of national health goals & objectives for the Year 2010

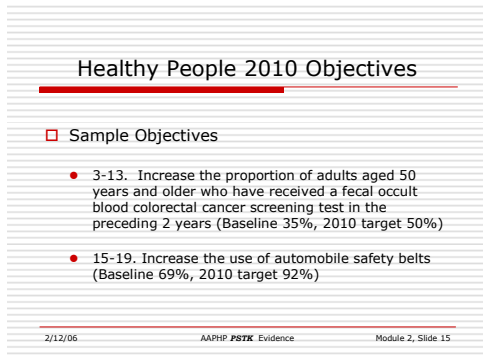
- Health, United States, 2005 is an annual report and chartbook on health trends among Americans
- MMWR regularly reports on reportable diseases and trends in the US
- The CDC’s web site and its wide-ranging online data for epidemiologic research (WONDER) database are an excellent source of evidence-based information
- PPIP is a guide on how to implement the recommendations of the USPSTF
- STEPS is an action initiative of DHHS to address the major risk factors for poor health in the US

Slide 14: Healthy People 2010

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(read slide)

Slide 15: Healthy People 2010 Objectives



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Slide 16: Healthy People 2010 Uses

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(read slide)

Slide 17: Health, United States, 2005

Error! Objects cannot be created from editing field codes. Two main sections: A chartbook containing text and figures that illustrates major trends in the health of Americans; and a trend tables section that contains 156 detailed data tables.

- The two main components are supplemented by an executive summary, a highlights section, an extensive appendix and reference section, and an index.
- For state specific data, contact your state health department or see MMWR

Slide 18: Recent CDC Reports and Recommendations in MMWR

Recent CDC Reports and Recommendations in MMWR

- A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States (Dec. 23, 2005)
- Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis (Dec. 16, 2005)
- Recommended Antimicrobial Agents for the Treatment and Postexposure Prophylaxis of Pertussis (Dec. 9, 2005)
- Controlling Tuberculosis in the United States (Nov. 4, 2005)
- See <http://www.cdc.gov/mmwr/>

2/12/06 AAPHP **PSTK** Evidence Module 2, Slide 18

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Slide 19: CDC Wonder

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Slide 20: Put Prevention Into Practice

- Implementation program derived from recommendations of US Preventive Services Task Force (USPSTF)
- Purpose:
 - Increase awareness of prevention
 - Increase appropriate use of clinical preventive services (screening tests, counseling, immunizations)

Error! Objects cannot be created from editing field codes. Explains how to deliver routine preventive care to every patient

- Tells what services to provide
- Describes how to involve all staff
- Explains how to evaluate and refine your system
- Breaks delivering preventive services into small, manageable steps
- Can be adapted to your setting
- Includes worksheets, flow sheets, and health risk profiles to use “as is” or customize
- Based on scientific evidence

Slide 21: STEPS to a Healthier US

Error! Objects cannot be created from editing field codes

A 2003 initiative from the U.S. Department of Health and Human Services (HHS) that advances President Bush’s *HealthierUS* goal of helping Americans live longer, better, and healthier lives.

The *Steps* initiative envisions a healthy, strong U.S. population supported by a health care system in which diseases are prevented when possible, controlled when necessary, and treated when appropriate.

Slide 22: Other Evidence-Based Documents and Web Sites

Error! Objects cannot be created from editing field codes. Pediatrics Red Book is published by American Academy of Pediatrics. Considered a gold standard for pediatric infectious disease care.

- Most medical specialty guidelines are available on www.guidelines.gov, the AHRQ National Guideline Clearinghouse
 - A rich resource with more than 1800 clinical guidelines updated by specialty societies, academic institutions and other organizations
- The priorities and rankings were first published in 2001 and scheduled for update in 2006. List highest priority clinical preventive services based on rankings for clinically preventable burden and cost effectiveness.
- As an example of pay-for-performance, see Bridges to Excellence Program (<http://www.bridgestoexcellence.org/bte/>), in which employers agree to pay bonuses to providers who meet quality standards in caring for enrolled employees

Slide 23: Resources and Web Sites for Baselines and Benchmarks

Error! Objects cannot be created from editing field codes.

- JCAHO has multiple patient safety reporting and benchmarks
- CMS has multiple utilization, quality programs for Medicare, Medicaid and
- America’s Health Rankings of the UnitedHealth Foundation, in partnership with the Partnership for Prevention.
- HEDIS (sponsored by NCQA)
 - A set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans
 - Related to many significant public health and preventive service issues such as cancer, heart disease, smoking, asthma and diabetes
 - Also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care and claims processing

Slide 24: Partnership for Prevention Priorities in Clinical Preventive Services

Partnership for Prevention Priorities in Clinical Preventive Services

- Developed by Partnership for Prevention with a grant from the CDC
- Based on score for “clinically preventable burden” plus “cost effectiveness”
- Ranked from 0 to 10, with 10 being the highest priority
- Original ref: AJPM 2001; 21(1)
- www.prevent.org/content/view/full/21/21/#priorities
- (covered in greater detail in Epi Module)

2/12/06 AARHP **PSTK** Evidence Module 2, Slide 24

(read slide)

Slide 25: Instructors Manual with Supplemental Materials

Module 2 Instructors Manual with Supplemental Materials

- Resource descriptions and tables of contents
- How-to-use guidelines
- Reference web sites (in hotlink format)
- <http://www.aaphp.org>
 - Preventive Services ToolKit

2/12/06 AARHP **PSTK** Evidence Module 2, Slide 25

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Slide 26: Bottom Line re: Evidence Base

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Wherever possible, use the resour

- 1. Review the documents
- 2. Check the date
- 3. If more than a year old – then cc

Best place to start is usually the AHR

<http://www.guidelines.gov>

Another excellent resource is the instru

<http://www.aaphp.org>, under “Preventive Services ToolKit”

Do not start with a literature review!!!!!!!!!!!!!!

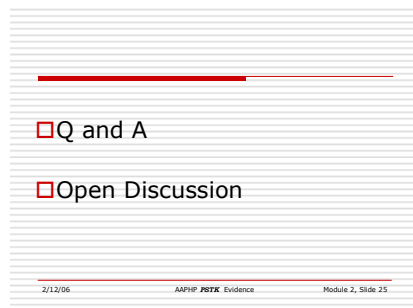
--The literature is voluminous and generally poor in quality.

--A technically competent review is beyond both the skill and time available to anyone other than a dedicated academic.

--There is no way a clinician or public health program director can duplicate the rigor or process of the CDC

Slide 25: Q & A

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SUPPLEMENTAL MATERIALS (prepared February, 2006)

Acronyms

- AAP – American Academy of Pediatrics
- AAPHP – American Association of Public Health Physicians
- ACIP – Advisory Committee on Immunization Practices
- ACPM – American College of Preventive Medicine
- AHRQ – Agency for Healthcare Research and Quality
- AJPM – American Journal of Preventive Medicine
- BMI – Body mass index
- BRFSS – Behavioral Risk Factor Surveillance System
- CDC – Centers for Disease Control and Prevention
- COPC – Community Oriented Primary Care
- COPD – Chronic obstructive pulmonary disease
- CV – Cardiovascular
- DHHS – Department of Health and Human Services
- ETS – Environmental tobacco smoke
- HEDIS - Health Employer Data and Information Set
- HIPAA – Health Insurance Portability and Accountability Act of 1996
- MAPP – Mobilizing for Action through Planning and Partnerships
- MBA – Master of Business Administration
- MMWR – Mortality and Morbidity Weekly Report
- MPH – Master of Public Health
- NAMCS – National Ambulatory Medical Care Survey
- NCQA – National Committee for Quality Assurance
- PPIP – Put Prevention Into Practice
- PSA – Power Structure Analysis
- PSTK – Preventive Services Toolkit
- QALY – Quality-adjusted life-year
- RCTs – Randomized controlled trials
- SAS – Statistical Analysis System (proprietary software)
- SPSS – Statistical Program for the Social Sciences (proprietary software)
- USPSTF – United States Preventive Services Task Force
- WONDER – Wide-ranging Online Data for Epidemiologic Research

References for Slides 6 – 8: U.S. Preventive Services Task Force (USPSTF) and Guide to Clinical Preventive Services

Who is the USPSTF?

Experts in primary care, prevention, research methods

Government support but independent

Family medicine, internal medicine, pediatrics, obstetrics/gynecology, nursing, preventive med

Scientific support from an Evidence-Based Practice Center (EPC)

Liaisons from primary care subspecialty societies, federal agencies

History of the USPSTF & Agency for Healthcare Research and Quality (AHRQ)

1976 - Canadian Task Force on Periodic Health Exam

1984 - USPSTF established by U.S. Public Health Service

1998 – 3rd USPSTF reconvened by AHRQ

2001- Standing Task Force

Task Force Activities

Provide evidence-based scientific reviews of preventive health services for use in primary healthcare delivery settings

Age- and risk-factor specific recommendations for routine practice

Recommendations include:

- Screening tests

- Counseling

- Preventive medications`

Steps in USPSTF Process for Development of Recommendations

Define question and outcomes of interest

Define and retrieve relevant evidence

Evaluate QUALITY of individual studies

Synthesize and judge STRENGTH of available evidence

Determine balance of benefits and harms

Link recommendation to judgment about net benefits

Analytic framework

There are very few screening studies that look at the primary question of screening efficacy in decreasing mortality

However, evidence-based reviews, focusing on randomized controlled trials (RCTs), can put together a chain of evidence on which to base over-arching recommendations

Define and Retrieve Relevant Evidence

Create inclusion/exclusion criteria based on the key questions defined from the analytic framework

Medline search

References from key articles, editorials, review articles

Cochrane reviews

Expert librarians

Assess Quality of Evidence

What do we mean by quality?

“Extent to which a study’s design, conduct, and analysis has minimized selection, measurement, and confounding biases.” -- Lohr, J Qual Improvement, 1999

“Extent to which one can be confident that an estimate of effect is correct” -- Grade , BMJ 2004

Quality of Individual Studies

GOAL: Identify those studies with highest quality

Internal validity – good quality studies

External validity – direct evidence, generalizable to practice

Depends on study design

Depends on study execution (e.g., blinding)

Critical elements vary by study design and specific topic

Best established for RCTs

Evolving methods for observational studies

Efficacy vs. Effectiveness

USPSTF recommendations consider “real world” settings

Most trials test efficacy not effectiveness

Benefits often decrease and risks increase as intervention implemented in real world vs. trial setting

Requiring effectiveness data may seem too limiting. Is it available?

USPSTF Quality for Individual Studies

Good: Well-defined intervention, appropriate controls, adequate follow-up and analysis; important outcomes

Fair: Somewhere in-between

Poor: Important problems in assembly of comparison groups, assessment of outcomes, or analysis.

Types of Studies Considered

Evidence reports

Evidence tables summarizing studies

Narrative discussing overall strength of evidence

Meta-analysis

Modeling

Systematic reviews from others - Cochrane, etc.

USPSTF Ratings of Overall Evidence

Good: Well-designed, well-conducted studies in representative populations that directly assess effects on health outcomes

Fair: Evidence sufficient to determine effects on health outcomes, but limited by number, quality, or consistency of studies, generalizability to routine practice, or indirect nature of the evidence.

Poor: Insufficient evidence to determine effect on health outcomes due to limited number or power of studies, important flaws in their design or conduct, gaps in the chain of evidence, or lack of information on important health outcomes

Quality of Evidence and Hierarchy of Study Design

I At least one well-conducted RCT

II-1 Controlled trials without randomization

II-2 Well-designed cohort or case-control studies, preferably from multiple sites

II-3 Multiple time-series with or without intervention. Dramatic before-after results (e.g. penicillin)

III Expert opinion

Balance Benefits and Harms

Estimate Magnitude of Net Benefit: Benefits – Harms = Net Benefit

Assessing Harms of Screening

Potential harms real but hard to quantify

Include psychological and physical consequences of false-positives, false-negatives, “labeling”, overtreatment

Magnitude and duration of harm subjective, hard to compare to benefits (translate into quality-adjusted life years (QALYs))

Assessing Magnitude of Net Benefit

No explicit criteria for magnitude

Substantial benefit : impact on high burden or major effect on uncommon outcome

Problems: requires evidence on harms and common metric for benefit and harms

Grades and Wording of Recommendations

- A - Strongly recommend (good evidence, benefits substantially outweigh harms)
- B - Recommend (at least fair evidence, benefits outweigh harms)
- C - USPSTF makes no recommendation (fair to good evidence, benefits and harms closely balanced)
- D - Recommend against routine use (ineffective or harms outweigh potential benefits)
- I - Insufficient evidence to make a recommendation

I - Insufficient Evidence to Recommend for or Against

Lack of evidence on harms or benefits

Poor quality of existing studies

Good quality studies with conflicting results

AHRQ Website Reference

www.preventiveservices.ahrq.gov

Contains many original journal articles references

References for Slides 9-10: Guide to Community Preventive Services

The Community Guide Answers the Questions:

What strategies work to...

- Promote healthy lifestyles?
- Prevent disease?
- Increase the number of people who receive appropriate preventive counseling and screening?

Characteristics of the Best Public Health Information: So What Makes the Community Guide An Ideal Decision Tool?

- Looks at evidence of effectiveness in peer reviewed published literature
- Uses a 20 page + abstraction form for each study reviewed
- Led by independent panel of experts and is supported by Centers for Disease Control and Prevention (CDC)
- Includes system level strategies to improve delivery of clinical services and population based efforts (e.g. mass media) for disease prevention and health promotion

Community Guide “Basics”

What is the Community Guide project?

- Recommendations based on systematic reviews of literature
- Dept. of Health and Human Services (DHHS) initiative
- CDC coordination
- Independent, nonfederal oversight

Audiences for the Community Guide

- Public health departments
- Healthcare delivery systems
- Purchasers of health care
- Government and foundations

- Community organizations
- Academia

Two Primary Objectives for the Community Guide

- The Clinical and Community Guides Review Complementary Interventions
- Population-based Interventions Support Clinical Priorities
 - Physician advice to quit is an effective (yet underutilized) strategy to improve cessation
 - How to build clinical systems that ensure advice to quit ... is a question answered by population-based interventions recommended by the Community Guide (e.g., provider reminder systems)

Methods for Systematic Reviews of Effectiveness Evaluations

- Develop conceptual framework
- Search for and retrieve evidence
- Rate quality of evidence
- Summarize evidence
- Translate strength of evidence into finding (*Strongly recommended, Recommended, or Insufficient evidence*)

Comparing Apples and Oranges Helps To:

- Fully represent an intervention construct
- Enhance external validity and usefulness
- Identify common threads of effective interventions

What Works: Community Interventions

- Community water fluoridation
- School-based dental sealant delivery programs
- Community-wide education campaigns to increase physical activity
- Early childhood development programs
- Mass media campaigns to reduce tobacco use
- Tobacco cessation telephone support systems

What Works: Education and Behavior Change

- Distribution and education programs for child safety seats
- Individually-adapted behavior change programs to increase physical activity
- School-based physical education
- Publicly funded, center-based comprehensive early childhood development programs for children 3 - 5 years old

What Works: Environmental Interventions

- Create or enhance access to places for physical activity combined with informational outreach
- Use of tenant-based rental assistance vouchers improves household safety by giving qualified families a choice in moving to neighborhoods that offer reduced exposure to violence

What Works: Healthcare System Interventions

- Diabetes disease management and case management programs
- Tobacco cessation provider reminders + provider education
- Reduce patients' out-of-pocket costs for vaccinations
- Client and provider reminder systems for vaccinations
- Standing orders for vaccinations

What Works: Legislation/Regulation/Enforcement

- Sobriety checkpoints
- Reduce legal blood alcohol levels (BAC) to <0.08%

- Maintain legal drinking age at 21 years
- Child safety seat laws
- Safety belt laws
- Increase the unit price of tobacco products
- Smoking bans and restrictions

Who Should Use the Community Guide?

- The findings can and should be used by anyone involved in the planning, funding, and implementation of population-based services and policies to improve community health.

Findings Can be Applied by Public Health Practitioners

- As an aid in in program planning, encouraging the use of effective interventions through grant guidance and planning criteria
- Focus existing research or seek out resources for additional studies
- “This publication provides local health departments with an abundance of clear and factual information to plan their activities, to educate their political decision makers, and to educate the community.” - McGinnis JM, Foegen W., Am J Prev. Med. 2000;18(1S):1-2

Findings Can be Applied by

- Providers of healthcare services to implement effective system-level interventions (e.g., reminder recall systems for tobacco control, and standing orders for adult immunizations) which improve delivery of effective clinical services
- Purchasers of healthcare services (e.g., employers) to apply Community Guide findings on effective healthcare system-level interventions in constructing and selecting benefit plans

Three Ways for Any Organization to Make Prevention Happen by Using Evidence-Based Findings

- In planning, purchasing, or managing health benefits (use findings from Clinical and Community Guides to create a “scorecard”)
- At the worksite (e.g., smoking restrictions, access to resources and/or social support for physical activity)
- As a citizen of your community (corporate or otherwise), advocating for effective community-based interventions (e.g., .08 BAC laws, school-based PE programs)

Mapping A Prevention Strategy Using the Community Guide: Step 1

- Assess the primary health issues within your community, workplace, or population.
- For example, is your community at increased risk for, or commonly experiencing, a chronic health outcome that is severe or costly?

Mapping A Prevention Strategy Using the Community Guide: Step 2

- Find clear, objective, and evidence-based evidence on interventions that effectively address or prevent poor health outcomes in your community.
- Use the Community Guide as a starting point for finding interventions that address community health issues.
- Where *insufficient evidence* exists, use the findings to seek funding and carry out research to fill evidence gaps.

Mapping A Prevention Strategy Using the Community Guide: Step 3

- Develop measurable objectives to assess your progress in addressing primary health issues (e.g., Healthy People 2010 or HEDIS)

Mapping A Prevention Strategy Using the Community Guide: Step 4

- Within the range of interventions you identified in Step 2, other factors are important in deciding which intervention(s) to implement.
- Consider effectiveness, cost, secondary benefits, how often the intervention must be repeated, and whether the intervention can be targeted to an identifiable high-risk population.
- The Community Guide provides information on these factors where available, for recommended interventions.

Closing the Gap Between What We Know and How We Practice

- Models or strategies need to follow a common set of system changes
- Strategies need to be evidence-based, population-focused and patient-centered
- Application of practical models enhances service delivery
- The Community Guide provides decision support that enhances existing clinical guidance by maximizing resources and improving service delivery

How Do I Find It?

- Publications
 - MMWR Reports & Recommendations (R&R) series
 - American Journal of Preventive Medicine – special supplements
- Website
 - www.thecommunityguide.org
 - Contains many journal article references

How Is It Being Used?

- Implementing healthcare system interventions to improve vaccine delivery
- Teaching evidence-based decision making for tobacco policy
- Influencing drunk-driving legislation

Easy Steps You Can Take Now

- Bookmark www.thecommunityguide.org
- Include information in your next presentation
- Tell someone about it
- Use it as a reference for decision making
- Use the information to advocate for something you want to do

References for Slides 14-16: Healthy People 2010

Healthy People 2010 - Description

- A comprehensive set of expert opinion and evidence-based national health objectives for the decade
- Developed by a collaborative process, led by the federal Dept. of Health and Human Services, which started in 1979
- Designed to measure progress over time
- A public health document that is part strategic plan, part textbook on public health priorities

Healthy People 2010 – Goals and Content

- Two overarching goals
- 28 focus areas
- 467 specific objectives
- 10 Leading Health Indicators

Overarching Goals of Healthy People 2010

- Increase quality and years of healthy life
- Eliminate health disparities

Healthy People 2010 Chapters

- Access to Quality Health Services
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Cancer
- Chronic Kidney Disease
- Diabetes
- Disability and Secondary Conditions
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Health Communication
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Product Safety
- Mental Health and Mental Disorders
- Nutrition and Overweight
- Occupational Safety and Health
- Oral Health
- Physical Activity and Fitness
- Public Health Infrastructure
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use
- Vision and Hearing

Leading Health Indicators

Ten Major Public Health Issues

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization

- Access to health care

Bottom Line of Healthy People 2010

- A tremendous national resource
- A remarkable evidence-based, intellectual investment
- An important part of a national action plan

Approaches to Healthy People 2010

- Use *Healthy People 2010*
 - As a data resource
 - As a vehicle to involve the public, media, and elected officials
 - As a source of benchmarks, baselines, and objectives
- Use *Healthy People 2010* as a basis to form coalitions and partnerships with community-based groups
 - To define common ground
 - As a common template
- Use *Healthy People 2010* to form the basis of agreements and interactions with government

Healthy People 2010 Web Site

- www.health.gov/healthypeople
- Contains excellent journal article and federal report references

Reference for Slide 20: Put Prevention into Practice (PPIP)

What is PPIP?

- Implementation program derived from recommendations of US Preventive Services Task Force (USPSTF)
- Purpose:
 - Increase awareness of prevention
 - Increase appropriate use of clinical preventive services (screening tests, counseling, immunizations)

USPSTF Screening Recommendations for Adults

- Blood pressure, height, weight
- Obesity
- Cholesterol
- Pap smear
- Chlamydia
- Mammography
- Colorectal cancer
- Osteoporosis
- Alcohol use
- Vision, hearing

USPSTF Immunization Recommendations for Adults

- Tetanus, diphtheria (Td)
- Varicella (VZV)
- Measles, mumps, rubella (MMR)
- Pneumococcal
- Influenza

USPSTF Preventive Medication Recommendation for Adults

- Assess cardiovascular disease risk and discuss aspirin to prevent CVD events

USPSTF Counseling Recommendations for Adults

- Tobacco cessation
- Drug and alcohol use
- STDs and HIV
- Nutrition
- Physical activity
- Sun exposure
- Oral health
- Injury prevention
- Polypharmacy

USPSTF Screening Recommendations for Children and Adolescents

- Newborn (PKU, sickle cell, hemoglobinopathies, hypothyroidism)
- Head circumference
- Height and weight
- Lead
- Vision
- Dental

USPSTF Immunization Recommendations for Children and Adolescents

- Hepatitis B
- Diphtheria, tetanus, pertussis (DTaP)
- Haemophilus Influenza Type b (Hib)
- Inactivated poliovirus (IPV)
- Measles, mumps, rubella (MMR)
- Varicella
- Pneumococcal
- Hepatitis A
- Influenza

USPSTF Counseling Recommendations for Children and Adolescents

- Development
- Dental and oral health

- Child abuse
- STDs and HIV
- Nutrition
- Safety
- Drug and alcohol use
- Birth control
- Physical activity
- Tobacco use
- Sexuality

Why is PPIP Needed?

- Vast majority of premature death is preventable
- Strong evidence shows that clinical preventive services can prevent some of the leading causes of death
- Combat barriers to the effective delivery of preventive care

How Was PPIP Developed?

- Based on research-tested interventions for improving delivery of preventive services in primary care settings
- Focus group tested with clinicians, office staff, patients
- Ongoing consultation with users and potential users

PPIP Messages

- Clinical prevention works and is important
- Different people need different services
- PPIP provides tools and resources for clinicians and their patients to provide comprehensive preventive care
- A system is needed to ensure that prevention is a routine part of every patient encounter

Patient Barriers to Delivering Clinical Preventive Services

- Lack of knowledge
- Anxiety about procedures and results
- Inconvenience
- Costs

Clinical Barriers to Delivering Clinical Preventive Services

- Lack of prevention training and knowledge
- Lack of confidence that prevention makes a difference
- Lack of time
- Inadequate reimbursement

Office Barriers to Delivering Clinical Preventive Services

- Lack of knowledge
- Lack of motivation, not ready for change
- Lack of effective teamwork
- Clinical setting focused on illness and treatment rather than wellness and prevention
- Inadequate systems for delivery, tracking, and followup for preventive services

What Can PPIP Do?

- Educate providers, office staff, and patients about which services should be delivered:
 - Counseling for risk reduction (smoking cessation)
 - Screening tests for early detection of disease (Pap smears)
 - Immunizations for primary prevention (measles, vaccination)
 - Chemoprevention (aspirin to prevent heart disease)
- Provide a systematic approach for delivering clinical preventive services
- Help providers and patients track preventive care

Who Uses PPIP?

- Primary care practices
- Health plans
- Employers and purchasers of care
- Advocacy groups
- Federal agencies
- Professional organizations
- Medical/nursing students
- Health departments
- Hospitals
- Family practice and preventive medicine residencies
- Physicians assistant programs
- Nursing programs
- Medical schools
- Continuing education

PPIP Materials, Tools and Resources

- For patients and others
 - *Personal and Child Health Guides*
 - *Staying Healthy at 50+*
 - Fact sheets: *What's New from the U.S. Preventive Services Task Force*
- For providers and offices
 - Task Force recommendations (previous and current)
 - *Clinician's Handbook*
 - *A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach*

Overview of *A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach*

- Explains how to deliver routine preventive care to every patient
- Tells what services to provide
- Describes how to involve all staff
- Explains how to evaluate and refine your system

Why Use *A Step-by-Step Guide to Delivering Clinical Preventive Services*?

- Breaks delivering preventive services into small, manageable steps
- Can be adapted to your setting
- Includes worksheets, flow sheets, and health risk profiles to use “as is” or customize

- Based on scientific evidence

How the Guide is Organized

- 6 chapters; 3 appendixes
- **Chapter 1:** Assess your readiness for a systems change
 - Assess staff values and beliefs
 - Elicit patient opinion
 - Introduce PPIP as a possibility
- **Chapter 2:** Assess your current prevention practice
 - Assess current preventive services, individual and group systems, and clinical flow
- **Chapter 3:** Develop a preventive care protocol
 - Establish preventive care standards
 - Conduct chart audits
 - Establish goals for your setting
 - Design an evaluation process
- **Chapter 4:** Establish a process for delivering preventive care
 - Obtain staff and administrative support
 - Assign responsibilities
 - Determine information and materials flow
- **Chapter 5:** Evaluate your PPIP system
- **Chapter 6:** Incorporate prevention materials
- Appendixes
 - Presentation materials
 - Worksheets
 - Health risk profiles and flow sheets
 - Prevention prescriptions

PPIP Web Site

- www.ahrq.gov/clinic/ppipix/htm

References for Slide 21: Steps to a Healthier US

Steps to a HealthierUS

- A 2003 initiative from the U.S. Department of Health and Human Services (HHS) that advances President Bush's *HealthierUS* goal of helping Americans live longer, better, and healthier lives.
- The *Steps* initiative envisions a healthy, strong U.S. population supported by a health care system in which diseases are prevented when possible, controlled when necessary, and treated when appropriate.

Steps Components

- Health promotion programs to motivate and support responsible health choices.
- Community initiatives to promote and enable healthy choices.
- Health care and insurance systems that put prevention first by reducing risk factors and complications of chronic disease.
- State and federal policies that invest in the promise of prevention for all Americans.

- Cooperation among policy makers, local health agencies, and the public to invest in disease prevention instead of spending our resources to treat diseases after they occur.

Steps Target Conditions

- Diabetes
- Obesity
- Heart disease and stroke
- Asthma
- Cancer
- Physical inactivity and poor nutrition
- Tobacco use
- Youth risk-taking

Steps Initiatives

- 5-year cooperative agreement program
- In FY 2003, the *Steps* Program allocated \$13.6 million to fund 12 grantees representing 24 communities (7 large cities, 1 tribe, and 4 states that coordinate grants to 16 small cities and rural communities).
- In FY 2004, \$35.8 million was granted to increase funding to the existing communities and to fund an additional 10 grantees representing 16 communities (5 large cities, 2 tribes, and 3 states that coordinate grants to 9 small cities and rural communities).
- These 40 funded communities will implement community action plans to reduce health disparities and promote quality health care and prevention services.

Steps Website

- www.healthierus.gov/steps/

References for Slide 22: Baselines and Benchmarks for Clinical Preventive Services

National Committee for Quality Assurance (NCQA) HEDIS Program

- Called Health Employer Data and Information Set (HEDIS)
- Provide quality of care specifications and reporting to compare performance with norms and standards
- Reporting available since 1999

HEDIS 2006 Measures for Preventive Services

- Childhood immunization status
- Adolescent immunization status
- Colorectal cancer screening
- Breast cancer screening in women
- Chlamydia screening in women
- Medical assistance with smoking cessation
- Flu and pneumonia immunization for older adults
- Prenatal and postnatal care

NCQA/HEDIS Website

- www.ncqa.org/Programs/HEDIS/index.htm

Partnership for Prevention Priorities in Clinical Preventive Services

- Developed by Partnership for Prevention with a grant from the CDC
- Based on score for “clinically preventable burden” plus “cost effectiveness”
- Ranked from 0 to 10, with 10 being the highest priority
- Original ref: AJPM 2001; 21(1)
- www.prevent.org/content/view/21/21/#priorities

Reference List of Website Resources

- www.aapredbook.aappublications.org/ - home page for the American Academy of Pediatrics’ red book
- www.ahrq.gov/clinic/ppipix.htm - home page for AHRQ’s Put Prevention Into Practice initiative
- www.http://archive.naccho.org/modelPractices/ - NACCHO’s Model Practices Program web site
- www.bridgestoexcellence.org/bte/ – web site for Bridges to Excellence program
- www.cdc.gov/asthma/NACP.htm - the CDC’s asthma resource site
- www.cdc.gov/cancer/colorctl/ - the CDC’s colon cancer screening guidelines
- www.cdc.gov/cancer/nbccedp/info-bc.htm - the CDC’s breast cancer screening guidelines
- www.cdc.gov/epiinfo/ - the CDC’s Epi Info web site
- www.cdc.gov/epiinfo/communityhealth.htm - the CDC’s Epi Info community health web site
- www.cdc.gov/mmwr/ - home page for the Center for Disease Control and Prevention’s CDC’s Mortality and Morbidity Weekly Reports
- www.cdc.gov/nccdphp/dnpa/ - the CDC’s physical activity and nutrition resource site
- www.cdc.gov/nccdphp/dnpa/obesity/ - the CDC’s obesity resource site
- www.cdc.gov/nccdphp/publications/aag/cvh.htm - the CDC’s heart disease & stroke resource site
- www.cdc.gov/nccdphp/publications/aag/dcpc.htm - the CDC’s cancer screening guidelines
- www.cdc.gov/nccdphp/publications/aag/ddt.htm - the CDC’s diabetes resource site
- www.cdc.gov/nccdphp/publications/aag/osh.htm - the CDC’s smoking cessation guidelines
- www.cdc.gov/nccdphp/publications/aag/osh.htm - the CDC’s tobacco use/youth risk taking resource site
- www.cdc.gov/nchs/hus.htm - home page for CDC’s *Health, United States* resource
- www.cdc.gov/nip/recs/adult-schedule.htm - the CDC’s adult immunization schedule
- www.cdc.gov/nip/recs/child-schedule.htm - the CDC’s child & adolescent immunization schedule
- www.cdc.gov/std/ - the CDC’s chlamydia screening guidelines
- www.cms.hhs.gov – web site for Centers for Medicare and Medicaid Services
- www.esri.com/industries/health/business/hospitals.html - global information system for hospital systems
- www.esri.com/industries/health/index.html - global information system for health systems
- www.guidelines.gov – home page for AHRQ’s National Guidelines Clearinghouse
- www.health.gov/healthypeople - home page for the DHHS Healthy People 2010 initiative
- www.healthierus.gov/steps/ - home page for DHHS’s Steps to a Healthier U.S. initiative
- www.jcaho.com – web site for Joint Commission on Accreditation of Healthcare Organizations

- www.naccho.org/topics/infrastructure/APEXPH.cfm - NACCHO's APEXPH program web site
- www.naccho.org/topics/infrastructure/strategicdecisions.cfm - NACCHO's web site for Strategic decisions about Partnerships.
- www.ncqa.org/Programs/HEDIS/index.htm - web site for NCQA's Health Employer Data and Information Set
- Pay for Performance: <http://www.bridgestoexcellence.org/bte/>
- www.prevent.org/content/view/21/21/#priorities – web site for Priorities and Rankings article from the American Journal of Preventive Medicine
- www.preventiveservices.ahrq.gov –home page for the Agency for Health Care Research and Quality's clinical preventive services resources
- www.thecommunityguide.org – home page for the CDC's community preventive services resources
- www.unitedhealthfoundation.org/ahr2005.html - web site for UnitedHealth Foundation's 2005 State Health Rankings
- www.wonder.cdc.gov/ - home page for CDC's home page for CDC's Wide-ranging On-Line Data for Epidemiologic Research (WONDER) program