
The Guide to Community Preventive Services: Managed Care/Clinical Practice Commentary

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Introduction

The dynamic health care environment of today is being driven by market and community forces that are impacting the way health care is delivered, paid for and used. New technologies and managed care are facilitating the transfer of acute care services to outpatient, home and other nontraditional settings of care. National perspectives on health and disease are also changing.¹ A significant shift of focus from health care to health and determinants of disease is apparent; from acute illness to chronic disease and disability; from traditional medical treatment to self-care and shared decision making; and from physical health to a broader definition of health that encompasses mental, social and spiritual well-being. Thus, health care organizations and managed care partners are challenged to respond to these forces by providing a health care delivery system that concentrates on communities and offers population-based health services with greater emphasis on health promotion and disease prevention rather than one that only treats illness and injury.

The need to do more with less, and to do it more effectively whenever possible, has become a challenge for all involved in the health care industry. The Balanced Budget Act of 1997 has led to significant cuts in health care reimbursement and, subsequently, health organizations have had to look at ways to do the greatest good for the greatest number and obtain the greatest benefits for the least amount of resources. Hence, providers are recognizing that for some health problems, community-level interventions may be more effective for preventing morbidity and mortality than will preventive services delivered in the clinical setting. Community-based interventions targeting managed care members and other aligned populations, such as children and families who are served in school-based health settings, offer opportunities to have a positive impact on health status, costs of care and use of health resources. Population-based health services that are

intended to change/modify risk behaviors, reduce preventable illness/injury/disability and address social problems that become health problems will be essential to the integrity of future health systems that purport to improve individual and community health.

Role of Managed Care in Community Health

Historically, managed care has been aimed at giving people access to high-quality, cost-effective health care through a delivery system that influences utilization of services, cost of services and accountability for services.² While the earlier generation of managed care concentrated primarily on containing hospital costs, today's generation of managed care also develops and communicates practice guidelines for effective and cost-efficient care; builds networks of providers to improve the cost-effectiveness of health care delivery; seeks continuous quality improvement; facilitates access to preventive services and early treatment; supports patients and their families in finding the most appropriate treatments available; and plays a coordinating role among the complex network of payers, providers and patients to enhance communication and continuity of care. Thus, in the current environment, provider-driven health plans are called on to reach aligned populations in a way that maximizes resources, achieves optimal health outcomes and meets community benefit standards in a socially responsible manner.

As presented by Showstack et al.,³ a socially responsible managed care system reflects the following attributes:

- one that enrolls a representative segment of the general population living in the system's geographic service area;
- one that identifies and acts on opportunities for community health improvement;
- one that participates in community-wide data networking and sharing;
- one that publishes information regarding its financial performance and contributions to its community;
- one that includes the community, broadly defined, in the governance and advisory structures of the managed care system;
- one that participates actively in health professions education programs;

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- one that collaborates meaningfully with academic health centers, health departments and other components of the public health structure; and
- one that advocates publicly for community health promotion and disease prevention policies.

In accordance with these attributes, Henry Ford Health System (HFHS) works to improve the health and quality of life in the communities of southeastern Michigan and the neighboring regions. Committed to designing services and programs around the needs of its patients and the communities it serves, HFHS strives to deliver user-friendly, integrated services through innovative partnerships, managed care and health education. Henry Ford Health System continually improves its services by measuring patient satisfaction and changes in community health. Finally, HFHS behaves as a responsible corporate citizen and good neighbor by volunteering its time, expertise and facilities to advocate improved community health. Its commitment to community health and population-based services is reflected in the following:

- corporate contributions program;
- community service/employee partnerships (e.g., Paint the Town, Habitat for Humanity, Detroit Clean Sweep);
- speaker's bureau;
- employee volunteer network;
- involvement in healthy cities/healthy communities initiatives; and
- community health activities through the Center for Health Promotion and Disease Prevention (e.g., school-based health centers, violence prevention programs, worksite health promotion and other community outreach activities).

Usefulness of *Guide to HFHS/Other Managed Care Organizations*

The *Guide to Community Preventive Services* should prove to be an extremely useful tool to provider-driven managed care organizations, such as HFHS, as they focus more on the provision of population-based health services to improve community health. The content of the document to include guidelines/protocols for health screening and health promotion, prevention strategies for targeted populations, economic analyses for various interventions and replicable models that have been tested and evaluated will offer timely and relevant information to clinicians and managers as decisions are made about quality improvement priorities and resource allocation.

Additionally, the proposed format for the systematic reviews and evidence-based recommendations of the

population-based interventions is logical and user friendly—an important determinant for applicability in demanding clinical settings.

Certainly, the *Guide to Community Preventive Services* can be of great value to clinicians and administrators in managed care organizations. For clinicians, it may be a useful educational/reference tool that heightens awareness and expands the delivery of preventive medicine. For administrators, it may contain economic data about preventive care that influence decisions about resource availability and targeted services for community health.

Nevertheless, challenges and potential barriers toward preventive care delivery that have implications for use of the *Guide* include inadequate payment for preventive services, the need for more “proof” tested interventions to drive priorities in practice, and lack of organizational/system support to facilitate the delivery of population-based preventive services.

Conclusions

In summary, market and community forces, changing perspectives on health and disease and the increasing emphasis on population-based health services offer the context for a comprehensive set of evidence-based recommendations that may be useful to managed care organizations as they carry out their missions to improve community health. The *Guide to Community Preventive Services* can be extremely useful to those who are seeking strategies and programs that may relate to the populations/communities they purport to serve. Still, the value and widespread applicability of the *Guide* is challenged by barriers to preventive care delivery. Opportunities exist, however, and the *Guide* can influence those involved in the planning, funding and implementation of population-based preventive services to ultimately have an impact on community health status and quality of life.

References

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