



7 Ways Physicians Can Improve the Delivery of Preventive Care to Their Patients:

Health Systems Recommendations from the *Guide to Community Preventive Services*

Physicians value the importance of preventive care. Most physicians already use the *Guide to Clinical Preventive Services* for evidence-based advice on what preventive services are appropriate for a particular patient. However, knowing what preventive services to deliver is only the half the battle. In a busy clinical practice, it can be a challenge for physicians to capitalize on every opportunity to offer or deliver these services. **Where can physicians turn for effective strategies to help them deliver needed preventive services to their patients?**

The *Guide to Community Preventive Services* (Community Guide) contains systematic reviews of the effectiveness of population-level health interventions, including strategies implemented in health care settings to improve the delivery of preventive services. Based on this evidence, the Task Force on Community Preventive Services (an independent, nonfederal panel of experts) has recommended seven effective health systems-level prevention strategies.

Physicians can use these recommendations to identify what prevention strategies to implement in their practice, hospital, HMO, nursing home or other setting in which they provide medical care. These strategies can help make the delivery of preventive services more automatic and in this way assist physicians' efforts to put prevention into practice.

- (1) **Patient Reminder/Recall:** This strategy involves delivering to patients a *reminder* that they are due for a specific preventive service (such as a vaccination or a follow-up appointment for chronic disease management), or a *recall* that they are overdue for that service. Reminders and recalls can be delivered by mail, telephone, electronic medium, or a combination of these.
 - Patient reminder/recalls are effective in increasing vaccination rates in adults, adolescents, and children, in a range of settings and populations, when applied in individual practice settings or in entire communities, and whether used alone or as part of a multicomponent intervention.
 - Patient reminder/recalls are effective in improving care among patients with diabetes, in a range of populations and in persons with either type 1 or type 2 diabetes.
- (2) **Provider Reminder/Recall:** These strategies inform health care providers that individual patients are due (*reminder*) or overdue (*recall*) for a recommended preventive service, such as a vaccination or risk factor counseling. Techniques to remind providers include chart stickers, computer notification, vital sign stamps, medical record flow sheets, and checklists.
 - Provider reminder/recalls are effective in prompting health care providers to discuss and/or advise tobacco-using patients on cessation and in improving cessation rates among patients.
 - Provider reminder/recalls are effective in improving provider delivery of vaccinations in adults, adolescents, and children, whether used alone or as part of a multicomponent intervention, across a range of reminder types, and in a range of settings and populations.
- (3) **Provider Assessment and Feedback:** This strategy involves retrospectively evaluating the performance of providers in delivering one or more preventive services to a client population and giving this information to providers.
 - Provider assessment and feedback is effective in improving provider delivery of vaccinations to patients, in both adults and children, whether used alone or as part of a multicomponent intervention, and across a range of settings and populations.
- (4) **Standing Orders:** This strategy involves the use of protocols by nonphysician personnel to prescribe or deliver vaccinations to client populations without direct physician involvement at the time of the interaction, such as in clinics, hospitals, and nursing homes.
 - Standing orders are effective in improving pneumococcal and influenza vaccination coverage in adult patients, whether used alone or as part of a multicomponent intervention, and in settings such as clinics, hospitals, and nursing homes. Insufficient evidence existed to evaluate the effectiveness of standing orders for improving vaccination delivery to children.

(5) Improving Access to Preventive Services

(a) Reducing Out-of-Pocket Costs: This strategy involves efforts to provide insurance coverage for preventive services, to reduce co-payments for preventive services, or to provide free preventive services.

- Reducing out-of-pocket costs for tobacco cessation therapy (cessation support groups, nicotine replacement, other pharmacologic therapies) is effective in improving cessation rates among tobacco-using patients across a range of population and health care settings.
- Reducing out-of-pocket costs for vaccinations is effective in improving vaccination rates across a range of populations and across a range of health care settings, including private offices, emergency department, hospitals, and clinics.
- Multicomponent interventions that included reducing out-of-pocket costs were effective in improving breast and cervical cancer screening rates across a range of settings and populations.

(b) Expanding Access in Health Care Settings: This strategy increases the availability of preventive services in medical or public health clinical settings by increasing or changing the hours during which services are provided, reducing the distance from the client to the setting, delivering preventive services in clinical settings in which they were previously not provided (e.g. emergency rooms, inpatient units, subspecialty clinics), or reducing administrative barriers to obtaining preventive services within clinics (e.g. drop-in clinic or “express-lane” vaccination services).

- Expanding access in health care settings is effective in improving vaccination rates in both adults and children and across a range of health care settings including managed care, community clinics, and private practices.
- Multicomponent interventions that included expanding access were effective in improving breast and cervical cancer screening rates across a range of settings and populations.

(6) **Disease Management Programs:** This strategy is an organized, proactive, multicomponent approach to health-care delivery, involving all members of a population having a specific disease or a subset of that population with specific risk factors. Care is focused on and integrated across the spectrum of the disease and its complications, the prevention of comorbid conditions, and relevant aspects of the delivery system. Goals include improving short- and long-term health or economic outcomes, or both, among persons with the disease.

- Disease management systems are effective in improving provider monitoring and glycemic control among persons with either type 1 or type 2 diabetes, in managed care settings and community clinics

(7) **Case Management Programs:** In this strategy, the needs of patients at risk for excessive resource usage, suboptimal outcomes, or suboptimal coordination of services are identified and addressed through improved planning, coordination, and provision of care. A case manager, who is not the provider of direct health care, oversees and is responsible for all case management activities. Case management can exist as a single-component intervention, be combined with other clinical care interventions (e.g. practice guidelines or patient reminders), or be part of a disease management system.

- Case management programs are effective in improving provider monitoring and glycemic control among adults with type 2 diabetes in managed care settings

More information about the *Guide to Community Preventive Services*, including summaries of recommendations and full text of published findings, is available at <http://www.TheCommunityGuide.org>