*Editorial*

# Healthy People 2000: Access to Preventive Services for All

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*Healthy People 2000*,[1] a document describing the health promotion and disease prevention objectives for the nation, was released in September 1990, by Secretary Sullivan of the Department of Health and Human Services. Shaped collaboratively over a period of 3 years by the US Public Health Service, state and territorial health departments, professional organizations, and community representatives, *Healthy People 2000* provides a statement of where we are as a nation, and where we need to go.

The 300 measurable objectives for health status, risk reduction, and service and protection set an outcome-driven agenda for the next decade for improving the health of Americans. Three fundamental goals support the objectives:

1. Increase the span of healthy life for Americans
2. Reduce health disparities among Americans
3. Achieve access to preventive services for all Americans

The third goal is of the most direct relevance to primary care clinicians. Access to and use of clinical services by Americans is integral to the accomplishment of the first two goals. We need to prevent unnecessary morbidity and mortality from cervical, breast, and colon cancer; coronary artery disease and stroke; infectious diseases; and inadequate prenatal care. Until we ensure that all Americans have received screening for preventable or early-stage illnesses, effective health advice about changing behavioral risk factors, and adequate chemoprophylaxis (ie, immunizations, hormone replacement, and treatment for hypertension and hypercholesteremia), the promise of clinical medicine remains unrealized.

Many factors are involved in the successful delivery of preventive services to a population. From the perspective of the provider, services must be regarded as effective, readily incorporated into clinical practice, and reimbursable. From the perspective of the individual recipient, services must be understood as valuable, viewed as acceptable to receive, and affordable.

Although coverage by insurance is insufficient to guarantee delivery and use of clinical preventive services, it appears to be a necessary condition for widely disseminating this aspect of medical care. The RAND Health Insurance Experiment found that enrollees who were required to share health insurance costs, as opposed to those who received free care, made significantly less use of preventive services, including timely immunizations, Papanicolaou smears, and mammography.[2] Reports from two national samples, the Health Interview Survey[3] and the Access to Care Survey,[4] strongly link use of preventive services with insurance. Given the many payers for health care in the United States, how do we ensure coverage for preventive services?

## Private Insurance

In 1988, 63% of Americans were covered by employer-sponsored group health insurance plans.[5] A 1988 survey of a nationally representative sample of employers found that, overall, these plans covered only 41% of adult physical examinations, 56% of well-baby care, and 69% of preventive diagnostic tests.

Recent activities among private insurers suggest that improvements in coverage will be occurring rapidly. The announcement by the national Blue Cross & Blue Shield Association of a program to encourage certain prevention screening tests in policies issued by its member plans will increase availability of coverage for these services in

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employer-based plans. The screening schedule is based on the recommendations of the American College of Physicians. While the adoption of these packages is optional for any single plan, the Blue Cross and Blue Shield system covers 73 million Americans, and this addition, over time, is likely to have a major impact on insurance coverage. The Health Insurance Association of America, an umbrella group for many of the other private insurers, has been developing a similar package of preventive services that could be adapted by its members for inclusion in the insurance policies of individual plans.

## Medicare

In the last 2 years, Congress has authorized Medicare coverage of a number of clinical preventive services for its beneficiaries. Coverage for the disabled and persons 65 years of age and older, however, still consists of a circumscribed set of clinical preventive services, including pneumococcal vaccination, cervical cancer screening, biennial mammography, and hepatitis B vaccination for individuals at high risk.

Bills have recently been introduced by the chairs of the Senate Finance Committee and the House Ways and Means Committee that would add a substantial number of new preventive benefits to Medicare Part B. These include: annual fecal occult blood tests, sigmoidoscopy every 5 years, annual (as opposed to biennial) mammography, tetanus-diphtheria boosters, and influenza vaccines. The bills also propose a process for ongoing consideration of coverage for preventive services in order to promote a smoother adaptation process for future addition of services.

One method under federal review for both Medicare and Medicaid is the "bundling" of health advice, screening tests, and immunizations into age, risk level, and sex-appropriate packages that could be reimbursed in a lump sum payment for a periodic health examination. Derived from the US Preventive Services Task Force recommendations,[7] payment for these packages has been calculated to represent less than 2% of current per capita medical expenditures.

## Medicaid

Medicaid coverage of adults for preventive services has been highly variable across states, which maintain discretion over what services will be provided and what level of poverty will determine Medicaid eligiblity. For some states, less than 30% of the nonelderly poor are Medicaid-eligible; in the United States in 1989, 44% of this group were eligible.[8] Only 19 states to date have included clinical preventive services among the benefits provided to adults in their programs.

Medicaid-eligible persons aged 21 years and under are covered through the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT), which covers a full range of clinical preventive activities. As part of the 1990 Omnibus Budget Reconciliation Act, states have been mandated to extend Medicaid coverage to all children under 19 years who were born after September 30, 1983, if their family incomes are at or below 100% of the federal poverty level. This program will be phased in over a 12-year period.

A number of states are developing innovative reforms in their Medicaid programs in their efforts at health care reform. Oregon has drawn substantial national attention to a plan in which all uninsured persons at poverty level or below will be covered by Medicaid, in exchange for coverage of a more carefully circumscribed set of services that would be determined annually by the budgetary constraints of the state. Oregon's system ranks the health care services based on a formula of cost, outcome, and the values of Oregonians. Prenatal care and adult and children's preventive services have all been ranked high on the list, and therefore are assured of being part of the Medicaid package.[9] The outcome of this proposal, which would require a waiver by the Department of Health and Human Services, is being carefully watched.

## Health Care Insurance Reform

There are currently 35 to 40 million persons in the United States who have no health insurance. A full 25% of the population is uninsured for at least 1 month each year. The pressure to address the needs of these large numbers of Americans is very strong at both the state and federal levels.

At the 1991 meeting of the National Governors' Association, discussions of health care reform were at the top of the agenda. The governors issued a policy statement asking for new flexibility from the federal government to create state-level solutions for health care systems. The Administration has also convened working groups to develop a plan for health care reform. A number of bills have been introduced into the Congress that support major overhauls to the health care system.

As health care reform unfolds, primary care clinicians are well positioned to shape the kinds of coverage that become available. Opportunities for input come through our professional organizations, and through individual activities on public and private sector panels.

Achievement of the goals of *Healthy People 2000* will be shaped by the ways in which clinical preventive services are addressed in the reforms that take place.

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