The Put Prevention Into Practice Campaign: Office Tools and Beyond

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On August 3, 1994, the Secretary of Health and Human Services, Donna E. Shalala, announced the inauguration of the Put Prevention Into Practice campaign. Central to this campaign is the dissemination of a set of office systems materials designed by the US Public Health Service to help clinicians deliver preventive services in primary care (Table). Although these materials are not particularly sophisticated (all are paper-based) or innovative (almost all have been used and previously tested in one form or another), several important principles underlie the Put Prevention Into Practice effort.

Unity of Effort

Unity of effort is critical for the promotion of clinical prevention because of the enormity of the task and the need to provide clinicians and the public with clear information and consistent messages about preventive care.[1,2] Representatives of 32 major national organizations and all agencies of the US Public Health Service comprised the National Coordinating Committee on Clinical Preventive Services, which served as the overseeing body for the Put Prevention Into Practice campaign. Developing the materials necessitated putting aside issues of organizational territoriality and forging new areas of cooperation. For example, the *Child Health Guide*, an informational booklet and record of preventive care for use by parents, was developed with the assistance and endorsement of both the American Academy of Family Physicians and the American Academy of Pediatrics, organizations that previously have not jointly endorsed a publication. The American Cancer Society joined with the US Public Health Service by endorsing the Put Prevention Into Practice campaign despite differences regarding some cancer screening recommendations. This spirit of cooperation is embodied in the *Clinician's Handbook of Preventive Services*, a 400-page reference book created for the Put Prevention Into Practice campaign. In this text, the recommendations of all major authorities for each type of preventive care are presented side by side so that they can easily be compared and contrasted.

Importance of the Patient

A guiding principle in the development of the Put Prevention Into Practice campaign has been that preventive care efforts should address the whole patient, not just specific organ systems or diseases. Primary care providers do not treat one organ system or one disease, but the full range of problems with which patients present. Disease-specific campaigns develop neither the breadth of awareness nor the resources necessary to comprehensively incorporate clinical prevention into the complex fabric of primary care. Direct feedback from primary care provider organizations and focus group testing with providers during the course of development of Put Prevention Into Practice indicated that primary care providers are tired of disease-specific campaigns. These campaigns may change yearly; their categorical nature is discordant with the comprehensive nature of primary care; and the task of responding to multiple campaigns can be difficult in a busy primary care practice.

Office tools developed for disease-specific campaigns have historically not been directly usable for other prevention issues. Logistically, it is difficult for primary care providers to use different tracking and reminding tools for different types of preventive care. The office tools developed for the Put Prevention Into Practice campaign are based largely on high-quality tools developed for disease-specific projects but adapted to the needs of comprehensive primary care.[3–6]

Many studies indicate that patients are interested in receiving preventive care,[7–10] but until now, methods to

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Table. Put Prevention Into Practice: Office Systems Materials

For providers: *Clinician's Handbook of Preventive Services*
In each of 60 chapters, this book concisely provides five types of information for each type of preventive service: burden of suffering of the target disorder(s), recommendations of major authorities, basics of how to perform each type of preventive service, scientific references, and a listing of patient education resources.

For patients: *Personal Health Guide* and *Child Health Guide*
These passport-sized booklets give patients and parents basic information about preventive services and a permanent personal record to enable them to track and prompt preventive care for themselves and their children.

For the office staff and office system: office tools
Patient chart flow sheets. Templates are provided to help the clinician create flow sheets for tracking preventive care for children and adults. A separate template is provided for childhood immunizations.

Patient chart alert stickers. A set of 15 types of colorful chart stickers are designed to alert providers and staff about patients who routinely need specific types of preventive care. Removable adhesive stickers provide visit-specific reminders for preventive care.

Prevention prescription pad. This pad using pressure-sensitive paper enables providers and staff to "prescribe" needed preventive services as well as make referrals for these services.

Reminder postcards. These facilitate the notification of patients for needed preventive services.

Charts and posters. Two examination room charts (one each for children and adults) depict preventive care in a timeline format. They are designed to serve as quick reference resources for clinicians and educational tools for patients. A waiting room poster with the PUT PREVENTION INTO PRACTICE logo helps inform patients that prevention is a priority for the practice.

The Put Prevention Into Practice Education and Action Kit can be purchased from the American Academy of Family Physicians ordering department, 8880 Ward Pkwy, Kansas City, MO 64114, (800) 444-0000, and from the Superintendent of Documents, PO Box 371954, Pittsburgh, PA 15250-7954, (202) 783-3238; fax, (202) 512-2250. Components of the kit may be obtained separately.

empower them to prompt and track their own preventive care have been largely overlooked.[11] The *Personal Health Guide* and *Child Health Guide* were designed to provide each patient or parent with a permanent record of preventive care as well as valuable, basic information about health maintenance. Spanish language versions are currently being prepared, and special editions for adolescents and the elderly are in the planning stages.

Care and Skill in Practice

One director of a family practice residency program recently described preventive medicine as the "Rodney Dangerfield of the curriculum" and said, "Help me learn how to guide others to appreciate its importance, its respectability."[12] Such sentiments are regretfully all too common, despite the central role that preventive care plays in the actual practice of family medicine. Unfortunately, little attention is given to preventive care in traditional medical training. A bias begins early in medical school that is carried on through residency and into practice: preventive care is not important enough to be performed with the same level of skill and attention to detail as acute care.

Preventive care is often so haphazardly performed that even the most rudimentary of bookkeeping devices, such as a summary list or flow sheet, are not used for tracking. A recent national survey of family physicians found that approximately one fourth reported not having flow sheets or any other tracking mechanism for preventive care (Office of Disease Prevention and Health Promotion, US Public Health Service, Preventive Care Survey, unpublished data, 1994). Several other studies have found that even when flow sheets are present in patient charts, fewer than one half actually have data correctly recorded on them.[13–15] The medical establishment has done little to remedy this situation. The Joint Commission on Accreditation of Healthcare Organizations has long required the use of flow sheets or summary lists for tracking the performance of acute care (including medications, allergies, surgeries, and health problems) but has failed to enact a similar requirement for tracking preventive care.[16,17] The Put Prevention Into Practice campaign seeks to redress this situation through the dissemination of high-quality paper-based office tools that are flexible and can be used in any practice. Flexibility is important because of the differing risk profiles between the practices and the desires of providers to be able to tailor preventive care performance to the needs of their patients.[2] Computer tools have not been included because of the current lack of computer hardware in many practices. Ideally, future refinements of the Put Prevention Into Practice campaign will be able to include computer-based tools. No longer should preventive care be left to chance and convenience. It should be carried out consistently and systematically with the aid of office tools and office staff.

Skill in the performance of preventive care *is* important. Although preventive care, unlike acute care, is rarely iatrogenically fatal, it can be harmful or its value can be negated by improper techniques. For some preventive care procedures, the risk-benefit margin may be relatively small even when the procedures are performed correctly, and it may completely disappear when they are performed incorrectly. Busy practitioners face the challenge of providing care that is both effective and time-efficient. This challenge is particularly daunting in the provision of counseling and other potentially time-consuming services. The *Clinician's Handbook of Preventive Services* addresses the issues of skill and efficiency by bringing together the recommendations of major authorities on the basic steps for correctly performing each type of preventive care. Although there is room for disagreement regarding some recommendations, the overriding message should not be controversial: proper performance of preventive care, as with acute care, requires the maintenance of current skill and knowledge.

Beyond Office Tools

The Put Prevention Into Practice campaign is intended to accomplish more than simply to disseminate a kit of paper-based office and practice tools. It is intended to be a step toward something more important: a new approach to preventive care in which the major governmental and private organizations work together, promotion efforts are recast to be consistent with the comprehensiveness of primary care, and high standards of skill become a routine part of preventive care practice.

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