EHE HEALTH

WHITE PAPER

Guiding Principles and Best Practices in Preventive Care

How Can We Improve Preventive Care?

Primary care faces many challenges in the U.S. today. These include a much smaller investment in PCPs (Primary Care Physicians) compared to other countries due to the low reimbursement of PCPs and a lack of emphasis on adult prevention. This paper explains the guiding principles and best practices employers and payers should consider to overcome these challenges.

Guiding Principles:

1. Prioritize comprehensive, evidence-based prevention
2. Increase engagement
3. Support your people
4. Demand a great experience

GUIDING PRINCIPLE #1:

Prioritize comprehensive prevention that is evidence-based

PCP's need more time to make a thorough evaluation of the patient. Prevention takes more than a blood pressure check, some lab work, and an occasional cancer screening. It involves an in-depth review of the patient's current health, personal and family medical history, treatment preferences and how lifestyle and other factors affect health and well-being. It should also be evidence-based, following the U.S. Preventive Services Task Force recommendations and other medical society guidelines. Many providers only do some of this or offer expensive tests that have little to no clinical value, and result in unnecessary costs.

GUIDING PRINCIPLE #2:

Increase engagement

Many carrier reports provide business averages, showing the low rate of engagement in adult prevention. Often, the employer or plan sponsor believes that average engagement is good. However, "average" adult prevention means only about 30% of the adults in your medical plan are using their annual preventive benefit. Do the other 70% fear they will have out-of-pocket costs?[1] Are appointment wait times too long? A recent survey reports that it takes about 21 days to see a family practice physician for their physical exam.[2]

High engagement in prevention requires making sure your employees understand (1) this is a free benefit and (2) it covers more than just a wellness visit with the doctor and a few labs. It also requires availability of the resources needed to follow through on physician recommendations. Is access timely and are the locations practical? Are the practices open to new patients and convenient for them? So, focus on increasing awareness of the need for people to use their preventive benefits and making them available.

GUIDING PRINCIPLE #3:

Support patients on prevention follow-ups

Success in prevention today is measured through "utilization". How many wellness visits were there? How many cancer screenings were performed? How many cholesterol and other wellness-oriented lab tests were performed? Prevention is more than the clinical services performed by health care providers. It includes support for patients to help them improve their health between doctor visits. Patients need to understand their next steps and have the support they need. Are there mental health issues that could be met through an employer program? Is health coaching or issues requiring a follow-up with a specialty physician needed? Solutions include using resources offered under the prevention program or connecting people to other well-being programs offered by their employer. Resources like health coaches and health navigators who support patients are key to a successful preventive, primary care program. Though most employers struggle with employee participation, preventive engagement helps identify those who have remained on the sidelines.

GUIDING PRINCIPLE #4:

Demand a great experience

In primary care, patient experience is measured by net promoter scores (NPS). Unfortunately, today's scores are extremely low.[3] The Advisory Board conducts surveys every few years about the experiences of health care users. The last survey showed NPS scores for primary care at –1.2 overall. Great brands have NPS scores above 50. Figure 1 shows the scores by age group and highlights how poor the patient experience is for working age adults.[4] Sustained engagement in preventive care requires measuring the patient experience. If the experience is poor, patients don't make the changes necessary and follow through on the recommendations made by their physicians.

It's therefore important to make sure the physicians serving your population are providing a great patient experience. Aim for NPS scores that are at least 50. Higher scores make it more likely that they'll recommend your services to others.

Best Practices in Preventive Care

The following are some best practices used by employers. They focus on increasing the use of preventive care in their adult populations and improving population health.

Know your gaps and set short- and long-term targets

Setting targets matters, and adult prevention engagement will improve as annual engagement goals are created. Most employer programs show annual engagement for adults at a poor level (about 30%). The rate should be more than twice as much. So, here are tactics you can use to increase engagement.

Know your starting point. What is the current baseline measure of adult preventive use for your population? Measuring this for your entire population, as well as by key demographic subgroups (for example, location, age group, sex), helps to establish a baseline for your engagement plan. Note that not all sources follow the same process, and consistency is important. For example, one medical carrier may report a result that counts one visit every two years while another counts the annual use rate.

Set an overall target. This eliminates reliance on business comparisons that are common in healthcare reporting. It allows an employer to work with its vendors on a common objective and re-defines what success looks like.

Develop a multi-year plan. Many organizations set annual targets to move their businesses forward. Organizations we have worked with to increase the use of adult prevention have generally chosen to add 15% more in the first year of their efforts (i.e., going from a 30% baseline to 45%) and then increasing it by another 10% each following year until they reach their overall goal.

Eliminate the friction

Eliminating the reasons for people not to participate in primary care is vital. In preventive care, there are many factors that cause people not to access a "free benefit" (I.e., 100% covered service under the Affordable Care Act)

To overcome these friction points, employers and plan sponsors—particularly those who are self-insured—can set expectations about their program.

Challenge

- **Lack of available care.** People without a primary care relationship have challenges since many primary care providers are not accepting new patients. In addition, appointment wait times can be long, so people don't schedule. Some regions have low availability because of socioeconomic status or race/ethnicity.
- **Incomplete experiences.** The U.S. Preventive Services Task Force guidelines are part of a comprehensive annual screening program. Unfortunately, adult prevention today is delivered in pieces—wellness exam with a PCP, flu shot programs, cancer screenings, incomplete risk assessments that don't pick up cardiovascular and mental health issues, etc. When patients are left to coordinate all their needs, things get missed.
- **Benefit inconsistencies.** A great frustration occurs when people properly engage in preventive care and expect 100% coverage. So, they are surprised by their health insurance plan that treat some, if not all the services performed, as a medical claim subject to deductibles, coinsurance or co-payments. In some cases, the same service is considered preventive for a healthy person, but diagnostic for the person with an illness—even though both were done as part of that person's annual preventive exam.

Solution

- **Set network access and availability goals**. Create geographic accessibility measures (e.g., primary care physician access within X miles), availability measures (e.g., appointment wait times are less than X days). Standards in rural and metropolitan areas can be different. So, there may be other opportunities such as on-site or temporary initiatives (sometimes referred to as pop-up clinics) to address high access/availability gap areas.
- **Evidence-based care delivery.** There are a variety of standard HEDIS (Healthcare Effectiveness Data and Information Set) measures for adult wellness visits, screening rates for breast cancer, cervical cancer, colorectal cancer and vaccination rates, etc. Review at least on an annual basis to determine what is incomplete in your current program.
- **Challenge parts of your plan that treat the preventive experience inconsistently**. Self-insured employers can make changes to their plan and coverage policies (as long as they comply with federal law under ERISA and the ACA). Some employers work with their TPAs (Third-Party Administrators) to relax diagnostic criteria when services are performed as part of a preventive exam, or even remove limits on the use of annual preventive services.

On this last point, EHE Health's bundled payment approach has removed much of the benefit friction without requiring much programming effort on the part of the health plan. This is because the

bundled fee ***eliminates*** the need to bill separate codes for reimbursement while ensuring all services are ***covered at 100%.***

This value-based payment model eliminates much of the friction that patients experience today.

Strategically communicate … and then communicate some more

You may have heard of the "Rule of 7", which marketing experts tell us is the number of times a person needs to hear something before they take the action desired. For employers and plan sponsors, this may seem like a lot, but the form of communication can vary by population. There are several ways to achieve variety including direct mail, email, telephone, videos, on-site events, topical webinars and incentives.[5]

Many programs use some or all these tactics, and it's important to understand how each performs and the factors that make it successful or not. In looking at this data, you need to understand how well the campaign performed in getting the non-users to respond.

Connect the dots across your health care and benefits programs

Many large employers offer a variety of benefit programs with their medical plan. Some include as many as 20 or 30 separate programs in areas ranging from stress, nutrition and chronic conditions to fertility and fitness.

However, people don't engage in many of them because they are often disconnected from the care experience. A thoughtful adult prevention program can increase overall engagement in these already available solutions but requires the following:

- A program inventory highlighting the vendor partners and their solution area(s)
- Connecting the need following a preventive exam to the employer's programs
- Tracking of referrals into the programs and engagement from the referral source

Prevention as a program connects the dots between an unrushed, comprehensive preventive care experience and valuable benefit program partners, This helps your overall health care strategy and program performance.

Be clear on your measurements

Make sure that your reporting answers the following questions:

Who is and is not participating in prevention?
Look at the profile of users and non-users.

Who is consistent and who is not?

How comprehensive are the preventive services being performed? HEDIS measures can help. Make sure that the results are looked at not just on a high level, but also what sites and sub-groups are not achieving targets and why.

What recommended actions were identified? What referrals for follow-up care and well-being programs were identified and acted upon?

Are users of the program having a good experience?
A simple measure like the NPS score plays a role, along with the insights on what parts of the experience were valued.

How does the program affect population health from their first experience to later periods of time? Are new conditions being identified? Is health status improving between annual visits?
Many employers rely on their medical carrier/TPA or a data warehouse to help them measure these areas. Centralized reporting helps to provide consistent measurement across diverse groups. Keep in mind that the reporting described goes beyond medical claims. It includes clinical, survey and program participation data. And it's important that your program partners are measuring these factors as well, as they are key to achieving your strategic objectives.

CONCLUSIONS

There is, of course, one very important measurement question to consider: *is the program saving money?* The areas of measurement should include return-on-investment on healthcare costs as well as overall value-on-investment (which includes improved employee retention and the benefits on other programs such as workers' compensation and disability). The good news is that promoting greater participation in adult preventive care is possible with the right set of guiding principles and best practices.

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[1]Americans' Challenges with Health Care Costs, Kaiser Family Foundation, July 2022. https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/ [2]AMN/Merritt Hawkins' 2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates [3]Net promoter scores (NPS) refer to a widely used market research measure based on a single question to the respondent asking whether they would recommend the service to a friend or colleague. [4]Advisory Board, Executive Briefing, 2019 Updates in Primary Care Consumer Preferences [5]For additional details on engagement tactics, please consult"How to Cultivate a Culture of High Engagement Preventive Health"