

## Use of Clinical Preventive Services in Washington: Summary of Key Findings

According to the 2008 Healthiest State Report Card, Washington ranks 32<sup>nd</sup> among the states in a composite measure of preventive services use that includes childhood immunizations, prenatal care, mammography, cholesterol screening, fluoridation of public water systems, and colorectal cancer screening.

To obtain a more detailed view of preventive services policies and use, we reviewed Washington State coverage and service mandates<sup>1</sup> and publicly purchased insurance program coverage policies for 36 “A and B” services recommended by the U.S. Preventive Services Task Force (USPSTF)<sup>2</sup>. An “A or B” in the USPSTF taxonomy signifies a service with proven effectiveness that is of the highest quality.<sup>3</sup>

We reviewed coverage policies in the benefit packages of publicly purchased insurance programs including, Medicaid (fee for service and the largest single Medicaid managed care carrier, Molina), the Washington Basic Health Plan (Community Health Plan of WA) and the Public Employee Health Benefit Package (Uniform Medical Plan and the largest single managed care carrier, Group Health). Roughly 1 in 4 Washington residents is covered by one of the publicly purchased insurance programs whose coverage we sampled.<sup>4</sup>

### Key Findings

Of the 36 USPSTF recommended clinical preventive services, the Insurance Commissioner in Washington State, Washington State Department of Health or the State Board of Health mandate 14.<sup>5 6</sup> It appears that the publicly purchased insurance programs cover the majority of these services but there is lack of data on usage rates in Washington for half of the services. Figure 1 and Figure 2 indicate which of the 36 services are mandated and the Washington user rate. Figure 1 highlights 18 USPSTF recommended clinical preventive services that have documented user rates. Figure 2 highlights the remaining 18 USPSTF recommended clinical preventive services that have unknown user rates. USPSTF recommended services in yellow indicate a service that requires a brief counseling intervention from a primary care provider.

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<sup>1</sup> The coverage or administration of certain health care benefits is mandated by either state or federal law. For the purpose of this study, the Washington Health Foundation reviewed coverage and service mandates from the Washington State Insurance Commissioner, Washington State Department of Health and State Board of Health.

<sup>2</sup> The USPSTF is a group of primary care and prevention experts that are widely recognized by organizations such as the AHRQ and the NCQA as the lead source of information on preventive care. The USPSTF have made evidence based recommendations on 65 different clinical services. These services include, immunizations to prevent dangerous vaccine-preventable disease, screenings and health checks that can prevent the incidence of cancer, heart disease, diabetes and services that can reduce health risks such as obesity.

<sup>3</sup> USPSTF Guide to Clinical Preventive Services, 2008.

<sup>4</sup> Kaiser Family Foundation, Washington Health Care Authority, 2008.

<sup>5</sup> Washington State Office of the Insurance Commissioner, December, 2007.

<sup>6</sup> WDOH, SBOH, 2009

Yellow = Counseling Intervention

Mandate: √= WA Insurance Commissioner \*= WA Department of Health/State Board of Health

**Figure 1: Summary of USPSTF recommended services with known user rates**

USPSTF Recommendations	WA User Rate	Mandate
Bacteriuria, Screening for Asymptomatic Pregnant Women	53.1% of mothers received adequate prenatal care <sup>7</sup> ; 74% of mothers received prenatal care in the first trimester <sup>8</sup>	√
Breast Cancer, Screening	75% of women over the age of 40 report having had a mammogram within the last 2 years <sup>9</sup>	√
Breastfeeding, Behavioral Interventions to Promote	In Washington, International Board Certified Lactation Consultants (IBCLC) are present for 4.30 per 100,000 births <sup>10</sup>	
Cervical Cancer, Screening	84% of women over the age of 18 report having had a pap smear in the last 3 years <sup>11</sup>	√
Chlamydia Infection, Screening	The regional rate for Chlamydia screening is 40%. This represents 5 counties in the Puget Sound area <sup>12</sup>	
Chlamydia Infection, Screening for Pregnant Women	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√
Colorectal Cancer, Screening	31.5% of adults over age 50 reported a blood stool test in the past 2 years, 63% over age 50 reported having a sigmoidoscopy or colonoscopy <sup>13</sup>	√
Dental Caries in Preschool Children, Prevention	58% of WA residents have access to fluoridated drinking water <sup>14</sup>	
Gonorrhea, Screening for Pregnant Women	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√
Hepatitis B Virus Infection, Screening	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√,*
HIV, Screening	49% of persons aged 18-64 reported ever receiving an HIV test <sup>15</sup>	
HIV, Screening for Pregnant Women	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√
Immunizations- Adults	72% of adults aged 65+ had a flu shot within the past year, 70.7% of adults aged 65+ had a pneumonia vaccination. <sup>16</sup>	
Immunizations- Children/Adolescents	73% of WA children aged 19-35 months are immunized <sup>17</sup>	*
Iron Deficiency Anemia, Screening	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√

<sup>7</sup> United Health Foundation, 2008

<sup>8</sup> Henry J. Kaiser Family Foundation, State Health Facts, 2004

<sup>9</sup> CDC, BRFSS, 2006

<sup>10</sup> [www.cdc.gov/breastfeeding/data/](http://www.cdc.gov/breastfeeding/data/)

<sup>11</sup> CDC, BRFSS, 2006

<sup>12</sup> Puget Sound Health Alliance Community Check Up, 2008

<sup>13</sup> CDC, BRFSS, 2006

<sup>14</sup> WA DOH, 2007

<sup>15</sup> CDC, BRFSS, 2001

<sup>16</sup> CDC, BRFSS, 2007

<sup>17</sup> United Health Foundation, 2008

Lipid Disorders, Screening	70.8% <sup>18</sup>	
Rh (D) Incompatibility, Screening	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√,*
Syphilis Infection, Screening for Pregnant Women	53.1% of mothers received adequate prenatal care; 74% of mothers received prenatal care in the first trimester	√,*

<b>Figure 2: USPSTF Recommendations With Unknown User Rates</b>	
Abdominal Aortic Aneurysm Screening	Gonorrhea, Screening
Alcohol Misuse Screenings and Behavioral Counseling Interventions	High Blood Pressure, Screening
Aspirin for the Primary Prevention of Cardiovascular Events	Iron Deficiency Anemia, Prevention
Breast Cancer, Chemoprevention	Obesity in Adults, Screening
Breast and Ovarian Cancer Susceptibility, Genetic Risk Assessment and BRCA Mutation Testing	Osteoporosis in Postmenopausal Women, Screening
Depression, Screening	Sickle Cell Disease, Screening (Mandated *)
Diabetes Mellitus in Adults, Screening for Type 2	Syphilis Infection, Screening
Diet, Behavioral Counseling in Primary Care	Tobacco Use and Tobacco-Caused Disease, Counseling
Gonorrhea, Prophylactic Medications (Mandated *)	Visual Impairment in Children Younger than Age 5 Years, Screening

### **Conclusions: What We Know and What We Don't Know**

We found the majority of USPSTF recommended services mandated by state law or rule and covered in our sampling of publicly purchased insurance programs. Less than optimal use rates for services for which use rates were available, our inability even to find use rates for many services and the lack of clarity about provider practices regarding many services all lead us to conclude there is plenty of room for improvement. We identified three factors that appear to contribute to suboptimal use of preventive care, including an inconsistent patchwork of requirements and enforcement, variations in primary care practice patterns and standards, and low public awareness of clinical preventive services.

### **Inconsistent Patchwork of Requirements and Enforcement**

Our review of the coverage of each of the 36 recommended services reveals a patchwork of requirements and enforcement. 14 of the 36 recommended services are mandated by the state; these mandates vary greatly by what is mandated, the type of authority and the level of accountability. In some instances administration of the specific service is mandated such as with newborn screenings; in other instances insurance coverage of the service is mandated such as with mammography. Only 3 of the recommended services have both coverage and service mandates. The type of authority varies by which state agency statutorily regulates the mandates. The Insurance Commissioner regulates coverage mandates and the Department of Health or State Board of Health regulates service mandates.

Lastly, our findings represent varying levels of accountability and assessment of these requirements. For instance, half of the 36 recommended services lack population wide user rates.

<sup>18</sup> AHRQ, 2005

Of the 14 mandated services, user data is available for 12 showing high levels of accountability. However, for the remaining services information on Washington usage rates could not be obtained due to a lack of data and studies on clinical preventive services. Specifically, USPSTF services related to brief counseling interventions or basic laboratory service lack this usage rate data. As a result, we have a very unclear picture of how often these critical services are administered.

### **Variations in Primary Care Practice Standards**

The findings lead to questions surrounding the standards and patterns of practice in the primary care setting: What is the standard of care? How are these services paid for? What types of accountability measures and provider incentives could address this issue? How can providers change health behaviors? For instance, our review of the recommended services highlights several ‘assumed’ and ‘likely’ areas of coverage. This coverage is ‘assumed’ or ‘likely’ because these services are considered to be a standard of practice in the primary care setting during routine physical exams or prenatal care visits. Examples, of these services include screenings for STDs and brief counseling interventions to discuss depression, levels of physical activity and use of aspirin to prevent heart disease. Primary care providers have limited time with patients and work within a system focused on treating rather than preventing disease<sup>19</sup>; this current system is not supporting health improvement.

### **Low Public Awareness**

Lastly, individuals lack knowledge of the recommended services in terms of the timeframe and frequency of utilization. Recent studies support that many individuals are not aware of conditions they may be at risk for and the USPSTF recommended services that apply to them.<sup>20</sup>

**Please see the attached draft of the clinical preventive services matrix for the full findings on each of the recommended services.**

### **Call to Action**

Based on these conclusion it is imperative that we improve the use of clinical preventive services in Washington. The Washington Health Foundation advocates for the following actions: increase public awareness of the benefits of preventive services; gain a better understanding of the standard of practice in the primary care setting; and increase preventive services availability. These actions are a necessary next step to make the use of proven clinical preventive care universal thereby improving the health of Washington residents.

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<sup>19</sup> Lambrew and Podesta, 2006, Promoting Prevention and Preempting Costs: A Wellness Trust for the United States

<sup>20</sup> *ibid.*