

ACLA Proposal to Promote Wellness and Prevention

Goal:

Preventive and early diagnostic lab services are a critical component of true health reform and should be a covered benefit in all health plans. A reformed health care system must make screening, wellness and prevention of equal importance to treating disease. It must also replace the “silo” mentality in Medicare and take into account these broad, cross-cutting benefits to patients. The result would be more complete health care, healthier Americans and significant cost savings to the system.

Action Required:

1. Adopt the American Academy of Pediatrics “Bright Futures” approach to address children’s medical screening needs. Bright Futures is a set of specific evidence driven tools for providers that can be used to improve the health and well-being of children age new born to age twenty one. <The link is to a pocket guide of the Bright Futures program - http://brightfutures.aap.org/pdfs/BF3%20pocket%20guide_final.pdf - pages 58-61 summarize the medical screening tests recommended from new born ro age 21. It includes age and interval appropriate new born screening, lead screening, anemia screening, lipid screening, STD screening among others>.
2. Establish a similar approach to develop screening medical test guidelines for adults (age 21 plus). These guidelines will represent a single standard of care and a common language based on a model of health promotion and disease prevention. <In the Baucus Call to Action for Health Reform paper, he uses the term “Right Choices” for an adult “set of proven preventive services”. Baucus would rely on the recommendations from the US Preventive Services Task Force – this needs further consideration as addressed in the following points.>
3. To develop specific adult screening medical test guidelines, the approach should build on but reformulate the United States Preventive Services Task Force (USPSTF). Membership on the USPSTF should be expanded to include specialty physicians, public health professionals with screening test expertise, epidemiologists and biostatisticians. This expanded body should consider evidence from professional medical societies, consensus clinical guidelines, and peer-reviewed literature in addition to research studies. <We have heard that key health reform leaders are not interested in a new entity to make recommendations for screening but want to work from the USPSTF. The USPSTF is made up of primary care providers only and has a very high bar for recommending screening tests, thus the need to reconstitute membership and expand the recommendation criteria).
4. For the advancement of new, innovative genetic based screening test guidelines, a separate workgroup of the USPSTF should be established. Membership on this workgroup should include molecular and genetic experts from the Association of Molecular Pathology, American College of Medical Genetics, College of American Pathologists, Genetic Alliance, Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality. <The make up of this workgroup can be

- expanded but I think it best to remain focused on those that have specific genetic and molecular medicine expertise>.
5. All the screening test guidelines should be reviewed by and subject to approval and validation by the National Quality Forum consensus standards process. NQF has become the accepted entity for approving consensus standards. They are broad based and reasonable in their deliberations. This provides a independent validation/approval which should satisfy this need.
 6. Once approved as consensus standards, the guidelines become part of a pay for performance incentive for primary care health care providers. <NQF consensus standards are currently being used by CMS for P4P measures, this would be a logical acceptance>

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