Prevention Research Highlights

SCOPE OF THE PROBLEM

Hundreds of thousands of Americans suffer illness or die prematurely each year from diseases such as heart disease, cancer, pneumonia, and influenza. Many of these deaths could be avoided by increased use of appropriate preventive services. Research shows that many patients do not get screening tests, immunizations, and other recommended services that can be routinely delivered in clinics and doctors' offices. In 1998:

- One-third of adults had not had their cholesterol levels checked in the past 5 years.
- More than two-thirds of adults had not been screened for colorectal cancer.
- Almost one-fourth of women over age 18 had not received a Pap test in the past 3 years.
- Almost one-fourth of children had not been fully immunized.
- More than one-half of seniors had never been vaccinated against pneumonia and one-third did not receive flu shots annually.

Impact of AHRQ Research

The Agency for Healthcare Research and Quality (AHRQ) is committed to closing the gap between what we know about effective prevention and what gets delivered in clinical practice. AHRQ-supported research gives policymakers, leaders in clinical preventive care, and the American people information on routine screening, counseling, and other preventive services that prevent illness, promote health, and often save money. AHRQ's research also measures changes in

use of preventive care and disparities in the care delivered to different populations.

Findings from AHRQ's prevention research have shown that:

- Preventing group B strep in newborns saves lives. A variety of options for preventing group B strep infections, which can be fatal in newborns, are effective and cost-effective. Findings from a study in eight States led to the implementation of consensus guidelines. A recent comparison of rates of neonatal infections before and after the guidelines were issued showed a 65-percent decrease in infections.
- Delivering preventive care for the Nation's children can be improved. Delivery of preventive care, including immunizations and screening, can be improved significantly by reminder systems for patients and clinicians.

U.S. Preventive Services Task Force (USPSTF). AHRQ sponsors the USPSTF, an independent body of private-sector experts that analyzes the scientific evidence on a wide range of clinical preventive services in primary care. USPSTF's recommendations on what preventive care is most important and for which patients aid policymakers, health plans, clinicians, national professional societies, educators, and others in their decisionmaking efforts. For example:

• Screening for chlamydia. The American Academy of Family Physicians (AAFP) is using USPSTF recommendations on screening for chlamydia in updating its preventive care recommendations. Chlamydia is the most common sexually transmitted bacterial disease in the United





States, with an estimated 3 million new cases each year. The USPSTF recommendations were based on an evidence review conducted with AHRQ support at Oregon Health & Science University.

- Medicare covered services. The Centers for Medicare & Medicaid Services are using USPSTF recommendations, based on AHRQsponsored evidence reviews, to develop information on Medicare-covered services for dissemination to the Nation's 39 million Medicare beneficiaries and their providers.
- Coverage and delivery of preventive care.
 The nonprofit group Partnership for Prevention used USPSTF recommendations, also based on AHRQ evidence reviews, in a major effort to help employer-purchasers, providers, and health plans make decisions on coverage and delivery of preventive services.

Put Prevention Into Practice (PPIP).

AHRQ's PPIP initiative is a national, publicprivate cooperative effort to disseminate USPSTF recommendations to clinicians, health plans, health systems, and patients. PPIP tools and resources are designed to facilitate and enhance the delivery of preventive services.

National Guideline Clearinghouse (NGC).

Sponsored by AHRQ, the NGC makes USPSTF recommendations available to millions of health care providers worldwide at www.guideline.gov.

Evidence-based practice. AHRQ supports 12 vidence-based Practice Centers that

Evidence-based Practice Centers that systematically review and analyze available scientific evidence on various topics, including some directly relevant to prevention.

- Dental care. NIH used findings from AHRQ's evidence reports on preventive dental care to inform the development of their consensus statements.
- Cervical cancer. An expert working group
 that is advising the American Cancer Society
 on developing new guidelines for cervical
 cancer screening adapted the methodology
 from AHRQ's evidence report on cervical
 cytology. This evidence report has also been
 used by CDC's National Breast and Cervical

Cancer Detection Program, two large HMOs, and the U.S. Preventive Services Task Force.

• Reducing cancer risk. Findings from AHRQ's evidence report on modifying dietary behavior to reduce cancer risk were incorporated into a recent review for the National Cancer Policy Board on prevention and early detection of the disease. The Board is a collaboration of the NIH's National Cancer Institute and the Institute of Medicine.

Prevention Research Priorities

In order to move research into practice, we need to:

- Identify the most effective preventive interventions through support of the independent U.S. Preventive Services Task Force.
- Test new interventions to improve the delivery and quality of preventive care.
- Refine methods for measuring the costs and cost-effectiveness of preventive care.
- Learn more about disparities in preventive care and help the medical community eliminate them.

For More Information

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