

Preventive Services for Women After the IOM Report

Magda G. Peck ScD

Professor of Public Health and Pediatrics
Associate Dean for Community Engagement
and Public Health Practice
College of Public Health
University of Nebraska Medical Center
Founder and Senior Advisor, CityMatCH
(mpeck@unmc.edu)

IOM Committee Member, 2010-2011
Preventive Services for Women



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IOM Committee – Preventive Services for Women

Linda Rosenstock, M.D., M.P.H. (Chair)
UCLA School of Public Health

Alfred O. Berg, M.D., M.P.H.
University of Washington

Claire D. Brindis, Dr.P.H.
University of California, San Francisco

Angela Diaz, M.D., M.P.H.
Mount Sinai Medical Center, NY

Francisco Garcia, M.D., M.P.H.
University of Arizona

Kimberly Gregory, M.D., M.P.H.
Cedars-Sinai Medical Center, Los Angeles

Paula A. Johnson, M.D., M.P.H.
Brigham and Women's Hospital, Boston

Anthony Lo Sasso, Ph.D.
University of Illinois at Chicago

Jeanette H. Magnus, M.D., Ph.D.
Tulane University

Heidi Nelson, M.D., M.P.H., FACP
Oregon Health and Science University

Roberta B. Ness, M.D., M.P.H.
University of Texas School of Public Health

Magda Peck, Sc.D.
University of Nebraska Medical Center

E. Albert Reece, M.D., Ph.D., M.B.A.
University of Maryland (Baltimore)

Alina Salganicoff, Ph.D.
Kaiser Family Foundation

Sally Vernon, Ph.D.
University of Texas School of Public Health

Carol S. Weisman, Ph.D.
Penn State College of Medicine

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Conversation Overview

Background and Context

IOM Committee Work: Charge, Process,
Approaches

IOM Report and Recommendations, July 2011

HHS additional Guidelines for Women's
Preventive Services, August 1, 2011

Discussion: Impact and Opportunities

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Prevention in the Patient Protection
and Affordable Care Act (ACA)

**“We know that prevention helps people
live long and productive lives and can
help combat rising healthcare costs.”**

Department of Health and Human Services (HHS)
Secretary, Kathleen Sebelius

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Background

Section 2713 of the ACA, requires that a group health plan and a health insurance issuer offering group or individual health insurance coverage provide benefits for and prohibit the imposition of cost-sharing requirements with respect to:

- Evidence-based items or services that have a rating of A or B in the current recommendations of the USPSTF.
- Immunizations that have a recommendation from ACIP – the Advisory Committee on Immunization Practices.

Background (cont.)

- *With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines of AAP's *Bright Futures* report.*
- ***With respect to women, evidence-informed preventive care and screenings not otherwise addressed by current recommendations.***

Sources of ACA Preventive Services

USPSTF (United States Preventive Services Task Force) – independent panel of non-federal experts, whose mission includes making recommendations about which preventive services should be part of routine primary care (A or B – most recent guidelines*)

ACIP (Advisory Committee on Immunization Practices) – sole federal government entity that provides recommendations for delivering vaccines (2011)

Bright Futures (BF) – set of principles, strategies and tools that are theory based and systems oriented that can be used to improve children's health and well-being (2008)

* The mammography screenings specified in the ACA use USPSTF guidelines from 2002.

Why Women?

Women's Health Amendment (in the ACA)

- Requires that all private health plans cover – with no cost sharing requirements for patients – a newly identified set of women's preventive services

Women have longer life expectancies, a greater burden of chronic diseases and disability, reproductive and gender specific conditions ...and women often have different treatment responses than men.

Examples of Preventive Services for Women (already) in the ACA

Anemia screening on a routine basis for pregnant women
Bacteriuria urinary tract or other infection screening for pregnant women
BRCA counseling about genetic testing for women at higher risk
Breast Cancer Mammography screenings every 1 to 2 years for women over 40
Breast Cancer Chemoprevention counseling for women at higher risk
Breast Feeding interventions to support and promote breast feeding
Cervical Cancer screening for sexually active women
Chlamydia Infection screening for younger women and other women at higher risk
Folic Acid supplements for women who may become pregnant
Gonorrhea screening for all women at higher risk
Hepatitis B screening for pregnant women at their first prenatal visit
Osteoporosis screening for women over age 60 depending on risk factors
Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
Syphilis screening for all pregnant women or other women at increased risk

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Statement of Task

What is the scope of preventive services for women *not* included in those graded A and B by the USPSTF?

What *additional* screenings and preventive services have been shown to be effective for women?

What services and screenings are needed to fill *gaps* in recommended preventive services for women?

What models could HHS and its agencies use to coordinate *regular updates* of the comprehensive guidelines for preventive services and screenings for women and adolescent girls?

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Statement of Task (cont.)

The **Office of the Assistant Secretary for Planning and Evaluation (ASPE)**, on behalf of DHHS, was charged to examine recommendations for **women's** preventive services.

ASPE will use the information and recommendations from the committee's report to guide policy and program development related to provisions in the ACA, addressing comprehensive preventive services for women.

Parameters and Clarifications from ASPE

- Females aged 10-65 were specified for the study,
- Cost-effectiveness of screenings could not be a factor in committee recommendations, and
- Preventive services were specified for clinical settings.

(Abortion not within the scope of deliberation)

Committee Process (2010-2011)

The committee held three open meetings in Washington, DC, which featured presentations from experts in the following areas:

- Women's health
- Preconception care
- Adolescent health
- Evidence-based medicine
- Quality of care
- Health insurance
- Guidelines development
- Mental health
- Oral health
- Occupational health

The committee met five times in closed session for deliberation.

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Committee Approach: Definitions

Definition of Preventive Health Services

For the purposes of this study, the Committee on Preventive Services for Women defines preventive health services to be measures—including medications, procedures, devices, tests, education and counseling—shown to improve well-being, and/or decrease the likelihood or delay the onset of a targeted disease or condition.

IOM (Institute of Medicine). 2011. *Clinical Preventive Services for Women: Closing the Gaps*. Washington, DC: The National Academies Press.

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Committee Approach: 4 Key Questions

1. Are high-quality systematic evidence reviews available which indicate that this service is effective in women?
2. Are there quality peer-reviewed studies available demonstrating effectiveness of the service in women?
3. Has the measure been identified as a federal priority to address in women's preventive services?
4. Are there existing federal, state, or international practices, professional guidelines, or federal reimbursement policies that support the use of the measure?

Committee Approach: Key Criteria

- The condition to be prevented affects a broad population,
- The condition to be prevented has a large potential impact on health and well-being, and
- The quality and strength of evidence is supportive.

Committee Approach: Key Criteria (cont.)

Throughout the study process the committee repeatedly questioned whether the disease or condition was of significance to women and especially whether it was:

- ✓ more common or more serious in women than in men
- ✓ or whether women experienced different outcomes
- ✓ or benefited from different interventions than men.

Committee Recommendations for Consideration

Recommendation 1

Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.

Supporting Evidence

Based on current federal practice policy from the US Dept of Veterans Affairs, current practice and clinical guidelines, e.g. AAFP, ACOG

USPSTF Grade - I

Recommendation 2

The addition of **high-risk human papillomavirus testing (HPV) DNA testing** to cytology testing in women with normal cytology results. Screening should begin at 30 years of age and should occur no more frequently than every 3 years.

Supporting Evidence

Based on federal practice policy from the US Department of Defense. Peer-reviewed studies demonstrate that improves testing technologies, particularly combined screening using both conventional cytology and high risk HPV DNA testing, may significantly improve the rate of detection of cervical cancers and facilitate the safe lengthening of the interval for screening.

USPSTF Grade - I

Recommendation 3

Annual counseling on sexually transmitted infections for sexually active women.

Supporting Evidence

Based on federal goals from the CDC and *Healthy People 2010*, as well as recommendations from the AMA and ACOG.

USPSTF Grade - I

Recommendation 4

Counseling and screening for HIV infection on an annual basis for sexually active women.

Supporting Evidence

Based on federal goals from the CDC, as well as clinical professional guidelines such as those from the American College of Physicians, Infectious Diseases Society of American, AMA and ACOG

USPSTF Grade - C

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Recommendation 5

The full range of **FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling** for women with reproductive capacity.

Supporting Evidence: Specific to preventing *unintended pregnancy*.

Based on systematic evidence reviews and other peer-reviewed studies. Current federal reimbursement policies provide coverage for contraception and contraceptive counseling and most private insurers also cover contraception in their health plans. Numerous professional associations recommend family planning services as part of preventive care for women.

Reduction in unintended pregnancies a specific goal in *Healthy People 2010 and 2020*

USPSTF Grade – Not Addressed

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Recommendation 6

Comprehensive lactation support and counseling and costs of renting breastfeeding equipment. A trained provider should provide counseling services to all pregnant women and to those in the postpartum period to ensure the successful initiation and duration of breastfeeding.

Supporting Evidence

Based on systematic evidence reviews, federal and international goals (e.g. *Healthy People 2020*, World Health Organization, UNICEF), and clinical professional guidelines such as those from the AAFP, AAP, ACOG

USPSTF Grade - B

Note: While ACA covers breastfeeding counseling, interpretation may vary.

Recommendation 7

Screening and counseling for interpersonal and domestic violence. Screening and counseling involve elicitation of information from women and adolescents about current and past violence and abuse in a culturally sensitive and supportive manner to address current health concerns about safety and other current or future health problems.

Supporting Evidence

To increase detection and counseling, based on peer-review studies and federal and international policies, in addition to clinical professional guidelines, such as those from the AMA and ACOG.

USPSTF Grade - I

Recommendation 8

At least one well-woman preventive care visit annually for adult women to obtain the recommended preventive services, including preconception and prenatal care. The committee also recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.

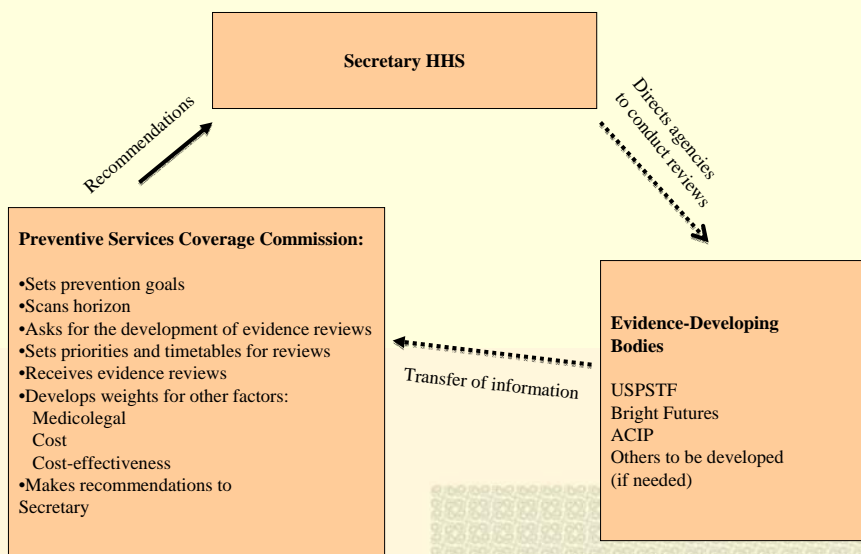
Supporting Evidence

Based on federal and state policies (such as included in Medicaid and Medicare and the State of Massachusetts), clinical professional guidelines (such as those from the AMA and AAFP, and private health plan policies (such as Kaiser Permanente).

USPSTF Grade – Not Addressed

Note: well-child visits include adolescent girls under *Bright Futures*

Recommendations for Updating Preventive Services



Community-Based Preventive Services for Women?

“The committee noted that the public health system and community-based preventive services are important to achieving the aims of preventive health services... **The Committee urges HHS to consider widening the proposed commission’s scope of authority so that public health efforts work in coordination with the new and existing bodies that are charges with overseeing other elements of the ACA.**”

(IOM report brief July 2011)

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www.hrsa.gov/womensguidelines

AFFORDABLE CARE ACT EXPANDS PREVENTION COVERAGE FOR WOMEN’S HEALTH AND WELL-BEING

“The HRSA-supported health plan coverage guidelines developed by the IOM will help ensure that women receive a comprehensive set of preventive services without having to pay a co-payment, co-insurance, or deductible....HRSA is supporting the IOM’s recommendations that address health needs specific to women and fill gaps in existing guidelines.”

New private health plans must cover the guidelines on women’s preventive services with no cost sharing in plan years starting on or after August 1, 2012.

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8/1/11 HHS Response (cont.)

PLUS: Interim final rule

☐ Group health plans sponsored by certain religious employers, and group health insurance in connection with such plans, are exempt from the requirement to cover contraceptive services

- Religious tenets values as its purpose
- Employees primarily share religious tenets
- Primarily serve persons who share religious tenets
- Non-profit status with IRS

- Modeled on the most common exemption available in the 28 States
- Public comment invited

www.hrsa.gov/womensguidelines

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Discussion: Impact and Opportunities

Impact:

1....*necessary for women's health and well-being* (statement of task)

2. Standard of **Coverage** (decrease variability, establish new threshold)

Comprehensive contraception as new insurance industry standard

3. *Well-Woman Preventive Visits* (reducing fragmentation)

4. Toward the elimination of disparities...

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Discussion: Impact and Opportunities

Opportunities:

clinical + community preventive services

“widen the scope of authority to include public health efforts to more comprehensively address prevention”

reproductive health + preventing chronic

diseases: women’s health through the life course

preconception care: integral to well-woman preventive visit

“additional high quality research needed”

to understand and better addresses preventive service specific to women.”

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Dissemination... Uptake? Translation into Action?

Within HHS: Offices of Women’s Health

Journal Publications

Professional Meetings

Text4Her (?)

ACOs

Preconception Health and Health Care

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Clinical Preventive Services for Women: *Closing the Gaps*

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Board on Population Health and Public Health Practice

IOM Committee on Preventive Services for Women



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Other information

For past meeting agendas and presentations, visit:

<http://iom.edu/Activities/Women/PreventiveServicesWomen.aspx>

For committee members' biosketches, visit:

<http://www8.nationalacademies.org/cp/projectview.aspx?key=IOM-BPH-10-13>

For further questions, please contact

IOM Study Staff:

Phone: 202-334-3879

E-mail: slandi@nas.edu

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