# Contents

# 1 Summary and Policy Options 1

Introduction and Congressional Request 1
Focus and Organization of the Report 2
Summary of Findings 3
Issues and Options 4
Coverage Options 5
Options Regarding Sources of Information on
Effectiveness and Cost-Effectiveness 8
Options Regarding Specific Benefit Design
Features 9
Access Options 10
Research Options 11

## 2 Overview of the Issues 13

Defining Clinical Preventive Services 13

Strengths and Weaknesses of Insurance as a Source of Funding for Preventive Services 14

Criteria for Evaluating Clinical Preventive Services 15

The Role of Evidence on Effectiveness 16

The Role of Costs 17

Other Criteria 18

Insurance Benefit Design 18

Specifying and Circumscribing the Benefits 19

Unit of Payment 21

# 3 Evidence on the Effectiveness of a Select Group of Clinical Preventive Services 23

Review of the Evidence 24

Annual General Physical Examination 24

Breast Cancer Screening 24

Colorectal Cancer Screening 27

Cervical Cancer Screening 28

Prostate Cancer Screening 28

Cholesterol Screening 29

Hypertension Screening 30

Smoking Cessation Interventions 31

Adult Immunizations 32





Prenatal Care 32

Newborn Screening for Congenital Disorders 33 Childhood Immunizations 33

Well-Child Care 34

- General Physical Examinations 34
- Screening for Iron-Deficiency for Anemia 34 Screening for Amblyopia and Strabismus 35 Screening for Hearing Impairment 35
- Developmental Screening 36
- Urinalysis 36
- Frequency of Well-Child Care Services 36 Summary 36

Contraceptive Services 37

Screening for Sexually Transmitted Diseases 37 Summary 38

# 4 The Role of Costs in Benefit Design Decisions 39

Use of Cost-Effectiveness Analyses in Benefit Design 39

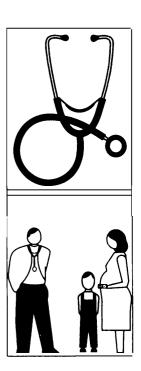
Net Costs as a Criterion for Insurance Coverage 41 summary 43

#### Roxes

- 1-A Other Publications in the Office of Technology Assessment's Series on Benefit Design in Health Care Reform 2
- F-1 Important Concepts for Determining the Efficacy of a Screening Test **80**

### **Figures**

- 1-1 Policy Issues Concerning Insurance Coverage for Clinical Preventive Services 4
- 2-1 Evidence on the Effects of Care: Essential, But Not Sufficient, For Improving Policies and Decisions in Health Care 18
- 2-2 Leading Causes of Death, 1989, All Ages 19
- 2-3 Leading Causes of Years of Potential Life Lost (YPLL) Before Age 65,1989 20
- E-1 Percent of Enrollees Covered for Well-Baby Care in Employer-Based Health Insurance Plans by Plan Type, Various Surveys, Various Years 74
- E-2 Percent of Enrollees Covered for Well-Child Care in Employer-Based Health Insurance Plans by Plan Type, Various Surveys, Various Years 74



E-3 Percent of Enrollees Covered for Adult Physical Examinations in Employer-Based Health Insurance Plans by Plan Type, Various Surveys, Various Years 75

### **Tables**

- 1-1 Potential Goals of Policies Concerning Insurance for Clinical Preventive Services 5
- 1-2 Policy Options for Congressional Consideration 6
- 3-1 Preventive Interventions Recommended By the U.S.
   Preventive Services Task Force for Nonpregnant,
   Asymptomatic Persons, 1989 25
- 3-2 Preventive Interventions Not Recommended By the U.S. Preventive Services Task Force for Use on Asymptomatic Persons, 1989 26
- 3-3 The Number of States Screening for Specific Types of Newborn Congenital Disorders and Number of Cases Confirmed with the Diagnosis, 1990 33
- 4-1 Selected Cost-Effectiveness Analyses of Adult Immunizations 44
- 4-2 Selected Cost-Effectiveness Analyses of Breast Cancer Screening 46
- 4-3 Selected Cost-Effectiveness Analyses of Cervical Cancer Screening 47
- 4-4 Selected Cost-Effectiveness Analyses for Childhood Immunizations 48
- 4-5 Selected Cost-Effectiveness Analyses of Cholesterol Reduction Interventions 51
- 4-6 Selected Cost-Effectiveness Analyses of Colorectal Cancer Screening 53
- 4-7 Selected Cost-Effectiveness Analyses of Hypertension Screening 54
- 4-8 Selected Cost-Effectiveness Analyses of Smoking Cessation 55
- F-1 Institute of Medicine Provisional Documentation Checklist for Practice Guidelines 78
- F-2 Quality of Evidence Criteria Used By the U.S. Preventive Services Task Force and the Canadian Task Force 79
- G-1 Birth to 18 Months (Schedule: 2,4,6, 15, 18 Months) 83
- G-2 Ages 2-6 84
- G-3 Ages 7-12 85
- G-4 Ages 13-18 86
- G-5 Ages 19-39 (Schedule: Every 1-3 Years) 88

- G-6 Ages 40-64 (Schedule: Every 1-3 Years) 91
- G-7 Ages 65 and Over (Schedule: Every Year) 94
- G-8 Pregnant Women 96
- H-1 Clinical Preventive Services Included in or Specifically Excluded from Congressional Health Care Reform Proposals, 102d Congress 99

### **APPENDIXES**

- A Overview of OTA Assessment: Technology, Insurance, and the Health Care System 57
- B Method of the Study 60
- c Acknowledgments 61
- D Abbreviations and Glossary of Terms 63
- E Current Coverage of Clinical Preventive Health Care Services in Public and Private Insurance 72
- F Synthesizing and Assessing the Evidence and Determining Practice Policies 77
- G Summary of the U.S. Preventive Services Task Force's (USPSTF) Recommendations for Services To Be Included in Periodic Health Examinations, by Age Group 82
- H Preventive Services in Health Care Reform Proposals Introduced in the 102d Congress 98

**REFERENCES 101** 

**INDEX 113**