October 27, 2017

Office of the Assistant Secretary for Planning and Evaluation,
Strategic Planning Team
Attn: Strategic Plan Comments
U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 415F
Washington, DC 20201

Submitted electronically to HHSPlan@hhs.gov

Re: U.S. Department of Health and Human Services Draft Strategic Plan FY 2018–2022

The American College of Preventive Medicine (ACPM) appreciates the opportunity to respond to the Department of Health & Human Services' Draft Strategic Plan for Fiscal Years 2018 – 2022.

The American College of Preventive Medicine is the national medical specialty society of physicians dedicated to disease prevention, health promotion, and systems-based healthcare improvement. Established in 1954, ACPM is the leading U.S.-based physician organization focused on practice, research, publication, and teaching of evidence-based preventive medicine. ACPM's 2,500 members are leaders in a variety of health settings, including state and local health departments, federal agencies, hospitals, health plans, community and migrant health centers, industrial sites, occupational health centers, academic centers, private practice, and the military. Our members have the skills needed to understand and reduce the risks of disease, disability, and death at the population, community, and individual levels.

Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare

ACPM applauds the strong focus on prevention and support of strengthening the country's healthcare workforce in the Strategic Plan's first goal. To truly address the healthcare needs throughout the country, prevention and *population* health need to be at the forefront of any strategies.

Objective 1.1: Promote affordable healthcare, while balancing spending on premiums, deductibles, and out-of-pocket costs

The first strategy, to "promote preventive care to reduce future medical costs," correctly highlights the direction that healthcare should be moving: toward prevention. Supporting evidence-based preventive health services, such as screenings, immunizations, behavioral counseling, and community-based health promotion is what makes measurable differences in health at both an individual and population level. Ensuring all insurance products provide first-dollar coverage for clinical preventive services recommended by the United States Preventive

Services Task Force, the Advisory Committee on Immunization Practices, the Women's Preventive Services Initiatives, and *Bright Futures*, is a key tenant of ACPM's Principles of Health Reform, and we encourage the Administration to continue to support this requirement as currently included in the Patient Protection and Affordable Care Act (ACA).

To "lower long-term expenditures by promoting evidence-based disease prevention behaviors, activities, and services" to address chronic conditions, we urge HHS to consider increased support for lifestyle medicine initiatives. Four healthy lifestyle factors – not smoking, maintaining a healthy weight, exercising regularly, and following a healthy diet – together have found to be associated with as much as an 80 percent reduction in the risk of developing the most common and deadly chronic diseases, such as cardiovascular disease, cancer, and diabetes.[1] Lifestyle medicine training, including training in medical school, graduate medical education (GME), and continuing medical education (CME), involve instruction on ways to coach patients on issues including nutrition, physical activity, behavior change, sleep health, tobacco cessation, alcohol use reduction, emotional wellness, and stress reduction. Currently, only a quarter of medical schools require a nutrition course[2], and less than half of internal medicine physicians report confidence in American College of Sports Medicine (ACSM) guidelines and behavior modification techniques.[3] Improved support from the Administration on training in lifestyle medicine can have a real impact on the rise in chronic diseases in the U.S., and subsequently reduce future medical costs.

Additionally, the Prevention and Public Health Fund (PPHF) provides funding for a number of chronic disease prevention and management programs, including diabetes prevention, heart disease and stroke prevention, and chronic disease self-management programs. We urge HHS to fully support the PPHF as part of its strategy to address chronic conditions.

Regarding the strategy to "strengthen informed consumer decision-making and transparency about the cost of care," ACPM supports increasing shared decision-making tools and resources, health literacy tools, and increased education and awareness of coverage options including Medicaid, Medicare, Prescription Drug Plans, and integrated care options. However, ACPM takes the stance that all healthcare options should be appropriately publicized and readily accessible, including the Patient Protection and Affordable Care Act (ACA). To truly promote prevention, all opportunities to sign up for healthcare plans that offer clinical preventive services should be widely promoted.

Objective 1.2: Expand safe, high-quality healthcare options, and encourage innovation and competition

ACPM is pleased to see the strategic plan's focus on the integration of public health in responses to healthcare-associated disease outbreaks and antibiotic resistance, two of the most concerning growing threats in our healthcare system. ACPM also appreciates the focus on high-quality care, including the provision of and access to preventive services in quality payment programs and

[1] JAMA and Archives Journals. "Healthy Lifestyle Habits May Be Associated With Reduced Risk Of Chronic Disease." ScienceDaily. ScienceDaily, 12 August 2009.
[2] Acad Med. 2010 Sep;85(9):1537-42. doi: 10.1097/ACM.0b013e3181eab71b.
[3] Teach Learn Med. 2006 Summer;18(3):215-21.

advanced payment models. Quality healthcare's goal should be to keep hospital beds empty, something that is impossible without a strong emphasis on prevention. To have the expertise necessary to best implement new practices, the appropriate preventive services, and innovation in prevention, HHS should focus on increased support of and reliance on preventive medicine physicians, who are experts in disease prevention, health promotion, quality improvement, and patient safety, and who are on the forefront of efforts to integrate primary care and public health to improve the health of populations.

ACPM also supports the inclusion of research into the social determinants of health to reduce disparities in quality and safety. There is already strong evidence that increased investment in social services and models of partnership between healthcare and social services, including housing support, nutrition assistance, case management, and integrated healthcare and housing services, can confer substantial health benefits and reduce healthcare costs for targeted populations.[4] An ad hoc committee, requested by HHS and convened by the National Academies of Sciences, Engineering, and Medicine, found that changes to the current Value Based Purchasing (VBP) system to account for social risk factors would especially influence the lives of patients who have historically experienced barriers to accessing high-quality healthcare, and that accounting for social risk factors in quality measurement and payment in combination with complementary approaches may achieve the policy goals of reducing disparities in access, quality, and outcomes, and promote health equity.[5] ACPM strongly encourages HHS to include screening for social determinants of health in any efforts to reduce disparities and to incentivize referral to and use of community support systems.

Objective 1.3: Improve American's access to healthcare and expand choices of care and service options

While ACPM supports the overall goal of expanding access to healthcare, ACPM's Principles of Health Reform recommend that any healthcare plans ensure patient protections, including prohibitions on benefit caps, prohibitions on discriminations against persons with pre-existing conditions, premium assistance, and reductions in out-of-pocket payments. ACPM also recommends that all insurance products provide first-dollar coverage for clinical preventive services, as included in the essential health benefits portion of the ACA. Loosening regulations on insurance plans that could lead to the elimination of essential health benefits works against the goal to improve health and focus on prevention. Further, ACPM recommends that the federal government ensures women's access to comprehensive, coordinated, and high quality reproductive health services. ACPM opposes any activities that erode women's access to reproductive health services.

Objective 1.4: Strengthen and expand the healthcare workforce to meet America's diverse needs

ACPM is very supportive of HHS' goal of strengthening and expanding the healthcare workforce, including incentivizing providers to work in underserved and rural areas and

[4] Yale Global Health Leadership Institute, "Leveraging Social Determinants of Health: What Works?" The Blue Cross Blue Shield of Massachusetts Foundation. June 29, 2015.

[5] National Academies of Sciences, Engineering, and Medicine. 2017. Accounting for social risk factors in Medicare payment. Washington, DC: The National Academies Press.

increasing access to trainings for public health workers. However, for HHS to achieve the goal of addressing "the healthcare challenges of today and tomorrow," there must be a focus on increasing support for preventive medicine physicians, and specifically funding for preventive medicine residency training. Preventive medicine is the only medical specialty that requires all of its physicians to receive training in both clinical care and public health. These physicians are experts in disease prevention, health promotion, disaster preparedness, quality improvement, and patient safety, and are at the forefront of efforts to integrate primary care and public health. Preventive medicine physicians are intensively involved in planning for and responding to a number of healthcare crises, including natural disasters, the opioid epidemic, chronic disease epidemics (e.g., diabetes), and emerging infectious diseases (e.g., ebola and Zika).

Despite the unprecedented national, state, and local need for properly trained physicians in disease prevention and health promotion, the number of preventive medicine residency graduates has not kept pace with the national need. Preventive medicine residents are among the only medical residents whose graduate medical education (GME) costs are not fully supported by Medicare, Medicaid, or other third party payers. In a 2007 study, the Institute of Medicine recommended adding capacity to train at minimum an additional 400 residents per year, yet in the past 15 years, the number of training programs and residents has decreased.

Preventive medicine residencies receive a small amount of funding through the Health Resources and Services Administration, but even that was reduced from $11.13 million to $7.13 million in FY17. This is inadequate to support the 74 preventive medicine residencies throughout the country that produce physicians who focus on improving the health of populations – something HHS should be striving toward.

ACPM agrees that HHS should support the training, recruitment, placement, and retention of "behavioral health, dental health, and primary care providers," but strongly encourages HHS to add "preventive medicine physicians" to that list to help ensure a more comprehensive and effective approach to addressing the health concerns in these communities.

Strategic Goal 2: Protect the Health of Americans Where they Live, Learn, Work, and Play

Objective 2.1: Empower people to make informed choices for healthier living

ACPM again reiterates its support for promoting better nutrition and physical activity, and reducing tobacco-related death and disease through incentivizing better training in lifestyle medicine, as noted in our response to Strategic Goal 1. The lack of training in lifestyle medicine at every level of a physician's career (medical school, GME, and CME) handicaps HHS' ability to reach this goal. Without physicians trained to think about and execute lifestyle interventions and prescriptions as a first mode of therapy to treat the actual cause of disease, it is difficult to envision a large-scale change in the health of the populous.

ACPM also recognizes that these issues must be addressed from the consumer side, creating public demand for lifestyle medicine. But it also is critical to address these issues from the community side, through policy changes, modifying the social determinants of health, and

addressing the toxic environments (e.g., building walkable communities, assuring access to healthy, affordable food choices, etc.) that make healthy choices the easy choices. .

Objective 2.2: Prevent, treat, and control communicable diseases and chronic conditions

ACPM is pleased to see HHS' focus on infectious diseases and antibiotic-resistant infections, as these threats always loom on the horizon. ACPM recommends the inclusion of support for the Prevention and Public Health Fund (PPHF) in the Strategic Plan, notably because PPHF funding makes up roughly half of the CDC Immunization Program budget, which directly supports state and local immunization infrastructure, preparedness, and response activities. Without this funding, any work to immunize large portions of the population will be attenuated .

ACPM also supports a well-funded Public Health Contingency Fund at the Centers for Disease Control and Prevention (CDC) to respond to public health crises and infectious diseases such as Zika, Ebola, infections spread in the aftermath of natural disasters, and other emergency threats to the U.S. that can't wait for congressional appropriations.

Objective 2.3: Reduce the impact of mental and substance use disorders through prevention, early intervention, treatment, and recovery support

ACPM is also pleased to see a focus on substance use disorders and mental illness. Expanding prevention, screening, and early intervention is vital to addressing these serious issues. ACPM encourages HHS to do so at a *population* level, and we support the strategy of promoting safer prescribing practices.

Objective 2.4: Prepare for and respond to public health emergencies

ACPM reiterates its support of a well-funded Public Health Contingency Fund at the CDC to address public health crises. This fund could abrogate potential delays for provision of vital supplies and services, to mitigate or prevent disaster-related morbidity and mortality. While the CDC Foundation's U.S. Emergency Response Fund offers limited assistance with addressing public health disasters, recent funding requests by the CDC to sufficiently respond to emergencies involving the Ebola and Zika viruses were significantly delayed and highlight the additional need for a designated contingency fund.

Public health emergencies are yet another reason why the investment in the public health workforce, especially preventive medicine physicians, is woefully inadequate. Preventive medicine physicians, with their training in both clinical care and public health, are at the front lines of many of these emergencies. Without funding for preventive medicine training programs, Public Health Training Centers, and other investments in the public health workforce, response capacity will continue to be hampered.

Goal 3: Strengthen the Economic and Social Well-Being of Americans across the Lifespan

Objective 3.2: Identify and disseminate evidence-based practices to reduce injuries and violence

Each year, more than 57,000 Americans die violent deaths. In 2015, suicide and homicide were the 2nd and 3rd leading causes of death in Americans between the ages of 15-34.[6] Collecting essential data about these deaths helps to inform prevention strategies and reduce the instances of violent deaths. Housed in the CDC, the National Violent Death Reporting System (NVDRS) is a comprehensive, linked reporting system that collects information on homicides and suicides from a variety of sources, such as medical examiners and coroners, law enforcement, hospitals, public health officials, and crime labs. Information from NVDRS provides a better understanding of the circumstances surrounding violent deaths and helps public health officials and organizations put into place effective prevention policies and programs. NVDRS is able to capture data that is critical to identifying patterns and developing strategies to save lives. With a more complete picture of why violent deaths occur, law enforcement and public officials can work together more effectively to identify those at risk and provide effective preventive services.

ACPM, working with the National Violence Prevention Network, strongly recommends increased support for NVDRS as part of the goal to safeguard the public against preventable injuries and violence. Currently, NVDRS is funded in 42 states, but needs additional support for a total of $25 million per year to reach every state and territory. We encourage future investment in this program to be included in the strategies to "identify and disseminate evidence-based practices to reduce injuries and violence" and "collect, analyze, and report national data on incidence and consequences of injuries and violence."

Objective 3.3: Support strong families and healthy marriage, and prepare children and youth for healthy, productive lives

ACPM agrees with the strategy to "ensure more young children become up to date on all age-appropriate preventive and primary healthcare," which should include all vaccinations currently recommended by the Advisory Committee on Immunization Practices in the CDC. Again, support for the Prevention and Public Health Fund (PPHF) will help bolster the ability of HHS to ensure children receive all appropriate immunizations and preventive care.

We appreciate the opportunity to comment on this draft strategic plan, and look forward to continuing to work with HHS to improve health systems through prevention and public health.

Sincerely,

Michael A. Barry, CAE
Executive Director

[6] https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2015_1050w740h.gif