

The Value and Use of Preventive and Wellness Health Services

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Introduction

According to the Institute of Medicine (IoM), writing in March of 2009, “To address both the costs and the performance of the health care system, greater consensus will be required on what constitutes value in health care, and how to measure and increase that value.”¹

Furthermore, according to the IoM, “A single agreed-upon measure of value is not available.”² The IoM also writes that “*Value means different things to different stakeholders, so clarity of concepts is key*” in their discussion of the common themes now being discussed around health care value.³

These statements are beginning to be echoed around the U.S. and the world as more and more policymakers, researchers, analysts and health care consumers watch the price of health care rise and the quality fall. Suddenly, value and what constitutes value in health care is of great importance. Of equal or greater importance is the ability to measure and increase health care value.

In the fall of 2008, during the election cycle, the principals at [Spectrum](#), a DC-based public relations and public affairs firm, began discussing the question of what constitutes value in health care and how it could be measured. Was health care value something that could be equated with health care spending? Probably not, when it is so widely recognized that health care spending is out of control and contains waste and abuse. Furthermore, there may not be a consensus on what exactly constitutes health care expenditures—regardless of the waste and abuse that might be included in that figure.

Value, according to the dictionary, means the relative worth, utility or importance of a thing.⁴ The fact that value is relative is critical. Many things are discrete; they have a set meaning or quantification. Value is not one of them. The value of a thing is known as it relates to the value of another thing.

In the medical and health care industry it is possible to define the basic elements of health care—the products, programs and services that make up the health care system. While there may be many ways of approaching this, one way is to look to the standard industry codes used by the U.S. Government for measuring economic activity in the various sectors of the U.S. economy. These codes, called SIC Codes, provide a list of all goods and services that are produced and measured as part of the U.S. economy, including the health care industry sector. There are 27 programs, products and services designated by the major health care industry SIC codes.

Comparing the relative value of those 27 products, programs and services is one way to quantify their value. The next issue is to determine who should be the respondent to a question that measures

¹ Institute of Medicine of the National Academies. Roundtable on Evidence Based Medicine. “Value in Health Care; accounting for cost, quality, safety, outcomes and innovations” March 2009. Downloaded on April 15, 2009 from <http://www.iom.edu/?id=64675>.

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³ Institute of Medicine of the National Academies. Roundtable on Evidence Based Medicine. “Value in Health Care; accounting for cost, quality, safety, outcomes and innovations” March 2009. Downloaded on April 15, 2009 from <http://www.iom.edu/?id=64675>.

⁴ Value. (2009). In Merriam-Webster Online Dictionary. Retrieved April 21, 2009, from <http://www.merriam-webster.com/dictionary/value>



those relative values? Should policymakers and others who allocate the funds for health care spending be the individuals answering these relative value questions? One idea is to ask the people who actually pay for the programs, products and services—the U.S. consumers and taxpayers.

The Role of Prevention

The role of prevention and wellness services in protecting and promoting health is long established. In fact, the public health movement was largely born out of the transition from disease treatment to prevention activities. In the nineteenth century, the “great sanitary awakening” identified filth as a major cause of disease, leading communities to focus on prevention strategies and overall cleanliness. The work of Edwin Chadwick in London inspired a sanitary revolution by calling for prevention efforts and a corresponding structure to implement reforms. Through these efforts, which eventually spread to the United States, the public became more aware of the greater social responsibility in maintaining health. Social values came to influence the delivery of care, subject to the economic and political changes in the nation.⁵

Today, the core of the prevention and wellness infrastructure is the Centers for Disease Control and Prevention (CDC), which acts as the nation’s leader in promoting health. The agency has four standing “health protection goals,” which are Healthy People in Every Stage of Life, People Prepare for Emerging Health Threats, Healthy People in Healthy Places, and Healthy People in a Healthy World.⁶ In each of these goals, the CDC lists prevention and wellness-related activities aimed at promoting health. Still, the larger U.S. health care system is not oriented toward prevention and wellness activities, but rather the treatment of disease.

In the early 1990’s, President Clinton made an attempt at health care reform. At that time, the health economist Uwe Reinhardt said of the U.S. health care system, “The open-ended supply side of the American health care system, coupled with a financing system that looks to sick human beings (patients) as major agents of cost control, has led to perennial excess capacity in most parts of the country, and to large and rapidly growing costs.”⁷

The same facts remain true today as President Obama again attempts to reform the American health care system. The United States spends 16.2 percent of gross domestic product (GDP) on health care, with the Centers for Medicare and Medicaid (CMS) predicting the share will rise to over 20 percent by 2018. Additionally, the distribution of health care dollars is skewed; just 5 percent of the population is treated with half of the entirety of health care dollars. The majority of total health care dollars, or 52.5 percent, goes toward physician and hospital services.⁸

In Senate Finance Committee Chairman Max Baucus’s *Call to Action*, released soon after the election of President Obama, he states, “In a high-performing health care system, employers, individuals, health providers and plans, as well as government would all bear responsibility and contribute to fulfilling the goal of covering all Americans. Wellness and prevention would be prioritized.”⁹

⁵ Institute of Medicine. *The Future of Public Health*. Washington, DC: National Academy Press; 1988.

⁶ Centers for Disease Control and Prevention. CDC Health Protection Goals. Available at: <http://www.cdc.gov/osi/goals/>. Accessed on May 1, 2009.

⁷ Uwe E. Reinhardt. Reforming the Health Care System: The Universal Dilemma. *American Journal of Law and Medicine*: 1993; 19: 21-36.

⁸ Kaiser Family Foundation. *Health Care Costs: A Primer*. Washington, DC.; 2009.

⁹ Max Baucus. *Call to Action: Health Care Reform 2009*. Washington, DC., 2009.



With these goals in mind as the United States approaches another attempt at health care reform, Spectrum conducted a study to determine the relative value of health products.

Methodology

To quantify the value of specific products, programs, and services, Spectrum conducted a comprehensive study to determine health consumers’ value and use of components that make up the health care system. Using major health care industry SIC codes, Spectrum compared the relative value of 27 items in order to make quantitative assessments. Named the Spectrum Health Value Study™, it is the first effort to quantify the value of various health care services.

Maximum Difference Analysis

The core of the Spectrum Health Value Study is the Maximum Difference (Max-Diff) analysis, which allows comparison between the 27 products, programs, and services. The respondents were asked the question:

“Recognizing that health care costs vary, depending on your level of insurance coverage and other health benefits that you either purchase or receive through an employer or other source, and thinking about the actual dollars that are spent, listed below are four health care services with costs that you and other individuals ultimately pay for either directly or indirectly. Of these four, which is the most important and which is the least important for you and your family as you spend **your** health care dollars?”

The results revealed access to physician services, access to hospital medical services, and access to emergency care as the three most valued items, each of which were ranked above 90. Preventive Health Services ranked 9th while Wellness Services ranked 14th out of 27 products, programs and services in the Max-Diff comparison.

Table 1. Max-Diff Comparisons of Wellness and Preventive Health Services

	Respondents Rating 8-10
Wellness Services	50
Preventive Health Services	66

Overall Ratings of Products, Programs, and Services

Respondents were asked how satisfied or not satisfied they were with the 27 products, programs, and services tested. The question read:

“In general, how would you rate health care services that are available in the U.S.? For each of the following services please use a scale of 1 to 10, where a 10 means that in general that service is EXCELLENT and a 1 means that in general that service is POOR.”

The three most highly ranked items were surgical services, over-the-counter drugs, and dentist services. Wellness Services ranked 15th while Preventive Health Services ranked 16th.



Table 2. Ratings of Wellness and Preventive Health Services

	Percentage of Respondents Rating 8 – 10 (Excellent)	Percentage of Respondents Rating 1 – 3 (Poor)
Wellness Services	28	13
Preventive Health Services	27	17

Services Used on a Regular Basis

Study respondents were asked what services among the 27 tested were used on a regular basis. The question read, “Which, if any, of the following health care services and programs do you use on a regular basis?”

The three most frequently used health care services were prescription drugs, over-the-counter drugs, and dentist services. Preventive Services were used the 11th most frequently while Wellness Services were used the 12th most frequently.

Table 3. Use of Wellness and Preventive Health Services

	Ever Used (%)	Regularly Used (%)
Wellness Services	27	11
Preventive Health Services	32	12

Conclusions

The Spectrum Health Value Study reveals key findings about the value and use of preventive and wellness services. The results demonstrate strong value for preventive and wellness services, with respondents choosing each over half the time. This is especially true for preventive services which, while ranked ninth, came ahead of over-the-counter drugs, medical research, and family social/ health services, among others.

Respondents were most likely to rate the quality of preventive and wellness services as average. While about one-quarter rated the quality in the top tier, only one-tenth of the respondents rated the services in the bottom tier.

The most striking item is on the use or uptake of preventive and wellness services. While respondents valued both and rated the quality as average or higher, the use of preventive and wellness services, on a regular basis is decidedly low. Just over one-tenth of respondents regularly used the services.



Findings:

1. A disconnect exists between the value and use of preventive and wellness services. Respondents highly value the availability of such services, but use them at a much lower rate.
2. A disconnect exists between the focus of health care spending in the United States and the value of preventive and wellness services.

Moving forward with health care reform, policymakers must keep in mind what health consumers value. Additionally, the disconnect between value and use of preventive and wellness services deserves special attention. Preventive and wellness behaviors are complex and ongoing decisions, unlike the immediate treatment of illness. The social determinants of health, including education, information and lack of access to such services may play an important role in the uptake of prevention and wellness services.

About the Spectrum Health Value Study™

In 2008, [Spectrum](#) leadership observed that the discussion around health care and potential reform efforts was not fully informed in one important aspect. While much had been written and discussed about access, insurance, quality and effectiveness, there was no data or information from the American public about what they value when they face spending their own dollars on health care products and services.

Working with [Russell Research, Inc.](#) of New York, NY, Spectrum designed a national survey to ask consumers what they value when it comes to these products and services. The Spectrum Health Value Study was created. Each quarter, data from 1,000 new respondents is added allowing for finer analyses and eventually for trend studies. The results will also be compiled to form an increasingly robust and informed answer to the question of what consumers value in health services and products, and to offer a look at how the value changes during these uncertain economic times.

More information on study methodology can be found in the methodology section of this site.

This information is made available to the public as part of the Spectrum Health Value Study™, and may be used for media, academic and policy analysis purposes with attribution. Suggested citation: "Spectrum Health Value Study (www.healthvaluestudy.com), 2009."