

Roadmaps for Clinical Practice: Primer on Population-Based Medicine

Executive Summary

The American Medical Association (AMA), in partnership with the US Department of Health and Human Services (DHHS), has developed a new series for physicians and other health professionals, *Roadmaps for Clinical Practice*. The series will include this volume, *A Primer on Population-Based Medicine*, and a collection of monographs, *Case Studies in Disease Prevention and Health Promotion*, that will be released several times per year. Our overall goal is to help physicians and other health professionals identify and utilize strategies to reduce disparities in health outcomes through integrating disease prevention and health promotion into routine medical care. The need for this approach is driven by changes in the health status of the population and provision of health care in our nation.⁸⁻¹⁴

- The US population is becoming older and more diverse
- Preventive and chronic care are increasingly joining curative and acute primary care
- Chronic disease management is becoming more prominent in many medical practices
- More patients want active involvement in their health care
- Financial mechanisms supporting health care are changing
- Emphasis is increasingly placed on the health care concerns of access, cost, quality, and outcome.

These changes have had a great impact on how health and health care are viewed. Diseases, especially chronic diseases, are increasingly seen as having multiple causes or exacerbating factors that are best treated with a variety of interventions at multiple levels.¹⁵⁻¹⁸ Many of the diseases and the associated risk factors can be ameliorated through prevention activities in the physician's office and the community.

A population-based perspective, whether considered at the medical practice or community level, is especially helpful when addressing chronic disease management. The health of patients in a medical practice can be addressed at the level of the individual patient and also at the level of patient groups. Physicians need to identify and address factors in the patient's family and community that contribute to their health and well-being.^{19, 20} The community may be a resource for physicians to enhance their patient's primary care treatment.²¹ Population-based medicine provides strategies to integrate these clinical and community prevention efforts.

Changes in the causes of morbidity and premature mortality, coupled with a concern for how health dollars should be most effectively directed, have led to a need for a systematic national effort to index and track the health status of the population. The best known of these efforts is the Public Health Service's *Healthy People* initiative. *Healthy People 2010 (HP 2010)* is the third decade-spanning iteration of key health objectives for the nation. New to the *Healthy People* initiative is the creation of a subset of 10 objectives, called the Leading Health Indicators (LHIs). These objectives provide a snapshot of

health status and permit medicine and public health professionals to better target health promotion and disease prevention interventions and track changes in population health over time. The indicators extend beyond the health characteristics of individuals to include social, environmental, and health system factors that affect health, such as violence, air pollutants, and access to health care.

Unfortunately, within each of the 10 health indicators, there is evidence of health disparity.

Results of recent research suggest that comprehensive, simultaneous, and coordinated efforts involving prevention across a continuum of settings extending from clinical practice to the community could reduce these health disparities.^{22,23} Guidelines, such as the *Guide to Clinical Preventive Services* and the *Guide to Community Preventive Services*, are available that can assist physicians and other health professionals in their efforts to reduce health disparities by means of evidence-based disease prevention/health promotion strategies. Attention to the issues of health literacy and cultural competence are also important considerations for physicians and other health care professionals with an interest in implementing effective and appropriate prevention strategies.

Physicians have at least three possible roles in preventive interventions: (1) provision of direct preventive services, (2) management and organization of preventive health services within the office and medical care system, and (3) advocacy within clinical settings, communities, and organized medicine. Physicians will vary in their emphasis on these three roles. Some physicians will focus on prevention as part of a patient's care. Other physicians will incorporate a population health perspective into settings and health systems that they manage. Still other physicians will work in the community as advocates to achieve health outcomes such as reduced teen pregnancy. Other physicians will advocate within organized medicine for preventive health policies. Some physicians may want to consider partnering with public health to work collaboratively on prevention efforts. This *Primer*, and subsequent volumes of the series, will illustrate how each of the three physician roles can contribute to the continuum of preventive interventions from clinical to community settings.