Protocol

Title:

- Utilization Impact of Eliminating Cost Sharing for Preventive Care Services: A Rapid Review
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Research Question:

- What is the impact of the elimination of cost-sharing for preventive care services on utilization?
- Defining preventive care:
 - This study <u>defines</u> preventive care as "routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems."
 - The specific services included under our definition of preventive care are as follows:
 - <u>This list</u> of preventive care services from healthcare.gov. Please see <u>Appendix A</u> for a complete list of services.

Searches:

- Databases: PubMed, SCOPUS, CINAHL
- We conducted a review of references and citations for our included articles.
 - The articles of our original n (n=35) were divided among four reviewers, with each article being examined by one reviewer for reference and citation tracking. Reviewers examined the reference lists and publisher-generated "cited by" lists for additional articles our search may have missed and/or were published after our search date. If a listed article appeared to meet our inclusion/exclusion criteria based on title and abstract, the reviewer confirmed the article hadn't been previously screened and then added it to the full text screening pool on DistillerSR. From there, two independent reviewers examined the full text and decided whether it met inclusion criteria. Conflicts were resolved after all articles had been reviewed. Articles that passed full text screening had data extracted and were included in our final n.
- We also searched for grey literature in KFF, Commonwealth Fund, Health Affairs Blog
 - We conducted three simple searches (see terms below) on the Kaiser Family Foundation, Commonwealth Fund, and Health Affairs Blog websites to search for relevant articles mentioned in the grey literature that hadn't been found in our database search. The date of the searches, number of responses, number reviewed, and whether additional articles had been found were documented for each search.
 - Search 1: cost-sharing AND elimination AND preventive care services

- Search 2: preventive care AND utilization AND cost-sharing
- Search 3: cost-sharing AND elimination AND preventive care services
 AND utilization

URL to search strategy

Condition or domain being studied:

- Elimination of cost-sharing for preventive services
- Utilization of preventive services

Participants/Population:

Insured Americans receiving a preventive service

Intervention(s), exposure(s):

• Elimination of cost sharing for preventive services for insured Americans

Inclusion:

- Studies on privately or publicly insured enrollees using one <u>preventive</u> service
- Studies that discuss utilization as it relates to the elimination of cost-sharing
 - For studies examining the impact of the ACA section 2713, we required analysis
 of cost-sharing to demonstrate to what degree elimination occurred. We did this
 because a significant portion of plans were grandfathered and did not have to
 eliminate cost-sharing for the identified preventive services.
- We are using the <u>definition of utilization</u> as given by the 2013 edition of the Encyclopedia of Behavioral Medicine
 - Health Care Utilization is the quantification or description of the use of services by persons for the purpose of preventing and curing health problems, promoting maintenance of health and well-being, or obtaining information about one's health status and prognosis

Exclusion:

- Studies that are not about the American healthcare system
- Studies that do not measure utilization, but measure cost, etc.
- Studies that are not original research studies

Primary outcome(s):

Difference in utilization of preventive care services

Additional outcome(s):

Medication adherence

Data extraction (selection and coding):

- Distiller software will be used as a platform to house and screen relevant articles.
 Software is provided by Taubman Health Sciences Library at the University of Michigan.
- Citations will be screened by two reviewers. Disputes unable to be resolved through discussion will be resolved by a third reviewer.
- One author will extract the data, and a second author will verify. Disagreements will be discussed. Data to be collected:
 - *This is for extraction, not for the search*
 - Reference
 - Characteristics of the population: Race, gender, SES, type of health plan, education, age, geography, number of participants
 - Preventive service(s) being studied
 - Study setting
 - Study design type
 - Study timeline
 - Utilization measurement
 - Results and outcomes
 - Conclusions
 - Secondary outcomes and results

Risk of bias (quality) assessment:

• In our rapid review, we have chosen to omit conducting a quality assessment due to constraints on time and the fact that our analysis will be primarily narrative/conceptual.

Strategy for data synthesis: Narrative synthesis of policy effects

Contact details for further information:

• Dr. Mark Fendrick at vbidcenter@umich.edu

Organisational affiliation of the review:

- Center for Value-Based Insurance Design, University of Michigan
- Taubman Health Sciences Library, University of Michigan

Anticipated or actual start date:

Anticipated completion date: Submitted for publication Oct. 15th

Type and method of review:

Rapid Review

Conflicts of interest:

- The V-BID Center contributed to the development and inclusion of section 2713 in the ACA, which eliminated cost-sharing for certain <u>preventive care services</u>.
- View Dr. Fendrick's conflict of interest statement here.

Language:

English

Country:

USA

Date of publication for this version: Originally published January 16, 2020, then updated July 1, 2020. Current version updated October 20, 2020.

Revision note for this version: Updated point of contact, completion date and stage of review. Updated "data analysis" stage to be "narrative synthesis."

Revision note for July 1, 2020 update: Added the search strategy, added the protocol for reference/citation tracking, revised the data extraction criteria, added a clarifying note on cost-sharing for inclusion/exclusion criteria, added a rationale for the elimination of risk of bias/quality assessment, updated the stage completion timeline.

Stage of review at time of this submission: Final review and submission.

| Stage | Started | Completed |
|---|---------|-----------|
| Preliminary searches | Yes | Yes |
| Piloting of the study selection process | Yes | Yes |
| Formal screening of search results against eligibility criteria | Yes | Yes |
| Data extraction | Yes | Yes |
| Risk of bias (quality) assessment | N/A | N/A |
| Narrative synthesis | Yes | Yes |

Appendix A

From Healthcare.gov on 12.20.19:

For all adults:

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- 2. Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59
 years with a high cardiovascular risk
- 4. Blood pressure screening
- 5. Cholesterol screening for adults of certain ages or at higher risk
- 6. Colorectal cancer screening for adults 50 to 75
- 7. Depression screening
- 8. <u>Diabetes (Type 2) screening</u> for adults 40 to 70 years who are overweight or obese
- 9. <u>Diet counseling</u> for adults at higher risk for chronic disease
- 10. <u>Falls prevention</u> (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
- 11. <u>Hepatitis B screening</u> for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
- 12. <u>Hepatitis C screening</u> for adults at increased risk, and one time for everyone born 1945–1965
- 13. HIV screening for everyone ages 15 to 65, and other ages at increased risk
- 14. <u>Immunization vaccines</u> for adults doses, recommended ages, and recommended populations vary:
 - o <u>Diphtheria</u>
 - Hepatitis A
 - Hepatitis B
 - Herpes Zoster
 - Human Papillomavirus (HPV)
 - Influenza (flu shot)
 - o <u>Measles</u>
 - Meningococcal
 - Mumps
 - Pertussis
 - o <u>Pneumococcal</u>
 - o Rubella
 - Tetanus
 - o Varicella (Chickenpox)
- 15. <u>Lung cancer screening</u> for adults 55-80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- 16. Obesity screening and counseling
- 17. Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- 18. Statin preventive medication for adults 40 to 75 at high risk
- 19. Syphilis screening for adults at higher risk
- 20. Tobacco use screening for all adults and cessation interventions for tobacco users

21. <u>Tuberculosis screening</u> for certain adults without symptoms at high risk

For women:

Services for pregnant women or women who may become pregnant

- 1. Anemia screening on a routine basis
- 2. <u>Breastfeeding comprehensive support and counseling</u> from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers." Learn more about contraceptive coverage.
- 4. Folic acid supplements for women who may become pregnant
- 5. <u>Gestational diabetes screening</u> for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes
- 6. Gonorrhea screening for all women at higher risk
- 7. Hepatitis B screening for pregnant women at their first prenatal visit
- 8. <u>Preeclampsia prevention and screening</u> for pregnant women with high blood pressure
- 9. Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- 10. Syphilis screening
- 11. Expanded tobacco intervention and counseling for pregnant tobacco users
- 12. Urinary tract or other infection screening

Get more information about services for pregnant women from HealthFinder.gov

Other covered preventive services for women

- 1. Breast cancer genetic test counseling (BRCA) for women at higher risk
- 2. Breast cancer mammography screenings every 1 to 2 years for women over 40
- 3. Breast cancer chemoprevention counseling for women at higher risk
- 4. Cervical cancer screening
 - o Pap test (also called a Pap smear) every 3 years for women 21 to 65
 - Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years
- 5. Chlamydia infection screening for younger women and other women at higher risk
- 6. <u>Diabetes screening</u> for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- 7. Domestic and interpersonal violence screening and counseling for all women
- 8. Gonorrhea screening for all women at higher risk
- 9. HIV screening and counseling for sexually active women
- 10. Osteoporosis screening for women over age 60 depending on risk factors
- 11. Rh incompatibility screening follow-up testing for women at higher risk
- 12. Sexually transmitted infections counseling for sexually active women
- 13. Syphilis screening for women at increased risk
- 14. Tobacco use screening and interventions

- 15. <u>Urinary incontinence screening</u> for women yearly
- 16. Well-woman visits to get recommended services for women under 65

For children:

- 1. Alcohol, tobacco, and drug use assessments for adolescents
- 2. Autism screening for children at 18 and 24 months
- 3. Behavioral assessments for children ages: <u>0 to 11 months</u>, <u>1 to 4 years</u>, <u>5 to 10 years</u>, <u>11 to 14 years</u>, <u>15 to 17 years</u>
- 4. <u>Bilirubin concentration screening</u> for newborns
- 5. Blood pressure screening for children ages: <u>0 to 11 months</u>, <u>1 to 4 years</u>, <u>5 to 10 years</u>, <u>11 to 14 years</u>, <u>15 to 17 years</u>
- 6. Blood screening for newborns
- 7. <u>Cervical dysplasia screening</u> for sexually active females
- 8. <u>Depression screening</u> for adolescents beginning routinely at age 12
- 9. Developmental screening for children under age 3
- 10. Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
- 11. Fluoride chemoprevention supplements for children without fluoride in their water source
- 12. Fluoride varnish for all infants and children as soon as teeth are present
- 13. Gonorrhea preventive medication for the eyes of all newborns
- 14. Hearing screening for all <u>newborns</u>; and for children once between <u>11 and 14 years</u>, once between <u>15 and 17 years</u>, and once between 18 and 21 years
- 15. Height, weight and body mass index (BMI) measurements for children ages: <u>0 to 11</u> months, <u>1 to 4 years</u>, <u>5 to 10 years</u>, <u>11 to 14 years</u>, <u>15 to 17 years</u>
- 16. Hematocrit or hemoglobin screening for all children
- 17. Hemoglobinopathies or sickle cell screening for newborns
- 19. HIV screening for adolescents at higher risk
- 20. Hypothyroidism screening for newborns
- 21. <u>Immunization vaccines</u> for children from birth to age 18 doses, recommended ages, and recommended populations vary:
 - o <u>Diphtheria</u>, <u>Tetanus</u>, <u>Pertussis</u> (<u>Whooping Cough</u>)
 - Haemophilus influenza type b
 - Hepatitis A
 - o Hepatitis B
 - Human Papillomavirus (HPV)
 - Inactivated Poliovirus
 - Influenza (flu shot)

- Measles
- o <u>Meningococcal</u>
- o <u>Pneumococcal</u>
- Rotavirus
- Varicella (Chickenpox)
- 22. Iron supplements for children ages 6 to 12 months at risk for anemia
- 23. Lead screening for children at risk of exposure
- 24. Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits
- 25. Medical history for all children throughout development ages: <u>0 to 11 months</u>, <u>1 to 4 years</u>, <u>5 to 10 years</u>, <u>11 to 14 years</u>, <u>15 to 17 years</u>
- 26. Obesity screening and counseling
- 27. Oral health risk assessment for young children ages: <u>0 to 11 months</u>, <u>1 to 4 years</u>, <u>5 to 10 years</u>
- 28. Phenylketonuria (PKU) screening for newborns
- 29. <u>Sexually transmitted infection (STI) prevention counseling and screening</u> for adolescents at higher risk
- 30. Tuberculin testing for children at higher risk of tuberculosis ages: <u>0 to 11 months</u>, <u>1 to 4 years</u>, <u>5 to 10 years</u>, <u>11 to 14 years</u>, <u>15 to 17 years</u>
- 31. Vision screening for all children