• Cost-effectiveness is defined as the average net cost per quality-adjusted life-year gained in BC by offering the clinical prevention service at recommended intervals to a BC birth cohort over the recommended age range.

Based on the results of these analyses, a limited set of recommended clinical preventive services was developed; this was called the Lifetime Prevention Schedule. While some attempt was made to answer the second and third key questions (how best to deliver and support these clinically effective, cost-effective services so they would achieve the expected significant population health effects), this is still a work in progress. What is clear is that a systematic approach is needed, that electronic medical records need to enable both physician reminders and patient recalls, and that many of the lessons learned from creating systematic approaches to chronic disease management are applicable to the systematic management of clinical prevention.

British Columbia has continued to pursue this important initiative. The LPS has been adopted and the criteria are used to examine any proposed new screening program and to support BC’s decisions on screening services; a prevention fee was created for family physicians, and the LPS has been revised and updated; the revised version will shortly be released. The LPS, as well as the technical work that underpins it, is a state-of-the-art resource that deserves to be more widely known. Moreover, it could readily be adapted to other provinces that want to develop a clinical prevention policy, to ensure that all those who are eligible receive all the effective clinical prevention services that matter. This will benefit both the individuals and the wider society by reducing the burden of disease, reducing pain and suffering, and reducing the demand for and the cost of health services.

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Competing interests
None declared

References

Response
We thank Dr Hancock for sharing the extensive work that he and his colleagues have done on preventive care. We have reviewed the A Lifetime of Prevention report.¹ We believe that cooperation between public health and family medicine on this important topic is needed, as prevention is often neglected in our health care system.

In our article “Update on age-appropriate preventive measures and screening for Canadian primary care providers,”² our aim was to create a simple-to-use tool that could be easily accessed to facilitate prevention and screening at dedicated preventive visits or opportunistically at other visits. When creating this tool, we reviewed multiple prevention guidelines as defined in our article. We developed our tool keeping in mind the national recommendations when appropriate, such as the Canadian Task Force on Preventive Health Care guidelines on cervical screening, to make this tool useful across Canada.

We invite Dr Hancock, colleagues, and any Canadian Family Physician readers who would want to have a discussion about prevention to meet at the upcoming Family Medicine Forum in Vancouver, BC, in November 2016. This would be a wonderful opportunity to promote a partnership between provinces and disciplines.

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Competing interests
None declared

References

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