



Improving Health Starts with Prevention

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Now that millions more Americans will have health insurance, we have before us an unprecedented opportunity to begin to turn the tide in our country's health. And it starts with prevention.

The preventive services provision in the health care reform law requires insurers to cover immunizations, cancer screenings, checkups and other preventive measures without any out-of-pocket cost to customers in the form of deductibles, coinsurance and co-pays. There will be many people gaining health coverage, perhaps for the first time, who may never before have had the ability to access preventive care services and suffered poorer health because of it.

Focusing on prevention will help to facilitate better health for Americans for generations to come. We have the chance to shift from a health care model focused on treating illness and injury to a model focused on preventing illness and improving health. And employers can seize this moment to reap productivity gains realized by a healthier workforce.

The importance of promoting access to preventive care is not new to many large companies that provide employee health benefits. Three out of four large companies currently offer full coverage of preventive health services to their workers, according to a 2009 survey by Mercer, the benefits consulting firm. Plans offered by smaller employers

and individual health insurance policies have less generous coverage of preventive services.

Under the new law, more generous wellness benefits for preventive services should eventually be available to almost all insured Americans. This provision goes into effect at the end of September 2010, but will apply only to health plans that were not in effect on March 23, 2010 (so-called “grandfathered” plans). For those covered under a “grandfathered” health plan, the coverage for preventive services may not change immediately. The Department of Health and Human Services is still developing regulations regarding when grandfathered plans will be required to comply with the law. The exception is Medicare – starting next year, anyone covered by Medicare will be entitled to a free annual checkup and free screenings like colonoscopies and mammograms.

So for many, the new law gives them more than access to coverage – it gives them enhanced access to services that can prevent illness in the first place.

Beyond the new law, there are many other things we need to do to shape the health of America. Providing access to care is only the beginning. The way forward begins by using proven methods that are already leading to better health and more manageable health costs today:

- We must create awareness of health issues, health risks and what individuals can do about them.

- We must align financial incentives for individuals, as well as for physicians and other health care professionals, to encourage healthy lifestyles and quality outcomes. Properly designed incentives coupled with health and wellness programs can dramatically enhance health outcomes while lowering costs. As participation in prevention and wellness programs increases, rates of early intervention, disease screenings and medication compliance increase... all because people become involved in their own health and have the tools and support they need.
- We need to provide straightforward, easy-to-understand information to patients about cost of care, treatment options and alternatives as well as expected quality outcomes.
- We must offer trained and qualified health coaches who can give people resources and information to make better decisions, support their efforts in becoming healthier, and help them navigate our complex health care system.
- At the heart of it, we must encourage people to take control of their own health. Chronic diseases, such as obesity, cancer, diabetes and cardiovascular disease, accounts for more than 75 percent of health care spending and has a significant impact on quality of life that goes far beyond costs. These choices may be personal, but they are business issues as much as economic issues and they affect every part of society.
- Many chronic diseases are preventable or reversible and are linked to lifestyle choices. A report from the Trust for America's Health found that spending \$10 a year per person in chronic disease prevention programs would save more than \$16 billion annually within five years. Getting just one smoker to stop smoking saves approximately \$1,620 in annual medical costs ... and encouraging one overweight person to become physically active can save nearly \$500.

- At the same time, we need to look beyond individual behaviors and choices to the entire community that surrounds every individual, from the workplace to the home to the health care professional. And we need to ask ourselves ... Does an individual live in a place where he or she has access to nutritious food or a safe place to exercise? Do mom and dad work long shifts with children home alone unable to prepare healthy meals or play outside? Do health care professionals speak in plain language to patients and do they understand the patient's culture, traditional diet, values and norms?
- And what can each of us do to improve on the factors that hinder good health?

These are not small feats, nor are they impossible. We should not lose sight of the significant progress that has been made already in improving our country's health. For example, the U.S. death rate from cancer dropped 16% from 1990 to 2006; deaths from cardiovascular disease dropped 26% over the same period, and deaths from stroke dropped 29% since 1999. Now is the time to take stock of tried-and-true health prevention strategies as we prepare to guide the newly insured down the same path.

We must all work together – government, employers large and small, communities, physicians and hospital systems, and individuals – to improve health while managing costs. Together, we can create a sustainable health care system in the United States that benefits everyone. We can leave a legacy of health for this generation and generations to come.