# The Role of Prevention in Managed Care

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**Summary**

Primary and secondary prevention are ways to avoid or delay the onset of chronic disease. Because the current health care system is skewed toward acute care and management of chronic diseases, prevention programs need to receive more attention and funding from managed care. Health plans need to help their patients start and maintain healthy behaviors. New tools can help managed care plans achieve their prevention goals.

**Key Points**

- Prevention is a key strategy for helping patients maintain health.
- Managed care needs to nurture a bias for primary prevention.
- Health care benefit design incentives play a big role in a patient's initial participation in health risk assessments and in the reduction of barriers to improving health behaviors.
- Tools for early identification of risk factors, dynamic interventions, innovative delivery of interventions, prevention-promoting benefit design, and collaboration among stakeholders all can be used to achieve the desired outcomes.

PREVENTION IS A CONCEPT AND KEY strategy for practitioners to engage in to help patients maintain health and reduce the impact of risk factors that lead to chronic disease. Therefore, the onset of chronic disease is avoided or at least delayed.

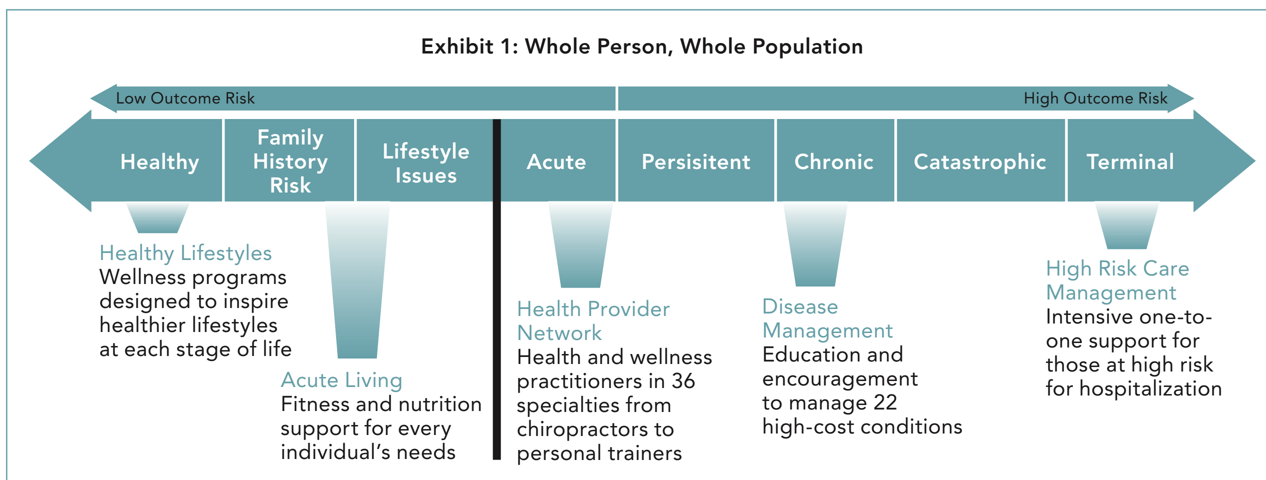
Exhibit 1 illustrates the range of health. Each patient is at a point in this range. Because we can alter certain things in our external and internal environment that affect health, it is possible to slow the forward movement on this range of health. Intervention can even move patients toward better health. To the left of the black line in Exhibit 1 is where managed care should concentrate its efforts to keep our patients from developing acute and chronic conditions. At the very least, the goal is to delay the moment when that line is crossed so patients can enjoy a longer time free of chronic disease.

Primary prevention has been primarily the responsibility of government public health initiatives for more than a century. Starting in the late 19th century with improved sanitation to provide safer drinking water, great advances have been made by these initiatives. Other great advances were made with mass vaccinations to control contagious diseases in the 20th century. With these advances, people who no longer succumbed to water borne or contagious disease lived long enough to develop chronic conditions such as diabetes and heart disease.

Public health initiatives provide guidelines, education, resources, and research to help prevent chronic diseases. The interventions with the most impact include those targeted at diabetes and heart disease, both of which have preventable components. Physicians and other health care providers are at the forefront in the fight against chronic illness without adequate financial or other support. Most health care dollars go for acute and chronic condition care, while few dollars support primary (action to prevent the development of a disease) or secondary prevention (early identification of disease). Within the small proportion devoted to prevention, there is more money for secondary prevention than there is for primary prevention.

The order of priority should be reversed. Primary prevention should be the area of most focus. Secondary and tertiary (actions to slow down the disease to reduce damage) prevention should be second and third. The health care system should stop devoting the bulk of health care resources to acute and chronic disease care.

The bias for years has been in favor of short-term gains, with more funding allocated for the treatment of disease and not enough for primary or secondary prevention (Exhibit 2). Under this arrangement, costs have continued to rise in an uncontrollable fashion due to increased numbers of patients suffering from chronic conditions (Exhibit 3). Imagine if the bias were toward primary prevention interventions (Exhibit 4), where the expected impact would be the reduction of chronic illness, improved health, and



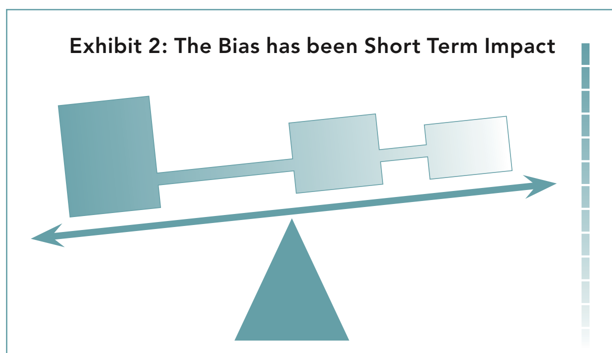

reduced costs. The goal of managed care should be to keep healthy people healthy by reducing modifiable risk factors while at the same time optimizing treatment and care for those with diseases.

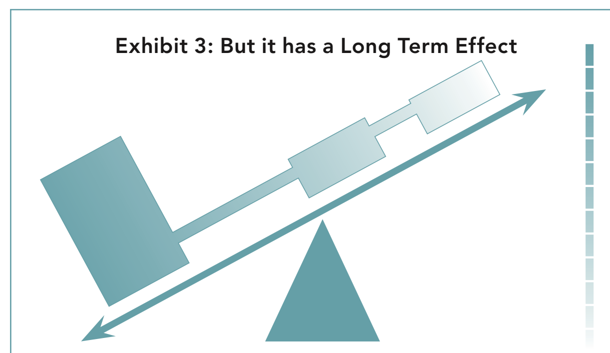
There are other stakeholders in prevention beyond the government and providers. Some play a role in primary and secondary prevention while others have a unique role. For example, health plans play a role by covering primary care visits for preventative services, and providing patient and provider education. Employers play a role by fostering a culture of wellness in the work environment with activities and opportunities for employees to practice healthful behaviors. Employers also provide health insurance, health fairs, education, exercise facilities, and availably of healthy foods in the workplace. Like employers, communities can foster a culture of wellness. They can increase opportunities for the practice of healthful behaviors with healthy school meals and exercise programs/facilities.

To put successful prevention programs in place, appropriate tools are needed. Some of the tools used for early identification of risk factors are patient history, paper and computerized health risk assessments, biometrics (e.g., body measurements, blood tests), and screening studies (e.g., colonoscopy, mammogram). The combination of health risk assessment with biometrics allows for an objective measurement of risks and when performed frequently, provides a measurement of success of many interventions.

A source of tools and resources for developing prevention programs is professional organizations. The mission of the National Association of Managed Care Physicians Health Management Institute is outlined in Exhibit 5. Within the Health Management Institute, the Center for Preventive Health Maintenance provides a resource center for standardization of preventive health guidelines and provides resources and tools for medical directors and physicians.

The best way to use interventions is through the integration of various stakeholders into the process – the patient, clinician, family, community, employer, and health plan. In reality, interventions for primary prevention are rendered in an environment of acute and chronic conditions and other demands on the individual. Interventions have to be able to address the impact these conditions have on the acceptance, practice, and adherence to healthy behaviors. Also, interventions have to be tailored to the right approach for each member, to the right service for the circumstances, to the right intensity, and at the right time. There is no one intervention that works for everyone or every situation. The impact of the intervention also has to be assessed and the intervention modified, if needed.



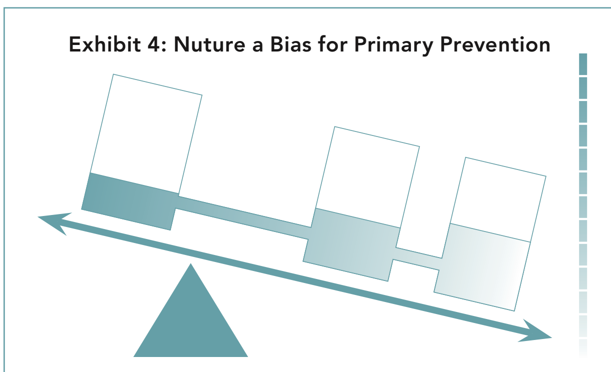


**Exhibit 4: Nuture a Bias for Primary Prevention**

**Exhibit 5: National Association of Managed Care Physicians Health Management Institute Mission**

- Promotes preventive health management and assessments of health risk
- Develops tools for patients and physicians that will be used to monitor and manage chronic disease
- Promotes active participation of patients in their health care using their physicians as consultants

To develop interventions that are individually tailored requires advanced data analytics.

The process takes the usual data from the traditional sources such as pharmacy and medical claims, recent local events, changing goals, personal preferences, new barriers, and resources to determine an intervention. The process is repeated when new information becomes available using a neural net that is constantly learning and making changes.

The traditional delivery methods of interventions are face-to-face by clinicians, phone-based, and paper-based. There are new methods of delivery and high tech tools to promote adherence to prevention recommendations. Some of these high-tech, high-touch delivery modalities are the Internet, email, pop-up messages, interactive voice response, cell phone messaging, satellite radio, and kiosks with biometric capability placed in strategic high traffic locations such as workplace cafeterias.

Health care benefit design incentives play a big role in a patient's initial participation in health risk assessments and continued program participation. For example, in addition to covering preventive medicine visits, testing, medication, and monitoring devices, health plans can expand coverage to include complementary and alternative medicine. Plans also can provide discounts to exercise programs or facilities, reduced premiums for improved risks, and coverage for telemedicine or group visits. The health plan can serve as a resource to patients by making the necessary referrals to appropriate providers such as a nutritionist. Health plans need to help the patients start and maintain healthy behaviors. They also need to integrate and coordinate these services, similar to the concept of a patient-centered medical home.

In order for interventions to succeed, there must be broad based collaboration and support among all the stakeholders. Collaboration by the member and the family come from a developed and fostered desire to be educated on health risks, and the feelings they have once they are empowered. Collaborative support from the health plan and employer includes support for behavior changes aimed at reducing health risks, promotion of health risk assessments completion, support of clinician primary prevention strategies, and advertisement of activities and resources that promote health risk reduction. Providers collaborate with employers to support healthier lifestyles and become a community resource. The community can promote community awareness; improve access to lower priced healthy foods; increase numbers and promote use of community recreational facilities; and promote events and resources that support healthier behaviors. In general, stakeholders need to establish communication of their prevention initiatives to other stakeholders. Clinician leaders and community leaders in a geographical location need to build relationships to learn about the kinds of wellness and prevention programs they each provide or would like to provide, and how they can help each other.

## Conclusion

Managed care needs to nurture a bias for primary prevention to avoid the development of chronic disease. The appropriate strategies and resources for prevention will achieve the best results from prevention initiatives. Tools for early identification of risk factors, dynamic interventions, innovative delivery of interventions, a prevention-promoting benefit design, and collaboration among stakeholders can all be used to achieve the desired outcomes – an educated patient who is healthy and understands how to avoid or delay developing chronic disease. The results of well designed prevention programs are patients who are educated on individual health risk factors, are educated on the impact of lifestyle choices, understand options and resources, adhere to risk factor modification, have reduction in risk factors, have improved health and well-being, have increased quality of life, and have reduced costs. Improved health and well-being are the true measures of successful prevention programs. **JMCM**

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