

Commentary

A new approach: Our health care system needs to focus on prevention

The rising incidence of chronic conditions screams for the need for a whole-person, habit-change approach.

By Lara Dodo | June 08, 2022 at 09:08 AM



The question we should all be asking is, 'knowing that we are facing a health care tsunami, and understanding costs will skyrocket further - what are we doing with this moment?'

Diabetes, mental health conditions and [musculoskeletal \(MSK\) disorders](#) are far and away health care's most prevalent problems. Each of these chronic diseases continues to grow catastrophically, generating vast populations of sick people who are less happy and less productive—and who require massively expensive treatments that employers and governments are anxious to contain. The growth of these chronic diseases has been on a steep and decades-long upward trend, and all of it was made worse during the pandemic. The situation demands a new approach.

Vast scope of chronic disease

First, take a moment to consider the prevalence of these disorders, their associated costs and how serious the challenges are that our population is facing. Musculoskeletal clinical issues affect more than one out of every two people in the United States age 18 and older, and nearly three out of four age 65 and over. An estimated [126.6 million Americans](#) are affected by a musculoskeletal condition—comparable to the total percentage of Americans living with a chronic lung or heart condition—costing an estimated \$213 billion in annual treatment, care and lost wages, according to a new report. MSK represents [one-sixth of all spending](#) in the U.S. health care market and is the top cost driver of health care spending.

Thirty seven million Americans (about 1 in 10) have diabetes, and [96 million American adults](#) (more than 1 in 3) have prediabetes. Diabetes and diabetes-related health complications can be serious and costly. The seventh leading cause of death in the United States, diabetes costs an estimated \$327 billion in medical costs and lost work and wages. In fact, people with diagnosed diabetes have [more than twice the average](#) medical costs that people without diabetes have.

More than [1 in 5 adults](#) (21%) and 1 in 3 young adults aged 18-25 (33%) experienced mental illness in 2020. Among adolescents in 2020, there was a 31% increase in mental health-related emergency department visits. Suicide is the 2nd leading cause of death among people aged 10-34. A full [46% of Americans](#) will meet the criteria for a diagnosable mental health condition sometime in their life.

If all that doesn't sound bad enough, COVID has made everything worse in the last two years. Surveys show that millions of us have gained weight as we hunkered down under stress with the refrigerator and snack cabinet well within reach. NPR reports we almost universally took on [bad habits](#), becoming more sedentary, drinking more and neglecting our care in everything from cholesterol checks to cancer screenings. [Various studies](#) report increases in post-traumatic stress disorder, depressive disorders, delirium, somatic symptoms, panic disorder, psychosis, harmful substance use, despair, self-harm and even suicides. The moment screams for an effective solution because what we currently have in place isn't working.

The question for the various risk-bearing entities is, 'knowing that we are facing a health care tsunami, and understanding costs will skyrocket further – what are you doing with this moment?'

Broken system, misaligned incentives

The best way to deal with chronic disease is to prevent it—or, failing that, to work to find ways to slow its progression and reverse it when possible. Today's health care system, unfortunately, isn't built to do either. Our "health care" system is in most ways a "sick care" system. Patients are not part of the system until they've actually become sick, at which point

physicians engage and offer medications or procedures to help ease the problems at that point if they can. The incentives are wrong in the system, and a key source of that problem is our fee-for-service payment model. That model remunerates physicians, hospitals and nursing homes for each service they provide patients instead of for keeping them healthy and bringing about a particular positive outcome if they do fall ill.

Combine this misaligned system with an aging and increasingly sedentary population, and health care costs will rocket skyward. That's exactly what's happened, and the trend hasn't changed in 50 years. Since 1970, health care costs per person in the US have gone up [more than 6 times](#) in constant dollars. Costs have tripled in the last decade alone.

The power of prevention

An effective approach to chronic disease instead focuses on prevention. Smart preventative treatment—involving personalized programs based on genetic testing, nutrition and personal coaching—helps ward off the challenges of chronic disease. It builds workforces and populations that are healthier, happier, and more productive.

As this happens, company health care expenses decrease. The results are real and dramatic. That's why this sort of program is being used effectively today both by individuals and by employers, including Levi Strauss & Co, Canon and Accenture.

Voluntary engagement and a highly personalized approach are key to this sort of programs' success. A personalized assessment evaluates not only physical health measures—including biometrics like waist circumference, blood pressure, blood glucose and cholesterol—but also key behavioral measures related to anxiety, depression, resilience, sleep and mood.

Every engaged member gets a set of customized nutritional and exercise prescriptions as well as a dedicated behavioral coach. This behavioral coach isn't like gym trainer, simply providing instruction. Instead, coaches are focused on the entire spectrum of wellness, and have training in nutrition, exercise and cognitive behavioral therapy. These coaches serve as a confidante, accountability partner and resource to help employees establish new healthy habits for life. Coaches help employees understand the importance of biometrics the program focuses on, and critically, monitor progress over time, to help individuals fine-tune the most effective approach.

These platforms measure success in large part by tracking engagement levels and health metrics. The two most important questions benefit leaders are tasked with when evaluating or renewing a solution are: 1. will our employees/members like the experience and 2. does it work. They are looking for meaningful engagement (not just opening an app!) and proven health outcomes. A strong program will generally be able to answer each of those questions with monthly engagement metrics that exceed 70% and with significant clinical metrics. The lagging indicator of declining health care costs, year over year, will typically follow as companies build and maintain a healthier workforce.

Managers of tech-enabled habit-change platforms are also working today with health insurers, not only to prevent, reverse and slow chronic disease, but also to lower the cost of health care and ultimately to help those insurers optimize the benefits they offer and the value-added services they provide. It's an essential task, because 80% of today's insured population has elevated risk, either physical or mental.

Employers and health plans assessing future health care expenses today know they face steep cost pressures. A perfect storm of aging, sedentary lifestyle and—most recently—an exacerbating pandemic, spotlight clearly the growing challenges of managing chronic disease. What's needed is a game-changer that shifts the whole focus of the health care system to prevention, and helps not only contain costs, but helps people lead healthier, happier and more productive lives.

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