

Review Article

The Reinvention of Health Care Starts with Prevention

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Some suggest by the year 2040 health care, as it is known and practiced today, may not exist. Might the axiom of “health care” in 2020 change to “health” in 2040? In 1980, the United States (US) spent \$253 billion in health care costs; by 2025 that number is anticipated to be \$5.5 trillion. Can that rate of expenditure continue? Healthcare spending is projected to grow faster than the economy, increasing from 17.9 percent of gross domestic product (GDP) in 2017 to 19.4 percent of GDP in 2027. High healthcare costs are detrimental to an economy’s well-being, reducing the amount of resources that a nation and families have to invest in the future. Improving the healthcare system and lowering its costs are vital to any nation’s fiscal and economic well-being. [7]. In 2018, working US adults reported being most worried about the expense of health care. The majority of working parents are concerned that they would not have enough money to afford care for their children. The burden of health care cost is heavy and growing.

Counterintuitively, in spite of the very high health care spending, the US does not necessarily have better health outcomes. It is well-established that an unhealthy population leads to higher rates of absenteeism. Moreover, in the US alone during [3]. The annual costs related to lost productivity due to absenteeism totaled \$84 billion, according to the Gallup-Healthways Well-Being Index [2]. The US health disadvantage cannot be attributed solely to the adverse health status of racial or ethnic minorities or poor people, even highly advantaged Americans may be in worse health than their counterparts in other countries [8].

The potential efficacy (reduced cost; increased productivity; improved health outcomes) of implementing a wellness lifestyle has been recognized for decades. Similarly, morbidity and mortality which otherwise may have been prevented by simply altering one’s behavior is certainly nothing new. While insurance companies, primary care providers, legislative recommendations, employers, and technology can all help in eliciting lifestyle change yielding improved health; a substantial increase in the number of individuals assuming responsibility for their own preventive health care must take place. Otherwise, the unfortunate consequences of the ongoing dramatic rise in health care spending (e.g., individuals skimping on food, rent, or clothing; savings being emaciated; cutting back on prescription medicine; 44 of the 50 states in the U.S. spend more on Medicaid than on K-12 education) will only become more serious [6]. Health care needs to be reinvented from the inside out. Digital transformation of healthcare is here to stay. Electronic medical records, wearable devices, telemedicine and robots contribute to escalating costs.

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Received: 25 Sept 2020**Accepted :** 26 Sept 2020**Published:** 01 Oct 2020**Copyright**

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This brief treatise posits and agrees the most important and effective individual throughout the foreseeable future to reduce the cost associated with medical care; become more productive (and financially secure); and improve health outcomes is one’s self [1]. The concept of personal mastery dates back to 1983, and suggests intentionally influencing thinking, feelings and actions toward one’s objectives. Personal mastery, or self-leadership, may well be the answer to how one can develop and thrive in a (health care) milieu which seems complex and uncertain [5]. Collectively, or individually, people can mitigate the likelihood of illness; take control of their life; as well as feel better and happier. In the UK, over 75% of health care providers believe their patients need to be more proactive in managing their own health. In the US, Healthy People has shed some light on determinants of health and encourages individuals to take control of their health [9].

Innately, changing one’s (health) behavior may seem clear, and relatively simply. However, it (changing population behavior) is difficult, painstaking, and complex. Earlier in this paper, it was suggested (and predicted) that within 20 years, health care, as we understand it now, may not exist. Concomitantly the discipline of health (and improving such) must not be a responsibility endemic to health care providers alone. Rather, health care and health should be addressed by a broad group of interconnected experts including, but not limited to biology, statistics, anthropologists, social work, nursing, education, economics, political science, medicine, urban planning, epidemiology, psychology, dietetics, engineering and computer science, rural planning, environmental health, geography and natural resources, sociology, as well as history. Quite possibly, more important than any of the aforementioned disciplines per se is the notion that this diverse collection of professionals with multiple and unique perspectives on the human condition must be interconnected. Their respective research, recommendations, ideas, conclusions must be shared, studied, and scrutinized with one another and disseminated to the citizenry. While this kind of interdisciplinary approach to addressing health and health care certainly has taken place [4]. This must become the norm, not the exception. Countless programs exist (and have existed) to identify risk factors for disease, address emerging health concerns, provide primary care to those who otherwise do not have access to such. Yet countless municipal, county, state, and national health outcome data continue to trend negatively; and the expense associated with health care continues to rise. A team of professionals working collaboratively, using their diverse disciplines and perspectives represents the best opportunity to change an individual’s health behavior.

Prevention, its efficacy and the importance of such to address our individual and collective future health care needs has been discussed for decades; now it's time for real action, before it is too late.

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