PREVENTION, HEALTH, AND WELLNESS: FOUNDATIONS OF AN EFFECTIVE HEALTH CARE SYSTEM

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Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

—Victor Frankl

As I write this, it is the end of March, and health care reform—or perhaps more accurately, health care access reform—has finally been approved, at least until some states try to opt out or others work to challenge the legislation.

While access to care is critical for those who are less fortunate, we must focus on providing cost-effective care. People want access to effective treatments when they are sick. Access is critical for those who are less fortunate, and of course we must control the costs. Requiring the insurance industry to spend a greater portion of your monthly premiums on actual medical care rather than executive bonuses seems an obvious change and one that may result in a reduction of insurance premiums. The apparent refusal by opponents of health care reform to engage in a rational debate is perhaps more worrisome than my concerns about the system to which we are now giving people access.

Yet if we focus our reform on health care access, shouldn't we be concerned that we are about to provide access for 32 million people to a highly fragmented disease management system with constantly escalating costs driven in part by a reimbursement system that rewards testing and procedures rather than prevention, health, and wellness? Even if this legislation is fiscally responsible, increases access, and controls cost, many remain convinced that our overall approach is headed in the wrong direction. After all, under these reforms, it seems likely that hospitals and the pharmaceutical industry will be richly rewarded as 32 million newly insured customers move into our health care system and need health care services or prescription medication. If prevention, health, and wellness reduce the need for hospitalization and prescription medication, should we expect support from hospitals and the pharmaceutical industry? And the health insurances companies escaped what they feared most: competition from a public health plan. These are some of the forces that appear to have a financial stake in perpetuating our current system rather than supporting prevention, health, and wellness.

How do we get from where we are now to where we want to be? And how did we get to where we are now? Rather than relying solely on federal initiatives, what can we do to take responsibility for our health, and what sort of changes are worth pursing? Health is more than the absence of disease.

Can we learn anything from the experience of the state of Massachusetts, where universal health care legislation went into effect in 2006? The Centers for Disease Control and Prevention publication *Morbidity and Mortality Weekly Report (MMWR)* recently reviewed data showing that the number of people with health insurance, the number of people having a routine checkup, and the number of people with a personal health care provider all increased. Even with these increases, there were still gaps in coverage, and perhaps most discouraging, the percentage of people with chronic conditions who reported having a personal health care provider or having had an annual checkup did not change significantly.[1]

An effective health care system must have the prevention of disease and maintenance of health and wellness as its foundations. What we currently call prevention—with a few notable and laudatory exceptions—is more accurately classified as an early detection system. It's as if everyone pretends they are healthy until they have crossed some magical line into the world of "disease" or "illness" rather than realizing that the vast majority of health problems are cumulative and develop over time, often from lifestyle choices. We shortchange prevention and reward procedure-based treatments once the ability to truly prevent is limited. To make matters worse, some of the procedures for which we spend billions of dollars every year have little evidence that they are effective despite our allegiance to so-called evidence-based medicine. These are not isolated examples but endemic across the board to our disease management system.

We need a primary care system that shifts the responsibility to a multidisciplinary health care team with a goal of keeping people healthy. It is clear from most of the research that treating just the risk factors of disease does not work particularly well. It will modify the risk factors but not the underlying diseases associated with those risk factors. True primary care and prevention are based on a systems approach that focuses on the interactions of genetics, lifestyle choices, and the environment. We have reached a dead end in applying only the single (or even multiple) drug intervention model for acute diseases to the treatment of chronic disease. In 1969, the surgeon general of the United States announced that the war against infectious disease

had ended. In hindsight, this was premature and based on the unrealistic and euphoric assumptions that accompanied the discovery of antibiotics a generation earlier—namely, that a simple, single drug approach would be the ticket to solve all of our medical problems.

How can we prevent chronic disease and move toward prevention, health, and wellness? In this issue of *Alternative Therapies in Health and Medicine*, we offer several perspectives that address directly and indirectly some of these issues, all recommending a systems approach.

Jeff Bland, PhD, FACN, FACB, eloquently outlines an approach to cancer based on the recognition of cancer as a physiological disturbance of function and a systemic functional disease rather than a pathologically defined disease that has appeared out of the blue. This relies on a systems biology approach and advocates a personalized approach to cancer care, integrating applied genomics and functional medicine. This approach is based on current scientific information, often ignored or underutilized, because we are locked into a conceptual framework focused on a reductionistic approach to therapy.

Mark Hyman, MD, outlines the ineffectiveness of risk factor treatment for the primary prevention of chronic disease as outlined in many studies published in major medical journals. These failures are addressed in the ACCORD and NAVIGATOR studies[2-5] in the *New England Journal of Medicine* and stand in stark contrast to the EPIC study[6] in the *Archives of Internal Medicine* and the INTERHEART study[7] in *The Lancet*.

This issue also includes an article on bioregulatory medicine. Again, this information is not new; it has just been overlooked and underultilized. Autoregulating systems control many physiological processes such as blood pressure, glucose/insulin balance, and inflammation in a complex open system with multiple feedback loops. The research of Alfred Pischinger, first published in 1983,[8] described the cellular environment and the interactions between physiological systems that influenced each other, much like Hans Selye had done earlier in his pioneering research on the stress response. The extracellular matrix is the terrain where the inflammatory response is modulated depending on the nature of stress or toxins and the capabilities of an organism.[9] This approach to bioregulation relies on microdoses to maintain homeostasis through immunomodulation and detoxification, utilizing the body's defense system.

David Jones, president of The Institute for Functional medicine and one of the leading advocates of a systems approach to health care, is the focus of this issue's "Conversations" article. One of the central promises of effective medicine today is a focus on a systems-oriented, personalized approach to medicine that "recognizes the common underlying mechanism of complex and chronic diseases that . . . shape a patient's trajectory toward health or disease."[10] Health and wellness are the results of dynamic interactions between our genetic dispositions, nutritional status, and emotional coherence.[11]

Will health care delivery move toward a systems-based model, or are we inexorably committed to focusing our treatment on symptoms? This will depend on our commitment to prevention, health, and wellness and will determine the success or failure of health care reform as much as the specifics of any piece of legislation will.

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