Message from the Editor

Physicians and the Practice of Health Promotion/Disease Prevention

As I noted in a column entitled "Prevention and National Health Reform" in the Spring/Summer 2010 issue of the *AMAA Journal*, in the Affordable Care Act (ACA) of 2010, "there is a provision for authorizing the sum of $10 billion to support a wide variety of activities in the realm of 'prevention.'" Support would be provided for services ranging from a broad package of personal health-promotive/disease-preventive (HP/DP) services provided by physicians to a new Federal trust fund to pay for more exercise promoting public facilities like bicycle paths.

At present we do not know if any of this will happen. As is well known, the Republican Party has made repeal of the ACA one of its top priorities in the new Congress and is at the same time vigorously pursuing legal challenges to its Constitutionality. It is also pledging to sharply restrict, if not eliminate altogether, the funding needed for the implementation of the ACA. What elements of the HP/DP package would survive in the Republican budget remains to be seen. Rep. Paul Ryan, Chair of the House Budget Committee, has already proposed significant cuts in the existing budget for the Centers for Disease Control and Prevention. One must wonder if any new responsibilities could be added for CDCP, the Federal agency that would most likely be responsible for any new HP/DP programs.

Nevertheless, it is useful to examine what would need to be done if the provisions of the ACA in support of personal HP/DP services were to be funded (1). Numbers of them require the active participation of physicians. Physician behavior and functioning are thus key to success of many of these potential programs, especially in the area of primary prevention dealing with personal behavior change to promote a healthy lifestyle.

There is a problem, however, that would have to be addressed if success were to be achieved. The nature of the work of physicians is determined in large part by how they are paid and how they are trained. There are elements of the Act that address the first part: paying for preventive services by physicians that were not previously reimbursed. But if the provision is to be effective in the long run, attention will have to be paid to educating and training physicians to be able to carry out the funded functions effectively. Physicians presently are well-trained in secondary prevention, the use of screening for the detection of existing disease before it becomes clinically apparent. However, few have received any training or education in primary prevention, that is stopping disease before it starts.

How many physicians know very much about the basics of regular exercise and how to become a regular exerciser or about healthy eating and weight management, and how to help patients to engage in those behaviors beyond saying "I think that it would be a good idea if you . . .?" How many physicians know how to help patients effectively mobilize their motivation to engage in personal health-promoting behaviors in general? See my article "The Ordinary Mortals® Pathway to Mobilizing Motivation" in the Spring/Summer 2009 edition of the *AMAA Journal*.

Helping patients to engage in personal health prompting behaviors is certainly not the responsibility of the physician alone. But if we are to have a program that works and expect physicians to provide such services, we are going to have to have major new initiatives in undergraduate, graduate, and continuing medical education for health promotion and disease prevention. And they will not come cheap.

REFERENCES

1. Woolf S, Jonas S, Kaplan-Liss E (Eds.), *Health Promotion and Disease Prevention in Clinical Practice (2nd ed.)*. Philadelphia, PA: Lippincott Williams & Wilkins, 2008.