

PARADIGM SHIFT – GREATER FOCUS ON THE EARLY IDENTIFICATION AND MANAGEMENT OF RISK FACTORS

Healthcare delivery must move beyond the clinical environment by partnering with employers, schools, community-based organizations, and public health agencies to reach large segments of the population and address the problems that contribute to poor health. Justification for this transformation in US healthcare delivery can be made from several perspectives, namely the renewed focus on prevention. However, one of the most compelling arguments in the current economic environment is the financial benefit of shifting the focus towards prevention. Direct medical costs associated with CVD in the United States are projected to increase from \$273 billion in 2010 to \$818 billion in 2030. Indirect costs associated with CVD secondary to lost productivity will increase from \$172 billion to \$276 billion over this same timeframe. Clearly, to avoid these disconcerting economic forecasts, the change in healthcare delivery and emphasis on primary and primordial prevention must happen quickly.

Modifiable risk factors that portend a higher likelihood of initial CVD development, or subsequent events if a diagnosis has been established, have been known for several decades: excess body weight, hyperglycemia and diabetes mellitus, physical inactivity/low cardiorespiratory fitness (CRF), high blood pressure, tobacco use, and poor diet. Improved identification and management of these risk factors is essential to altering future healthcare projections of worsening health coupled with higher costs.

The workplace is an ideal environment to initiate the shift towards prevention. Biometric screening is defined by the Centers of Disease Control and Prevention as “the measurement of physical characteristics such as height, weight, body mass index, blood pressure, blood cholesterol, blood glucose, and aerobic fitness tests that can be taken at the work-site and used as part of a workplace health assessment to benchmark and evaluate changes in employee health status over time.”^[1] Biometric screening is often combined with a Health Risk Assessment tool (eg, questionnaire to assess current and future health risks), and combined they are defined as health screening in the workplace.

There is consensus that conducting health screenings in the workplace is a promising strategy for early detection of established risk factors with the hopes of preventing the development of noncommunicable diseases, or, if an individual has already been diagnosed with a noncommunicable disease, managing this condition and preventing subsequent events. Screenings may be even more effective at identifying risk factors and providing better return on investment (ROI) if they are targeted toward higher risk individuals.

Health screenings serve as a catalyst to further clinical health assessments for those who were not aware of their risk factors as well as a first step in a workplace health and wellness promotion process where awareness of personal health risks can lead to participation in lifestyle change or tailoring of disease management programs (eg, structured exercise, dietary, or psychosocial interventions). Increasingly, based on provisions in the Patient Protection and Affordable Care Act (ACA), health screenings will be associated with monitoring progress toward the achievement of health standards and, often, screening results will be connected to incentives that encourage employee participation in worksite health and wellness programs.

Source: American Heart Association (AHA)