

Are Health Plans the Future of Public Health?



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Summary

The transition from old-guard payer to wellness company is underway—and moving rapidly.

In a recent *Forbes* article, I discuss how accountability in health plan payment policies is improving clinical performance. Due to federal policymakers' relentless drive to improve outcomes and reduce spending growth, plans have significantly more flexibility to care for beneficiaries in new ways. These efforts allow managed care companies to revolutionize healthcare again—this time by addressing public health issues such as population cholesterol levels, glycemic control for diabetic patients, environmental issues that cause asthma, and nutritional needs of the frail elderly.

It's logical that health plans should focus on improving public health to enhance both broader clinical performance and their quality ratings in today's pay-for-quality environment. By helping people become healthier, and preventing the onset of sickness and disease, plans are at less risk of incurring healthcare costs, while commanding more in reimbursements. Promoting wellness is a win-win-win: beneficiaries stay or become healthier, health plans reduce their financial exposure, and public healthcare programs realize cost savings.

Please read the full *Forbes* article.

