

Executive Summary

The United States "healthcare system" was not designed to proactively produce health. It was designed to reactively respond to disease.

Over generations, American medicine has achieved extraordinary advances in diagnosis and treatment. These advances have saved lives and transformed once-fatal conditions into manageable illnesses. Yet the nation's healthcare system remains fundamentally oriented toward treating disease after it develops (and tragically, very often at late stages) rather than preventing illness before it occurs. Preventable chronic disease notably accounts for the majority of morbidity, mortality and healthcare spending, driven by well-understood risks and conditions that the healthcare system does not consistently address. The central problem is not scientific uncertainty or lack of resources. The central problem is fragmentation, with little or no focus on prevention.

Responsibility for health is distributed across healthcare providers, insurers, public health agencies, employers, community organizations and multiple levels of government. Payment systems operate independently. Public and private coverage systems function in parallel. Community institutions address social and environmental conditions separately from clinical care. Data systems remain disconnected across programs and sectors. Individuals move repeatedly between coverage systems without continuity of prevention strategy or sustained accountability for long-term outcomes. Each institution contributes to health, but no institution is responsible for health.

This fragmentation prevents the United States from addressing the underlying causes of disease in a coordinated and sustained way. Healthcare institutions focus primarily on treatment. Public health agencies address population conditions with limited integration into clinical care. Community organizations operate through independent programs. Employers and insurers bear long-term costs but have limited ability to influence the organization of care. Data systems capture episodes of illness more effectively than trajectories of health. Without alignment across these domains, prevention remains episodic and improvement remains difficult to sustain. Fragmentation is the central barrier to prevention.

The **Prevention First** strategy begins from a single organizing premise:

Improving health requires transforming a fragmented healthcare system into a coordinated system accountable for long- term health outcomes and preventing the root causes of disease.

"Prevention First" does not treat prevention as a set of services to be expanded within the existing system. It treats prevention as a primary structural responsibility of the healthcare system itself.

Prevention First represents a foundational and comprehensive commitment to embrace all evidence-based interventions proven to improve health, longevity and quality of life. These interventions target disease at five levels.

Primordial Prevention

Aiming to mitigate and minimize hazards to health before risk factors appear, focusing on large-scale social, economic and environmental policies that can affect health.

Primary Prevention

Preventing disease by targeting modifiable risk factors in individuals who are healthy but exposed to risk.

Secondary Prevention

Early detection and intervention to reduce the risk of disease progression in individuals who are diagnosed with disease.

Tertiary Prevention

Management and treatment to prevent impact of chronic disease by minimizing complications.

Quaternary Prevention

Ensuring medical interventions offer more benefit than harm by protecting patients from unnecessary or excessive treatments.

A Prevention First health care system must accept responsibility not only for treating illness but also for addressing the conditions that produce illness. Health outcomes are shaped by behavioral risks, environmental exposures, social conditions and the built environments in which people live and work. Healthcare organizations alone cannot address these drivers of health, but the health system must be organized so these factors are systematically identified, measured and addressed through coordinated action across clinical care, public health, employers, community organizations and government programs. This requires an expansion of accountability.

Prevention First calls for shared accountability for longterm health outcomes across the institutions that shape health.

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Providers, insurers, public health agencies, employers, community organizations and government programs must operate within a framework that accepts responsibility for improving health across populations over time. Without shared accountability, prevention remains optional and improvement remains temporary. Shared accountability requires measurement.

A Prevention First healthcare system must be able to identify health risks early, coordinate prevention strategies and evaluate outcomes across populations and communities. Reliable population-level measurement is essential for guiding prevention strategies and sustaining improvement over time. Without shared measurement, transformation cannot be guided or sustained. Prevention First therefore approaches healthcare reform as a problem of system design.

For decades, reform efforts have often focused on individual programs, demonstration projects or isolated policy changes. These efforts have produced important advances but have not changed the underlying structure of the healthcare system. Prevention First instead recognizes that improving health requires a coordinated system in which training, workforce capacity, delivery systems, financing, community institutions, private-sector organizations, data infrastructure and national leadership operate within a shared framework.

Payment reform is necessary but not sufficient. Delivery reform without workforce capacity cannot be sustained. Workforce development without training reform cannot be implemented. Prevention programs without measurement cannot improve. Community initiatives without clinical integration cannot achieve lasting impact. Data systems without coordination cannot guide decision-making. Leadership without system redesign cannot produce results.

A preventive healthcare system emerges only when these elements develop together. For this reason, the Prevention First strategy is organized around eight mutually reinforcing pillars, each representing a structural component of a preventive healthcare system:

Pillar 1 – Reform Medical Training to Build a Prevention First Healthcare System

Prepare clinicians across specialties to identify health risks, apply prevention strategies, and manage health improvement across populations.

Pillar 2 – Build the Preventive Medicine Workforce

Develop the physicians and interdisciplinary leaders capable of designing and sustaining prevention-centered health systems.

Pillar 3 – Prevention-Centered Care Delivery

Align payment and delivery systems around sustained reduction of major health risks and long-term improvement in outcomes.

Pillar 4 – Financing Prevention and Aligning Incentives

Reduce fragmentation across payment and coverage systems so universally accepted prevention strategies can operate continuously across populations.

Pillar 5 – Private Sector Engagement

Engage employers, insurers, and healthcare organizations as active and invested partners in prevention-first transformation and shared measurement.

Pillar 6 – Community and State-Level Prevention Systems

Coordinate healthcare providers, public health agencies, and community organizations to measurably address the root causes of disease and improve the conditions that shape long-term health outcomes.

Pillar 7 – Prevention Data Infrastructure

Build prevention-first measurement and coordination capabilities on top of existing public and private data systems while strengthening privacy protections and public trust.

Pillar 8 – Prevention First Leadership and Implementation

Establish durable national leadership capable of coordinating prevention-first transformation and sustaining accountability across sectors and levels of government.

These pillars are not independent initiatives. They are interdependent elements of a single, preventive health system. Training reform without delivery reform will not change practice. Financing reform without measurement cannot sustain improvement. Community prevention without shared accountability cannot address root causes of disease. Data infrastructure without coordinated leadership cannot guide transformation.

Prevention First succeeds only when all pillars advance together.

The Prevention First strategy builds on existing institutions rather than replacing them. Medicare, Medicaid, employer-sponsored insurance, public health agencies, healthcare organizations and community programs already contain many of the elements required for Prevention First healthcare. The goal of this strategy is to align and strengthen these systems, so they synergistically function as a coordinated framework for improving health.

Preventive Medicine provides the intellectual and operational foundation for this transformation. As the only ACGME/ABMS-recognized medical specialty integrating clinical care, epidemiology, general population health and health system design, Preventive Medicine is uniquely positioned to lead the development of a healthcare system organized around improving long-term health and preventing disease, and not merely one that is limited to reaction to episodic illness.

Prevention First transformation is too large and too important to be left to fragmented implementation. It requires sustained leadership capable of coordinating action across sectors and maintaining accountability for results.

The United States has the knowledge, the tools and the institutional capacity required to build the world's first, best and only Prevention First healthcare system. What has been missing is a strategy for alignment.

Prevention First provides that strategy.