

An ounce of prevention...

MANAGED CARE is breathing new life into an old idea—that there can be more cooperation between mainstream clinical medicine, with its economic and scientific strength, and public health, with its lower-profile altruism. One manifestation of this revival, the rise of preventive medicine, is evident in Henry and Bronson's commentary in this issue of the *Journal* on the new *Guide to Clinical Preventive Services*, which outlines screening and immunization recommendations from the US Preventive Services Task Force. Disease prevention is at the heart of public health and is one of the keys to "wellness." Practiced on the grand scale, disease prevention is also at the heart of population medicine.

See Henry and Bronson, page 141

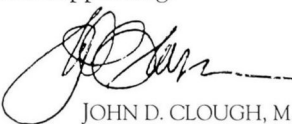
The traditional schism between mainstream medicine and public health is not in the public interest and has, in fact, always been dangerous. Capitated managed care plans, which have a financial interest in keeping their members healthy, present a new opportunity to bring the two disciplines together.

Preventing disease within the member population—by encouraging healthy lifestyles, proper immunizations, and selected screening tests at cost-effective intervals—clearly has attractions, and Henry and Bronson review some of the key Task Force recommendations. That some of these recommendations are controversial is evident in Henry and Bronson's comments.

Yet, capitated health plans must go further and

look beyond their membership rolls in supporting public health and disease prevention, if only in their own self-interest. The possibility of a dread, contagious disease gaining a foothold in the disenfranchised segments of society with no health care coverage and then spreading to the "covered lives" of the member population poses a threat that the HMOs cannot ignore. Drug-resistant tuberculosis comes to mind, flourishing in the reservoir of the uninsured and the immunologically depressed. To preserve the health of the insured (and thereby control costs), health plans will need to get involved in public health and in other social issues (eg, the ready availability of hand guns) that threaten their covered populations. What altruism has failed to accomplish, economics may drive.

How will public health and mainstream medicine unite? No one has come forth with any practical solutions yet. But the National Congress of Medicine and Public Health, which held its first broad-based organizational meeting in Chicago in March 1996, has started by bringing together representatives from the separate universes of medicine and public health. The initial approach will be educational, but implementation strategies have a high priority and will, I hope, be addressed soon. The ultimate result, an appropriate blending of the two disciplines, will benefit everyone. This might become managed care's greatest legacy to society. It is clearly a movement worth supporting.



JOHN D. CLOUGH, M.D.
Editor-in-Chief