Policy as Preventive Medicine

What is realistic in the next two decades?

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HEART HOUSE ROUNDTABLES

AMERICAN COLLEGE of CARDIOLOGY®



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American Heart Association Established Investigator Award
Donaghue Foundation

Consulting

Chambercardio, Abbott, CVS Health, Peterson Health Technology Institute

Coverage built around age and job, not the person

Ages 19–64



Job-based
61%

Medicaid
16%

Uninsured
11%

Other
12%

Many payers. Many uninsured. Many interruptions.

Ages 65 and older



Medicare
Universal, stable

One program. No breaks.

Stable, universal coverage arrives at age 65, after decades of cumulative risk

Source: KFF State Health Facts 2024

Even when covered, working-age adults struggle to afford care

Adults ages 18–64, 2025

46%

had trouble affording health care

35% family went without care because of cost

29% family has medical debt

17% family had problems paying medical bills

Any affordability problem, by type of coverage



Having coverage is not the same as being able to afford care

Urban Institute, Well-Being and Basic Needs Survey, December 2025.

Prevention: Paid for at 45, payoff at 65

Who pays for prevention

- **Employers**
- **Commercial plans**
- **Medicaid**
- **Individuals**

Decades

Plans, jobs and addresses change along the way

Who gets the payoff

Medicare

Where much of the long-run benefit lands

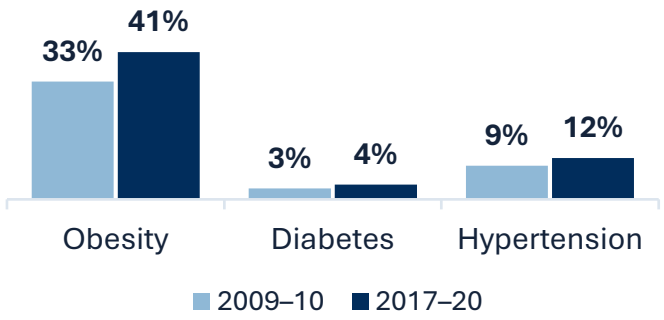
The economics are misaligned, not the intentions:
prevention pays off over decades, while coverage changes within years

The prevention cascade leaks before it starts

Risk factors rise → **Many are never identified** → **Hospitalizations follow**

Obesity and diabetes are rising in young adults

US adults 20–44, % with condition



Many young adults *do not know* they have these risk factors

Adults 20–44 **unaware** they have it

1 in 3 Hypertension

2 in 5 Diabetes

1 in 4 High cholesterol

Cardiovascular hospitalizations are rising

Heart attack, heart failure and stroke

+25%

rise in the combined hospitalization rate, US adults 25–64, from 2008 to 2019

Every step leaks. So where do we start?

Aggarwal...Wadhera. JAMA 2023; Johnson, Marinacci, Wadhera, JAMA Cardiol 2025; Henry et al., Eur Heart J 2024

Health systems: Start with what works

Mostly existing teams and tools. Rules and payment decide whether they scale.



Inside the clinic: Kaiser

Hypertension control rose from 44% to 80% in eight years; the national rate went from 55% to 64%

Enabled by: payer and provider in one organization



Outside the clinic: barbershop

Among Black men, systolic pressure fell 27 mm Hg with barber-referred pharmacist care, versus 9 mm Hg in control shops

Enabled by: pharmacists allowed to prescribe



Emerging: AI in and around clinic

AI took histories from 100 patients before primary care visits, with live human supervision and no safety stops

Patients also increasingly using AI on their own to fill gaps in access

Jaffe et al., JAMA 2013; Victor et al., NEJM 2018; Brodeur et al., Lancet 2026

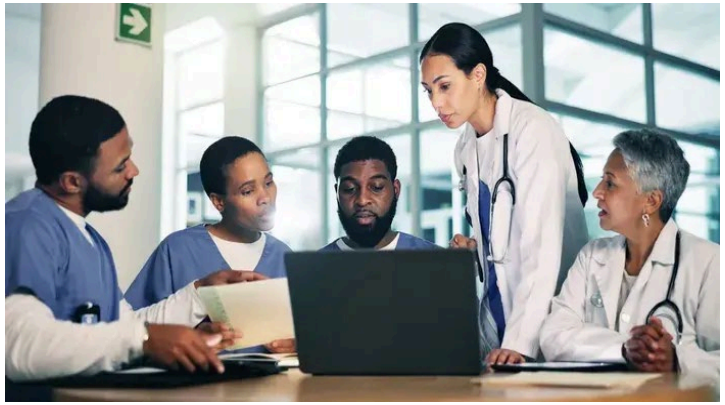
Payers: Pay for prevention, not visits

Every policy is an experiment. These three are live.



Pay for outcomes: ACCESS

CMS pays for outcomes like controlled blood pressure, including technology-enabled care. Launched July 2026



Pay for populations: ACOs

Widespread in Medicare, less common in Medicaid. In Medicaid, ACOs linked to 12 more statin users per 100 eligible patients.



Put states on a budget: AHEAD

One budget for Medicare beneficiaries for a whole state: Maryland in 2026, more states beginning 2028

Most of this starts at 65. Risk starts decades earlier.

Gong, Chiu, Wadhera. JAMA 2026; Marinacci et al., JACC 2026; Gondi, Joynt Maddox, Wadhera, NEJM 2024.

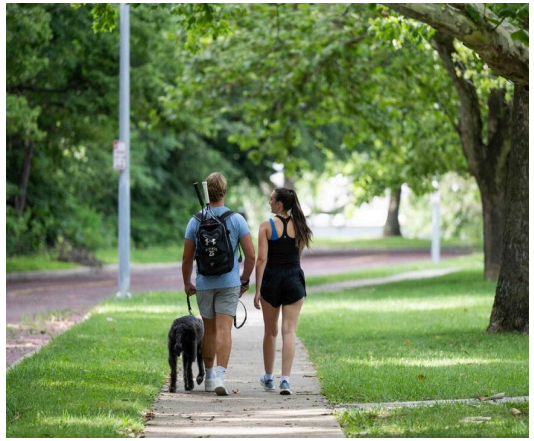
Policymakers: Beyond the health system

The biggest cardiovascular policies never mention the heart.



What we eat

Whether healthy food is within reach and affordable



Whether we can move

Sidewalks, parks and safe streets decide whether activity is a choice



Whether we can get care

Open clinics, affordable care and coverage that stays in place, especially in rural communities



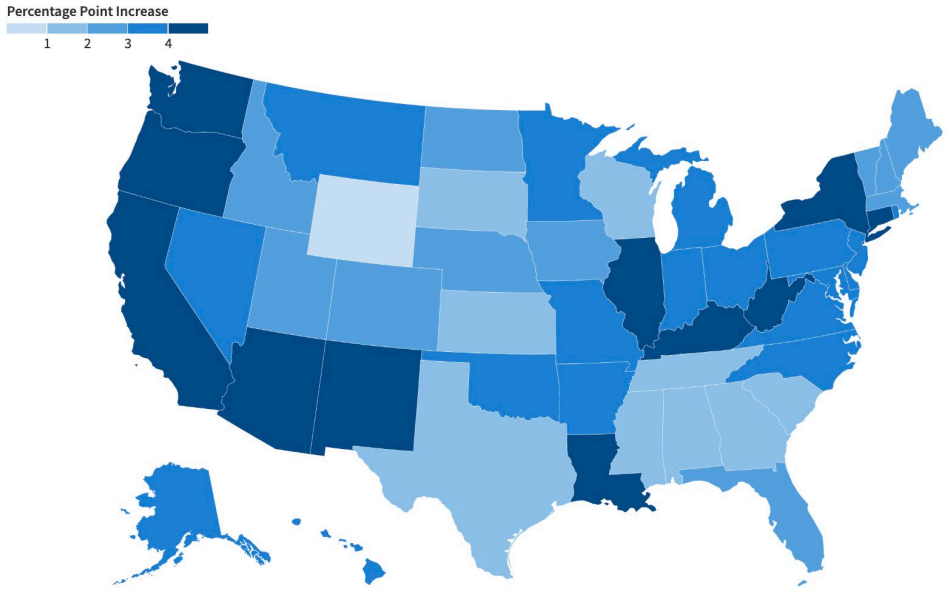
The built environment

How towns are designed: zoning, transit and rural infrastructure shape every other condition

Ongoing policies are pulling in both directions

Health coverage under H.R.1

CBO: 10 million more uninsured by 2034

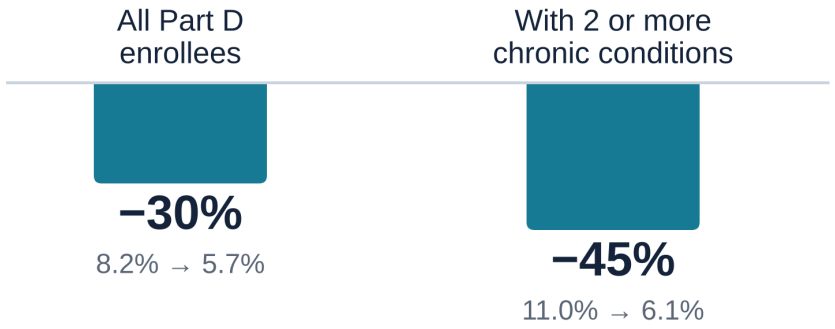


Kaiser Family Foundation 2025

Inflation Reduction Act

Caps annual out-of-pocket drug costs + expands low-income subsidies in Medicare

Cost-related nonadherence fell in Medicare under the IRA in 2024



Source: Marinacci, Wadhera et al., JAMA Intern Med 2026

Designing a system around prevention

If we designed a system to make prevention pay, would it look like ours?

WE ARE HERE

State budgets

If a state answers for everyone's spending and quality, prevention may start to pay. Maryland first.

CHANGES INCENTIVES, NOT COVERAGE

A public option

Open to all ages. Stay covered as jobs change.

Universal basic coverage

Automatic and free at the point of use, with an optional top-up.

After Einav & Finkelstein

REBUILD: tackles access and affordability head on