**SDC 2. Changing the emphasis from sick care to health care.**

As the importance of favorably modifying unhealthy behaviors and abnormal risk factor profiles has become increasingly apparent, it’s time to change our emphasis from sick care to health care, with a greater focus on prevention and the foundational causes of CVD.9 Contemporary health care providers need to become champions of achieving healthy lifestyle overhauls and risk factor reduction in the patients we serve—well beyond the acute and palliative care provided in our emergency centers, surgical suites, cardiac catheterization/revascularization laboratories, operating rooms, diagnostic testing/imaging centers, hospital rooms, and physician offices. The paradigm shift needs to move from not only helping patients when they are ill, injured, or sick, to helping patients help themselves (24/7). Increasing physician mandates and patient self-responsibility (eg, meeting certain health metrics) will become an even greater priority in the future. For example, at the Veterans Administration and other health care systems, PA counseling is now required to be documented in the electronic medical record as part of a clinical encounter. Similarly, patients are being asked to complete lifestyle habit surveys and/or serial risk factor profiles, along with regular physical exams, and attaining certain lifestyle behaviors and risk factor ranges will be increasingly requested by insurers and employers, orchestrated in part by financial incentives and penalties.44 Achieving these objectives will, no doubt, involve a greater emphasis on providing clients/patients effective counseling strategies and research-based behavior change interventions.39,45,46