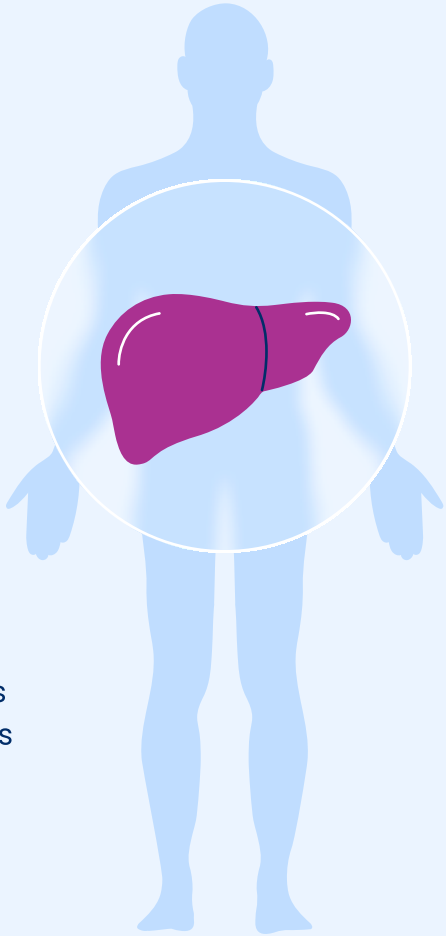
vida

Be ready for the next wave of metabolic risk: MASH



Managing metabolic liver disease through integrated, evidence-based care

MASH (metabolic dysfunction–associated steatohepatitis) is a progressive liver disease driven by obesity, insulin resistance, and metabolic dysfunction. Affecting approximately **1 in 20 U.S. adults,** it's one of the fastest-growing and most underrecognized complications of obesity. As cases rise and awareness lags, employers need better ways to identify and manage liver disease in high-risk members.

Why MASH matters to employers now

Rapidly rising prevalence linked to obesity and type 2 diabetes

High downstream costs from hospitalizations, imaging, specialty care, and transplant risk

Expanding GLP-1 indications, increasing pharmacy spend and clinical nuance

Without a coordinated strategy, MASH adds another unmanaged layer to an already high-risk population.

Vida's approach

Vida treats MASH as part of metabolic disease, not just a liver issue. Managing it well means finding it early, supporting lasting lifestyle change, using medication when appropriate, and providing ongoing care through an integrated cardiometabolic model.

How Vida supports MASH care

Vida is expanding its cardiometabolic care model to support MASH, building on the same approach used for obesity, diabetes, and cardiovascular risk.

Clinical evaluation

Doctors review intake information and lab results to assess liver health and risk.

Comprehensive lifestyle intervention

Personalized Medical Nutrition Therapy, weight management, physical activity, and ongoing behavior support.

Prescribing medication (when appropriate)

Clear criteria for starting medication and monitoring progress over time, including GLP-1s and more affordable options, alongside lifestyle support.

Targeted care, better outcomes

Vida delivers the right care at the right time, helping members get better results without unnecessary treatment. This leads to healthier liver and metabolic outcomes, more appropriate use of GLP-1s, and lower risk of disease progression and long-term costs.

The question is no longer whether MASH belongs in cardiometabolic care, but whether your current program is equipped to manage it.

Contact us