



HOLISTIC HEALTH

HOLISTIC CARE THAT TREATS ROOT CAUSE OF DISEASE, RATHER THAN SYMPTOMS, HOLDS PROMISE FOR HELPING SELF-INSURED PLANS MAKE BETTER OUTCOMES THEIR ULTIMATE DESTINATION

Written By Bruce Shutan

With obesity and a host of chronic conditions affecting a growing number of Americans, the U.S. healthcare has been fixated on treating symptoms. The end result is costly pharmaceuticals and surgeries that are rendering care unaffordable for health plan participants and driving up the biggest P&L and negotiable expense for employers other than payroll in most organizations.

What's missing from this equation is not only a lack of preventive medicine and holistic care from primary care physicians, but also health plan designs that address the root cause of health care problems.

Examples include chiropractic care, acupuncture and naturopathic medicine that serve as an underground railroad of sorts for a reactive system that devotes far too many resources to health maintenance vs. preventing or even reversing costly problems.

These elements are part of a trend toward whole-person health whose focus is on “the interplay of multiple biological-psychological-social dimensions of health, with the goal of providing holistic, personalized and equitable support to employees on their well-being journey,” according to the National Alliance for Healthcare Purchaser Coalitions.

Self-insured plan sponsors are looking to ensure their various offerings are integrated and tailored to the participants’ needs and preferences, notes K. Andrew Crighton, M.D., chief medical officer for WellRight. “This means solutions are moving from a one-size-fits-all to more flexible delivery that can match one’s background, culture, race, gender and beliefs to providers and options that will encourage engagement.”



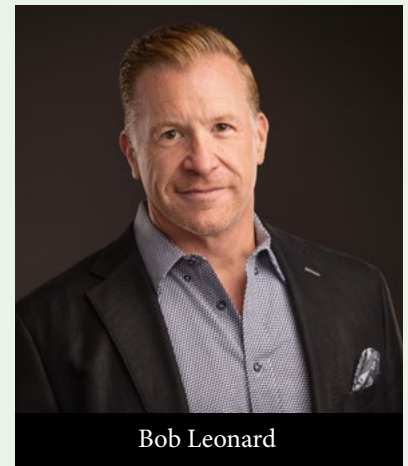
Andrew Crighton

Two uphill battles involve a culture that’s resistant to meaningful lifestyle changes and fact that these outlying disciplines involve patient-centered interventions that vary with an individual’s needs and circumstances. In stark contrast, insurance-based care is more standardized, less variable and more predictable.

Treating root causes is by definition more variable and time consuming, according to Jennifer Gamboa, chief operating officer of Rehab Essentials, Inc., managing partner of Sustainable Health Index and CEO and founder of Body Dynamics Inc. “Behavior change takes time,” she says.

However, that’s not to suggest mainstream Western medicine cannot participate in a more holistic model. Many healthcare disciplines are starting to recognize the importance of anticipatory care.

She notes that the American College of Lifestyle Medicine and Institute of Functional Medicine, two invaluable resources for self-insured health plans, train providers to view health care in a holistic way.

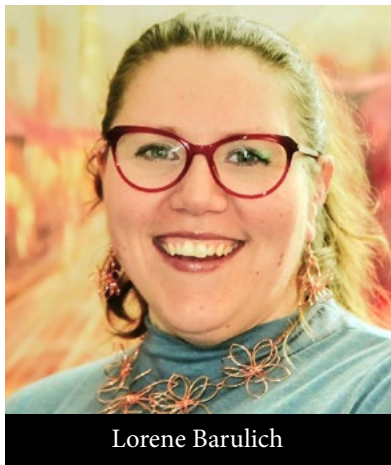


Bob Leonard

“Western medicine and U.S. health care is very much a reactive model,”

explains Bob Leonard, co-founder and board member of Spark Health, which blends naturopathic medicine with evidence-based methods featuring a team of medical and naturopathic doctors, physical therapists, chiropractors, nutrition specialists and other health care providers.

But semantics may be holding back on the potential for revolutionary change. Lorene Barulich, program manager, clinical process and training for



Lorene Barulich

Nova Healthcare Administrators, prefers to describe a more proactive approach as “complimentary” instead of “alternative” medicine that skeptics may believe is not scientifically proven or snake oil.

COACHING PATIENTS TO SUCCESS

Whatever nomenclature is used, the fact is that employers have a great deal of influence over helping curtail poor habits, Crighton observes. He believes the key is explaining health risks to health plan members and coaching them to better health rather than dictating on what they need to do through a heavy-handed approach. “Just lay out the facts and let them decide for themselves,” he suggests.

“I’m a big believer in health risk appraisals and understanding what people are doing right now that either puts them at risk or mitigates a lot of risks that they may have.”

Another important point he makes is to understand that everyone will have a different motivation for becoming healthier.

For example, it could be living long enough to walk one’s daughter down the aisle or see a grandson graduate. While making available financial incentives to adopt healthy behaviors may provide short-term gains, Crighton says it’s not a long-term solution or as powerful as each person’s unique motivation. Health coaches, clinical dietitians and mental health professionals who are often embedded in integrative, functional or lifestyle medicine help patients find root-cause care between primary care visits and execute on a plan of action, says Brian Schroeder, founder and CEO of the Preventia Group, LLC as well as president of the National Wellness Institute.

“We don’t have enough of them in healthcare,” he opines. The trick, he explains, is taking data that’s available through a broker, health plan or vendor like Springbuk or Benefitfocus and making it more actionable.

What’s missing from many health care technologies is a scalable way to build a relationship with experts who are trained to manage behavior and lifestyle-based change. “That’s kind of where the rubber meets the road,” he says.

“And right now, the current infrastructure for this type of care is does not exist. Their behavioral science will tell you that in order to make a meaningful change with anybody, you need to touch person 16 times over the course of a year.”



Brian Schroeder

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SEEING IS BELIEVING

While better education is a start to convincing people not to overindulge their sweet tooth or curb other unhealthy patterns, the most powerful motivation is actually seeing the results on someone, notes Michael Gorton, founder and CEO of Recuro Health.

He references many talented longevity physicians across the U.S., citing a local doctor in Texas named Jeff Gladden whose goal is to make 100 the new 30. “Imagine you’re in your late 60s, and you run into somebody from your high school graduating class who looks like they’re still 30?” he says. “You’re going to say, ‘well, I’ve got to start doing that,’ and be inspired to try it.”

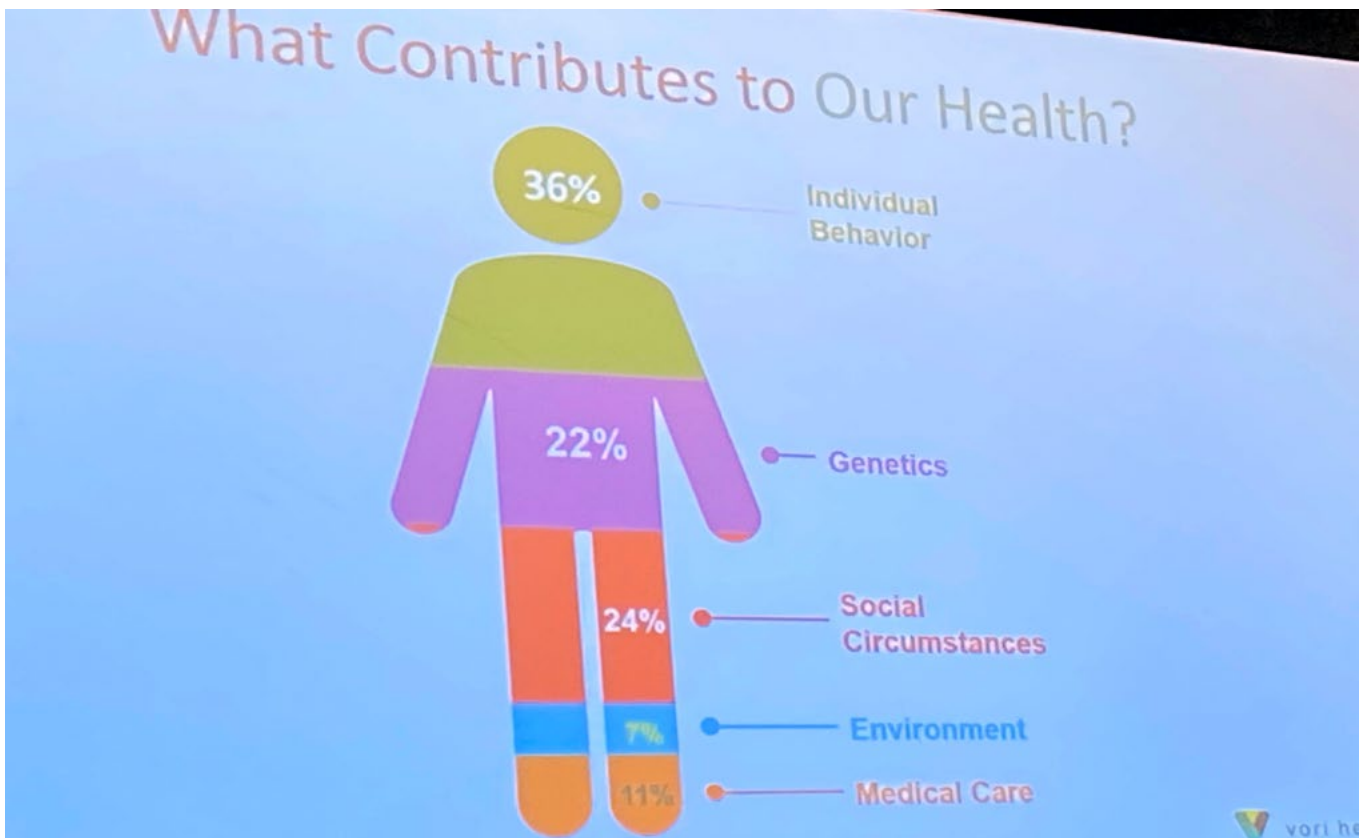
More employers are now viewing total health holistically through the prism of physical, cognitive, emotional, social, spiritual and financial well-being, according to Crighton. While emotional and mental health have been top of mind, he says many employers are starting to address the social determinants of health that influence one’s health status.

In addition, he reports that several health system clients are not only assessing the risk of their own employee population from a holistic perspective, but also offering this approach to other employers and



attempting to influence their local communities in this way.

Sharing critical resources with employees can help raise their healthcare literacy. “I think trusted and validated sources are going to be very important to highlight to your employee population,” Crighton says,



“because not only are you going to be assessing their own risk, you’re going to be educating them on the past. A lot of times, what they will do is take the information to their own doctor and have that discussion.”

Betenbough Homes, a faith-based organization in West Texas and client of Schroeder, is a prime example of a forward-thinking self-insured employer’s approach to holistic health. It all started when CEO and founder Rick Betenbough decided to study alternative treatments to chemotherapy in the face of a devastating stage-four pancreatic cancer diagnosis. His triumphant uphill battle was baked into the entire organization.

“They’re looking to reinvent healthcare from the ground up,” Schroeder says, hoping to spend 90% of all of health care dollars on wellness as part of an “assurance” plan vs. traditional insurance plan.

“This group cares for their employees. They’re seen as a major leader in anything that they do when it comes to employee benefits. There are hundreds of groups looking at Betenbough right now and studying what it is that they’re doing.”

A tangential issue may be the role health equity’s is playing in expanding the reach of holistic health approaches. Similar to how the journey unfolded at Betenbough Homes, Leonard has received calls from executives who have benefited from the holistic side of medicine and want to figure out how to make it work for their employees. Fanning out across the workforce “makes business sense,” he adds.

Self-funded employers have an opportunity to choose what options best fit their group and budget, Barulich notes. She says some employer clients will offer biometric outreaches involving follow-ups on blood testing for cholesterol and glucose, as well as blood pressure checks.

The objective is to make health plan members aware of their numbers and suggest a primary care visit to discuss the results. Employees at one particular company that offered free lunches sought healthier options such as a salad bar. With a menu of fried, greasy fast and inexpensive foods, it was no wonder that high cholesterol, obesity and diabetes were a nagging problem.

In some cases where groups limited chiropractic care and saw a spike in pain medicine or request for additional physical therapy, the TPA would suggest extending those services. “The ROI isn’t always on the dollar value,” Barulich points out, citing a reduction in addictive narcotics. “Ideally, the ROI truly would be you’re not jumping to hip replacements and back surgeries because you were able to get in sooner.”

HARNESSING TECH AND DATA

When Gorton started Teladoc, his initial thought was getting to root-cause problems with curative solutions vs. simply treating symptoms. He bristles at the fact that 24 years ago many states considered his vision illegal and unethical.

“Today, 70% of the population would rather do a telemedicine visit than go to the doctor’s office,” he says.

And while telehealth has made access to care easier, Gorton says it still hasn’t exactly made patients healthier. The answer eventually will come from using technology and collecting more expansive data to identify potential health problems before they become severe, he adds.

Take measuring blood pressure, for instance. It’s a static data point that could very well have fluctuated a week or month ago. “If a doctor had the ability to see what your blood pressure was as a function of time, it would be so much more meaningful,” he explains. An ability to track that measure over, say, 12 straight days between 7 a.m. and 3 p.m., or the past six months to a year and spot any trendlines on a table, chart or graphic could lead to better intervention.

Using a smart scale to record bone mass and body fat among other metrics – not just weight – could go a long way toward helping patients address their health more holistically. But Gorton laments that

“lots of data is sitting there going nowhere. If you could pull it into a medical record, you start seeing trends to preemptively catch things.”

Moving from point solutions to a single, integrated multi-condition experience produced improvements in A1c, systolic blood pressure and weight, according to a recent peer-reviewed study by his former company, Teladoc Health.



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What's also helpful is to encourage a full panel of blood tests when patients are feeling healthy rather than when something goes wrong and it becomes a costly mess, Leonard suggests. His firm's naturopathic doctors routinely order such testing four times a year. While some may argue that seems excessive, he says

“the human body is dynamic not static. It's always trying to achieve homeostasis. As our needs change to achieve this, so does our nutritional requirements and resultant supplement routine.”

Mindful that every individual's DNA makeup is unique, Leonard says advanced nutrigenomics uncovers how the body reacts to certain foods and leads to certain disease states. Perhaps not surprisingly, two of the most common conditions that are driving cost involve diabetes and cardiovascular disease.

A third area that he cites involves musculoskeletal disorders for those who are engaged in labor-intensive physical work. To prevent these injuries, he suggests pre-employment testing to ensure that job candidates have the physical capability to perform certain tasks instead of simply relying on verbal references.

An over-reliance on doctors at the expense of more patient empowerment may be an even bigger issue when analyzing the potential for a more holistic approach to improve outcomes and lower cost.



Says Gorton:

“The best medicine in the world today is not at the Mayo Clinic, Cleveland Clinic or at the best doctor on the planet. It’s in the human immune system. We fight off cancer every single day when we’re healthy. The question is how do we stay healthy?”

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years. ■

