Economic Realities in Healthcare and What We Can Do About It

IPMA-HR Conference
Phoenix, Arizona

Todd Whitthorne
President, ACAP Health
September 24, 2018
Annual Worker and Employer Contributions for Family Coverage

Total Premium $18,764

Employee Contribution $5,714

Kaiser Family Foundation 2018
What’s to Blame?
What’s to Blame?

Preventable Disease!
If you have 100 employees, then statistically:

75+ are overweight
40 of those are obese
12 have diabetes (3 don’t know it)
37 have prediabetes
50 have high blood pressure
41 have high cholesterol
33 have high triglycerides
If you have 100 employees, then statistically:

15 smoke
75 fail to get enough exercise
62 have sleep issues
41 deal with chronic pain
9 suffer from depressive issues
77 struggle with stress

Now the question is...are you doing anything about it?...is it working?
The truth about diet, weight, and health is stunningly simple, and on flagrant display. But that truth has enemies, who bury it effectively not so much in mud, as in money.

In this, alas, as in so much else, follow the money, and the apparent mysteries readily dissipate.

David Katz, M.D.
Founder
True Health Initiative
Need help managing your diabetes?
From medication advice to a full range of supplies, your Kroger Pharmacist is here for you.
Just ask!
The Stunning Rise in Obesity!

C.D.C.
Nearly 60% of American children are on track to be obese by age 35.
Age-Adjusted Prevalence of Obesity and Diagnosed Diabetes Among US Adults

2015

Obesity (BMI≥30 kg/m²)
- Missing Data
- 14.0%–17.9%
- 18.0%–21.9%
- 22.0%–25.9%
- ≥26.0%

Diabetes
- Missing data
- 4.5%–5.9%
- 6.0%–7.4%
- 7.5%–8.9%
- ≥9.0%

The Problem: America’s Diabetes Escalator

NOTHING!
4,658
Every Day!

HEALTHY
50.7%

37% PRE-DIABETIC

DIABETES
12.3%

90%

Source: U.S. Ctr Disease Control & Prevention; Aug. 13, 2014, The Lancet Diabetes & Endocrinology
Annual Cost of Diabetes

No Diabetes ≈ $2,000
Pre-Diabetes ≈ $5,000
Diabetes ≈ $10,000
Diabetes with Complications $20,000+

UnitedHealth Group data
### 10 Most Costly Health Expenses (2013)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$101.4 b</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>$88.1</td>
</tr>
<tr>
<td>Low back and neck pain</td>
<td>$87.6</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$83.9</td>
</tr>
<tr>
<td>Injuries from falls</td>
<td>$76.3</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>$71.1</td>
</tr>
<tr>
<td>Oral-related problems</td>
<td>$66.4</td>
</tr>
<tr>
<td>Vision and hearing problems</td>
<td>$59.0</td>
</tr>
<tr>
<td>Skin-related problems</td>
<td>$55.7</td>
</tr>
<tr>
<td>Pregnancy and postpartum care</td>
<td>$55.6</td>
</tr>
</tbody>
</table>

Institute for Health Metrics and Evaluation (U.W.), December 27, 2016 (JAMA)
# Most Prescribed Medications

1) Simvastatin  
   Cholesterol, Triglycerides

2) Lisinopril  
   Blood Pressure, CHF

3) Levothyroxine  
   Thyroid

4) Metoprolol  
   Blood Pressure

5) Metformin  
   Diabetes

6) Hydrochlorothiazide  
   Blood Pressure

7) Omeprazole  
   Acid Reflux

8) Amlodipine  
   Blood Pressure

9) Atorvastatin  
   Cholesterol

10) Albuterol  
    Asthma

*JAMA, 2015;314: 1818-1831*
Most Prescribed Medications

1) Simvastatin  
   Cholesterol, Triglycerides
2) Lisinopril  
   Blood Pressure, CHF
3) Levothyroxine  
   Thyroid
4) Metoprolol  
   Blood Pressure
5) Metformin  
   Diabetes
6) Hydrochlorothiazide  
   Blood Pressure
7) Omeprazole  
   Acid Reflux
8) Amlodipine  
   Blood Pressure
9) Atorvastatin  
   Cholesterol
10) Albuterol  
   Asthma

*JAMA*, 2015;314: 1818-1831
Todd’s Suggestions

• Pour gas on the flame!
• Make it EASY for them and you!
• Push on your carrier & broker!
• Keep score/measure outcomes!
• Demand guarantees!
Metabolic Syndrome

↑ Waist Circumference
(Men >40”, Women >35”)

↑ Triglycerides (>150 mg/dL)

↑ Blood Sugar (>100 mg/dL)

↑ Blood Pressure (>130/85 mmHg)

↓ HDL Cholesterol
(Men <40mg/dL, Women <50 mg/dL)

AHA/ATP III
Disease Risk Associated with Metabolic Syndrome

- Alzheimer's
- Cataracts
- Sleep Apnea
- Breast Cancer
- Heart Attack
- Gall Bladder Disease
- Nonalcoholic Fatty Liver Disease
- Pancreatitis
- Pancreas Cancer
- Diabetes
- Kidney Disease/Cancer
- Ovarian Cancer
- Urinary Tract Cancer
- Psoriasis
- Arthritis
- Gout
- Depression
- Stroke
- Retinopathy
- Esophagus Cancer
- Cardiovascular Disease
- Congestive Heart Failure
- Hypertension
- Pulmonary Disease
- Colorectal Cancer
- Erectile Dysfunction
- Gynecological Abnormalities
- Endometrial Cancer
- Non-Hodgkins Lymphoma
- Leukemia
The Company We Keep
The Company We Keep
The Company We Keep
Weight Loss Treatment Guidelines

“...sustained weight loss of as little as 3% to 5% is likely to result in clinically meaningful reductions in levels of triglycerides, blood glucose, and glycated hemoglobin and in the risk of developing type 2 diabetes...”

“...patients enrolled in comprehensive lifestyle interventions for weight loss should attend programs delivered for 6 months or longer (≥14 Sessions in 6 months)...”

“...the expert panel hopes that payers will recognize the value of well-run programs...”
Clinical Results Matter

Evaluation of a Voluntary Worksite Weight Loss Program on Metabolic Syndrome

Conrad P. Earnest, PhD, and Timothy S. Church, MPH, MD, PhD

Abstract

Background: Health care costs increase with the presence of metabolic syndrome and presents significant burden to companies throughout the world. Identifying effective behavioral programs within the workplace can reduce healthcare costs. We examined the effect of a voluntary worksite program on weight loss and metabolic syndrome.

Methods: Participants (N=366), from 93 companies volunteered within their workplaces to participate in a 30-week weight loss program (Naturally Slim) focused on self-monitoring, eating behaviors, understanding hunger signals, reducing refined carbohydrate and sugar intake, and increasing protein intake to 25%-30%. Primary outcomes included weight loss and metabolic syndrome prevalence. Secondary analyses examined the individual components of metabolic syndrome and a categorical analysis within each World Health Organization body mass index category.

Results: Overall, women and men lost 9.4 (-4.8%) and 13.2 pounds (-5.8%), respectively. Each metabolic risk factor for both genders had a significant improvement but men exhibited the largest relative improvement for each risk factor. At baseline, 45% of women and 52% of men presented with metabolic syndrome, which was reduced to 30% in women and 20% in men (P<0.001 for each) at the conclusion of the program. Secondary analysis demonstrated that individuals with greater baseline levels of metabolic dysfunction had larger metabolic improvements, similar benefits to risk factors across baseline body mass index categories, and the greater the weight loss, the greater the metabolic benefit.

Conclusion: Our results demonstrate that a worksite program targeting care behaviors skills associated with weight loss is an effective strategy to reduce weight and improve the components of metabolic syndrome amongst at-risk employees.

Introduction

Approximately 70% of Americans are overweight or obese, and 25%-29% of Americans have metabolic syndrome (MetS). Current estimates suggest that obesity-related medical costs range between $117 and $210 billion a year or ~5% of annual medical spending, with Medicare and Medicaid being responsible for ~50.8 billion. It is also estimated that three people spend $42 more on healthcare costs than healthy weight people. In an effort to reduce health care cost, preventive interventions are directed toward overweight and obese individuals who may present in a prediabetic state prior to the onset of type 2 diabetes (T2D). While the changes associated with the progression toward T2D are numerous, one method of targeting risk factors related to disease progression is MetS. Thus, employer-based weight loss and wellness programs have become more prevalent with the goal of reducing weight and hence the associated health care costs associated with metabolic diseases.

Findings from Diabetes Prevention Program evidence the value of behavioral lifestyle programs that focus on reducing caloric intake and increasing regular physical activity. Specifically, the Diabetes Prevention Program has shown that as little as 4% weight loss obtained through physical activity and calorie reduction over 2.5 years reduced the risk for developing diabetes by 58% in high-risk individuals. Equally important to the preventive diabetes is the reduction in "precursors" risk factors before T2D becomes manifest. These risk factors include insulin resistance, overweight obesity obese status, and MetS. In addition to being a risk factor for T2D, MetS is a self-magnifying independent risk factor for

Metabolic Syndrome

Reversal

50.7%

Average Pounds

Weight Loss

10.6
It’s not about WHAT you eat...
It’s about WHEN and HOW you eat!
You MUST meet folks where they are!

SKILL-BUILDING

PRACTICE & MODELING

FEEDBACK & MONITORING

ACCOUNTABILITY, COACHING & ENGAGEMENT SUPPORT

If given the choice, most people would prefer NOT to speak with a stranger about something as personal as their weight!
Jessica Martin
Chaz Nailor
Leslie Mensching
What’s Important?
What’s Important?

Knowing your sense of purpose is worth up to seven years of extra life expectancy.
If diamonds were as plentiful as grains of sand they would be worthless. If we lived forever then wasting a day would be trivial. But it’s precisely the fact that we don’t live forever that makes TODAY so valuable. So what are you going to do with your life, TODAY?

Dr. Richard Deming
Thank You!

Todd Whitthorne
todd@acaphealth.com
972-841-6532

FIT HAPPENS!
Simple Steps for a Healthier, More Productive Life!

@twhitthorne

LinkedIn

Instagram