

Changing Health Behavior

An Interview with Deborah McKeever,
President and Chief Operating Officer, EHE International

EDITORS' NOTE In 2001, Deborah McKeever joined EHE International as Senior Vice President and Chief Administrative Officer, and was named President in September 2003. Between 1979 and 2001, McKeever was with UM Holdings Ltd. where she held a number of corporate positions, including Vice President of Administration.



Deborah McKeever

COMPANY BRIEF EHE International (eheintl.com) has been a recognized leader in employer-sponsored Preventive Healthcare Plans (PHP) since 1913. The plans are specifically designed for the early identification of preventable disease and risk factors; clinical management of health findings; referral resources; and personal coaching intervention programs for adverse lifestyle behaviors linked to poor nutrition, physical inactivity, and smoking. PHPs are available nationally and are specifically designed for self-funded/CDHP medical plan designs.

Why hasn't the U.S. achieved real healthcare reform and is the right dialogue taking place to make that happen?

We can all agree that the Affordable Care Act (ACA) is complicated, controversial, and not about reform. There are a lot of things that put a lot of distance between ACA and where we need to be as a country.

Researchers suggest that by 2025, we're going to need an additional 52,000 primary care physicians. We've had a 24 percent population growth between 1987 and 2007, and yet, the number of U.S.-trained physicians has only grown in that same period by 8 percent.

Of that 8 percent, there has been a 25 percent decrease in the number of medical students who are choosing internal medicine or family medicine as their specialty. Primary care doctors spend more time with patients than specialists but make a lot less money than specialists do.

Just from that one statistic, it's clear we're not impacting healthcare.

Are hospitals driving the importance of prevention and wellness?

I don't think anyone is driving it enough. Government needs to get out of healthcare – they're not experts in that area. If you believe the numbers, 75 cents of every dollar spent is treating conditions that could be prevented.

Even if you say it's a smaller percentage of the population and it's only 40 cents of every dollar, there is still a strong fiscal argument to be made in the healthcare system for paying for everybody to have preventive care and specialty care. Does the government need to be involved in that? No, the marketplace will take care of itself, but it can't if there is no buyer.

Washington will not take care of this. How serious can we be about creating a better, stronger, and more prosperous nation if we aren't healthy?

This affects everything from medical spending to the quality of life of the workforce.

Should the schools be educating students on health or should it come from the private sector?

It should come from the private sector. Employers have a great opportunity to impact it because they're paying the bills.

It's required that every EHE employee undergo a physical. I know that if you don't take care of yourself, you're going to cost us more money along the way and you will be less productive. I have the right to say that as a business leader because we're paying the bills.

Why has it been so difficult to get this message across?

We all take preventive measures in so many other line items in our budgets, but a lot of employers are concerned about crossing the line of privacy so they don't touch on the healthcare aspect. The issue is not only if you can, but also what it is costing you if you don't do it.

Is the core of EHE's business the health exams you conduct? Is that the foundation for what you do?

We have been doing what we do for 101 years. We were founded as the first medical center in the U.S. at which healthy individuals could receive physical exams for the early detection of disease and the management of health behaviors.

In 1913, we were talking about managing health behaviors, including obesity and even smoking; EHE was not well-received at the time when it said tobacco was bad.

EHE is unique in the fact that we do today exactly what we were founded to do in 1913. Our business is providing comprehensive physical exams. We have a single protocol.

We know what we need to do and why. It's an evidence-based program, meaning patients aren't going to get tests for the sake of doing tests.

We do have an impact on health. Statistically, we know that and we have many studies to prove it. We have the largest database in the world of individual health stats because we don't collect data by code but by actual measurements.

We know that if you're engaged with your physician, not only are you going to have fewer health conditions, but you're also going to beat the health trends compared to your peers.

Are you mostly focused on the exam or is your focus more on behaviors?

We have to change the behavior. We have a lot of coaching modules within the program that are physician-recommended based on one's physical exam. We don't coach without a physical.

Our approach is not simply telling patients what they must do. It's about making it fit into the clients' lives.

Is it sometimes frustrating giving them the tools, while knowing that some of them will not follow through?

In the end, it's about what they want to do. We have worked hard at removing barriers that prevent them from having physician-patient relationships and from being good healthcare consumers – we have been very successful with this.

The number-one component of our program is getting patients to the post-exam appointments.

How do you attract the medical talent you need?

Many who have joined us had become tired of seeing 50 patients per day just to get decent pay. Ours is an environment where physicians are respected for the original reason they got into primary care – they want to spend time with the patients; here, there are no limitations to that.

They are fairly compensated for what they do. There is no billing system in EHE. We have a very high satisfaction rate among our doctors.

Do you take the time to appreciate the success you've had with this model or are you always looking ahead?

We're also looking at how to make things better for the patient. I can't fix the entire healthcare system, but I can take care of my world and we can do the best we can for our patients.

Patients come to the healthcare system when they're sick and most vulnerable. So why would they desire to jump into that environment when they're feeling well? That is something we have to take care of. ●