

## Interview

## Changing the Culture of Health

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



Deborah McKeever

**EDITORS' NOTE** Deborah McKeever joined EHE International in 1979 and has held the position of President for nearly 10 years. She also currently serves as the President of the American Cancer Society New York City, and is a founding member of the board of the Alliance for wellness ROI, Inc. In 2008, McKeever was awarded the New York Women's Agenda's annual STAR award for the founding of EHE International's advertising gift program. McKeever joined the company vis-à-vis its parent organization. Prior to this appointment, she held a number of senior-level management and operating positions with the Company's parent, UM Holdings Ltd.

**COMPANY BRIEF** EHE International ([www.eheintl.com](http://www.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 of 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.

**Would you give a brief overview of the history of EHE International, and is there a good understanding of the company and the level of service it provides?**

EHE International is well known as Executive Health Exams International. We were founded in New York City as the first medical center for healthy individuals on the belief that early detection of disease was the way to promote healthy lifestyles, particularly in an era where public health and hygiene was at undesired levels.

It was also viewed as a way to buy better underwriting of life insurance policies if you knew the health of the individual. It wasn't just about the current status of the individual's health; it was also about how to get them healthier or keep them healthy. Very little in the company has changed from a business model perspective.

Today, we have 100 sites nationally. Our primary customers are businesses who are self-insured and offer this product, either as a perk to individuals – at the executive level – or as a total population health offering. Our best customers are those companies looking to migrate employees' medical plan utilization from "sick care" to one of "health(y) care."

**How broad are your service offerings, and does your expertise cross most of the health disciplines?**

We cover many disciplines, but internal medicine and family practice tend to be the specialties that are most involved today in preventive care. Radiology, gastroenterology, and cardiology are also part of the preventive side. Our program covers everything from a physical exam with your EHE doctor, who spends a great deal of time with you, to the battery of tests that are prescribed based on your age, gender, and personal needs. From there, for any medical issues we discover that are outside of the list of services we provide directly, we will engage those specialists who can provide additional diagnostic and/or medical consults to the patients.

**Are there approaches you take with executive plans as opposed to the broader ones?**

We look at each person as a patient and their health is equal in our world – the cost of disease is about the same for an individual whether they're on the frontlines or in the C-suite – so why shouldn't both receive the same level of preventive care?

Our standard approach begins with protocols that are based on an individual's age and gender. From there, every patient's preventive care plan is individualized to provide whatever is needed for the management of his or her health. As an extreme example, a patient who has a first-degree relative who was diagnosed with colon cancer at

age 28 will receive a strong recommendation for a screening colonoscopy because his or her family history puts his or her at much greater risk for colon cancer. Because our program includes all professional fees within our scope of services, there is never an additional charge to the patient for additional medically indicated procedures, nor is an administrative approval required by the physician.

**Most companies are concerned about the high cost of health care. Has there been an effective understanding and awareness about the need to be proactive in regard to employee health and wellness, and are more companies taking on that responsibility?**

The awareness about the relationship between health and productivity has been there for a very long time. There are a lot of great companies who are leaders in this area and who are moving forward on it. Are there enough companies moving in that direction? No, because if there were, we would not, as a nation, be in the situation we are in today. There is a lot of talk about preventive medicine. The truth is the greatest percentage of Americans are covered under employer programs and, within that group, a great majority of them do have preventive offerings, whether it's mammogram screening or seeing your doctor every year for an annual exam. All those things might not be done in the EHE way, but they're there. The sad truth is that so few are taking advantage of it. As stated earlier, this is why we need to move away from "sick care" and move toward "health(y) care."

**In terms of the level of care you're able to provide, is it challenging to find the talent you need, and how have you been able to assemble the expertise?**

Having been around for nearly 100 years, our work is recognized by physicians, nurses, and other disciplines in the preventive medicine circles. Too many physicians today, particularly in the primary care/preventive care world, are seeing 40 patients a day for 4 to 6 minutes – not because they want to, but because they have to. Here, our doctors see eight or nine patients max per day. So they're getting to spend quality time with each patient, which is why they chose this profession.

It is for that reason that we don't have the talent challenges that you might expect us to have. It is true that there are not enough people in primary care, and it will be a long time before we get caught up. But for those who have worked so tirelessly and so hard, EHE is a nice place to be. ●