

## The Business of Medicine

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

**EDITORS' NOTE** In 1979, Deborah McKeever joined EHE International and has held the position of President for nearly 10 years. Prior to this, she held a number of senior-level management and operating positions with the company's parent, UM Holdings Ltd. 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. McKeever was awarded the New York Women's Agenda's annual STAR award in 2008 for the founding of EHE International's advertising gift program.



Deborah McKeever

**COMPANY BRIEF** Since 1913, EHE International ([www.eheintl.com](http://www.eheintl.com)) has been a recognized leader in employer-sponsored Preventive Healthcare Plans (PHP). 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.

### Why isn't there a greater dialogue about preventive medicine?

If you look at some of the leading professional organizations like the American Academy of Family Physicians, primary care is defined as care provided by physicians to patients or persons with specific undiagnosed signs or symptoms; so it is care before going to a specialist. Primary care is defined as health promotion, disease prevention, health maintenance, counseling, patient education, diagnoses and treatment of acute and chronic illnesses, collaboration with other health professionals, and acting as a resource for outside consultations and referrals to other appropriate specialists.

There are eight components of this definition and yet, society at large looks at it only as the treatment component. Of the eight, the first five I mentioned are rarely ever done; and of the last two, one doesn't happen nearly as much as it needs to and that is the collaboration with other professionals to achieve the best care.

How the patient uses care is out of sync

with most of the components of PCP; what the payer thinks they're paying for is not aligned with them; and there are too few PCPs out there – there has been a 50 percent decline in the number of students going into primary care over the past decade. All this is leading to employers' frustration that their health care spend is extra high and their employees are no healthier.

### Why has the interest in primary care been lost today?

PCPs today reportedly make only about 50 percent of what specialists make. Yet, if you talk to medical students, they feel primary care is exciting because they would like to be able to really impact the patient's overall health. But that can't happen in most cases because PCPs today have to see 30 to 40 patients a day as well as deal with all the regulatory issues they are required to abide by.

That's why our doctors see no more than nine patients a day, so they get a lot of time to consult with patients and work with them on their health. The physician is the most influential person in a patient's health, and yet they aren't getting enough time to spend with those they care for.

It's also not helpful that what the regulators are calling health care reform is only about payment; it's not about delivering health care.

### How does the EHE program address that?

We bring together two things that are missing in the primary care world: we make the time to talk to our patients; and we really do coordinated care. When you come to us and we find something, not only do we make all the appointments and transfer the records, but information from those appointments comes back to the doctor you saw at EHE and that doctor talks to you about what the other doctors found.

Typically today, the patient has to remember to relay all the information from doctor to doctor and has to be the interpreter of that information.

### You're headquartered in midtown Manhattan. Are you also in other parts of the country? Do you foresee growth into other markets?

We are in about 40 states; we have about 100 physical exam sites; and there are 100 ancillary sites covering fields such as radiology and gastroenterology. It's a private network of EHE

certified centers. The same protocols and pricing applies to all of them.

We build our network based on where our corporate clients have population. Right now, we're exclusive to the U.S. and the opportunity in the U.S. is so huge because we're in a crisis.

There are also opportunities overseas where western medicine is practiced. There are too many challenges elsewhere.

### How do you attract and retain the talent you need?

We are able to attract great talent because we attract people who went into medicine for all the right reasons: to impact the health of others.

We are also administration free. Our doctors have to stay within our protocol, but clinicians taking care of patients are able, for instance, to order a mammogram for a patient under 40 that they are concerned about and there is no need to ask for approval. We have no claim forms because we're only focused on taking care of the patient.

### Are there metrics that show the value that EHE provides?

I'm not sure there is a broad understanding of how our services can impact a company's bottom line.

We're designed for companies that self-insure and health care is so expensive today that you have to look at the long-term impact. How do you measure what you've prevented, either in its entirety or at any stage? But when you're engaged with us, we know that your health trends better than if you're not.

Employers need to look at things from a cost perspective and I have an appreciation for that. When they look at EHE, they may experience sticker shock, but we are an aggregate. If they look at all the items they need to cover, they'll find every one of them in their plan. When you look at them on a line item basis, you can't compare a \$100 office visit to what we do.

So that can be a challenge.

### What has kept you at EHE for so long?

What we do makes you feel good every day. And I have the greatest job because the staff is wonderful.

The opportunity to change people's lives and not get caught up in traditional health care delivery is great.

We are in the business of medicine; we're not a medical practitioner who happens to be in business. ●