

## The Power of Prevention

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 UH Holdings Ltd. where she held a number of corporate positions, including Vice President of Administration.



Deborah McKeever

**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 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.

### With a 100-year history, how does EHE remain innovative?

Discipline is tough when health care is changing every day. In our world, preventive medicine and wellness are blended and we have to stay on the clinical side of things.

We have a principle that we apply to everything: We stick to the core of what we're doing – that doesn't ever change; then we create something new around that. We don't ever negotiate clinical protocol. There are ways to meet a client's needs while remaining true to ourselves.

We have a medical advisory board that is independent of operations. Their job is to look at our protocol – not to evaluate whether we can deliver on it. They determine, for instance, if a screening is preventive. There has to be sufficient evidence to indicate screening makes sense.

### How do you define preventive medicine?

In our sector, we call it preventive medicine and wellness. Preventive medicine is a clinical intervention with a licensed professional. Wellness is the education, awareness, and tools for improvement of the health model.

What confuses people is biometrics – taking tests from blood and blood pressure

is great because everyone should know those numbers. But there can be a false sense of security with that because if someone's total cholesterol level is 200, that's thought to be good, but if this person has a low HDL (good stuff) and a high VLDL (bad stuff), that is really bad – and yet the numbers look good.

Wellness is a billion-dollar business. But if those wellness programs were working, would we be getting sicker as a nation every day? These programs are not the same as going

to the doctor annually. The doctor is the most influential person in the management of your health.

So one focus for us is education and awareness tools and the other is clinical evaluation and the measurement of your body.

### What is the biggest risk to not addressing the fact that people continue to get sicker?

The biggest risk is not having able-bodied people in the future to hire to be competitive in a global market. They may have the intellect, but they won't be able-bodied enough to perform their jobs at a reasonable productivity level.

We can see type 2 diabetes, for instance, coming right at us and we know what we have to do. We know what causes it, how to prevent it, how to prolong the onset of it, and how to manage it when it hits at a certain time. But we often think, there is a pill I can take for that, which has to change.

### Where does the response to this crisis need to occur?

Employers care about employee health because it costs us so much. But I don't think it's an employer or third-party responsibility – it has to be a personal responsibility. We are terrified of not being financially healthy but we don't take care of our own health. We won't succeed in reversing this track if we don't do this.

### Is it tough to remain optimistic?

It's exhausting. You have to hammer away at it every day. Every single one of our employees at any of our locations has a full-service medical center down the hall. But it's still about constantly reminding people to take care of themselves. It's a requirement of employment here to have an annual exam. And we don't offer regular sodas but big bottles of water for a quarter. We also pay for annual gym

memberships if the employee has a minimum number of visits each month. So we contribute in the ways we can.

### What are the biggest advantages of your ability to bill a company's self-insured medical plan?

Today, 85 percent of our patient population is made up of employees who work for employers who offer our program to everyone in their company because we now bill their self-insured medical plan.

We didn't invent the mammogram or colonoscopy – we just do it really well and deliver it differently, which makes it extraordinary. We're among the best in the nation.

The fact that we will bill as a self-insured plan has made a difference in our world. We have very large national employers that offer this to each member of their staff and we get rave reviews from patients. This is what every health care experience should be like every day of the year.

Today, our cost is less than what it would be for a plan if the patient self-navigated and made all of his own individual appointments with his insurance card. This fact alone is attracting employer interest.

### At what stage should a person be thinking about preventive medicine?

It's never too late. There is enough evidence to show you can reverse the trend of your health, including type 2 diabetes. It doesn't matter how – it's that you get started.

Our average age to start this focus for patients here used to be 43; today, it's 35. A lot of our patients haven't had a physical since they had one to get into college.

Culturally, we have to start thinking of our health benefits not just when we're sick but when we're well. If you enter the system when you're sick, that's when you're most vulnerable. Health literacy is at a fifth grade level in the United States so you don't always know who to check in with.

### Should one aim to have a relationship with his or her physician?

Yes, even if it's just seeing that physician once a year. For the majority of our patients of average age, this is the only time that they see the doctor.

People worry about the doctor telling them what is wrong, but don't you want to know what is right? This outlook changes the conversation. ●