

# Improving Health and Reducing Costs: Sustainable Strategies for Self-insured Payers

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# Agenda

- Financial cost of chronic health conditions
- Trends and implications for self-insured entities
- Introduction to whole food plant-based nutrition/lifestyle medicine and how this differs from “wellness” or “prevention” approaches
- Discussion of 3 strategies that self-insured payers can use with their employees/members
- Benefits/opportunities for self-insured employers
- Questions

# Chronic Disease

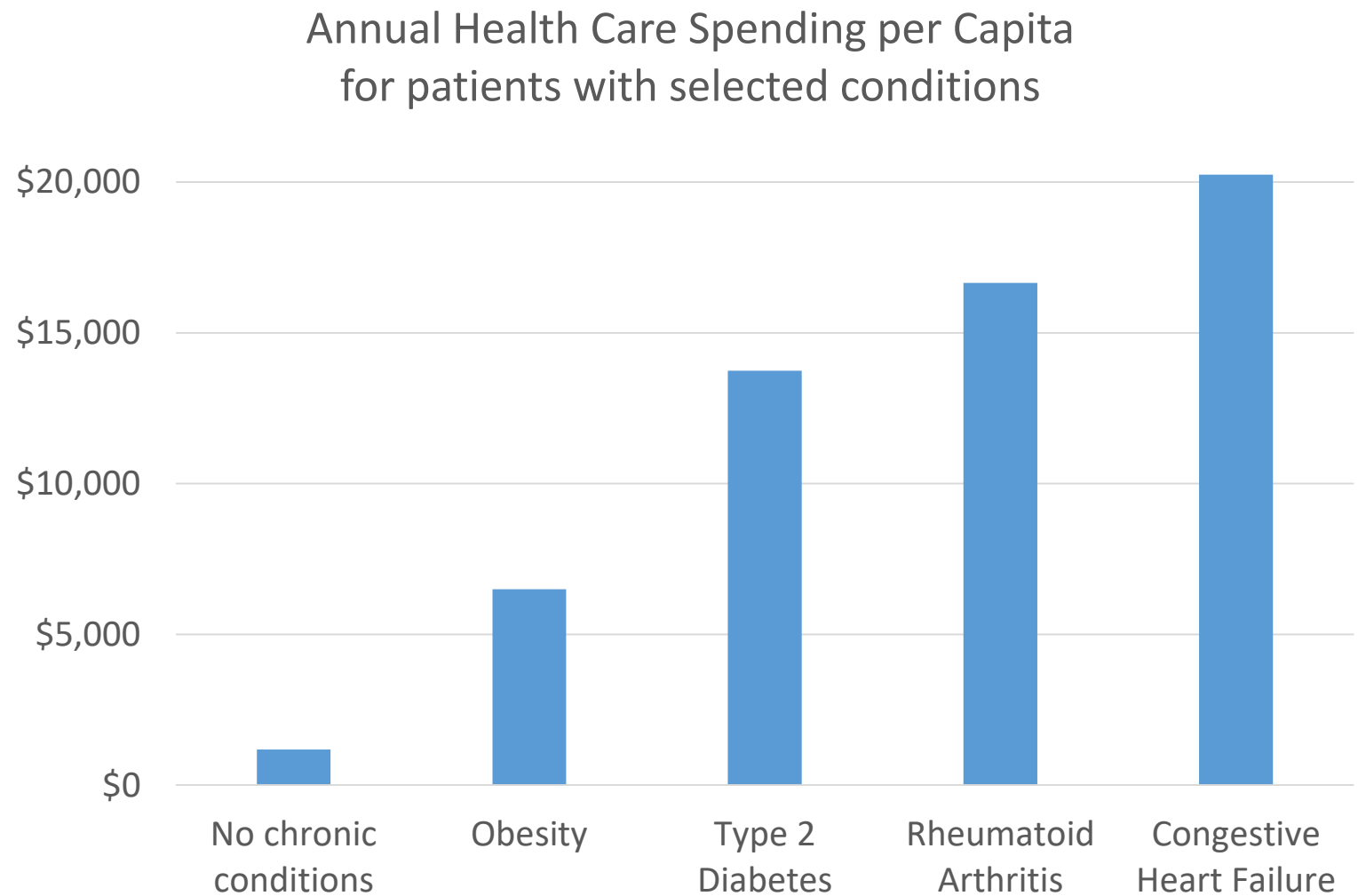
## Current Situation

- Chronic diseases kill 40 million people annually worldwide - 70% of all deaths
- **Nearly 90% of U.S. health care costs are for individuals with chronic disease, approaching 20% of GDP**
- Leading metabolic risk factors for chronic disease deaths are:
  - (1) high blood pressure (responsible for 19% of deaths)
  - (2) overweight and obesity (obesity has tripled since 1975)
  - (3) raised blood glucose (diabetics use more than 2X the health care resources than non-diabetics, diabetes is up 600% in last 50 years)
- **COVID-19: nearly 90% of hospitalized cases involve individuals with chronic conditions (85% for those under age 50, 95% for those over age 65)**

## Current Strategy

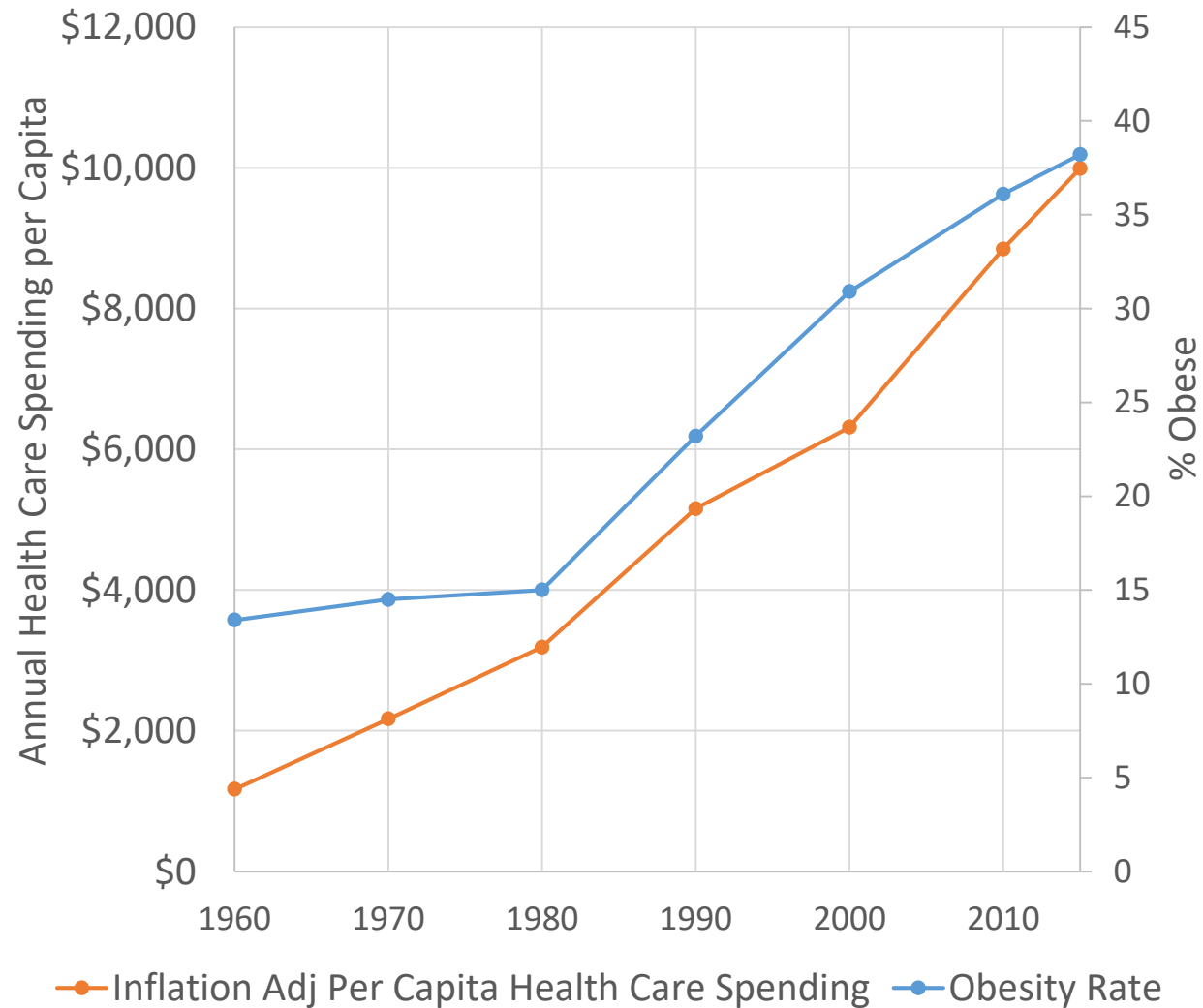
- Focus is on managing conditions through medication compliance/procedures/preventative tests
- Minimal attention given to addressing the underlying cause resulting in reversal or cure

# Chronic Conditions are nearly 90% of Health Care Spending



End-Stage Renal Disease (ESRD) \$84,000 annual per capita spending

# Trends in Obesity and Health Care Spending



# What if...

A single, low-cost, widely available prescription without any negative side effects could prevent, treat and in many cases reverse all of the these:

Cardiovascular (Heart) Disease  
Diabetes  
Obesity / Overweight  
High Blood Pressure  
Osteoarthritis / Rheumatoid Arthritis  
Erectile Dysfunction  
Multiple Sclerosis  
Chronic Kidney Disease

Cancer (some forms)  
Constipation/IBS  
Acid Reflux/GERD  
Dementia/Alzheimer's  
Asthma  
Kidney Stones  
Crohn's / Ulcerative Colitis  
Acne

# The Prescription: Whole Food Plant-Based Nutrition

## Include:

Whole Grains

Legumes (Beans, Peas, Lentils)

Vegetables

Fruits

## Exclude:

Meat (beef, chicken, pork, fish, etc.)

Dairy products (milk, cheese, yogurt)

Eggs

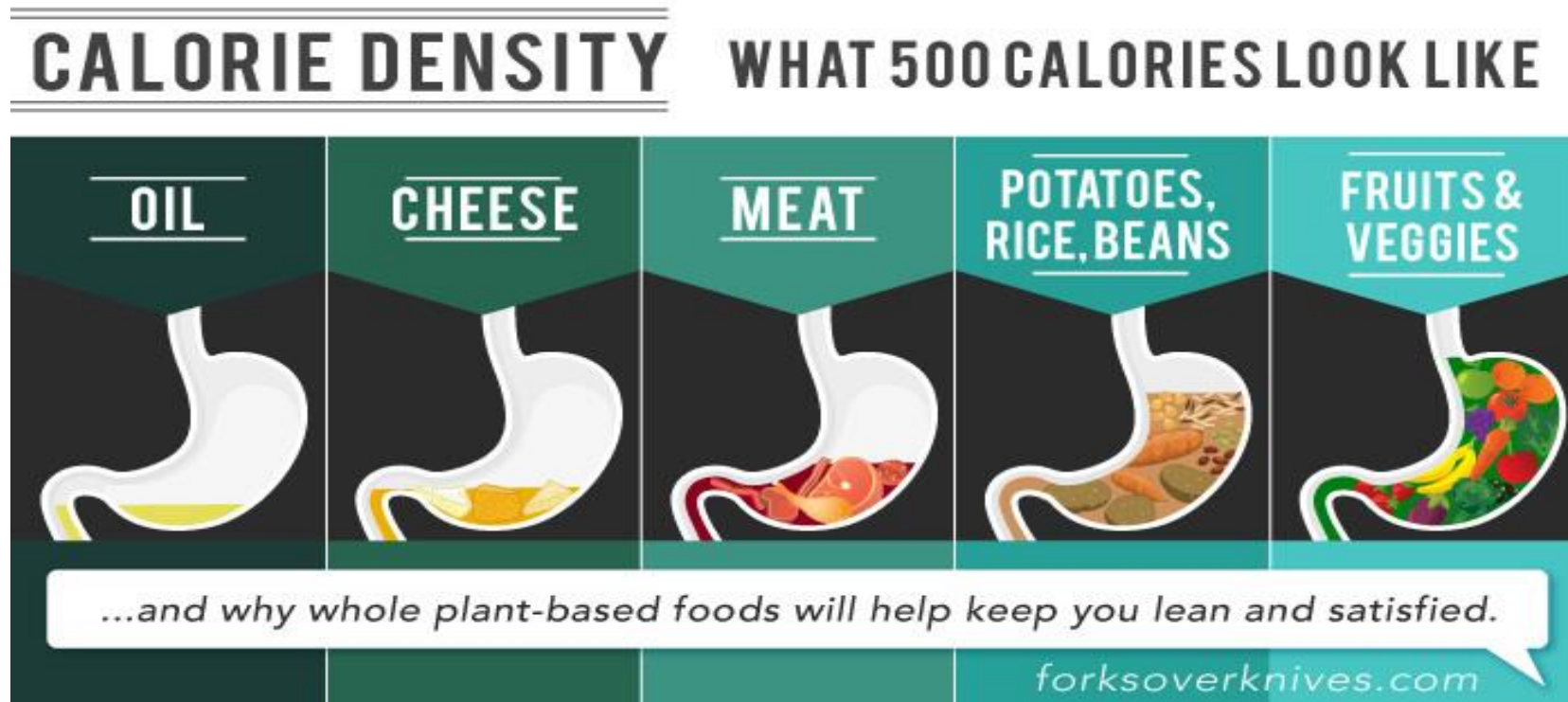
Oils (olive, safflower, canola, coconut, etc.)

- Choose whole foods and avoid refined and processed foods  
(e.g. whole grain bread instead of white bread, olives instead of olive oil)
- No calorie counting or deprivation required--eat until satisfied and eat when hungry

*“Just eat lots of plant foods; your body will do the math for you.”* – T. Colin Campbell

# Why Does Whole Food Plant-Based Nutrition Work?

## How is it sustainable?



- Focus on food quality rather than quantity
- Lifestyle rather than a diet

# What is the scientific evidence?

John McDougall, M.D. – 7 day intensive program – 1600 patients

|                                         |      |
|-----------------------------------------|------|
| Cholesterol                             | -29% |
| Blood Pressure                          | -18% |
| Triglycerides                           | -48% |
| Reduction in Blood Pressure Medications | 86%  |
| Reduction in Diabetes Medications       | 90%  |

More research listed at:  
[www.healthyforalifetime.org/wfpbresearch.pdf](http://www.healthyforalifetime.org/wfpbresearch.pdf)

# How does Whole Food Plant-Based Nutrition compare to drugs and surgery?

| Treatment                        | Effectiveness                                                                                                                                                                   | Side Effects                                                                                                                                   | Cost                             |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Bypass surgery for heart disease | 15%-50% failure rate at 5 years depending on type                                                                                                                               | 20% complication rate<br>5% stroke<br>2% death                                                                                                 | \$150,000                        |
| High cholesterol (statin) drugs  | 1.2% reduced risk of death<br>2.6% reduced risk of heart attack<br>0.8% reduced risk of stroke<br>(for those with existing heart disease)<br>[based on absolute risk reduction] | 10% experience muscle damage<br>2% develop diabetes<br>Common: diarrhea, muscle/joint pain, upset stomach.<br>In rare cases: liver dysfunction | \$20/month for life<br>(generic) |
| Diabetes drugs                   | 10% avoid diabetic complications<br>(heart attack, blindness, kidney disease, amputation)<br>5% avoid diabetes-related death<br>[based on absolute risk reduction]              | 2%-12% experience diarrhea, nausea, vomiting, upset stomach.<br>In rare cases: lactic acidosis                                                 | \$10/month for life<br>(generic) |
| Whole food plant-based nutrition | See previous slide and link to research studies                                                                                                                                 | More energy, less need for doctor visits and medications                                                                                       | Free (everyone has to eat)       |

- Adherence rates vary widely, but some drug trials have rates <50% and some plant-based nutrition trials have rates >90%
- Unlike drugs or surgery as well as many “wellness” or “disease management” programs, lifestyle medicine (WFPB nutrition) addresses the underlying cause of chronic disease

# Why is Whole Food Plant-Based Nutrition not being commonly used as treatment?

Non Sequitur by Wiley Miller



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November 19, 2014 from [www.gocomics.com](http://www.gocomics.com)

<http://www.gocomics.com/nonsequitur/2014/11/19>

# Why is Whole Food Plant-Based Nutrition not being commonly used as treatment?

- (1) Concept of chronic condition reversal is not widely known
- (2) Lack of monetary incentives for providers to reverse chronic disease

What can Health Care Payers  
do to encourage lifestyle medicine treatment based on  
Whole Food Plant-Based Nutrition?

# Actions That All Health Care Payers Can Implement

- (1) Deliver a direct message to all employees/members that chronic disease can be reversed**

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## **(1) Deliver a direct message to all employees/members that chronic disease can be reversed**

### **Example: Insurance Company**

- Sent introductory letter: *Did you know that diabetes, heart disease, high blood pressure, obesity, arthritis, etc. can be reversed without drugs/surgery and no negative side effects?"*
- Sent documentary film (*Forks Over Knives*) providing the scientific evidence and compelling personal stories of chronic disease reversal
- Provided other materials: book, websites, recipes
- Not prescribing medicine – simply providing (specific, actionable) information and encouraging discussion with health care providers
- Policyholder response / reaction – extremely positive and appreciative
- Financial impact

# Actions That All Health Care Payers Can Implement

## **(1) Deliver a direct message to all employees/members that chronic disease can be reversed**

**Example: Vanderbilt University Health Plan (self-insured)**

- Employees with Type 2 diabetes enrolled in CHIP (Complete Health Improvement Program)
- Medical costs decreased 40%
- Prescription Drug costs decreased 14%

# Actions That All Health Care Payers Can Implement

## **(1) Deliver a direct message to all employees/members that chronic disease can be reversed**

**Example: GEICO employees (various sites nationwide)**

- Participating employees asked to follow a whole food plant-based diet (18 weeks)
- Onsite cafeterias offered whole food plant-based lunches
- Weekly classes (including education and cooking demos) were held
- No restrictions on calories required
- Results: Statistically significant reductions in weight, cholesterol, and diabetic control (A1c) compared to control group

*[OTHER EXAMPLES: SEE DOCUMENT FROM AMERICAN COLLEGE OF LIFESTYLE MEDICINE]*

# Actions That All Health Care Payers Can Implement

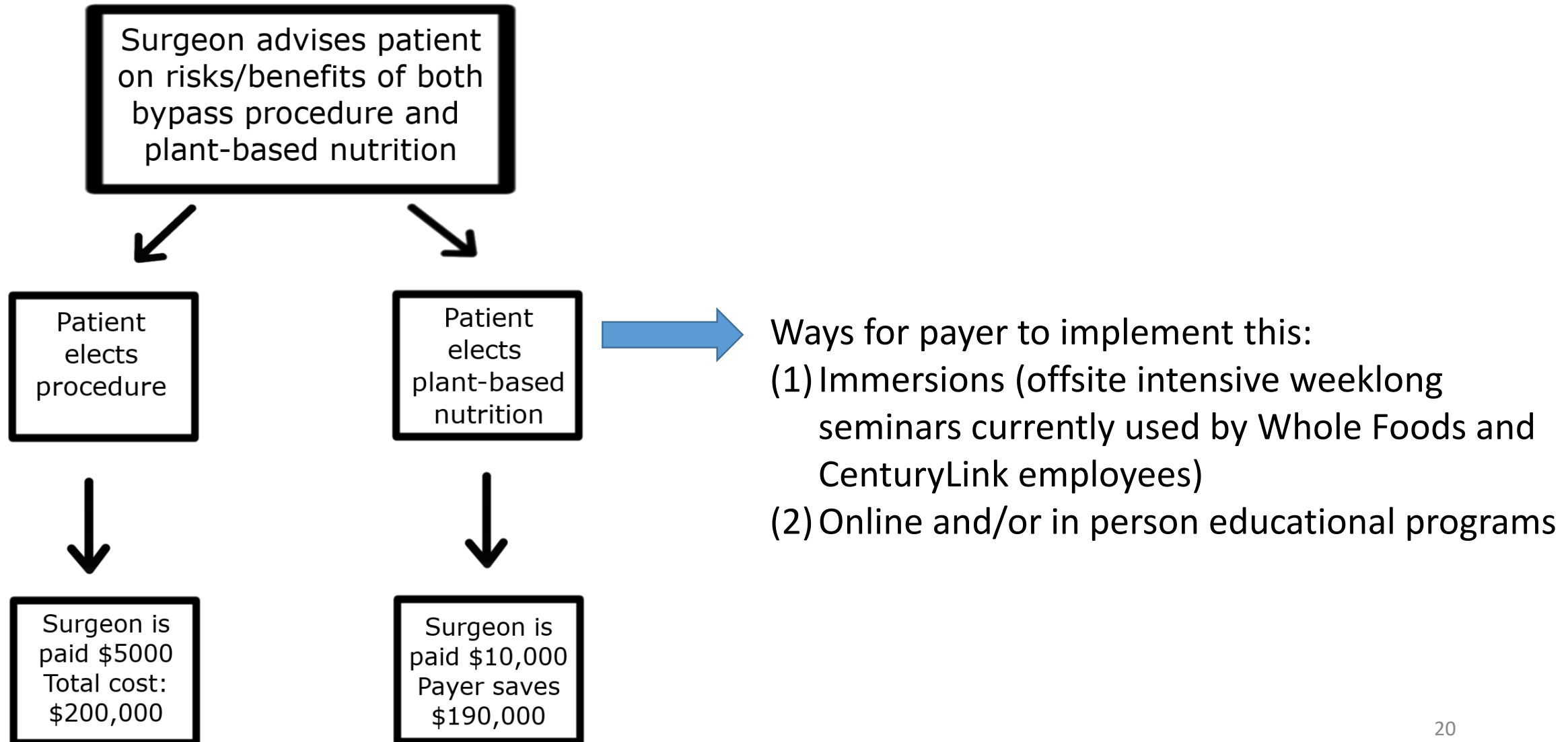
- (2) Require patients be advised of plant-based treatment option before approving payment for non-emergency bypass/stents, bariatric surgery, and PCSK9 drugs**

# Actions That All Health Care Payers Can Implement

**(2) Require patients be advised of plant-based treatment option before approving payment for non-emergency bypass/stents, bariatric surgery, and PCSK9 drugs**

**Example:  
Bypass surgery**

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**(3) Offer ongoing financial incentives for health care providers based on the value patients receive (improvement in health)**

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**Example: Cummins employees (self-insured employer)**

- Financial arrangement with onsite clinic for employees operated by a third-party
- Clinic operator is compensated for each case of diabetes reversal

# Actuarial Patient Value Model:

## Financial Incentives Based on Improvement in Patient Health

|                                        | Treatment Year |         |         |         |         |
|----------------------------------------|----------------|---------|---------|---------|---------|
|                                        | 1              | 2       | 3       | 4       | 5+      |
| <b>Diabetic Patient with HbA1c of:</b> | 9.0            | 6.5     | 6.5     | 6.5     | 6.5     |
|                                        |                |         |         |         |         |
| <b>Expected Total Health Spending:</b> | \$15,000       | \$7,500 | \$7,500 | \$7,500 | \$7,500 |
|                                        |                |         |         |         |         |
| <b>PCP Share of Health Spending:</b>   | \$1,500        | \$750   | \$750   | \$750   | \$750   |
|                                        |                |         |         |         |         |
| <b>Incentive Payment to PCP:</b>       |                | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
|                                        |                |         |         |         |         |
| <b>Net Savings Relative to Year 1:</b> |                | \$5,500 | \$5,500 | \$5,500 | \$5,500 |

# Practical Implementation Ideas

- Have responsible management (President, Department Heads, HR, CFO) try whole food plant-based nutrition 100% for one month
- Start with simple, but direct messaging to employees/members about medication reduction/elimination, “eat more, weigh less” and disease reversal topics
- Minimize messaging referring to diets/healthy eating—focus on the outcome/end results
- Consider possible education options for interested employees (provided by internal staff, contracting with external online or in person resources, free existing online or community resources) (examples: Food For Life instructors, CHIP program, WellStart Health, Prevent and Reverse, Plant-Strong)
- Work with TPA/provider network or individual providers to discuss possible financial incentives for health care providers

# What are the benefits and opportunities for self-insured payers?



- Any reduction in health spending benefits the bottom line. For each employee who reverses a chronic disease significant savings are realized (e.g. \$7500 annually for diabetes)
- Employees are eager for effective approaches to improve their health; they will have greater respect for their employer for providing this information
- Sustainable: once employees adopt this and experience positive results they are likely to maintain it (and lower costs) for a lifetime
- Does not require new laws to be passed and are exempt from insurance regulation—payers can be creative and suit their situation
- Just a few successes among employees likely to spread and result in measurable savings (100% adoption is not necessary nor realistic)
- The financial incentives discussed in strategies 2 & 3 are based on actual documented results, no large upfront costs to implement

# Conclusion and Summary

- Current level of health care costs is unsustainable
- Nearly 90% of health care costs are from chronic conditions
- Costs for employees with chronic conditions will continue (and increase) every year they are employed--unless the condition is reversed
- Prevention is very important, but chronic disease reversal is only way to realize significant measurable savings
- Many options are available to payers to implement quickly at minimal cost with no downside risk

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# Additional Resources



**Actuaries for Sustainable Health Care**

[actuariesforsustainablehealthcare.org](http://actuariesforsustainablehealthcare.org)



**Plantrician Project**

[plantricianproject.org](http://plantricianproject.org)



**American College of Lifestyle Medicine**

[Lifestylemedicine.org](http://Lifestylemedicine.org)



**Lifestyle Medicine Economic Research Consortium**

[LMeconomicresearch.org](http://LMeconomicresearch.org)