

Profiles of Contributors

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Dr. Leena Johns, MD is Head of Health and Wellness at MAXIS as well as Vice President, Medical Director Global Healthcare at MetLife. She joined MetLife in February 2014.

Dr Leena's particular area of interest is health data analytics and works with Multinational clients, as well as local operations to perform claims data analytics to derive cost drivers, trends and areas of greatest financial changes. She works with the various stakeholders to identify the areas to focus from a management perspective, recommending changes and modifications to policy terms and conditions as well as network regulations to mitigate the trends observed in the analytics. She is also responsible for developing and implementing health and wellness strategies globally including the recently launched MAXIS Global Wellness.

Dr. Leena spent much of her earlier career working in the Middle East and USA, and she has extensive experience in dealing with the global medical claims data. Prior to joining the corporate world, Dr. Leena worked as an ER physician in both private as well as mission hospitals in the UAE and in India.

Dr. Leena speaks 4 different languages, is an occasional television presenter for a US based Asian network presenting a show on health and current affairs and also contributes to magazines, writing on health and wellness issues.

Q&A WITH

DR. LEENA JOHNS MD, HEAD OF HEALTH & WELLNESS FOR MAXIS GBN

The launch of the MAXIS Global Wellness Solution



Global Benefits Vision: *Why has MAXIS GBN decided to launch its new wellness solution now? What were the key drivers behind the launch?*

Dr. Leena Johns MD: Over the past few years we have worked with clients to identify the cost drivers of their health claims data across disparate geographies, through our sophisticated data reporting tools. While some markets offer solutions to mitigate these drivers, often, in reality, there is an absence of data-based recommendations and a lack of cohesive, centralised solutions that can be rolled out globally.

With our recently launched MAXIS Global Wellness, we have addressed these issues. MAXIS Global Wellness is powered by in-depth health data analytics and offers a set of wellness solutions that can be rolled out across the world, while still enabling multinationals to retain ensure centralised governance. Our aim is to help clients cover the lack of infrastructure or maturity in rolling out a programme in a particular geography, and be assured of its effectiveness, since the programme is built on a bedrock of data analytics. In addition, each programme is tailored for specific geographies and its people.

The top 'Per Member Per Year' (**PMPY**) costs across diagnostic conditions in many markets are chronic diseases like diabetes, cardiovascular

conditions, hypertension, metabolic diseases and diseases that are a direct consequence of unhealthy lifestyle choices. Many markets deal with this issue through activities like education and awareness through newsletters and annual health fairs but in many other markets these approaches are patchy at best. Diet, physical activity and stress management play a crucial role in condition maintenance and control. However, these are seldom addressed for patients living with the conditions as they do not, for instance, have access to health personnel who they can turn to for advice and guidance.

In more sophisticated western markets, nutritionists, for instance, are employed in advising such patients about the glycemic indices of foods, but such support structures do not exist or are not enlisted in a majority of the global markets. Providing access to such personalised support in regions where they do not have this infrastructure is one of the components of MAXIS Global Wellness.

Coaches provide one-on-one counselling sessions with patients, based on the findings of their health risk assessment and work with them to understand and modify their food habits, manage stress and so on. Such a holistic and well-rounded approach is necessary if an employer is serious in managing chronic conditions and improving employee health.

PMPY
Per Member Per Year

GBV: How does MAXIS’s Global Wellness solution differ from existing products in the marketplace? What have you sought to achieve with the solution?

LJ: We believe we have developed something truly unique in the market and are looking to build on this going forward. Some of the key elements of the MAXIS Global Wellness are:

1. Country and region-specific data-based solutions – not a one size fits all approach
2. Access to a globally-proven solutions for locals in a country or in a region that otherwise may not have access to it
3. Central management by the client
4. Available on demand
 - > Before and after scenarios, or pre-and post-programme introduction metrics, can be provided to gauge programme effectiveness. This provides an opportunity to measure Return on Investment (ROI).

> A ‘marketplace’ of technological solutions – clients have access to a selection of wellness solutions, simplifying the administration process behind wellness programmes.

GBV: Given that the launch of the solution is based on several years’ worth of data analytics and established support for businesses, can you talk through how MAXIS GBN has helped a multinational in terms of wellness?

LJ: In 2014, one of our multinational clients was faced with a very high loss ratio (130% LR). The following year we worked with them, analysing their health claims data to identify cost drivers and wellness recommendations. In subsequent years they have achieved a 100% loss ratio, despite the medical trend doubling in that country (from 9 to 15%).

Our client has also successfully managed to decrease claims paid by over 36%, severity of conditions by 31%, claimants by 8% and frequency by 31%. While doing that, they have increased employee engagement from 74 to 88 as well as attain a reduction in sickness rates so all in all – a great success.

TOP PER MEMBER PER YEAR COSTS



GBV: What are the key tools and services behind the new solution?

LJ: Primary services include a return to work programme, a global telemedicine solution, one-on-one coaching with chronic disease management experts, pregnancy platform and a mental health management suite.

In terms of the global telemedicine solution, local and board-certified physicians form a local network in a country or region. This provides the opportunity to not only impact presenteeism

and absenteeism at the workplace, but also provides the opportunity to have a one-on-one relationship with a primary care physician. It is targeted at bringing down a driver of costs seen in health data across several countries – that of expensive specialist consultations, as well as the excessive diagnostics referrals and pharmacy costs, that often accompany and are a direct consequence of approaching specialists for all ailments without a triaging mechanism in place.

One-on-one coaching with chronic disease management experts is also provided to the entire work force. The aim of this is to highlight healthy behaviours, encouraging employees who are healthy to continue doing more of the same, whereas employees who are at moderate or high risk are provided support to change their unhealthy behaviours and follow the recommendations to set them on a path of disease management. A diabetic patient, for example, will be advised how to differentiate between foods of various glycemic indices, become knowledgeable about the physical activities that they should engage in and be reminded of the need for periodic blood sugar monitoring and feedback. The patient can also enrol for a 24/7/365 episode/alert driven service and outbound services in response to critical blood glucose values and other alerts.

There is also a pregnancy platform where expectant mothers are paired with a coach who can answer their questions and work with them on nutritional as well as other factors that are a part of good maternal and baby health. The need to resort to C-sections due to maternal ill-health, and perinatal conditions resulting in expensive claims, are a problem in many parts of the world, particularly Latin America and Asia where the access to antenatal, maternal and postnatal care can be poor.

Other components of the programme include a predictive modelling tool that helps to gauge the potential effectiveness of healthy lifestyle choices and wellness programmes on claims trends. There are also several exciting components and partnerships in the pipeline, including cancer detection kits using DNA and gene sequencing technologies.

GBV: *Generally speaking, how would you describe the positioning and progress of the wider ‘wellness’ agenda globally? How would you summarise the broad approach taken by multinationals and other stakeholders to wellness programmes?*

LJ: Wellness, as an issue, has risen dramatically up the corporate agenda and I see this continuing and growing in terms of impact. However, the wellness agenda has failed so far to fulfil expectations in many global markets because, in my view, of the tendency to take wellness solutions from Western markets and simply export them to other global markets. The reality is that there is no ‘global market’. Countries and regions have inherent differences in healthcare delivery that need to be addressed first. In more sophisticated markets, basic healthcare and its delivery have reached a high level of maturity such as, for instance, with primary care physicians and the one-on-one relationship between patients and their PCP or GP for their healthcare needs. This primary care layer cuts the unnecessary high cost of care by specialists for a majority of common disease conditions. Specialists are consulted only on referral from the primary care physician.

However, this is simply not the case elsewhere. In many markets there is no such primary care infrastructure and we have to tackle these healthcare gaps first as these will go a long way in controlling runaway costs. The health needs of a patient are also better addressed and

managed when there is a centralised approach to patient care management. This is why we have partnered with a global telemedicine service provider capable of providing a local network of doctors who will act as that primary care layer in markets where it is needed.

GBV: *How can wellness initiatives help drive down the costs of medical claims? What has your extensive data analysis showed you about what is possible?*

LJ: When the main expectations of wellness initiatives include driving down claims costs then it is vital to have a clear understanding of the drivers behind those costs. This is only possible through a detailed analysis of actual claims data. A more generalised approach based on public data may not yield the desired results. In this case, cost drivers may be far removed from what is seen on public data, which is a mix of rural and urban population, educated and uneducated, indigenous and multinational industries, affluent and not so affluent parts of the country.

For example, the WHO lists respiratory diseases stemming from the use of fossil fuels, tuberculosis and death from diarrhoeal diseases as some of its top diseases that kill people in India. However, these conditions may not be the top drivers amongst the urban, educated employees working for a multinational client in the country.

That does not mean that wellness initiatives based on public data are not useful, but a heavily engineered programme works best when it is based on specific cost drivers as revealed by health data analytics. In the above example regarding India, wellness initiatives that target the top killer diseases for the whole population,

may not resonate with a client's employees and subsequently, will not yield the expected results in driving down claims costs.

GBV: *How can firms identify which wellness programme is best suited to them and their staff?*

LJ: The data analytics behind client health claims lie at the core of identifying programmes best suited to the health needs of employees. We deliver a trio of analytical reports for our clients in over 37 countries, with new countries being added to this list every quarter. These reports provide the opportunity to identify, from various metrics, **PMPY** costs and the incidence and frequency (proxy into severity) on ICD 10 disease groupers.

Our reports include a Paid claim report, a Benchmark report and an Incurred claims report. These reports provide a year-over-year comparison of benefits and diagnostic drivers, along with various other metrics including, but not limited to, top conditions in each age band, dependents versus employee claims distribution and conditions, peak claimants, **PMPY** costs, trends, financial changes, seasonality, and detailed analysis of top chronic conditions.

These analyses enable our multinational clients to have a clearer vision of what exactly is driving their costs as well as what's ailing their population across the world. For example, if diabetes is identified as a top claims driver among staff in a specific country, the client is able to gauge if this is because of a rise in newer incidences of diabetes, i.e., more people developing the disease, if those already suffering from diabetes are being poorly managed (increase in frequency), or even if the providers rendering services are expensive resulting in high unit costs. This enables multinationals to engineer the appropriate intervention.

GBV: *How can firms that implement wellness programmes make sure that staff stick to them? How can firms inspire their employees to engage with a wellness initiative?*

LJ: The success of wellness solutions, much like the success of any other programme or incentive in the workplace, lies with the company's leadership. Wellness initiatives must be woven into the fabric of the organisation.

The concept of corporate wellness cannot be treated as a band-aid. Strategic engagement, motivation, and support are the keys to a successful programme. If employees feel that they are not involved in the solution, it's difficult to succeed. And, if management does not believe in its effectiveness, then it's impossible to drive engagement and commitment from employees.

Preventable wellness requires complete lifestyle and behavioural change and this takes time and commitment. A successful employee wellness programme needs consistent education and layers of accountability. Behaviour modification takes time and is different from person to person. It is possible, when reinforced consistently with different programmes, multiple touch points, strong leadership, and an unwavering commitment.

GBV: *What are the key challenges for firms looking to implement a wellness programme?*

LJ: The key challenge lies in establishing a return on investment. Firms want to know that the investment they are making into wellness will bend the trend for them in the future.

At MAXIS GBN, we have invested in an actuarial tool that predicts the effectiveness of wellness initiatives on claims trend. By using the predictive modeller, firms will be able

to gauge their claims trajectory and identify the potential effectiveness of successful wellness initiatives.

GBV: *Telemedicine is a key service of your new product – how are employees globally using such remote and virtual services? Are they happy to do so?*

LJ: As cited above, in many global markets the primary care infrastructure does not exist in the same way as it does in the more mature markets. Patients do not have a one-on-one relationship with a primary care physician and therefore no single doctor oversees their health profile over the years. In some regions, like in the Middle East, specialists are used for all ailments whether or not that level of care is required. This can result in unnecessary excessive charges for simple conditions and creates an unnecessary burden on the health infrastructure, preventing its effective use. The end result is excessive medical trend and premiums.

What we have done is to introduce a telemedicine service that acts as the primary care layer. This service will also impact absenteeism and presenteeism as employees will no longer have to suffer long waits for doctor's appointment or miss work to visit their doctor. The telemedicine line is a 24/7/365 service.

GBV: *How is the predictive modelling tool used to demonstrate the impact of healthy lifestyle behaviours?*

LJ: There are many unbelievers in the healthcare space who doubt or want to second guess the effectiveness of wellness approaches in managing healthcare claims costs. Our predictive modelling tool makes a believer

of those who need to see for themselves the potential impact of the wellness initiatives. The modeller has, at its core, the nine components that form wellness initiatives. These include stress management, exercise and physical activity programmes, a smoking cessation programme, healthy nutrition, sleep initiatives, disease management and health talk interventions.

The programmes tackle components that play a role in the genesis and worsening of many disease conditions. The modeller, through an actuarial algorithm, is able to factor in the effect of these interventions or lack thereof in the progression of claims. A user will be able to see how effective programmes change the natural trajectory and result in not only cost savings on claims but also improved population health.

GBV: *Your service also offers a mental health helpline offering counselling sessions with a mental health expert. Mental health is still seen as a stigma in many countries; it is also hard to diagnose and treat. How do you expect the take-up for this service to grow among staff?*

LJ: Mental health issues are largely ignored or misunderstood and, in many markets, still remain a taboo topic. In many geographies, employees can face termination of employment if they are seen to be “weak” from a mental health standpoint. The concept of work burnout or the effects of psychosocial demands in the workplace are often ignored.

Mental health benefits are also not widely purchased in many markets, unlike dental or vision related benefits. But this does not mean

that we are not seeing evidence of mental health issues within claims data from these markets. For instance, our analysis reveals that a large number of musculoskeletal claims for wear and tear are due to repetitive work, as well as low back pain and neck and shoulder pain which could also be related to other psycho social factors in the workplace including, but not limited to, high stress and poor interpersonal relations and leadership.

There are numerous studies that link stress and psychosocial factors in the workplace to musculoskeletal conditions. Similarly, digestive system claims like irritable bowel syndrome may be stress related. We also see claims as a result of acute reactions to stress classified under Chapter 18 (ICD 10 – Signs and symptoms not classified elsewhere) instead of Chapter 5 which is the chapter for mental and behavioural disorders.

The full spectrum of the effects of stress and mental health issues, therefore, can only become fully apparent when we factor in relevant claims from both these chapters – Chapter 18 and Chapter 5 – as well as relevant claims from seemingly unrelated chapters like digestive and musculoskeletal system conditions.

Overall, there is evidence that mental health conditions, particularly those related to stress and psychosocial factors in the workplace, are having an impact and it is this that we want to target with our mental health wellness component.

GBV: *Leena, thank you for your time and for sharing your insights.∞*

