

Next Practices for Improving the Employee Experience

HERO WINTER THINK TANK

February 23-24, 2017

Dexter Shurney, MD, MBA, MPH, FACLM

**Chief Medical Director / Executive Director
Global Health Benefits and Wellness**



Global Presence



190+
Countries
and territories



55,000
Employees
worldwide

Develop, design and
manufacture products on

6

continents

QuickServe



Cummins delivers power through our

innovation

HOW IS HEALTH PRODUCED?

Abundant Evidence

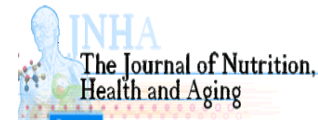
The
American Journal
of
Cardiology



THE AMERICAN JOURNAL OF
MANAGED CARE



- Evidence-based peer-reviewed literature
- Reviewed 320 published medical and health articles on lifestyle (2000-2012)
- Government e.g. CDC, FDA, and USDA
- Other e.g. Gallup-Healthways Wellbeing Survey and Blue Zones, and The China Study.



What works and what doesn't work

JOEM Journal of Occupational and
Environmental Medicine

CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information



SIX SIGMA

APPROACH TO HEALTH

- Six Sigma tells us to look at root causes
- The root cause of health is ***lifestyle***
- To produce good health we must treat the cause, which means addressing ***lifestyle***

Findings



All of these Diseases are Related

- Obesity
 - Sleep Apnea and Insomnia
 - Gallbladder Disease
- Type 2 Diabetes and Metabolic Syndrome
 - Kidney Disease
 - Blindness
 - Leg Amputations
- Coronary Heart Disease, High cholesterol, and Heart Attacks
- High Blood Pressure and Stroke
- Osteoporosis
- Impotence
- Depression
- Cancer
 - Lung Cancer
 - Endometrial Cancer
 - Breast Cancer
 - Prostate Cancer
 - Colon Cancer



FRAMEWORK TO ENABLE LIFESTYLE SUCCESS

WELLBEING BEHAVIOR CHANGE = **MC₂**

+ Intrinsic **M**otivation

– Understanding What's In It For Me

+ **C**ompetencies

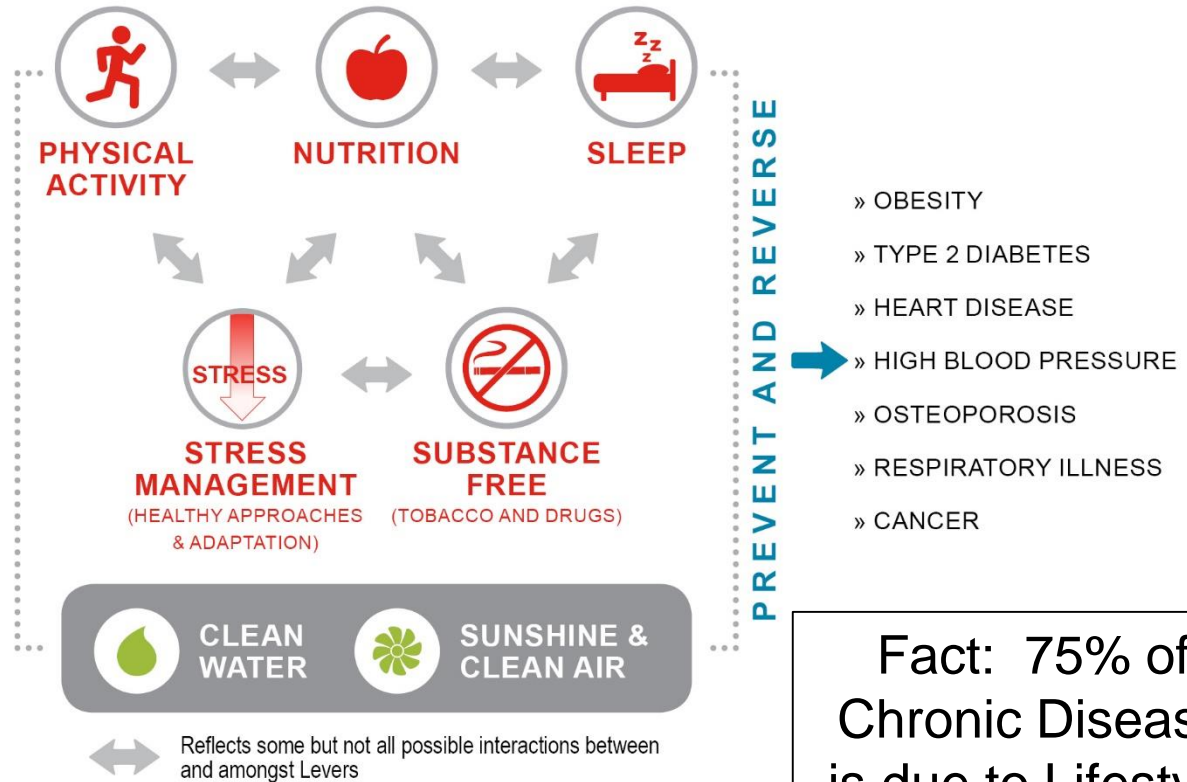
– Understanding the How and Why of Living Healthier

+ **C**ulture

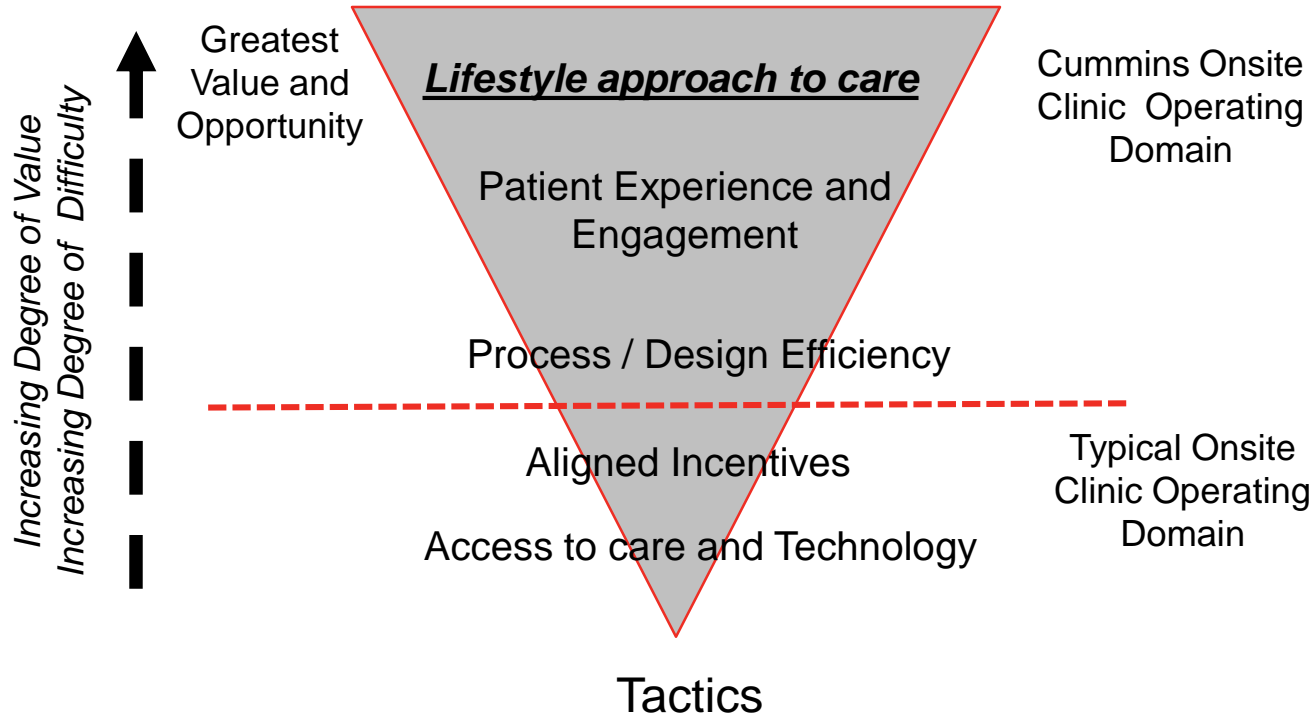
– The Built/Default Environment to Ease and Sustain Right Choices

7 LEVERS OF HEALTHY LIFESTYLE

LIFESTYLE COMPETENCIES



A Complete Value Proposition



Physician Lifestyle Competencies



COMMENTARY

JAMA, July 14, 2010—Vol 304, No. 2

Physician Competencies for Prescribing Lifestyle Medicine

Liana Lianov, MD, MPH

Mark Johnson, MD, MPH

THE LEADING CAUSES OF DEATH FOR ADULTS IN THE United States are related to lifestyle—tobacco use, poor diet, physical inactivity, and excessive alcohol consumption.¹ US residents with these risk factors have plenty of room for improvement—including those who are asymptomatic and those living with chronic disease. Health behaviors could greatly influence future health and well-being, especially among patients with chronic disease. However, only 11% of patients with diabetes follow accepted dietary recommendations for saturated fat intake,² and 18% of patients with heart disease continue to smoke, barely better than the general population's smoking rate.³

patients are advised to lose weight only 36% of the time during regular examinations, a proportion that improves only slightly to 52% if a patient already has obesity-related comorbidities.⁷ Furthermore, only 28% of smokers reported that health care professionals had offered them assistance to quit smoking in the past year.⁸ Findings such as these reveal 2 important facts: Physicians cannot ascribe the entire responsibility for inadequate lifestyle changes to their patients, and clinicians must accept some responsibility for deficiencies in the quality of health care. Acknowledging the crucial role of environmental and community factors in creating and sustaining inappropriate health behaviors does not eliminate the duty of physicians to assist patients in making health behavior changes.

Physicians also have cited inadequate confidence and lack of knowledge and skill as major barriers to counseling patients about lifestyle interventions.⁹ Among the 620 respon-

Average physician receives less than 3 hours of lifestyle training when in medical school

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines



2013 ACC/AHA Blood Cholesterol Guideline

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2.1 Lifestyle as the Foundation for ASCVD Risk Reduction Efforts

identical

Physician Lifestyle Competencies

Lifestyle Medicine Core Competencies Program

New evidence-based online curriculum now available for physicians, students, residents, and allied health professionals.

[LEARN MORE](#)

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American College of Preventive Medicine
physicians dedicated to prevention



American College of
Lifestyle Medicine

Physician Lifestyle Competencies



Prescribing exercise in primary care

Ten practical steps on how to do it

Chronic diseases—the leading causes of morbidity and mortality—are strongly linked to unhealthy lifestyles. The World Health Organization recently published a report on global health risks.¹ Leading causes of global mortality are high blood pressure (13% of total deaths), tobacco use (9%), high blood glucose (6%), physical inactivity (6%), and obesity (5%). Physical inactivity is fourth on this list, but it influences most of the other causes. The importance of physical activity in preventing and treating many diseases and conditions is indisputable, as documented by the authoritative, accessible, and practical guide of the Swedish Professional Associations for Physical Activity.² Reports from the United States,³ Canada, and the United Kingdom concur.⁴

Physical activity is a complex behaviour, and modern physical and social environments discourage it. Counteracting these influences will require a coordinated approach involving multiple societal, institutional, and departmental collaborations.⁵ Clinicians need to contribute. Healthcare is one of eight sectors listed in the US national physical activity plan that aims to influence activity (www.physicalactivity-plan.org/theplan.php).⁶ Advice on physical activity in primary care is a pillar of WHO's global physical activity plan (2010).⁷ Physical activity counselling in clinical settings provides "exceptional value for money."⁸

Based on the recommendation of the Swedish physical activity book,² key principles of the US physical activity plan, and the UK's Department of Health's *Let's Get Moving*,⁹ the following steps can help general practitioners encourage patients to initiate and maintain a physically active lifestyle (box).

As with any clinical consultation, diagnosis is key. Physical inactivity is a modifiable vital sign. Thus, GPs should begin by administering the UK's general practice physical activity questionnaire (GPPAQ)⁹ or asking the exercise questions.¹⁰ The GPPAQ takes 30 seconds

to administer plus two to three minutes to categorise patients into one of four levels of activity. The "exercise is medicine" initiative (www.exerciseismedicine.org) recommends asking two EVS questions,¹⁰ so that each patient's weekly activity can be compared with the recommended guideline. The results should be incorporated into the electronic medical record.¹⁰ From this diagnosis, management begins.

General practitioners should use their counselling method of choice and apply it to physical activity. Most general practitioners are familiar with the "6As" to guide counselling—assess, advise, agree, assist, arrange, and assess again. This approach is discussed using a case study in the Swedish book. Motivational interviewing is an increasingly popular method for GPs to counsel patients about their lifestyles.² This, and other behavioural therapy techniques, are valuable skills and provide a worthy CME (continuing medical education) activity.

Practical steps for immediate exercise prescription in general practice

- Ask about physical activity at every consultation; consider it a vital sign
- Apply the "6As" to guide counselling—assess, advise, agree, assist, arrange, and assess again
- A written ("green") prescription is crucial—it takes just 30 seconds
- Display a poster with the physical activity guidelines prominently in the waiting room
- Consider categorising patients into frailty levels. There is no need to medicalise physical activity for most people
- Refer on—consider appropriate physicians, physiotherapists, clinical exercise physiologists, and certified fitness instructors
- Know your local resources for activity—the people and the places
- Remember that walking is free; find tips at: www.everybodywalk.org
- Follow up the patient to chart progress, set goals, solve problems, and identify and use social support
- Lobby to make low cost, evidence based, cognitive and behavioural interventions widely available for referral by healthcare providers

Prescription For Life: A Plant-Based Diet

Patient Name: _____

Date: _____

Rx

- ☐ Download The Plantrician Project's Plant-Based Diet Quick Start Guide - plantricianproject.org/quickstartguide
- ☐ Watch *Forks Over Knives* - Documentary
- ☐ Visit The Ultimate Plant-Based Nutrition Resource Guide - resources.plantricianproject.org
- ☐ Sign-up for *CulinaryRX* - culinary-rx.com
- ☐ Visit nutritionfacts.org

Other Resources

Comments: _____

Physician Signature: _____

The Plantrician Project

- 1. Quality and Outcomes**
- 2. Patient Experience**
- 3. Access & Affordability**

1. Quality and Outcomes

2. **Patient Experience**

3. Access & Affordability

- Staff
- Facility
- Services
/Convenience
- Expectations

Cummins LWC Patient Experience



Staff

- Train in Customer Service (Ritz-Carlton)
- Hire for personality and mindset

Facility

Services

/Convenience

Expectations

- Every interaction is a moment to shine
- Anticipating needs / Going the extra mile
- Genuine Caring
- Be “appropriately” Happy

Cummins LWC Patient Experience



Staff

Facility

Services

/Convenience

Expectations

- Lighting
- Sound
- Smell
- Privacy
- Anticipating needs

Cummins LWC Patient Experience



Staff

Facility

**Services
/Convenience**

Expectations

- Proximity and Hours
- Wait time for appointment and to be seen upon arrival
- Talk to a live person / use of “scribes”
- Care Suites, Nursing mothers’ room, Free Wi-Fi
- Health Hub “genius bar” concept
- Upfront / Transparent and Bundled Pricing
- Comprehensive Services (Adult/Peds) including integrated Behavioral Health
- Waiver of Pre-Authorization
- *Satisfaction Guaranteed???*

Service Offerings



Lifestyle Approach to Care

- *Covered lives include all **active** employees & dependents, including children (2 yrs. old & above)*
 - Primary Care / Preventive Care / Urgent Care / ER Hand-offs
 - Occupational Health Services
 - Disease Management / Medication Therapy Management
 - Visiting Specialists & Tele-Health
 - Radiology and Lab Services
 - Health & Lifestyle Coaching—Diet / Exercise / Behavioral
 - Seminars & Classes—Lifestyle / Cooking demonstrations / Exercise
 - Physical Medicine – Chiropractic / Acupuncture / Massage / Physical Therapy
 - Optometry - exams & prescriptions
 - Education / Teaching Kitchen

Cummins LWC Patient Experience



No Surprises... Upfront and Transparent Pricing

Primary care visit (including Women's Health): \$30

Minor procedures: \$30

Cardiology: \$70

Dermatology (Tier 1): \$70

Orthopedics: \$70

Primary care (preventive): \$0.00

Nurse visits: \$0.00

Labs: \$0.00

X-rays: \$0.00

Routine immunizations: \$0.00

Annual vision exam: \$0.00

Chiropractor: \$20

Massage therapy: \$30

Acupuncture: \$45

Physical therapy: \$45

Teaching kitchen 30-min. demo: \$5

*60-min. hands-on class: \$10

Cummins LWC Patient Experience



Staff

Facility

Services

/Convenience

Expectations

- Game-changer—providing something of significant value not readily available in the community (service and outcomes)
- “Health care” vs “Sick care”
- Patient **empowerment** while meeting the patient where they are
- Introducing a **Lifestyle Approach to care**
- Reduce the need for medications and ultimately **reversing** disease

Setting Expectations...



Would you like to stop taking your medications?

You know it might be possible.

At the Cummins LiveWell Center, we focus on a modern integrated approach to healthcare and wellness. We offer the latest fact-based care, incorporating the best medical and lifestyle treatment personalized to your needs and those of your family. Our doctors and nurses have special training in lifestyle medical techniques to not only treat illnesses, but also help prevent and even reverse health conditions. Lifestyle includes behaviors we engage in every day — what we eat, how much we exercise, the amount of sleep we get at night, whether we smoke tobacco or not, and more.

Medications alone too often manage only the effects of chronic disease rather than curing or reversing those conditions. Imagine what a difference this approach to care could mean for you and your family.

Could it be your:

nutrition?



sleep?



physical activity?



stress level?



alcohol/tobacco use?



**Talk to your LiveWell Center
provider to see what could be possible!**

Setting Expectations...Did you Know?



- The studies show sedentary behavior can lead to death from cardiovascular issues and cancer as well as cause chronic conditions such as Type 2 diabetes.
- Physical inactivity has been identified as the fourth-leading risk factor for death for people all around the world, [according to the World Health Organization.](#)
- Prolonged sitting, meaning sitting for 8 to 12 hours or more a day, increases your risk of developing type 2 diabetes by 90%.

Talk to your LiveWell Center Provider or Lifestyle Coach to Learn More

Setting Expectations...Do you Know About NEAT? (Non-exercise activity thermogenesis)



Evidence suggests that by raising your level of NEAT activities you can potentially burn an additional 350-500 kcal per day. Obesity was rare a century ago and the human genotype has not changed over that time.

To reverse obesity, we need to develop individual strategies to promote standing....and also re-engineer our work, school, and home environments to render active living the option of choice.

Endocrine Research Unit, Mayo Clinic

Talk to your LiveWell Center Provider or Lifestyle Coach to Learn More

Setting Expectations...



LIFESTYLE COMPETENCIES

Examples:

- **High Blood Pressure**
- **High Cholesterol**
- **High Blood Sugar**
- **Obesity**
- **Cancer**



Lifestyle Medicine Approach to High Cholesterol

1. Consume less Dietary Cholesterol
2. Consume MORE Dietary Fiber
3. Reduce/eliminate Dietary Transfats

Real Programs / Real Results

Cummins

2014-2015 CHIP Pilot Results



Initial Total Cholesterol \geq 200 mg/dL	
<i>(% of total)</i>	<i>(44%)</i>
AVG % Reduction	15.7%
Best Ind. % Reduction	53.8%
% Participants Improved	98%

Initial LDL > 110 mg/dL	
<i>(% of total)</i>	<i>(56.4%)</i>
AVG % Reduction	19.7%
Best Ind. % Reduction	66.2%
% Participants Improved	91.8%

ROI Strategy: Less Need for PCSK9s and Other Medications for Lifestyle Related Conditions

- PCSK9s drugs for high cholesterol cost on average \$14,000 per year.
- Reducing demand through improving the health status of employees is an essential step in helping employers control costs while providing the best possible care and outcomes to patients. Lifestyle, including nutrition, is the **only** way to that end.

Net Promoter Score (NPS)



Survey Results

Detractors							Passives		Promoters	
0	1	2	3	4	5	6	7	8	9	10
1	1	1	0	0	0	0	0	4	7	35
2.0%	2.0%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.2%	14.3%	71.4%
6.1%							8.2%		85.7%	

NPS Formula

$$\begin{array}{|c|} \hline \text{Promoters} \\ \hline 85.7\% \\ \hline \end{array} - \begin{array}{|c|} \hline \text{Detractors} \\ \hline 6.1\% \\ \hline \end{array} = \begin{array}{|c|} \hline \text{CHIP NPS} \\ \hline 79.6\% \\ \hline \end{array}$$

NPS Comparisons

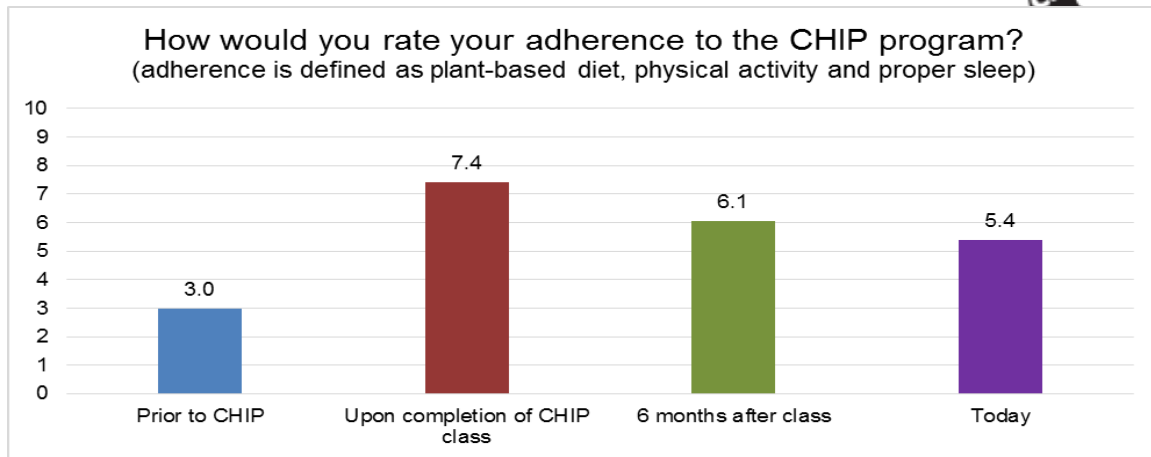
iPhone 70%	Amazon 69%
Marriott 62%	Netflix 50%

- Polarized score (nothing between 3-7)
- Average Score = 9.1
- 86 out of 100 people are promoters

Lifestyle Adherence



**80% Improvement
in healthy lifestyle
(3.0 to 5.4) after 1
year**



- Studies show diet adherence after 6 months is between 25% and 45%
- Only 51% of Americans treated for hypertension are adherent to their long-term therapy
- About 25% to 50% of patients discontinue statins within one year of treatment initiation
- Source: Choudhry 2011, N Engl J Med; Yeaw 2009, J Manag Care Pharm, November 2, 2011;

Percent Disease Reversal is a Key LiveWell Center Metric



*"The term 'reversal' is used when people can go off **diabetes** medication but still must engage in a lifestyle program in order to stay off..."*

Ann Albright, PhD, RD., Director of Diabetes
Translation, CDC

Expected Results

Improvement in the health status of employees and their families

➡ Lower demand for healthcare services

➡ Lower healthcare Costs (PMPY and trends).

Cummins Game Changing Strategy

Lifestyle for... Prevention * Treatment * Reversal

- Different Expectations and Expanded Metrics
- Patient and Provider Focus on Lifestyle Skills
- New Kind of Patient Experience

**MAKING PEOPLE'S LIVES BETTER
BY UNLEASHING THE
POWER OF CUMMINS**

QUESTIONS?

Cummins LiveWell Center



Cummins LiveWell Center



“COOKING WITH CUMMINS: How Cummins is tackling health-care costs”

Photo credit: BRADFORD WERNLE/ Automotive News

LiveWell Center - Numbers



- Eligible population of approximately 17,500 (employees & dependents) living within 20 miles of LiveWell site. Approximately 3,500 employees work in downtown Columbus
- Columbus facility is 28,040 square feet.
- Approximately 46 employees working in the Columbus site, including physicians, nurse practitioners & clinical support personnel.
- Premise Health operates the LiveWell Center
- Hours of operation: 7a-7p Monday-Friday & 8a-12p on Saturday.

Cummins LiveWell Center



Cummins LiveWell Center



Cummins LiveWell Center



Chef Sandy Thomas, trained at the Culinary Institute of America, shows Cummins employee Jeff Booher and his wife, Mary Booher, how to make vegan lentil soup. Since starting cooking classes at the LiveWell Center, Jeff Booher has been able to stop taking his blood pressure medicine. “It's just amazing how much better I feel.”

Photo credit: BRADFORD WERNLE/ Automotive News

Transforming our practice from “disease” care to “health” care.



**Empowering patients
with the prescription
to prevent, stop and
reverse disease**

What we eat is the most important step

