

Actions that all Health Care Payers Can Implement

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Why is Whole Food Plant-Based Nutrition not frequently used as treatment?

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



Actions That All Health Care Payers Can Implement

(1) Deliver a direct message to all insured 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 scientific evidence and compelling personal stories of disease reversal
- Provided other materials: book, websites, recipes
- Not prescribing medicine – simply providing (specific, actionable) information/encouraging discussion with health care providers
- Policyholder response / reaction – extremely positive and appreciative



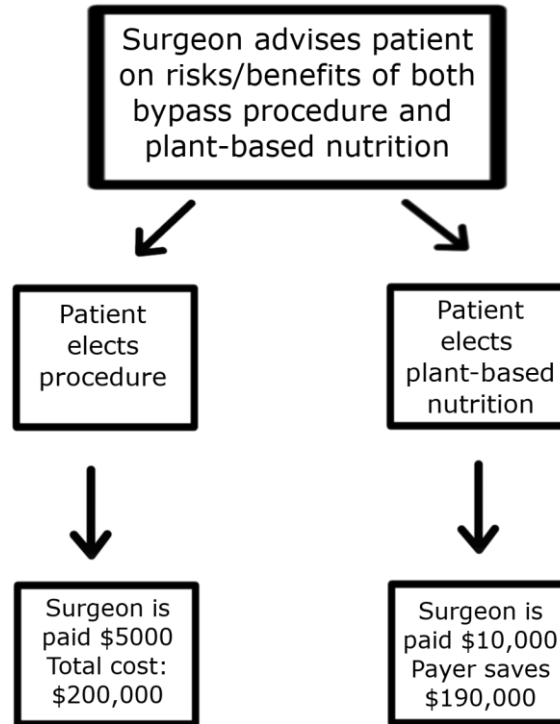
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- (2) Require patients be advised of plant-based treatment option before approving payment for non-emergency bypass/stents, bariatric surgery, and PCSK9 drugs



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Example: Bypass surgery





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(3) Offer financial incentives for physicians based on the value patients receive (improvement in health)



How to Develop Financial Incentives Based On: Patient Value = Improvement in Health

- (1) Choose Objective Clinical Measures that are predictive of future costs**
 - BMI (Body Mass Index)**
 - Cholesterol**
 - Blood Pressure**
 - HbA1c (Diabetes indicator)**
 - CRP (C-Reactive Protein inflammation marker)**
 - Endothelial function (vascular health indicator)**
- (2) Relate Measures to Claim Costs**
(e.g. 1% change in A1c = \$1000 of claim costs)
- (3) Pay a portion of expected cost reduction to physicians based on actual patient results**



Actuarial Patient Value Model

Financial Incentives Based on Improvement in Health

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



Universal Model - Implementation

Different Provider Payment systems (fee-for-service, capitation, salary)

- Existing provider payment systems can remain in place
- Incentives are paid in addition to current reimbursement arrangements

Different Financing systems (public, private, mixed)

- Private payers can implement Actuarial Patient Value model very quickly working directly with providers
- Public payers may need new legislation/regulation, but as incentive payments are more than offset by reduced spending on health care services overall cost to taxpayer is reduced

Different clinical settings (primary care, specialist, hospital, nursing home)

- Health care providers can prescribe plant-based treatment, but do not have to create new infrastructure
- Entrepreneurs offer a variety of ways (in-person seminars, online) to educate/support patients who are prescribed plant-based nutrition--sharing incentive payments with referring health care professional



Why Do Actuaries Need to Get Involved?

- **Evidence & research supports plant-based nutrition, but financial incentive is missing**
- **Experts in developing sustainable financial security systems**
- **Key role with payers—offer payers an evidence-based solution to facilitate large scale implementation**



Conclusion

- 85%+ of health care costs due to chronic conditions
- WFPB nutrition can reverse a wide range of chronic conditions without negative side effects
- No downside risk for health care payers to make insured members aware of WFPB nutrition
- Opportunity for actuaries to develop incentives resulting in a sustainable health care system

Thank you



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