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
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

Example: Bypass surgery

Surgeon advises patient on risks/benefits of both bypass procedure and plant-based nutrition

Patient elects procedure

Surgeon is paid $5000
Total cost: $200,000

Patient elects plant-based nutrition

Surgeon is paid $10,000
Payer saves $190,000
Actions That All Health Care Payers Can Implement

(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

<table>
<thead>
<tr>
<th></th>
<th>Treatment Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Diabetic Patient with HbA1c of:</td>
<td>9.0</td>
</tr>
<tr>
<td>Expected Total Health Spending:</td>
<td>$15,000</td>
</tr>
<tr>
<td>GP/PCP Share of Health Spending:</td>
<td>$1,500</td>
</tr>
<tr>
<td>Incentive Payment to GP/PCP:</td>
<td>$2,000</td>
</tr>
<tr>
<td>Net Savings Relative to Year 1:</td>
<td>$5,500</td>
</tr>
</tbody>
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GP/PCP = General Practitioner/Primary Care Provider

**Expected Health Spending**

- **Year 1**: $15,000
- **Years 2-5**: $7,500
- **Years 5+**: $7,500

**Net Savings**

- **Year 1**: $5,500
- **Years 2-5**: $5,500
- **Years 5+**: $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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