



Why it's a Bad Idea to Send Your Employees to the Doctor

Really?



WHAT WE PLAN TO COVER TODAY

Why is it a bad idea to send your employees to the doctor?

- There's a great need for preventative health screenings.
- There's a great cost to individuals and employers for not practicing prevention as healthcare costs continue to rise.
- Our healthcare system (going to the doctor) is not set up or positioned to support regular preventative health screenings.



WHAT WE PLAN TO COVER TODAY

Why is it a bad idea to send your employees to the doctor?

- Employer groups mistakenly lean on health care systems for certain preventative health screenings and it is costly to both employer groups and the system as a whole.
- There is an increasing family practice doctor shortage in U.S.
- We need to change our mindset about the healthcare system and the roles we each play.



IMPORTANCE OF PREVENTION

"An ounce of prevention is worth more than a pound of cure."

Awareness
+ Early Detection

= Better Choices
= Better Results
= Improved Health Outcomes
= Lower Costs

THERE'S A GREAT NEED FOR PREVENTATIVE HEALTH

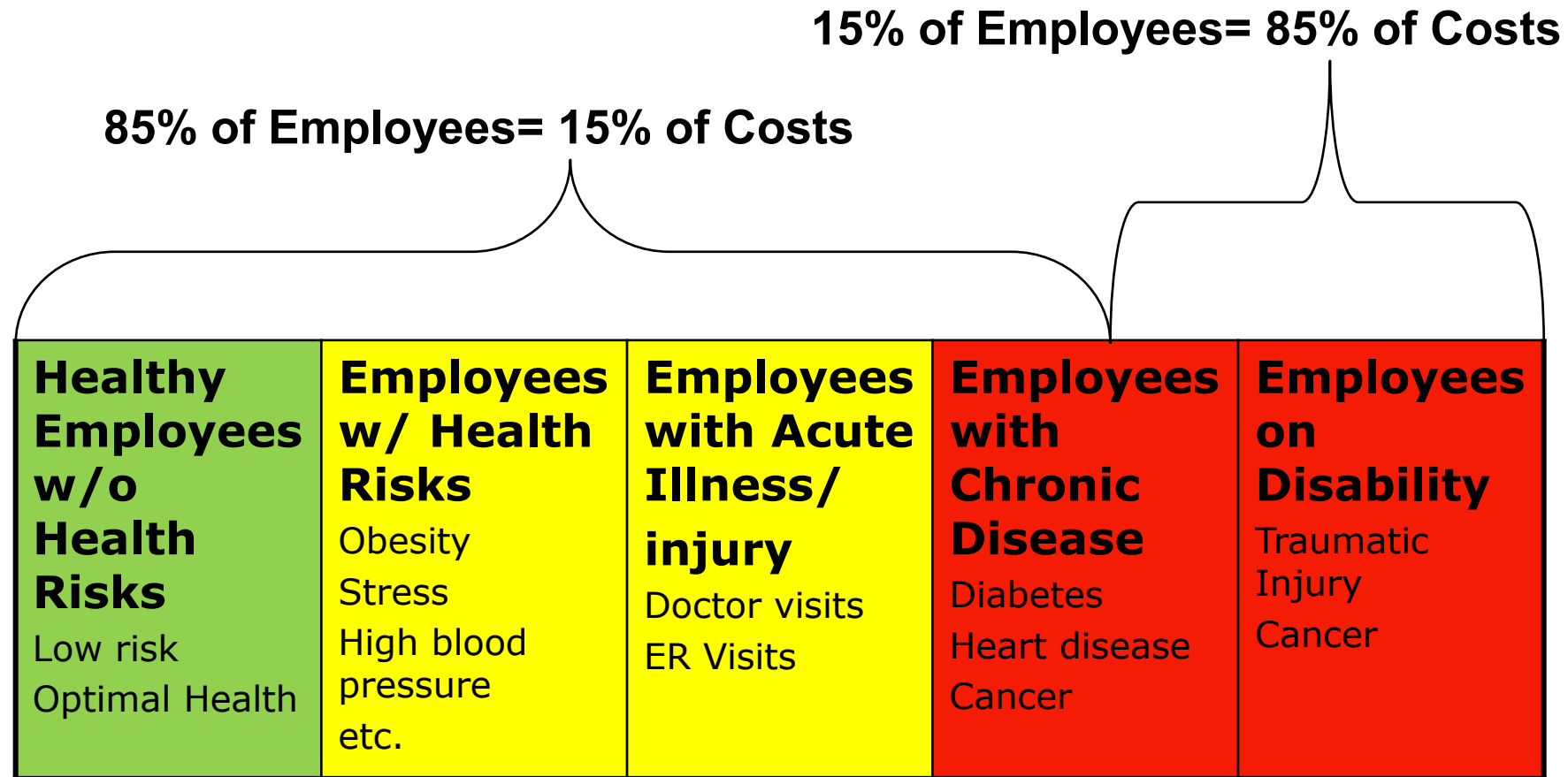
Current Economic Landscape

- Aging workforce
- Rise in medical costs
- Medical inflation
- Mental and emotional crisis
- Lifestyle changes and poor health among members
- Poor medical consumerism

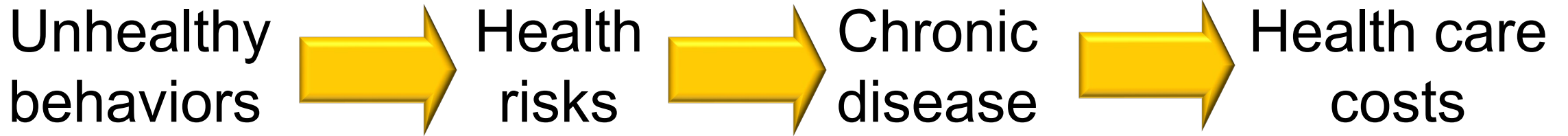


CURRENT ECONOMIC LANDSCAPE

Historical Employee Cost Distribution

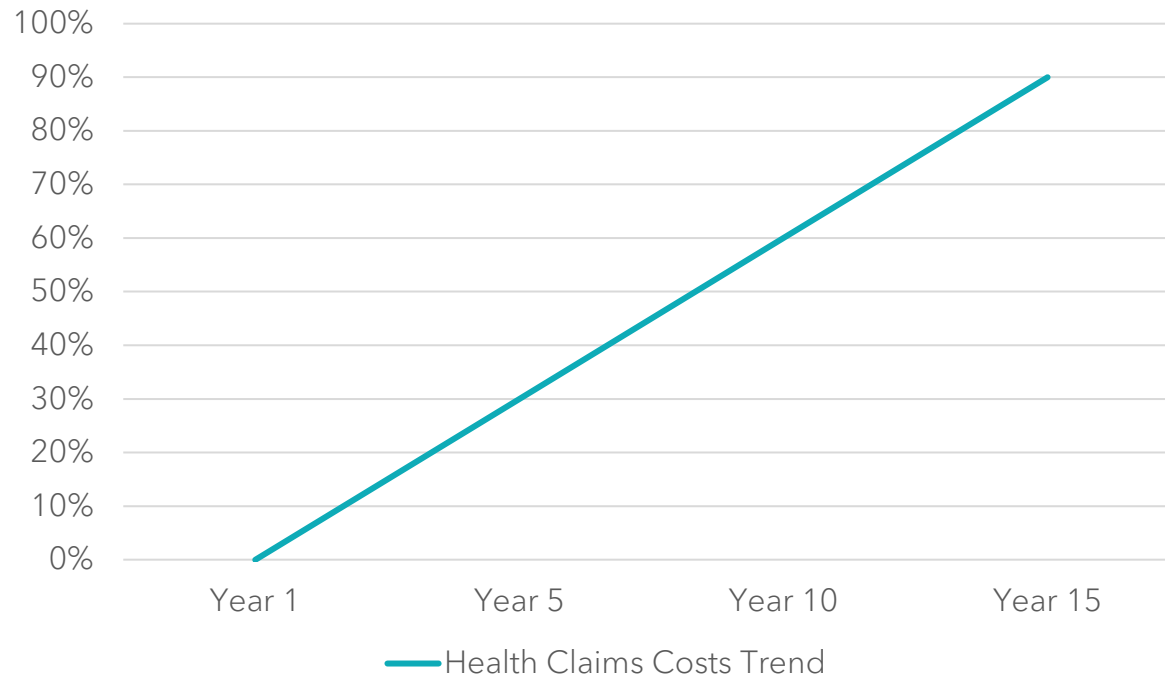


CURRENT ECONOMIC LANDSCAPE



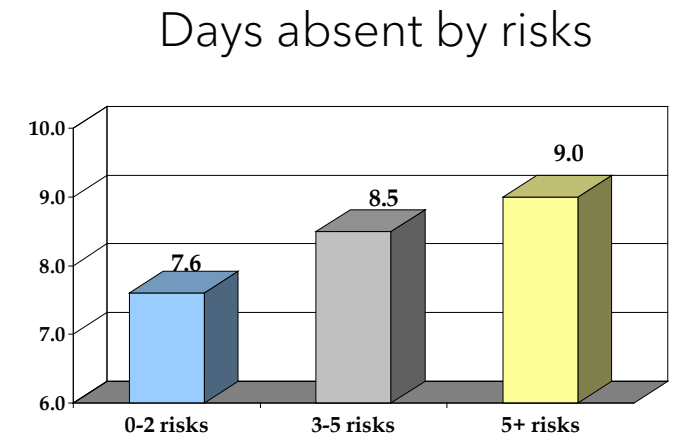
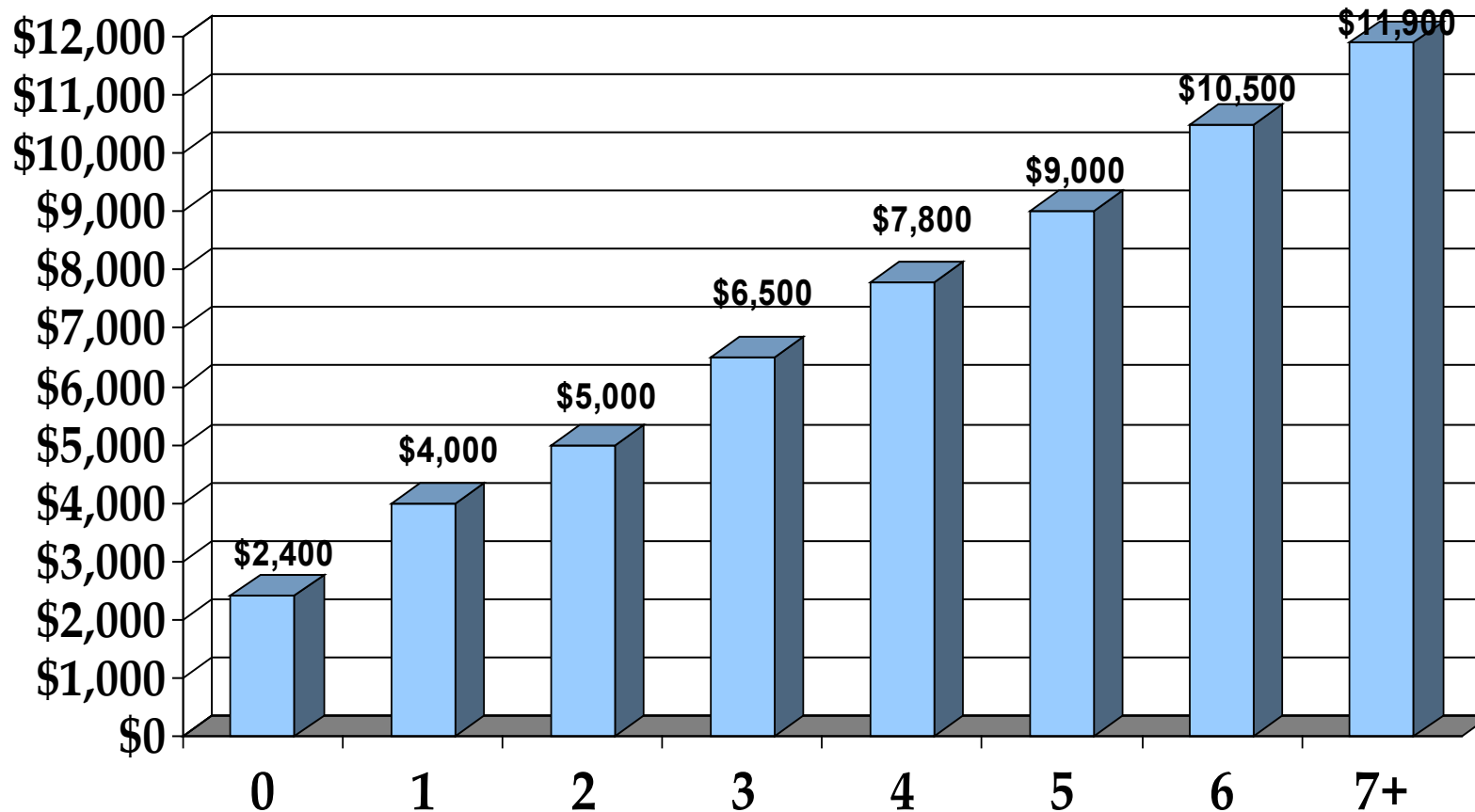
Average 6% Health Claims Trend

The cost of doing nothing



CURRENT ECONOMIC LANDSCAPE

Thousands of \$\$\$ in Excess Claims for Each Additional Health Risk Annually



Same correlation with
Workers Compensation,
STD, average medical costs
and by age category

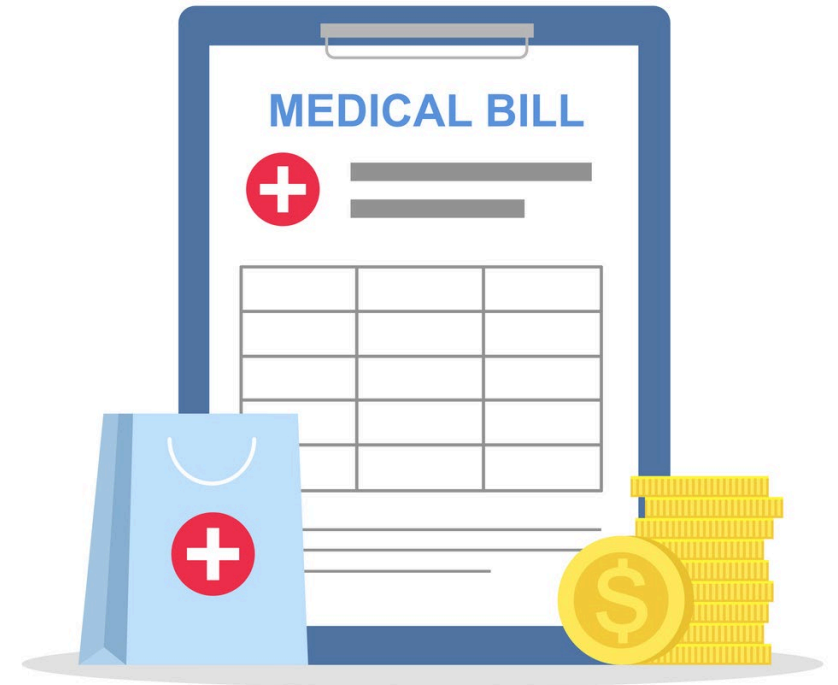
CURRENT ECONOMIC LANDSCAPE

There's a great cost to both employers and employees

Average annual family premiums for employer-sponsored health insurance was \$23,968 (**7% increase** from 2022 to 2023).

On average, workers this year are contributing \$6,575 toward the cost of family coverage, with employers paying the rest.

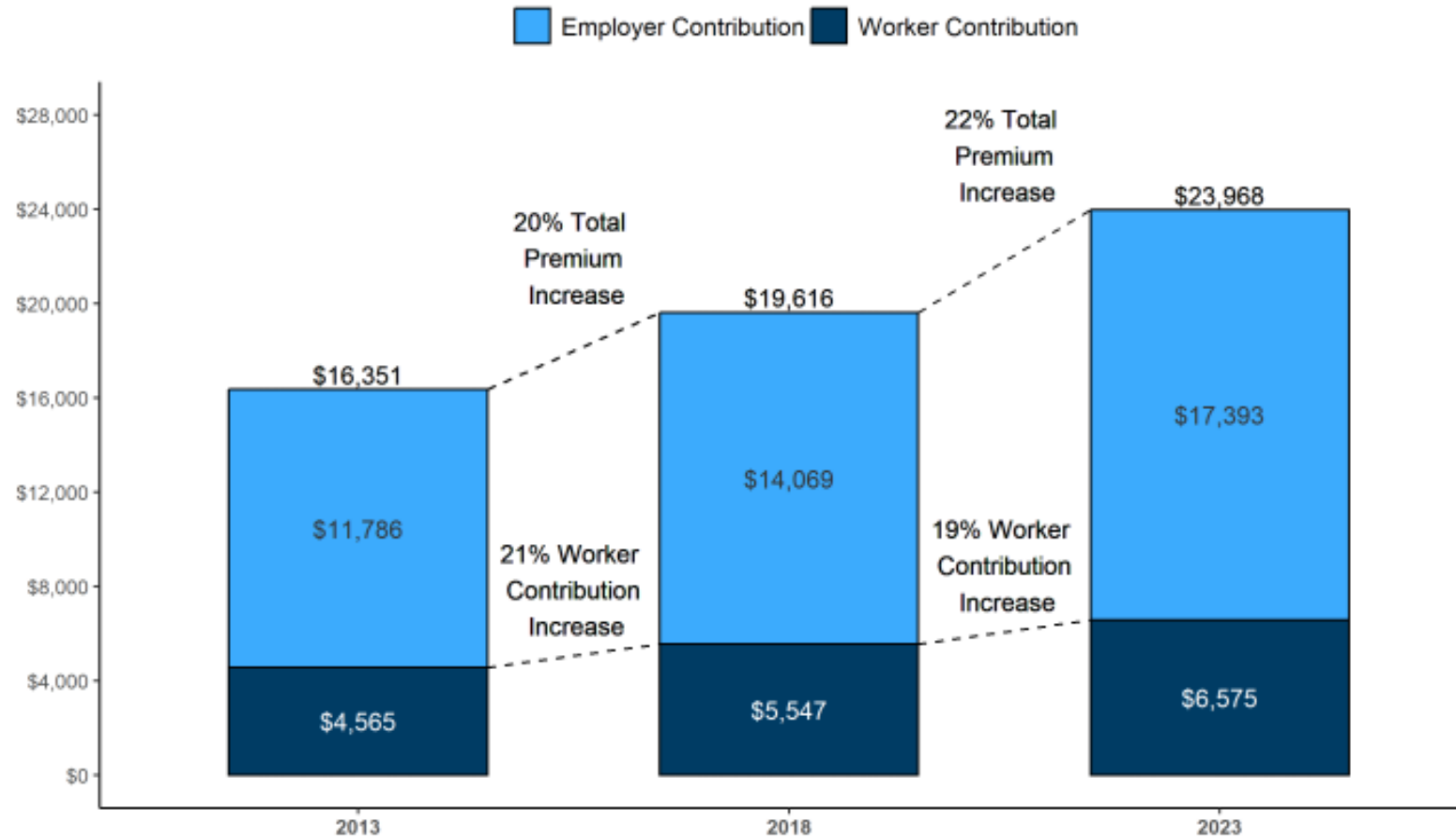
Average Annual Deductibles are now at \$1,735, double the average (**53% increase**) a decade ago.



Source: KFF Employer Health Survey, 2023

CURRENT ECONOMIC LANDSCAPE

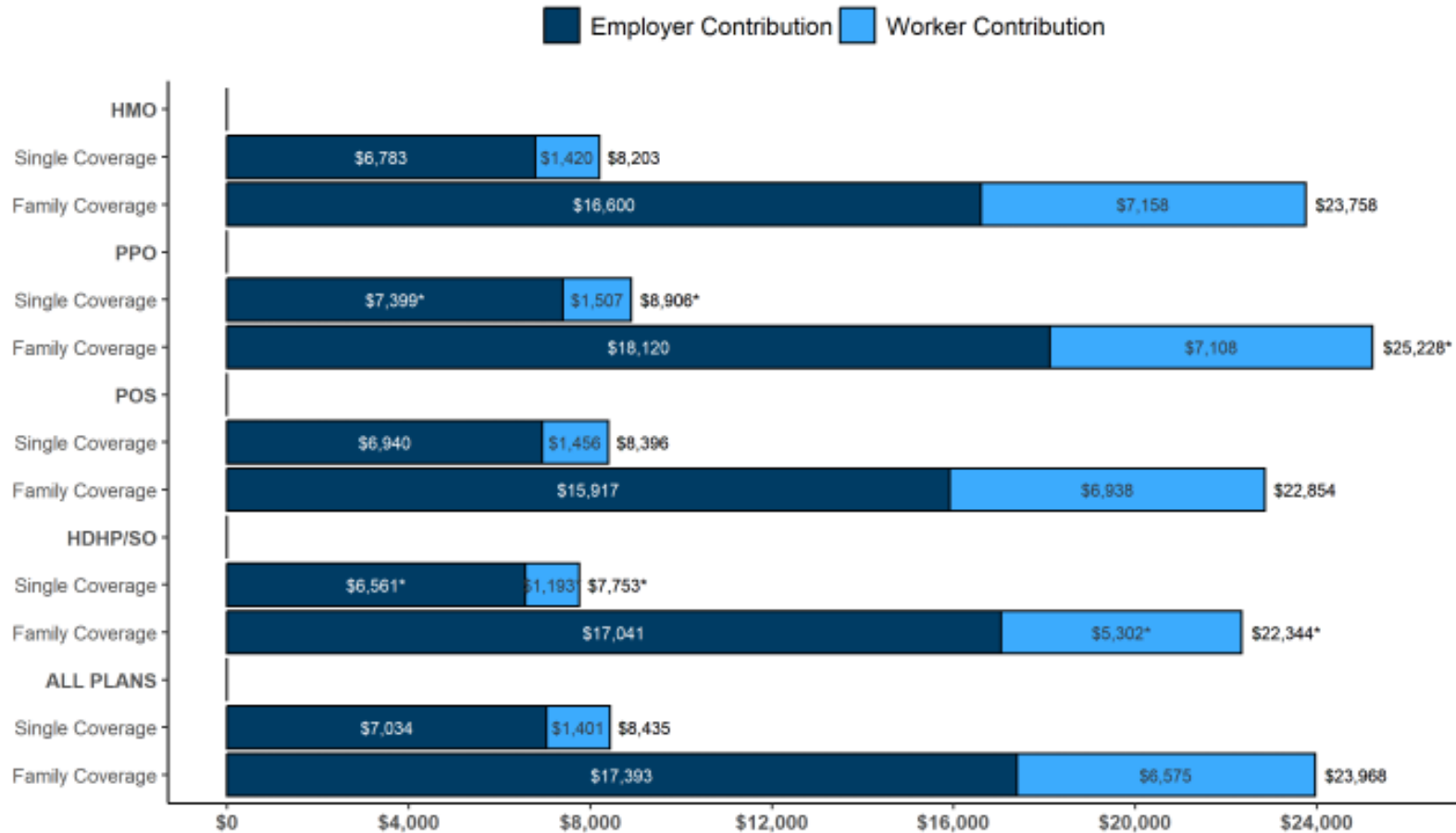
Average Annual Worker and Employer Premium Contributions for Family Coverage, 2013, 2018, and 2023



SOURCE: KFF Employer Health Benefits Survey, 2018 and 2023; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2013.

CURRENT ECONOMIC LANDSCAPE

Average Annual Worker and Employer Premium Contributions for Single and Family Coverage, by Plan Type, 2023

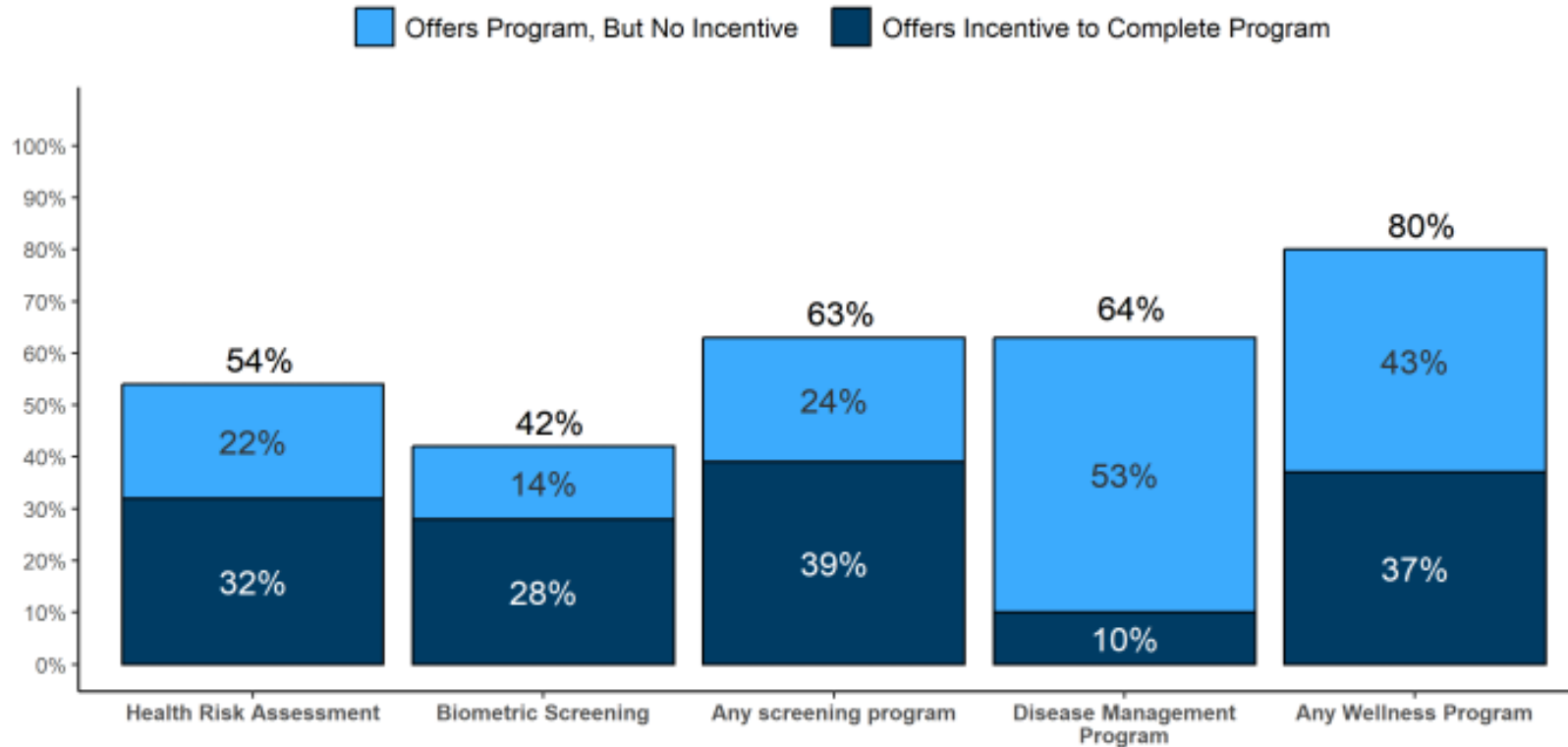


* Estimate is statistically different from All Plans estimate within coverage type ($p < .05$).

SOURCE: KFF Employer Health Benefits Survey, 2023

CURRENT ECONOMIC LANDSCAPE

Among Large Firms Offering Health Benefits, Percentage With Screening, Disease Management, or Wellness Programs, 2023



NOTE: Large Firms have 200 or more workers. A health risk assessment or appraisal includes questions on medical history, health status, and lifestyle and is designed to identify the health risks of the person being assessed. Biometric screening is a health examination that measures a person's risk factors for certain medical issues. Biometric outcomes could include meeting a target body mass index (BMI) or cholesterol level, but not goals related to smoking. Disease management programs help enrollees with chronic conditions like diabetes, asthma, hypertension, and high cholesterol improve their health and prevent further complications.

SOURCE: KFF Employer Health Benefits Survey, 2023

WHY IS PREVENTION SO IMPORTANT?

Awareness

Health Risk Assessment (HRA) questionnaire
Preventative health screenings

Education

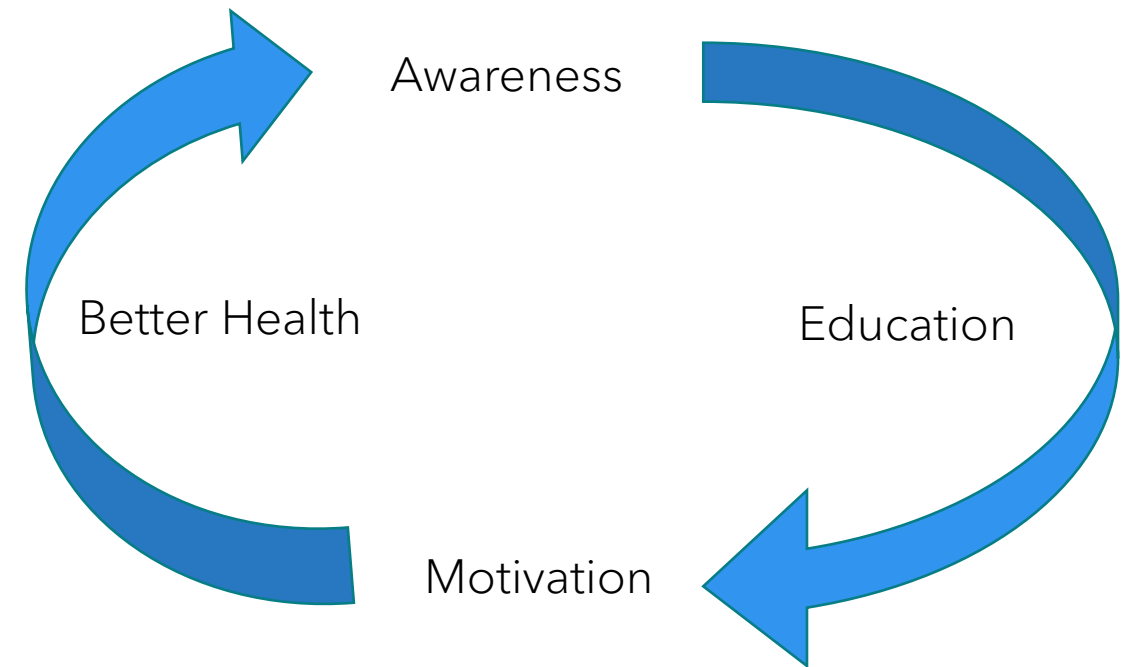
Private consultation
Curated, personalized health content

Motivation

Intrinsic
Incentives and Support

Better Health

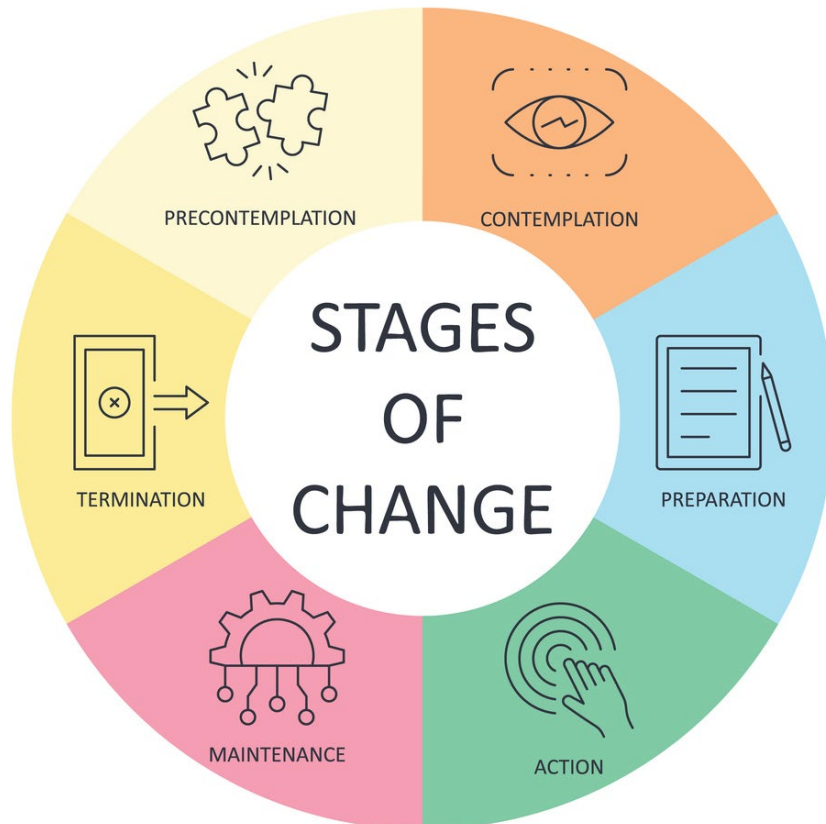
Habits and choices
Prescribed preventative care



Stages of behavior change

STAGES OF BEHAVIOR CHANGE

AKA: Transtheoretical Model (TTM)



Precontemplation: Not yet considering changing their behavior. May be unaware of the need for change or may be resistant to the idea.

Contemplation: Awareness that there is a problem and thinking about making a change but may still be undecided or ambivalent.

Preparation: Have made the decision to change and are actively planning to do so. May be gathering information, setting goals, or seeking support.

Action: Modifying behavior in order to achieve goals. This may involve implementing specific strategies, seeking support from others, and overcoming obstacles.

Maintenance: Sustaining new behavior over time.

Termination: Where the new behavior has become fully ingrained and there is no longer any risk of relapse.

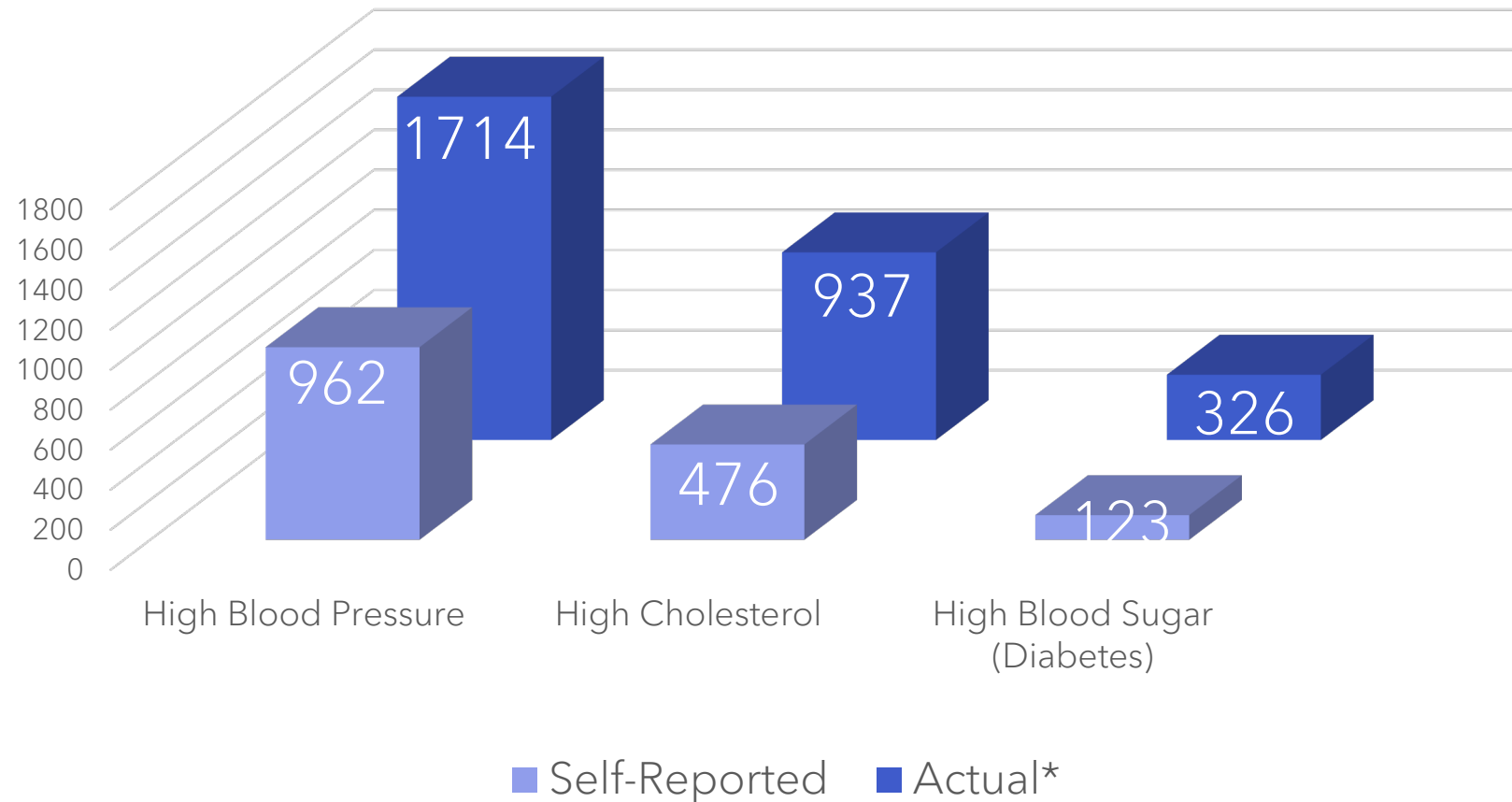
WHY IS PREVENTION SO IMPORTANT?

Now more than ever, people need help becoming **aware** of their physical health.

- According to the Centers for Disease Control (CDC), only 25% of adults aged 50-64 years are up to date on recommended preventative services.
- Many health conditions like high cholesterol and high blood pressure **have no symptoms**



People Don't Know They Have Something Until it is Checked



*Actual includes both borderline and high-risk results.

Participants who self-reported would theoretically be on medication or managing their condition.

IMPORTANCE OF PREVENTATIVE SCREENINGS

- 20% of Americans with diabetes are unaware of their condition
- More than 1 in 3 adults have prediabetes (>96M)
- Nearly 1 in 4 young adults aged 19 to 34 have prediabetes
- Effective blood sugar management can reduce the risk of eye disease, kidney disease, and nerve disease by 40%
- Detecting and treating early diabetic kidney disease can reduce the decline of kidney function by up to 37%



Source: National Center for Chronic Disease Prevention and Health Promotion. 2022

IMPORTANCE OF PREVENTATIVE SCREENINGS

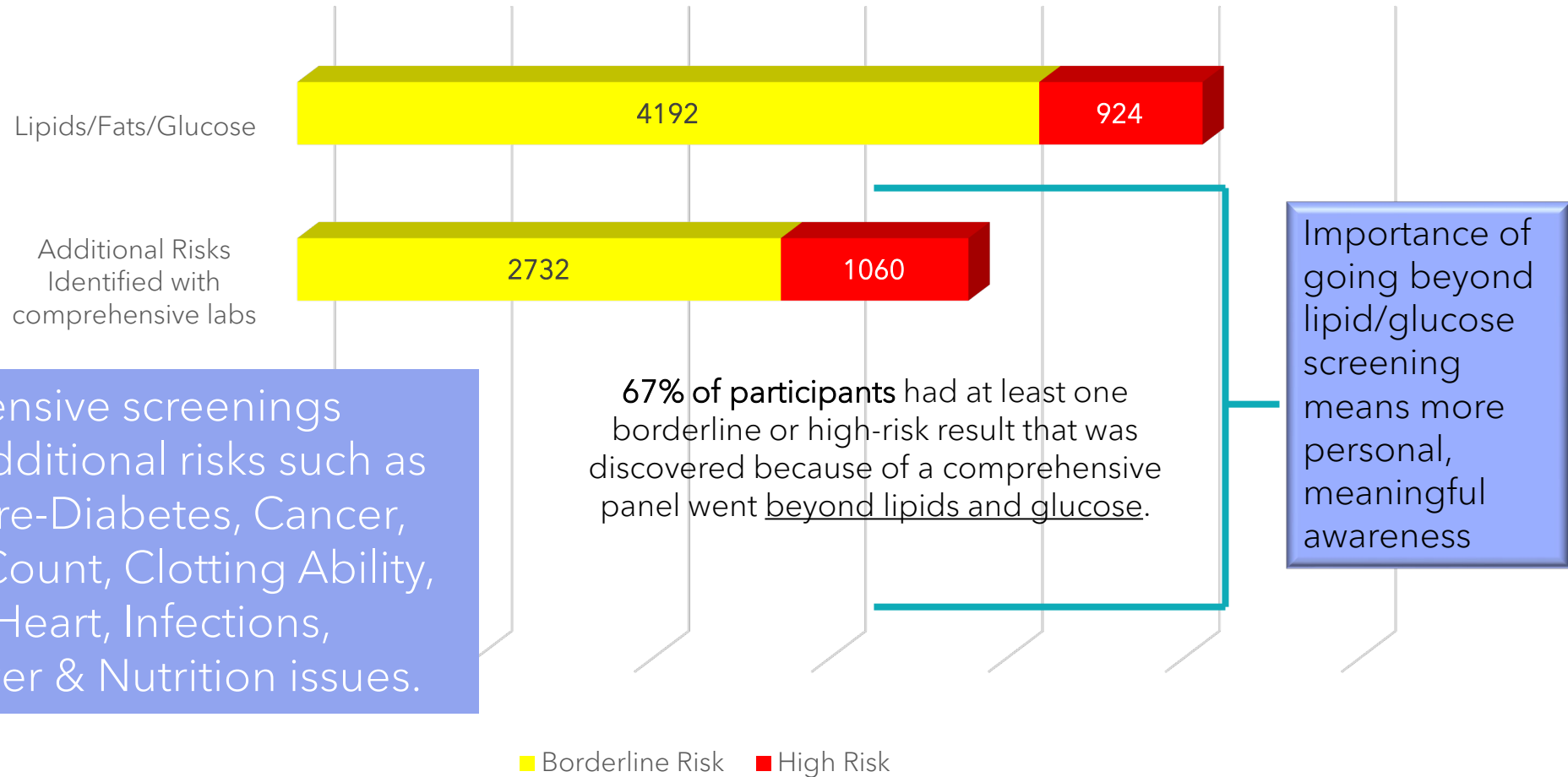
- 33% of Americans report they haven't checked their cholesterol in the last five years
- Improved cholesterol levels can reduce cardiovascular complications by 20% to 50%
- Nearly 1 in 2 US adults has high blood pressure.
- About 3 in 4 US adults with high blood pressure (92M) don't have it under control (130/80 mm Hg)
- Medical costs for people with high blood pressure are up to **\$2,500 higher annually** compared to those without high blood pressure.



Source: National Center for Chronic Disease Prevention and Health Promotion. 2022

>65% MORE EARLY DETECTION AND AWARENESS

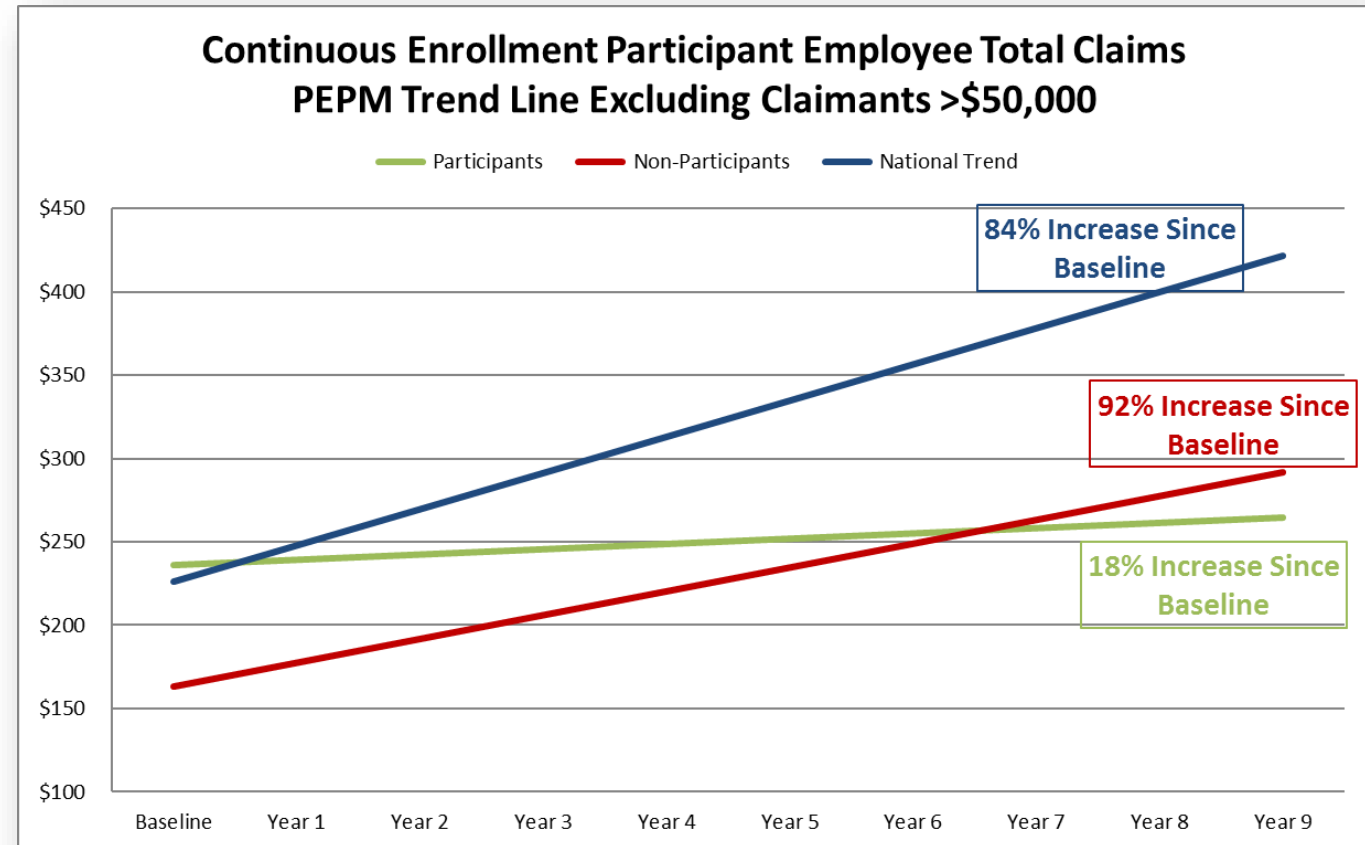
Comprehensive screenings identify significantly more borderline and high-risk areas. This additional knowledge also enhances education and physician engagement.



10 YEAR CLAIMS IMPACT STUDY

- Participants with comprehensive health screening and private consultation
- Participation with annual health screenings and private consultations helps uncover hidden risks, makes participants aware of their health and leads to amazing results.

Actual Client (~4,000 lives)	Total Claims Increase (%) (Over 10-year period)
Participants	18%
Non-participants	92%
National Trend	84%



Actual Circle Health client: Continuous Enrollment Employee Total Claims

LOW RISK PARTICIPANTS KEEP COSTS LOW



- 92% of participants have maintained or lowered their risk level over the 10 year period and have seen a much smaller increase in claims.
- 78% of continuously enrolled employees are now at low risk

Actual Circle Health client: Continuous Enrollment Employee Total Claims By Year 10 By Risk Status. PEPM Excluding Claimants >\$50,000

COLORECTAL CANCER IS ON THE RISE

Nearly 30% of adults age 50 and over have not had a colorectal cancer screening test.

A report published by the American Cancer Society in January 2024, suggests that rates of colorectal cancer are rising rapidly among people in their 20s, 30s and 40s.

Early-onset colorectal cancers have been increasing by about 2 percent per year since the mid-1990s. This increase has moved colorectal cancer up to being the **top cause of cancer deaths in men under the age of 50** and the **second-leading cause of cancer deaths in women under 50** in the United States.



Source: <https://www.nytimes.com/2024/03/27/well/colon-cancer-symptoms-treatment.html>

CANCER IS ON THE RISE AMONG YOUNGER PEOPLE

Supporting your aging population

- The age recommendations have recently been lowered.
- Employers need to incentivize, track and remind aging members to instead of relying on doctors to confirm.

Supporting your younger population

- Because of higher incidence in younger populations, employers need to proactively introduce early detection and less invasive screenings



<30% OF EMPLOYEES DO PREVENTATIVE SCREENINGS

The percentage of employees who complete annual preventative health screenings can vary widely depending on several factors, including the industry, employer policies, access to healthcare, awareness campaigns, and individual motivations.

Here are a few considerations:

Employer Policies: Employers should mandate or strongly encourage employees to undergo annual preventative health screenings as part of their employee benefits package.

Access to Healthcare: Employers need to ensure easy access to healthcare through on-site events and local providers. Logistical barriers such as scheduling conflicts, transportation issues, or concerns about confidentiality may hinder employees' ability or willingness to participate in health screenings.



Employer health screening programs improves health equity, inclusion and gaps in care.

<30% OF EMPLOYEES DO PREVENTATIVE SCREENINGS

Awareness and Education: Employers need to continually reinforce the importance of preventative health screenings and promoting the importance of early detection and preventative care.

Cultural Factors: In some cultures, there may be stigma or reluctance associated with seeking medical care, performing routine screenings and preventative care which can affect early detection, increased costs for late detection and saved lives.

Incentives and Rewards: Employers need to offer incentives or rewards, such as financial bonuses, reduced insurance premiums, or additional paid time off, to encourage employees to complete annual health screenings.



BENEFITS OF EARLY DETECTION

Treatment Costs:

Early detection allows for the identification of diseases at a stage when they are more easily treatable and often require less aggressive and less costly treatment options. For example, treating early-stage cancer may involve less extensive surgeries, fewer rounds of chemotherapy or radiation, and lower medication costs compared to late-stage cancer treatments.

Improved Outcomes:

Early detection screenings can lead to better health outcomes, including increased survival rates and improved quality of life for patients. By detecting diseases early, individuals have a better chance of receiving timely treatment, which can prevent disease progression and complications, ultimately reducing healthcare costs associated with managing advanced diseases.



BENEFITS OF EARLY DETECTION

Productivity and Economic Impact:

Early identification of health issues allows individuals to remain productive members of society, reducing productivity losses due to illness or disability. Moreover, early detection can help prevent premature death, thereby preserving the economic contributions of individuals to their families and communities.

Preventive Measures:

Early detection screenings often serve as preventive measures, allowing individuals to implement interventions to reduce the risk of disease progression or recurrence. This can include lifestyle modifications, medication, or additional monitoring, which may be less costly than treating advanced diseases.

Emotional and Social Costs:

Late detection of diseases can impose significant emotional and social costs on individuals and their families, including increased stress, anxiety, and decreased quality of life. Early detection screenings help alleviate these burdens by providing peace of mind and allowing for timely interventions.



WHY IT'S A BAD IDEA TO GO TO THE DOCTOR

COST

- It is often more expensive to have preventative health screenings performed through a doctor's office versus on-site through a 3rd party vendor.
 - 20-minute office visit charge: >\$100 - \$200
 - Draw fee: \$15 - \$30
 - Lab fees: \$85 - \$175 (varies on labs performed)
 - Transaction fees: \$10 - \$20
- There is also a cost of lost time from work and loss of productivity to travel and complete a preventative doctor's visit versus an on-site event. (1.5 - 2 hours versus 15 - 30 minutes)



WHY IT'S A BAD IDEA TO GO TO THE DOCTOR

CONVENIENCE

- Scheduled on-site health screenings avoid waiting rooms and travel time for participants.
- In some instances, physicians require a blood draw at a separate facility which extends the time away from work and **requires more effort** for the participant.
- Many physician offices today **don't have enough appointment times** to accommodate preventative screenings requiring people to schedule several months in advance to even get an appointment.
- Many people have **turned to urgent care centers** or other clinics for more timely appointments. From 2016-2022, the number of urgent care centers almost doubled in the U.S., according to the Urgent Care Association. Urgent care centers has led to higher costs for employer health plans.



WHY IT'S A BAD IDEA TO GO TO THE DOCTOR

UNDERSTANDING RESULTS/EDUCATION

- Most physician's education and professional practice is focused on diagnosis and treatment and not on awareness and prevention.
- Many patients still do not have easy access to their test results, nor do they receive helpful explanations of what choices impact results or steps toward risk reduction.
- Several years ago, a UCLA medical study found that the average time a doctor spends in communication with a patient is less than 7 minutes.
- A patient exam room is not an ideal setting for an educational consultation and personal record keeping.



WHY IT'S A BAD IDEA TO GO TO THE DOCTOR

DATA AND REPORTING

- It is often difficult for people to access and compare historical data...especially if using more than one provider.
- For employer groups, there is a great benefit to receive and understand aggregate data and results. This can help identify risks for the overall group and can assist in benefit design.
- If people need to provide results as part of wellness program, physician offices will often charge to fax or send results and it can be extra time consuming to make sure this is completed.



THERE IS A GROWING SHORTAGE OF DOCTORS

Population Growth and Aging:

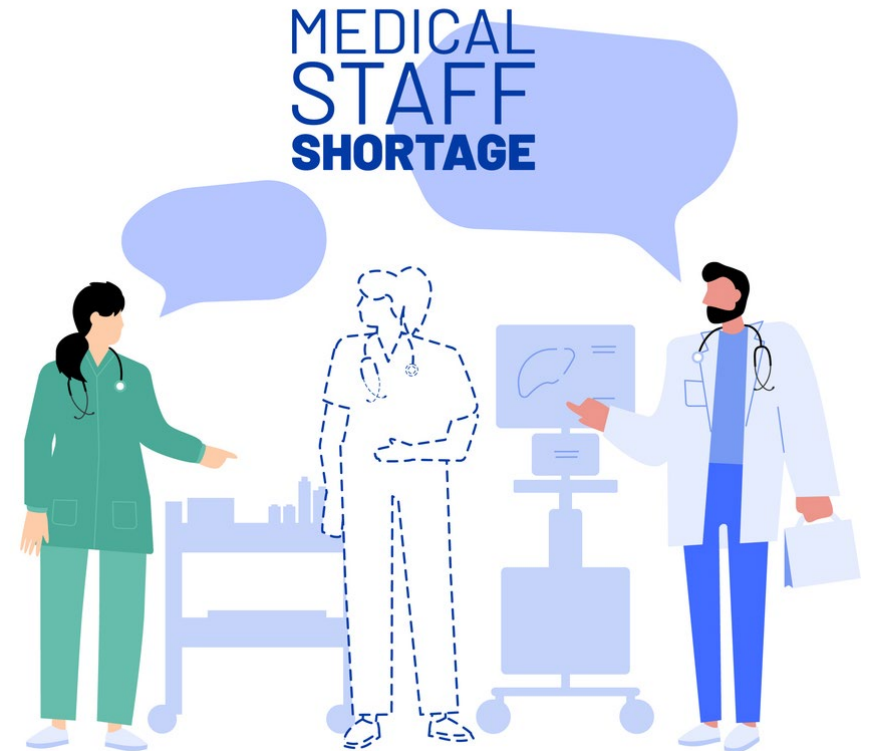
As the population grows and ages, there is an increased demand for healthcare services. Older individuals typically require more medical care, which puts additional strain on the healthcare system.

Physician Retirement:

Many older physicians are reaching retirement age, leading to a significant number of doctors leaving the workforce.

Specialty Distribution:

There is often an uneven distribution of physicians across different specialties and geographic regions. Some areas may have a surplus of doctors in certain fields, while others may have shortages, particularly in rural and underserved areas.



THERE IS A GROWING SHORTAGE OF DOCTORS?

Workforce Burnout:

Burnout among healthcare professionals can lead to decreased productivity and early retirement, further exacerbating the shortage.

Training Pipeline:

The number of medical school graduates and residency slots available may not be sufficient to meet the growing demand for healthcare services.

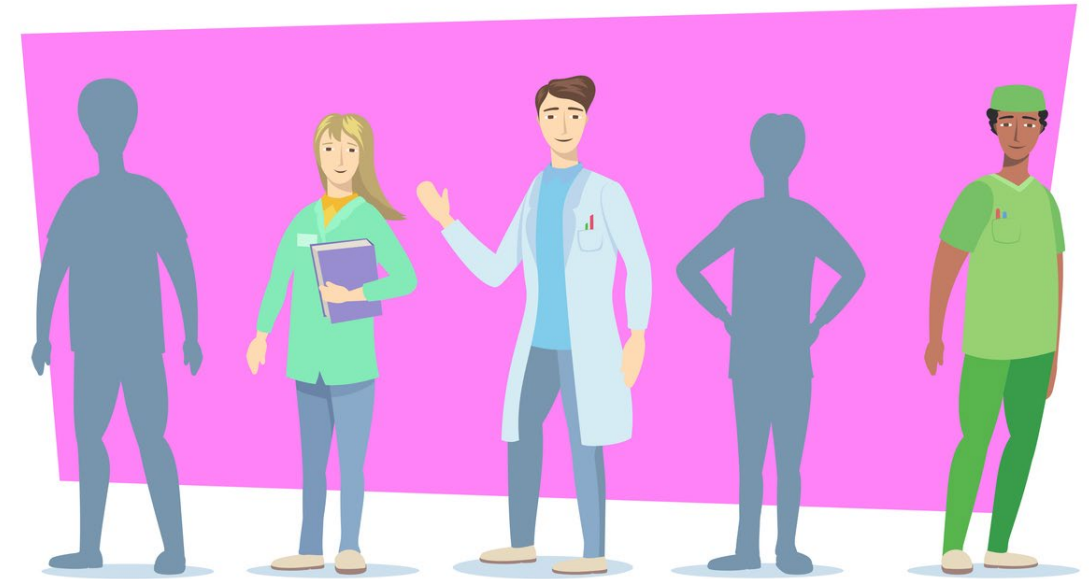


UNFILLED FAMILY MEDICINE RESIDENCY POSITIONS

8%
2020

12%
2022

13%
2023



Demand is outpacing supply while fewer new family medicine doctors are entering the field.

The percentage of medical students opting for primary care medicine continues to decline.

Source: National Resident Matching Program

THERE IS A LACK OF CONTINUITY IN HEALTHCARE

Access to personal medical records is difficult and expensive

Keeping track of medical history is difficult and time consuming

Most people do not know what to say or what questions to ask a doctor. Nor do they know how to take good notes and follow up appropriately.



THERE IS A LACK OF CONTINUITY IN HEALTHCARE

Many people do not have one primary relationship that advocates for their health

Today, many individuals receive care services from a variety of providers, including nurse practitioners, physician assistants, or specialists who provide comprehensive care.

Individuals are responsible for being their primary advocate for healthcare and management

As a result of seeing various medical professionals and providers, it is increasingly important for each person to be their primary health advocate, or have a close friend or family member involved, to stay on top of their health and preventative needs.



DOCTORS ARE STILL CRITICAL IN HEALTHCARE PROCESS

- It's very important for participants with borderline or high risks to share results with their physician (physician friendly reports)
- Importance of sharing the data with doctors
 - Screening results (blood labs, biometrics, colonoscopies, mammograms, PSA blood tests etc.)
 - Health risk questionnaire results (tobacco, alcohol, mental and physical behavior etc.)
 - Other preventative tests completed (flu, pneumonia, tetanus etc.)
 - Health coaching notes
- Doctors can then diagnose and treat conditions
- Doctors can monitor medications and efficacy



RECOMMENDATIONS AND CONSIDERATIONS

- Comprehensive Labs/Biometrics
- Multi-Cancer Testing
 - Mammography
 - Comprehensive blood testing

1. Provide Health Risk Questionnaires
2. Provide Comprehensive Health Screenings
3. Provide Private Consultation

-
- Confidentiality
 - Aggregate reporting and group risk identification/tracking
 - Health benefits design

MULTI-CANCER TESTING

Advanced blood testing for 50+ types of cancers



- Recommended for use in adults with an elevated risk for cancer (e.g. age 50 and over or high risk work environments).
- Identify active cancer signals in body for fast-spreading cancers that often don't show symptoms in early stages.

Cancer is one of the leading causes of death for U.S. firefighters, accounting for 66% of line-of-duty fatalities from 2002-2019.

Firefighters have a 14% higher risk of dying from cancer than the general U.S. population.

ADVANTAGES OF MULTI-CANCER TESTING

- **Mobile Mammography**
 - **Advanced blood testing for 50+ types of cancers**
- 1. Increased Accessibility:** Can reach areas where traditional healthcare facilities are scarce or distant.
 - 2. Reduced Barriers to Screening:** On-site screenings overcome various barriers to screening, such as time constraints, childcare responsibilities, and work commitments. By offering on-site screenings at workplaces, community centers, or other convenient locations.
 - 3. Privacy and Comfort:** People may feel more comfortable undergoing mammograms or blood testing in familiar or private settings, such as their workplace or community center, rather than in a hospital or clinic. Mobile mammography units and blood screenings can provide a more relaxed and less clinical environment, promoting greater comfort and participation in screening programs.
 - 4. Targeted Outreach:** Outreach efforts can be tailored to reach underserved communities, including minority populations, low-income individuals, and those with limited access to healthcare services.
 - 5. Educational Opportunities:** Multi-Cancer testing often incorporate educational components into their outreach efforts, providing information about cancer prevention, screening guidelines, and self-examination techniques.

EXAMPLE COMPREHENSIVE HEALTH SCREENING

Identify early signs of:

- ✓ Cancer
- ✓ Heart Disease
- ✓ Liver Abnormalities
- ✓ Metabolic Syndrome
- ✓ Diabetes
- ✓ Anemia
- ✓ Kidney Disease
- ✓ Nutrition Disorders

Biometrics

- Blood Pressure
- Resting Pulse
- Height
- Weight
- Body Mass Index (BMI)
- Hip/Waist Circumference

Blood Chemistry

1. Total / HDL Ratio - Heart
2. HDL - Good Cholesterol - Heart
3. LDL - Bad Cholesterol - Heart
4. Total / HDL Ratio - Heart
5. LDL / HDL Ratio - Heart
6. Triglycerides - Heart
7. Glucose - Diabetes
8. Hemoglobin A1c - Diabetes
9. Bilirubin - Liver
10. Alkaline Phosphatase - Liver

11. SGOT (AST) - Liver
12. SGPT (ALT) - Liver
13. GAMMA GTP - Liver
14. Albumin - Nutrition
15. Total Protein - Nutrition
16. BUN - Kidney
17. Creatinine- Kidney
18. Globulin - Kidney
19. ALB/GLO Ratio - Liver, Kidney, Nutrition
20. Glomerular Filtration Rate - Kidney, Diabetes
21. White Blood Cell Count - Infection
22. Red Blood Cell Count - Oxygen Capacity
23. Hemoglobin - Anemia
24. Hematocrit - Anemia
25. MCH - Proper Cell Size/Anemia
26. MCHC - Proper Cell Size/Anemia
27. RDW - Red Cell Distribution Width
28. MCV - Proper Cell Count and Size
29. Platelet Count - Clotting Ability/Cancers

3RD PARTIES INCLUDE HELPFUL SUPPORT TOOLS

[Complete the HRA Questionnaire](#)

[View My Personal Report](#)

[View My Consultation Notes](#)

[Other Recommended Screenings](#)

[Take me to my health journal](#) | [Take me to my Medication and Drug Allergy Tracker](#) | [Upload and Submit a Form Here](#)

Historical Screening Data

Screening Results ▶

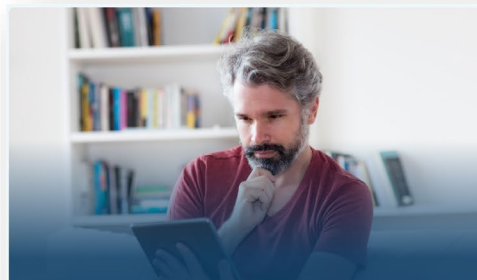
Last completed: 02-Jun-2023



02-Jun-2023 ✓


02-Jun-2022 ✓

02-Jun-2021 ✓




Click here for short videos explaining the different tests in a health screening and how they impact your health.

[Screening Videos](#)



Do you have a question for a health coach? We're here to help.

[Email a Coach](#)



Want to share a success story about your health and wellbeing? Share anonymously or include your name to encourage others!

[Share Your Story](#)

EXAMPLE EDUCATIONAL RESOURCES

Name: Sample
 Birthdate: 01/01/2015
 Last 4 SSN: xxx-xx-1234
 Screening Date: 08/29/2014
 Lab: XXXX
 Fasting: Yes
 Reference Ranges: CHP

Sample User
 500 1st St.
 No Town, MI 40000

Dear Participant:

Thank you for participating in the recent wellness screening. This part of your report provides the results of all of the blood chemistry tests from your screening.

INDIVIDUAL TEST RESULTS

Review the following pages to find each test, your result and how it is related.

As you review your results, it is important to know and remember that:

1. Normal values do not rule out the possibility of an illness, disease or condition;
2. An out-of-range result does not necessarily mean a disorder is present; and
3. Even if all test results are normal BUT you are experiencing changes in health, it is recommended that you see your doctor.

Talk with your doctor to determine how significant your results are and to learn ways to decrease your risks and improve your health.

TIPS FOR READING YOUR TEST RESULTS

Test Name	My Result	Risk Rating	Reference Range	Units
This column lists the name of each test. A short description of each test is also provided. When viewing your reports online, click on any test to learn more about the test and your result.	Your result for each test is printed in this column. Any value that is higher or lower than the reference range will have the word HIGH or LOW printed in the color box.	Each result has a color to help you interpret your results using the Color Key below.	For each test, 95% of healthy people see their result fall within the reference range noted. Results not in the reference range suggest a concern. The more a result is out of range, the greater the concern. The risk rating indicates if the result is in the reference range - or - how much it is out of range AND a potential concern. See if each test result is within its reference range.	This is the unit of measure for each test (at a chemical or molecular level).

UNDERSTANDING YOUR REPORT - COLOR KEY

- **Green = Normal:** Test result is not out of range in any significant way.
- **Yellow = Borderline At-Risk:** Test result is slightly out of range and may be a concern - call your doctor.
- **Red = At-Risk:** Test result is significantly out of range - call or visit your doctor.

WELLNESS SCREENING BLOOD TEST RESULTS

My OVERALL Risk Rating



You have at least one result from your screening significantly out of range. Call or visit your doctor.

Screening Date:
01/01/2016

This screening does not replace the recommended regular preventive exam with your doctor based on your age, gender and other risk factors. **On the next preventive exam or other visit, be sure to share all screening results with:**

- Your main primary care doctor; and
- Other physician specialists you may be seeing.

Thanks again for participating and for your other ongoing actions for better health and wellbeing.

Kimberly J. Lentz

Dr. Kim Lentz, MD
 Medical Director • Circle Wellness

REMEMBER

- A. This is only a screening and not a diagnosis.
- B. It is up to you to use your good judgment and act to follow-up on ANY results that are out of range (yellow or red risk ratings).
- C. Always share ALL screening results with your doctor(s) on your next visit.

Name: HQ: (date)
 Birth Date: Screening: (date)
 SSN: Lab:

WELLNESS SCREENING BLOOD TEST RESULTS

The information in your report is NOT exhaustive, nor does it account for all circumstances unique to each person. It is designed to help you to monitor and improve your health and well-being, but is not meant to diagnose or treat illnesses. As with any health-related information, always check with your doctor or other qualified health professionals if you have concerns about your health or existing medical conditions. Their knowledge of your unique circumstances may result in changes and/or enhancements to the recommendations in this report.

This report does NOT include family medical or hereditary factors because you cannot control them – however, knowing them can add motivation. For example, if cancer runs in the family, it can further motivate you to achieve your maximum success over the risks you can control through your choices.

	My Result	Risk Rating	Reference Range	Units		My Result	Risk Rating	Reference Range	Units
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CBC-Complete Blood Count

1. WBC 0.0 ● 0-0 0
 This measures the number of white blood cells (WBCs) you have, and the health of your immune system and bone marrow. WBCs help protect the body against infections. Some infections cause WBCs to increase or decrease. High numbers can suggest an infection, leukemia or other problems. Low numbers may mean you have a weakened immune system or another type of infection.

2. RBC 0.0 ● 0-0 0
 This measures the total number of red blood cells (RBCs) in a given amount of blood. RBCs carry oxygen from the lungs to the rest of the body. Levels can increase from living at high altitudes, having certain types of heart and lung disease, taking some medications or having other conditions. Lower RBC levels are seen with pregnancy, bleeding, malnutrition, anemia, kidney disease or other conditions. If too high, there is risk that RBCs may clump together and block tiny blood vessels. If too low, the body does not get the oxygen it needs.

3. Hemoglobin 0.0 ● 0-0 0
 Hemoglobin, a protein found in red blood cells, helps carry oxygen from the lungs to the body tissues. This test measures the amount of hemoglobin present in your blood. Low levels can suggest anemia, bleeding, lack of certain nutrients, or other conditions - which can lead to weakness and fatigue. Dehydration can cause a temporary increase. Hemoglobin levels usually increase or decrease with RBC levels.

4. Hematocrit 0.0 ● 0-0 0
 This is a measure of the percentage of blood that is composed of red blood cells. It becomes high with dehydration and other conditions. Low levels occur with anemia, bleeding and other conditions.

5. MCV 0.0 ● 0-0 0
 This test measures the size of the average red blood cell, which can be affected by anemia and certain vitamin deficiencies.

6. MCH 0.0 ● 0-0 0
 This is a measure of the amount of oxygen-carrying hemoglobin in an average red blood cell. This is a specific test for anemia.

7. MCHC 0.0 ● 0-0 0
 This test, used to diagnose anemia, measures the average concentration of hemoglobin in your red blood cells. The most common cause of low MCHC is lack of iron in the diet.

8. RDW 0.0 ● 0-0 0
 This measures the size of your red blood cells. Certain conditions can cause the size to vary. A high RDW may be a sign of anemia and other conditions.

9. Platelet Count 0.0 ● 0-0 0
 Platelets, the smallest type of blood cell, help in the clotting of blood. A low level increases risks for excessive bleeding and bruising.

Lipids / Fats in Blood

10. Total Cholesterol 0.0 ● 0-0 0
 This is the total amount of all types of cholesterol in your blood. The lower it is, the lower your cardiac risks for clogged arteries, heart attacks and strokes.

11. HDL Cholesterol 0.0 ● 0-0 0
 This is the "good" type of cholesterol in your blood. It acts like a magnet to remove cholesterol deposits and unclog arteries, lowering cardiac risks. The more you have, the lower your risk. Exercise is the main way to help increase HDL.

12. LDL Cholesterol 0.0 ● 0-0 0
 This is the "bad" cholesterol in your blood. It acts like a dump truck, dumping fats from foods and clogging arteries - increasing cardiac risks. The lower this number is the lower your risk. Eating less high fat foods and more high fiber foods helps to decrease LDL. If your result is 0, blank, or N/A your triglyceride level may have been too high to provide an accurate LDL level.

13. Total/HDL Ratio 3.5 0 - 5 ratio ●
 This number is your total cholesterol divided by your HDL cholesterol. The lower it is, the lower your risks for clogged arteries, heart attacks and strokes.

14. LDL/HDL Ratio 0.0 ● 0-0 0
 This number is your LDL cholesterol divided by your HDL cholesterol. The lower it is, the lower your risks for clogged arteries, heart attacks and strokes. If your result is 0, blank, or N/A, your triglyceride level was too high to provide an accurate LDL/HDL ratio.

15. Triglycerides 0.0 ● 0-0 0
 This is another type of fat in the blood. Extra calories your body does not use after eating and drinking are turned into triglycerides. High triglycerides combined with high cholesterol further increases the risk of coronary artery disease. Less alcohol, not overeating and not being overweight helps to get and keep triglycerides in the healthy range.

IMPORTANCE OF ONE-ON-ONE CONSULTATIONS

- Scheduled appointments with Registered Nurse or Certified Health Coach
- Physician calls are initiated for critical high results
- Personal review of health screening results with a focus on borderline and high-risk areas and education
- Recommendations discussed and goal setting (action plan) prepared
- Referrals to PCP or other benefits/resources
- Summary of consultation notes



HISTORY OF CONSULTATION NOTES

Session Details

Coach: Ms. Coach

Date: 9/14/2023

Focus for session:

Review wellness tools available to participants, Personal explanation of results with an emphasis on abnormal values, Review health screening results, Discuss overall health record, Discuss recommended age/gender preventative tests, Set a goal for healthier living and discuss how to achieve goal, Discuss applicable health benefits (fitness facility, EAP, health classes etc.)

Session overview:

Discussed borderline and high risk levels from recent health screening. Spent time talking about importance of white blood cell count and need to follow up with physician. Talked about daily habits and simple ideas to add reasonable habits into lifestyle. Discussed group benefits that are available and provided links for enrollment.

Goal Details

My goal:

Reduce my blood sugar

Date achieved:

Steps to achieve my goal:

Record daily journal of food intake for one week and review Meet with physician to talk about metabolic syndrome and white blood cell count numbers Watch the 2 videos discussed during consultation

Coach notes:

Congratulations for participating and learning more about your health! Awareness is the first step and you now have the knowledge and tools to start improving your health! I'm here for you if you would like to talk again or have other questions.

WHAT EMPLOYERS NEED TO DO TO HELP

1. Leadership support
2. Engage all members in wellbeing and make sure all have equal access to preventative screenings
3. Be committed to awareness, education and motivation
4. Provide the right tools and support for behavior change



WHAT EMPLOYERS NEED TO DO TO HELP

5. Track data and verify return and value (ROI/VOI)
6. Identify and track group high risks for better health benefit design and offerings
7. Engage members with medical consumerism
8. Encourage and provide the tools and support for personal health advocacy



Claims experience and costs will continue to increase if groups do nothing



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