

# Health is more important than health care



**aetna**<sup>®</sup>  
Your global health partner

**Health care is  
about being  
healthy.**

**But that doesn't have to mean pills,  
prescriptions and procedures.**

# Curing sick people, rather than helping them avoid falling ill in the first place, is what Aetna Chairman and CEO Mark T. Bertolini calls the “break-fix” approach.<sup>1</sup>

And we think it’s back-to-front.

“Aetna is moving away from being an insurer,” says Anna Tomlinson, communications director. “Keeping everyone healthy is better for everybody.”

Of course, that’s easier said than done. To make it happen, says Tomlinson, “We have to make our services relevant to our members and their lives. It’s got to be tailored and it’s got to be personal.”

We’re using technology to turn the old way of doing things on its head, and to deliver made-to-measure experiences.

But we can’t rely on technology alone. We believe in a personal touch.

## A new view of a changing (and challenging) market

While household budgets are on the rise in some nations, there’s a growing gap in access to primary care in others. Meanwhile, tech savviness has improved across the board.

These are the three key characteristics of a new audience in the iPMI market, which are shaping our plans and programmes. We’ve got new challenges to face, but along with them we’ve got new opportunities to reach out to people around the world and get them more engaged with their health and wellness.

One of the key issues we face is that self-medication is common in developing nations. That’s often because it’s too expensive or too far to travel to get professional

care. While it’s true that the picture isn’t quite as simple as high cost equals less uptake, there’s some research to suggest it’s a prevailing trend.<sup>2</sup>

And that’s not the only potential problem people face in developing countries; it would take around 70 years for the Nigerian health care system to catch up with today’s western standards, and 650 million people in China have no access to a GP.<sup>3</sup>

But access to health care is a problem in western countries, too. One in five adults (in a study of 11 developed countries, including the UK) have to deal with “multiple barriers” before getting primary care.<sup>4</sup> These barriers include limited after-hours access and long waits for an appointment — and things are likely to get worse. In the UK, for example, 39% of GPs say they’re likely to quit within the next five years.<sup>5</sup>

We’ve been thinking about how to use technology to close the access gap.

However, as Dr. Jay Rosengard (author of the Kenyan banking study) says, no two countries are the same.

We can’t expect people to adapt to the way we do things — we need to do things in a way that suits them. We’re shifting our focus away from a niche market of global travellers, and towards everyday health.

### China

WeChat’s 963 million users can use the app to book a doctor’s appointment, and then pay for it using a QR code.<sup>6</sup>

### Kenya

Mobile banking increased formal use of financial services from 26.7% to 75.3% in just three years<sup>7</sup>

### India

The digital payment platform Paytm has over 300 million registered users.<sup>8</sup>

1 [news.aetna.com/2017/07/aetnas-bertolini-talks-future-health-care/](https://news.aetna.com/2017/07/aetnas-bertolini-talks-future-health-care/)

2 [nature.com/articles/s41599-018-0127-3](https://www.nature.com/articles/s41599-018-0127-3)

3 <https://www.economist.com/china/2017/05/11/china-needs-many-more-primary-care-doctors>

4 [equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0740-1](https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-018-0740-1)

5 <https://www.theguardian.com/society/2018/may/31/two-in-five-gps-in-england-intend-to-quit-within-five-years-survey>

6 <https://www.fastcompany.com/40470793/wechat-china-opens-to-us-brands-advertisers>

7 [ash.harvard.edu/news/swift-institute-research-demonstrates-mobile-banking-increases-financial-inclusion](https://ash.harvard.edu/news/swift-institute-research-demonstrates-mobile-banking-increases-financial-inclusion)

8 <https://timesofindia.indiatimes.com/companies/paytm-says-it-has-100-million-kyc-compliant-m-wallet-users/articleshow/63874657.cms>

For example, while some argue that the health insurance industry needs to expand in India,<sup>9</sup> we recognise the general lack of trust in health insurers<sup>10</sup> in the country.

Rather than wasting time trying to change people's views, we're changing tack and marketing our recently launched teleconsultation app vHealth on a subscription basis in India. We believe our members will be more likely to engage with the app and ask for the care they need, because they've already paid for it.

When people realise how effective the service is, it will help to build trust in the health care sector, and with more trust perhaps there will be room for a larger Indian health insurance market in the future. But we're not worrying about that now.

First, it's important that we make a strong connection with the people who live there. India is suffering from an increasing disease burden, with self-diagnosis and the overuse of antibiotics becoming a major problem.<sup>11</sup> The diabetes rate is also a serious concern.<sup>12</sup> We're stepping in to help prevent a health crisis.

## How vHealth is making a difference in India

vHealth lets members spend face-to-face time with a trusted doctor on demand and at a distance. They can send pictures and use video chat to talk through their symptoms. Our doctors diagnose illnesses, prescribe medications and make referrals where necessary (to arrange a home visit or hospital appointment). They'll also offer health advice to speed up recovery, such as diet and exercise tips.

Often, our members don't need to lift a finger afterwards — 70% of patients don't have to book a further in-person appointment and we're able to deliver medication in 300 cities within four hours.

"We launched in November 2016 as a small business in a 10-foot by 10-foot room," says Manasije Mishra, managing director of vHealth and Aetna India. "We didn't even have an app at that point — you'd call a telephone number." And though our doctors were already highly qualified, we rigorously trained them so that they were all on the same page.

Their hard work has paid off — from that small room, great things grew. "We had a Net Promoter Score of

+48 (in July)," Mishra continues, "and 4.8 out of 5 in our customer ratings. And we're seeing consistency in those ratings from month to month."

### Case study: vHealth provided timely treatment for my mother

My mother was initially sceptical of how a doctor could treat her via an app. But during the teleconsultation, the doctor spotted elevated cholesterol and cardiac risk in her diagnostic reports.

They asked us to take my mother's blood pressure levels and we were stunned to see very high readings — we had no idea. The doctor prescribed medicines for her hypertension and high cholesterol, and gave her diet and exercise advice.

My mother's blood pressure came under control within a few days. She's now very happy and has developed a deep confidence in vHealth's doctors.

It's true that video calls are not a new idea. So what is it that sets vHealth apart? "There are lots of companies who can do the tech," admits Mishra. "(But) at the heart of our service is clinical and service excellence."

"One of the big differences is that a doctor (at a GP surgery) will never call you — patients call them. We'll always follow-up. It's no longer the patient running after the doctor — and that's often a big surprise for our members! (If necessary) we can even send a phlebotomist or a physical therapist to you. It's all about moving health care into the home."

To make the right decisions, we need to know about a patient's health history. In India, it's not often possible for doctors to instantly get a hold of this. So when patients call vHealth for the first time, our doctors start putting together a detailed medical history.

This means initial consultations take a little longer than most. However, the next time that patient calls, we'll use their record to look after them more effectively — while making the experience much more convenient for them.

9 [tandfonline.com/doi/full/10.1080/13648470.2015.1135787](https://tandfonline.com/doi/full/10.1080/13648470.2015.1135787)

10 [asiainsurancereview.com/News/View-NewsLetter-Article/id/42108/type/AIRPlus/Indians-lack-trust-in-Health-health-insurers](https://asiainsurancereview.com/News/View-NewsLetter-Article/id/42108/type/AIRPlus/Indians-lack-trust-in-Health-health-insurers)

11 [biospectrumindia.com/news/77/11034/aetna-launches-vhealth-with-monthly-subscription.html](https://biospectrumindia.com/news/77/11034/aetna-launches-vhealth-with-monthly-subscription.html)

12 <https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/India-is-the-diabetes-capital-of-the-world/articleshow/50753461.cms>

It also means that when we see people who have conditions like chronic hypertension (high blood pressure) or diabetes, we're able to pay special attention to them. We'll check in regularly to see how things are going and help manage their symptoms, as well as steering them towards better diets and healthier habits — like taking up a sport or giving up smoking.

India has been a fantastic first step in vHealth's journey, but the technology will soon be landing on new shores.

## Moving vHealth to the Middle East

vHealth is currently setting up shop in Dubai, as a base of operations to cover areas across Africa and the Middle East. Here, Aetna's planholders will be able to use the service — there won't be any subscription model like in India.

Unlike India, it's not hard to find a doctor in Dubai. And United Arab Emirates (UAE) is an affluent country — one 2016 study predicted the number of people of ultra-high net worth living there would increase 60% by 2026.<sup>13</sup>

This means getting people to try out vHealth in the first place becomes a little more challenging — but we believe it's got a really important part to play in people's overall well-being.

We're looking for brokers to give their clients a little nudge in the right direction. But vHealth also needs to prove its worth to Aetna members. This means that we need to make an exceptional first impression, says Ernesha Pinder, program manager.

"It needs to make sure members remain at the heart of what we do," she says, "which doesn't mean putting members in the middle and making them do the work!"

If this sounds familiar, it's probably because Pinder spent time with Mishra's team to learn about its successes, and the Indian team helped to train the vHealth team in Dubai. The focus on follow-ups, ongoing care and delivering seamless experiences hasn't gone anywhere.

The doctors are highly trained, not just to give expert medical advice, but to have the emotional intelligence to deliver it with empathy — which, as Pinder points out, isn't always easy via video chat or a phone call.

But when they get it right, it helps to build a fantastic trust relationship and makes vHealth the first port of call for Aetna members — even when they have other easy options.

"We're ensuring continuity of care, rather than a one-off transactional relationship," says Nairah Rasul-Syed, medical director of vHealth in Dubai.

This means, again, looking at long-term health issues. In the UAE, adds Sandhya Subramanian, operations manager, there are certain conditions which have become a public health concern, including obesity,<sup>14</sup> colorectal cancer and diabetes.

"Health promotion is really important," she says. "Rather than being reactive, vHealth promotes early screening and focuses on health education — (the doctors) always spend extra time with patients during appointments to offer tips and advice."

But vHealth isn't the only way we're keeping people well around the world.

## Looking after our members every day

vHealth hasn't finished rolling out, but we have plenty of other health tools for all our members to use. But as it stands, we've got to get more people engaged with these, so they can make big changes to their health.

"It's not something that will happen overnight," says Tomlinson. "It has to be member driven, (but) I absolutely think brokers have a critical part to play (in raising awareness of these tools)." Data from the Kaiser Foundation backs up her point. It suggests that 40% of a person's overall health and well-being comes down to their lifestyle choices and individual behaviour, and only 10% comes down to health care.<sup>15</sup>

We're giving our members a starting block to move towards better health. Our online Health Hub lets them record and keep track of key health information over time (such as their BMI and blood pressure), view medication plans, search for local health care providers and even make and review claims. Plus, it's packed with loads of healthy hints to keep them on track.

Tomlinson also points out that it lets members see all the outcomes from their lifestyle choices as time passes, rather than just focusing on their health today. And the more they engage with it, the more relevant and personalised it becomes.

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13 <https://content.knightfrank.com/research/1472/documents/en/the-wealth-report-city-series-dubai-edition-2018-5332.pdf>

14 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667520/>

15 <http://files.kff.org/attachment/issue-brief-beyond-health-care>

However, we don't want to become over reliant on pure data. It needs to be used by members and their doctors to find personalised medical decisions. There always need to be human voices in the mix.

"We're not subscribing to the Artificial Intelligence debate," says Tomlinson. "We want to get health care back around the kitchen table. Health care issues can escalate massively out of control when people don't have (human support). We want to bring health care back into the community."

Tackling individual problems, rather than delivering a one-size-fits-all solution, is just one of the key ways we make sure our members' health care has real value.

### **Finding new ways to support mental well-being**

We know that health care isn't one dimensional, and everyone likes to interact with our services in different ways — particularly when it comes to topics as sensitive as mental health. We've given our members access to the myStrength app, which is full of useful articles, videos, eLearning resources and more.

For members who aren't quite ready to talk about problems or whatever is bothering them, myStrength acts as a useful stepping stone to point them in the right direction — it can work on its own as an educational tool or act as a supplement to counselling sessions and other treatments.

### **Keeping health care on track**

"We see inefficiencies everywhere," says Kelvin Schleif, senior director of Global Medical Cost Management. There's a list: overprescribing, unnecessary prescriptions and procedures, the use of branded medication rather than identical generics. Everything adds up.

We want to spend money where it's needed — Schleif stresses that we'd never sacrifice quality of care for cost concerns. But we need to make sure we're using money in the most effective way. For example, as antibiotic overuse and misuse reaches critical levels the World Health Organization has dubbed resistance to these drugs a "serious public health emergency."<sup>16</sup>

News like this means we have a vital part to play in making sure the treatments our members receive are justifiable, relevant and effective for everybody's sake.

Our dedicated cost containment team (unique in our industry) is constantly finding new ways to optimise our spending without compromising on high-quality care for our members. We've introduced clinical policies to let medical professionals know how to best treat our members, to make sure only necessary treatments go ahead.

And our programmes, tools and helplines are always available if members need a helping hand, so we can step in earlier, rather than later. It's better for members' health, and it often costs less. "I think if brokers were to push these things more, that would be very helpful," Schleif comments. "Just getting plan sponsors to adopt and promote these programs is so important."

When our members do receive medical help, we carefully manage each case to make sure they're doing well. "If a member has diabetes," says Schleif (as one example), "we'll help them manage their condition. We'll educate them on (things like) ways to eat healthy or control their weight. We also do more clinical things, like eye exams — which are really important for diabetics. Our operations and clinical teams will make sure you get an eye exam every year, and if you don't, we'll keep calling until you get it."

The upshot for members and plan sponsors is that by keeping costs low, we can keep premiums low — and it often means the result for the patient is better, as we'll have stopped things from getting worse, rather than getting involved when it gets more serious.

It's all about keeping our processes as smooth and cost efficient as possible, while ensuring great value for our members. But we also want to make life easier for plan sponsors and our broker network, so that they've got more time to make sure members are getting just what they need.

### **Making onboarding a breeze**

We're piloting a new online enrolment portal right now, and we think brokers and HR professionals will love it. In fact, our European operations team are such big fans, many are choosing to use the portal rather than our own back-end system because they find it much faster and easier to use.

16 <http://www.wpro.who.int/mediacentre/releases/2017/20171110/en/>

Making changes and tweaks in the portal is a breeze. And it will automatically pick out the right rules and regulations for each case, and let you know what information is needed. Plus an intuitive tracking tool lets everyone keep an eye on the progress of requests.

All in all, it'll help brokers and plan sponsors spend less time fiddling with onboarding processes, and more time helping their clients find the perfect cover. This will ultimately mean better fitting protection for our members.

### **Always putting members first**

Innovation doesn't mean progress for its own sake. Every time we develop new systems, we ask ourselves: "How will this help our members?"

It's how we find new ways of encouraging healthier habits and better ways to keep track of well-being. It's how we're making sure that our members are as healthy as they can be, employers have a workforce that works well and brokers have happier clients.

Because we believe we're all in this together.

# **We believe in partnerships, not just products**

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