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# How CEOs Can Create Healthcare Balanced On The Needs Of Their Employees



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*CEO of Orriant. Helping CEOs lower costs and increase productivity by aligning healthcare to work for them instead of against them.*



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Modern healthcare is largely transactional and very paternalistic in nature. Do you have a health problem? Well, here is what we are going to do to you to fix it.

I have seen some pretty exciting innovations in healthcare throughout my career and in leading an organization that specializes in corporate wellness plans. But it was not until I learned about Southcentral Foundation's [Nuka System of Care](#) that I understood what real healthcare innovation means.

Over 20 years ago, Native Alaskans were asked what kind of healthcare system they wanted and were given the opportunity to build it. A whole new system was built around the needs and wants of the customer, representing the values, traditions and culture of their people. They have moved their population from the low HEDIS (Healthcare Effectiveness Data and Information Set) scores to now above the 90th percentile on many HEDIS outcomes. How do you move an entire population of people to achieve that level of improvement in health?

You do not achieve that level of success by simply improving the transactions or doing something to someone. The Native Alaskans built a relationship-based healthcare system that honored the individual's values and aspirations and partnered with them, encouraging them to live well.

Living with chronic conditions is a function of the choices we make and our habits far more than what the healthcare system does to us. Aspirational healthcare systems, like the Nuka System of Care, recognize this important fact and focus on influencing individuals. The typical medical model of healthcare largely ignores this most important intervention — to influence people to take ownership of their own health.

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In the rest of the U.S., we have a healthcare system where people come to be the beneficiaries of its great wisdom after they have a problem, but we do not have a system built around the customer that focuses on their needs. The focus of the healthcare system should be balanced on the needs of the customer. Clearly, there are times when the control is in the hands of the healthcare system. For instance, if I am in the emergency room in a coma, the healthcare providers have total control, and I want to be in the hands of competent providers. I want them to be well-trained to fix me.

However, I believe primary care, especially for employees, should be far more relationship-based and far less transactional. Not only that, but I believe business leaders can start making changes within their organization to move toward a more aspirational-based healthcare model.

Direct primary care (DPC) is a subscription model of primary care expanding across the country. DPC physicians do not bill insurance and they are not caught up in the fee-for-service payment model where the more transactions they perform, the more income they make. DPC is far more aligned with the goals and values of the individual to keep them well in the first place. But even still, these physicians often do not possess the skill set of an influencer. To impact someone's lifestyle they need skills like empathetic listening, motivational interviewing and good coaching.

Business leaders do not have to wait until the insurance plans offer aspirational health benefits. Also, they do not need to wait until DPC physicians develop a whole new skill set. Employers can offer a relationship-based healthcare system to their employees by dividing up their monetary contributions into separately defined contribution buckets. One bucket is for major medical, one bucket is for direct primary care and another bucket is for coaching or some kind of resource to support/influence change. The combination of a DPC and a good health coach, working well together, can create an aspirational-type healthcare solution to attract and retain top talent and improve workforce health and productivity.

This defined contribution strategy means each employee can choose how to spend the employer's money. The employer may offer a host of options within each bucket to give the employees choice, which, in my experience, most workers appreciate. If an employee does not want to have a direct primary care physician or work with a coach, that is fine, no one is going to force them into it, but they do not get the contribution money. The money in that bucket is there to invest in and create an aspirational healthcare benefit, but no one is forced to use it.

The best tip I can give you as you roll out an aspirational benefit for your workforce is to communicate well. Instead of focusing on doing something to your people, partner with them and help them take ownership of their own health. Do not just tell them what you are offering but give them the why. Help them understand that your goal is to better meet their needs. As much as possible, use relationships to introduce relationship-based healthcare. The more you take the time to communicate this message on an individual basis, the more successful you will likely be. This one-on-one communication is also critical in successfully rolling out this defined contribution strategy.

CEOs can move out of transactional healthcare and into relationship-based healthcare through design strategies like these.

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