



Medical  
Wellness  
Association

# Medical WELLNESS

INTEGRATING HEALTH PRACTICES

Fall 2006

Vol.3, No.2



## WELCOME FROM THE PRESIDENT

The demand for wellness programs continues to increase as medical and wellness practitioners commit to working together around the globe. In our 4<sup>th</sup> year, the *Medical Wellness Journal* serves professional needs through the best practices of integrating wellness and medical science. As you read this volume, remember that all past journals and all archive articles can be retrieved from the medical wellness index on our website publications link. [www.medicalwellnessassociation.com/publications.htm](http://www.medicalwellnessassociation.com/publications.htm) We strive to provide an international forum for communication among medical and wellness professionals. In September, we participated in MWA partner meetings in Geneva and Amsterdam where I personally interviewed **Dave Pickering, IFCN** for our exclusive **One on One** article in this journal.

This December, it is my privilege to invite you to the **3rd Annual Medical Wellness Summit in Washington DC**. This year, the Medical Wellness Association proudly hosts the Summit in partnership with the National Health, Wellness and Prevention Congress and American College of Wellness. Together we serve the medical wellness profession by providing informative updates, research/best practices, continuing education and professional networking. The **Medical Wellness Summit** program and faculty are provided in detail on pages 4-5. Register today for member savings.

Whether you are a doctor, provider, allied health medical professional or wellness practitioner, the Summit provides solutions for the evolving healthcare environment. There is a sense of excitement in meeting and networking with dedicated medical and wellness practitioners in our nation's capital.

*Join us December 11<sup>th</sup> in Washington and actively participate in the wellness transformation.*

*Christopher Breuleux, PhD*

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THE OFFICIAL JOURNAL OF THE MEDICAL WELLNESS ASSOCIATION

# One-on-One

with

## David Pickering



**David Pickering, Founder and CEO Preventure & International Fitness Club Network (IFCN) International Health, Racquet and Sportsclub Association (IHRSA) Health Care Task Force**

Recently at the European Congress in Amsterdam, Dave Pickering sat down with MWA President, Chris Breuleux to discuss healthcare, wellness and what the future may bring.

### Medical Wellness: What inspired you to found the IFCN and Preventure?

**David Pickering:** In 1989, it became clear that if the health club industry was to be successful in developing relationships with large national and international corporations and health insurers, it was essential to develop a network of clubs, a PPO (Preferred Provider Organization) which could represent a significant portion of the club industry. I approached the IHRSA Board of Directors with a plan of how to create such a network, with more than 3,500 clubs. Together, we developed the IHRSA Fitness Club Network (IFCN) and enrolled 97% of all IHRSA clubs. For the next six years we worked with large corporations such as FedEx, Charles Schwab, PepsiCo along with health insurers United Health Care and Blue Cross Blue Shield Plans across the country. As the number of employees and health insured grew, the demand for more clubs with greater geographic coverage increased. In order to meet that need, I took the network private and expanded it to include many types of clubs including YMCA's, Jewish and

Public Community Centers and University Health and Wellness facilities. Today the network represents more than 18,000 health clubs located in 87 countries.

In 2002, as wellness strategies and programs were becoming mainstream in the "benefits world", both long term and new corporate and health insurance clients were asking us to provide a broader scope of services. Preventure was founded to provide those services. Rather than build out divisions offering a wide variety of these services, we chose to identify and develop partnerships with worlds "best of class" wellness providers, which gave the clients what they wanted, which was one stop shopping for all their fitness and wellness needs. Today, Preventure contracts with hundreds of corporations and health insurers, providing a wide range wellness programs and services to more than 33 million employees in more than 80 countries throughout the world.

### Medical Wellness: What is the need for corporate wellness programs? How do professional associations like MWA support wellness and medical issues?

**David Pickering:** The need for corporate wellness programs has never been in greater demand. With the staggering double digit increases in health care costs year after year, record setting costs for workers compensation and the exceptionally high cost of replacing workers who are absent from work, corporations are beginning to shift the funding of their benefits programs to include preven-

tive strategies. They simply must "stop the bleeding".

The Medical Wellness Association, in a unique way unlike any other organization, brings together like minded leaders of the Wellness industry. It provides a variety of programs, services and hosts conferences which enable a level of communication to share and leverage wellness industry successes and provide "think tank" forums which will ultimately assist in taking the wellness industry to the next level.

### Medical Wellness: Who can benefit from being part of a wellness network?

**David Pickering:** Any individual, company or organization which is serious and passionate about understanding the current and future growth of the wellness industry can benefit greatly by the enormous experience and talents of those who are currently part of the MWA wellness network.

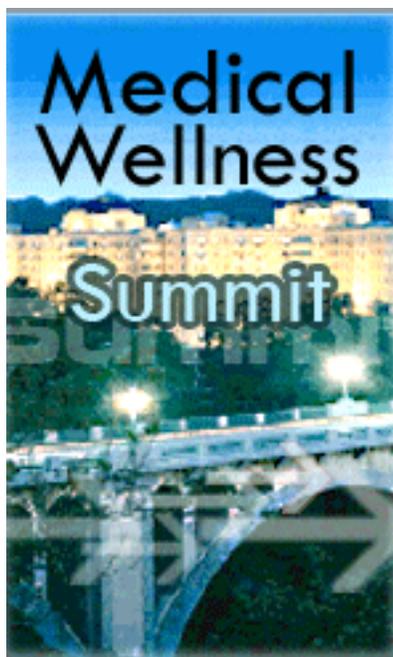
### Medical Wellness: You are involved with organizations around the world. What is the status of the international wellness community?

**David Pickering:** As founder and chair of the IHRSA Health Care Task Force, we have had the privilege of hosting meetings at conferences for the past 15 years in London, Rome, Berlin, Capetown, Sao Paulo, Bang-

kok, Sidney and most recently here in the Netherlands and next month in Beijing. One of the common issues worldwide is the reality that current health care strategies are failing. In some cases where national health care is the main provider of these services, the exceedingly high cost of providing health care services threatens the financial stability many of those countries. There is a clear worldwide movement to rebuild health care to include preventive care. The shift of investing “curative medicine” dollars into “preventive care” is happening worldwide. This shift is opening new doors for the wellness industry. In the twenty-five years I have been in the wellness industry, this is clearly the most exciting time of growth of our industry.

**Medical Wellness: What are the major issues facing wellness and health care today?**

**David Pickering:** I see two distinctly difficult challenges. The first is the re-education of corporations, health insurers and health care professionals to understand and change the way they



think about preventive care. Harvard Medical School for example is now teaching its medical students to ask patients “lifestyle” questions such as “What are you doing for exercise?” This re-education is clearly challenging for all of the many diverse stake holders in health care. The second challenge is the re-education of people. The old paradigm of, “It’s my doctors responsibility to make me well”, needs to and is beginning to change. People are beginning to understand that they are truly the ones who need to take the lead responsibility of their own personal health. This shifting paradigm clearly will take time and is somewhat generational in nature.

**Medical Wellness: How will IFCN and other organizations be partnering with the Medical Wellness Association?**

**David Pickering:** For me, one of the key benefits of partnering with the Medical Wellness Association is the invaluable introductions and connections I have made with other wellness industry leaders throughout the world. The communication and the sharing of both the successes and failures in the wellness industry are essential in the growth and maturation of the entire wellness industry worldwide. We all have so much to gain when we choose to share information with each other. As my grandfather used to say, “A rising tide raises all boats”. The wellness industry is still very young and with the reality of the serious difficulties and challenges of health care worldwide, dramatic growth for the wellness industry is virtually insured and will provide tremendous opportunities for every company.

**WHAT IS MEDICAL WELLNESS?**

Medical wellness is an approach for delivering health care that considers the multiple influences on a person's health. Accordingly, there are multiple options for treating and preventing disease. Further, medical wellness:

- Provides a balanced, appropriate application of wellness practices within the clinical setting that are based on evidence-based practices.
- Promotes a cross-disciplinary approach to patient care, based on informed consent and decision support between the practitioner and patient.
- Establishes a foundation for dialogue and collaboration between conventional and complementary practices with the primary goal of promoting optimal health and well-being.
- Promotes the development and application of professional standards for wellness practices across clinical practices.

MedicalWellnessAssociation.com

# Medical Wellness Summit 2006

Medical  
Wellness  
Association

## Leading the Integration of Medical and Wellness Initiatives

*Presented by the Medical Wellness Association*

December 10 - 11, 2006 | The Historic Omni Shoreham Hotel | Washington, DC

## Discover Medical Wellness - Finding Solutions, Making Connections

Come discover how medical wellness programs provide real solutions for today's changing health care environment!

Through our professional meetings, we provide an international forum for communication among medical and wellness professionals. Whether you are a physician, therapist, allied health medical professional or wellness practitioner, we offer solutions for the evolving healthcare environment. In Washington, DC, there is a sense of excitement for the upcoming meeting and networking with dedicated medical and wellness practitioners. Please join with us in our exciting third year in making the Medical Wellness Summit the most valuable networking event for our profession.



**Christopher Breuleux, PhD**  
Conference Chairman  
President  
Medical Wellness Association



**Robert Karch, EdD**  
Executive Director and Chairman  
National Center for Health Fitness  
American University



**David Pickering**  
President  
prevention/International Fitness  
Club Network



Co-located at Consumer Health World

December 11 - 13th, 2006

Omni Shoreham Hotel | Washington, DC



Come engage with delegates and faculty including leading medical, health care and provider organizations, wellness, health promotion and fitness professionals as we develop integrated strategies and programs to improve the health, productivity and well-being of employees and consumers.

**EARLY BIRD REGISTRATION ends November 10th, 2006!**

Visit [www.consumerhealthworld.com](http://www.consumerhealthworld.com) for more information & registration.

## Schedule at a Glance

### December 10, 2006 at the Omni Shoreham Hotel in Washington, DC.

17:00 The 2006 Medical Wellness Awards and Networking Reception at the Omni Hotel

### December 11, 2006, Omni Shoreham Hotel in Washington, DC

- 8:30 Opportunities and New Trends in Medical Wellness,  
Dr. Robert Karch, Dr. Christopher Breuleux and George Pfeiffer
- 9:20 The Future of Wellness/ 21<sup>st</sup> Century Solutions, Dr. John Munson
- 9:45 Integrating Medical and Wellness Programs, Dr. Richard Perryman
- 10:15 Value Based Health and Implications for Medicine, George Pfeiffer
- 11:00 Worksite and Corporate Wellness Programs, Moderator: Mary Alice Lawless  
Dr. Robert Karch, Dave Pickering, Kevin Clair and Garry Lindsay
- 12:00 **Performance Break**

### **Executive Round Tables**

- 13:00 Corporate and Commercial Wellness, Chair: Dave Pickering, Michael Samuelson and Jasmine Jafferalli
- 13:00 Wellness in Integrative and Complementary Medicine (CAM),  
Chairs: Dr. Roger Jahnke, OMD and Dr. Craig Steingraber
- 14:00 Developing Medical Wellness Centers, Chair: Chris Breuleux, Ed Buda and Molly Foley
- 14:00 Health and Wellness Coaching Models, Chair: Dr. Richard Perryman, Dr. Christopher Dennis
- 15:00 International Wellness Trends and Models, Chair: Dr. Robert Karch, Yvan Miklin, Muge Yücel
- 15:00 Hospital, YMCA and Community Wellness Programs, Chair: Ed Buda, Philip Haberstro and Robert Brosmer
- 16:00 Government and Public Wellness, Chair: Yvan Miklin, Anne Marie Connolly, Jasmine Jafferalli, MPH
- 16:00 University Wellness and Training Standards, Chair: Dr. John Munson, Dr. Robert Karch
- 17:00 Careers and Recruitment in Medical Wellness: Building Your Professional Career, Jenifer St.Clair-hpcareer.net,

### **Medical Wellness Summit Speakers**

**Robert Karch, EdD**, Executive Director and Chairman, National Center for Health Fitness  
**George Pfeiffer, MSE, MAWHP**, President, The WorkCare Group  
**Dr. Richard Perryman**, Director of Corporate Wellness, Health Coach Systems  
**Dave Pickering**, President, CEO of Preventure/International Fitness Club Network  
**Christopher Breuleux, PhD**, President, The Medical Wellness Association  
**John Munson, PhD**, Professor of Health Promotion University of Wisconsin-Stevens Point  
**Dr. Roger Jahnke, OMD**, Health Action  
**Dr. Christopher Dennis, MD**, Medical Officer, ValueOptions  
**Ed Buda**, Lakeshore Medical Fitness, Rush-Copley HealthPlex  
**Kevin Clair**, President, Health Solutions  
**Dr. Craig Steingraber, DC**, Summit Center for Health and Healing  
**Molly Foley**, MedX and Core Spinal Fitness  
**Yvan Miklin**, Aquila, President and CEO  
**Stephen Tharrett**, Club Industry Consulting, Inc.  
**Robert Brosmer**, COO YMCA of Central Maryland  
**Michael Samuelson**, Vice President, Blue Cross Blue Shield of Rhode Island  
**Garry Lindsay**, Partnership for Prevention  
**Mary Alice Lawless**, Healthy Company 2010, EverythingHealth  
**Muge Yücel**, Directing Manager, Teras Medical Wellness  
**Philip Haberstro**, Wellness Institute of Greater Buffalo and WNY  
**Jasmine Jafferalli, MPH**, East Bank Club  
**Jenifer St.Clair**, hpcareer.net



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[www.medicalwellnessassociation.com](http://www.medicalwellnessassociation.com)

# The Epidemic of Obesity : Balance

by Amy Blansit-Broadbent, MA

Each day more news headlines are reporting the affects of obesity: “More than Half of Americans Expected to be Obese by 2010.” “More than 25% of American Children are Obese.” “Colorado the Thinnest State.” “West Virginia Rated #1 in the Nation for Obese Children.” We have become passionate about our Nation’s weight gains and the epidemic of risk factors that follow. However, no solutions seem to be reversing the problem.

Many factors surround the equation of weight loss and maintenance; food intake, exercise, emotions, energy level, peer pressure, disease, metabolism, advertisement, digestion, hormones, quality of food, socio-economic status, medication, genetic influence, etc. The body’s resistance of weight loss is a primal, survival mechanism. A reduction in the food consumption stimulates the brain to elicit senses that increase the desire for food intake and a decrease of metabolism. Overcoming our survival mechanism is difficult and leads to failure of most

restrictive diets.

As health professionals working with the increasing obese population, it is important to recognize the many elements affecting clients and to be prepared to address each. Many obese clients live very sedentary lifestyles. Adding thirty minutes of moderate activity most days of the week may not be enough for every client. The difference may lie in the total activity throughout the day. Active individuals have an increased metabolism due to many subcategories that make up the total energy expenditure (TEE). TEE is comprised of basal metabolic rate (BMR), resting metabolic rate (RMR), digestion, daily activity and movement (shivering, fidgeting) gluconeogenesis, planned exercise, and cellular repair. Helping your client understand this may increase his or her success in lifestyle changes. (See Chart 1)

This chart can be used to help a client understand how daily activity and movement are as important as exercise. The calories expended do add up with parking further from the office, walking for five to ten minutes on a lunch break, doing household chores, and not watching two to four hours of continuous television most evenings.

Regardless of the factors your client faces, you need to be prepared to focus on the dietary, exercise, and psychological factors behind his or her weight gain and readiness to begin life-long changes for weight loss.

## Readiness to Start

Why is your client starting this program now? What is the motivation behind beginning; self motivation or that from a spouse or physician? Evaluate your clients phase of change. Is he or she in the precontemplation

phase, contemplation, or preparation phase. Precontemplators and contemplators may not be truly ready to start a new healthstyle of living to lose and maintain weight loss.

## Educational Needs

It is important to evaluate your client’s knowledge of diet and exercise. This can be done in a phone interview before meeting one-on-one or during your first consultation. Has the client been on previous diets? Is he or she educated in proper nutrition and exercise guidelines? Your client should understand the importance of eating for nutritional value and content of different foods instead of just cutting calories.

## Health Consequences

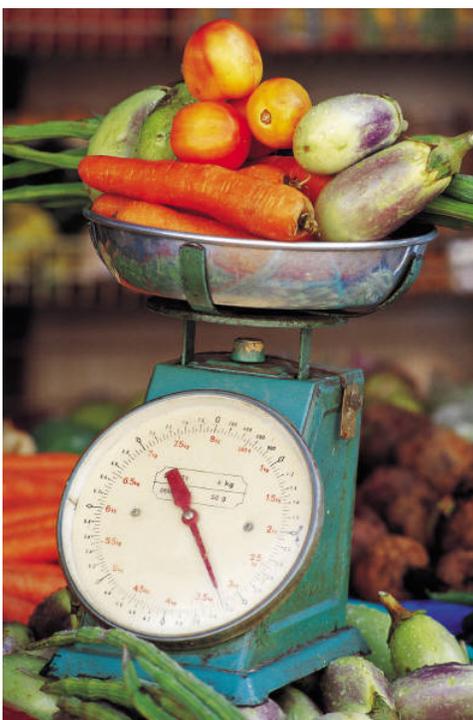
Before beginning a program, any client with risk factors should consult his or her physician. A brief medical history and current medication list should always be evaluated in the first consult.

In the first consult with any client there are several important questions that should be discussed. (These questions can be put into a form that can be sent to the patient prior to his or her first consult.)

“Why now?” What is the driving force that brought this client to your facility? Whatever the reason may be, this will have to be your focus for motivating the client. Make sure that the reason is healthy.

“What obstacles will you have to overcome?” Address stressors that will cause your client to have setbacks. Give him or her several ways to identify these stressors and remind your client to focus on the positive changes during stressful times.

“What changes will have to be made?” Address diet, time for activity, cost,



etc. Discuss how difficult these changes will be for your client and how he or she is preparing for these changes. Proactive behavior will assist in the success of maintaining changes.

“What will change as a result of weight loss?” What are the benefits to your client? Make sure that your client has realistic ideas. Provide other goals that do not center around weight loss on the scale. Focus on blood pressure reduction, medication reduction, smoking cessation, improved quality of life, etc.

Once you have established your initial evaluation of your client, and his or her readiness to make the necessary changes, your next step is to help your client create balance. Wellness coaching has become a recent catch-phrase for sales boosters and new businesses. A coach is a cheerleader, a motivator who is educated in the field and motivational to the client. As the coach to your obese or overweight patient, you must help him or her evaluate their schedule and coach them to find times of activity. Examples can be as simple as walking to another coworkers office or desk instead of calling on the phone, taking a two to five minute stretch and walk break every hour, walk or bike the neighborhood, park the car further from your destination, and most importantly, turn off the television or computer at home and be active with family or friends.

Accountability is a large part of the balancing scales. Most clients who join a dietary or exercise program have success as long as he or she is in the program. Once the weight is lost and the client drops out of the program he or she immediately loses accountability and 60% begin to regain the weight. Making sure your client understands this is important for success.

As the coach to anyone contemplating weight loss, it is your job to analyze these many factors for your clients

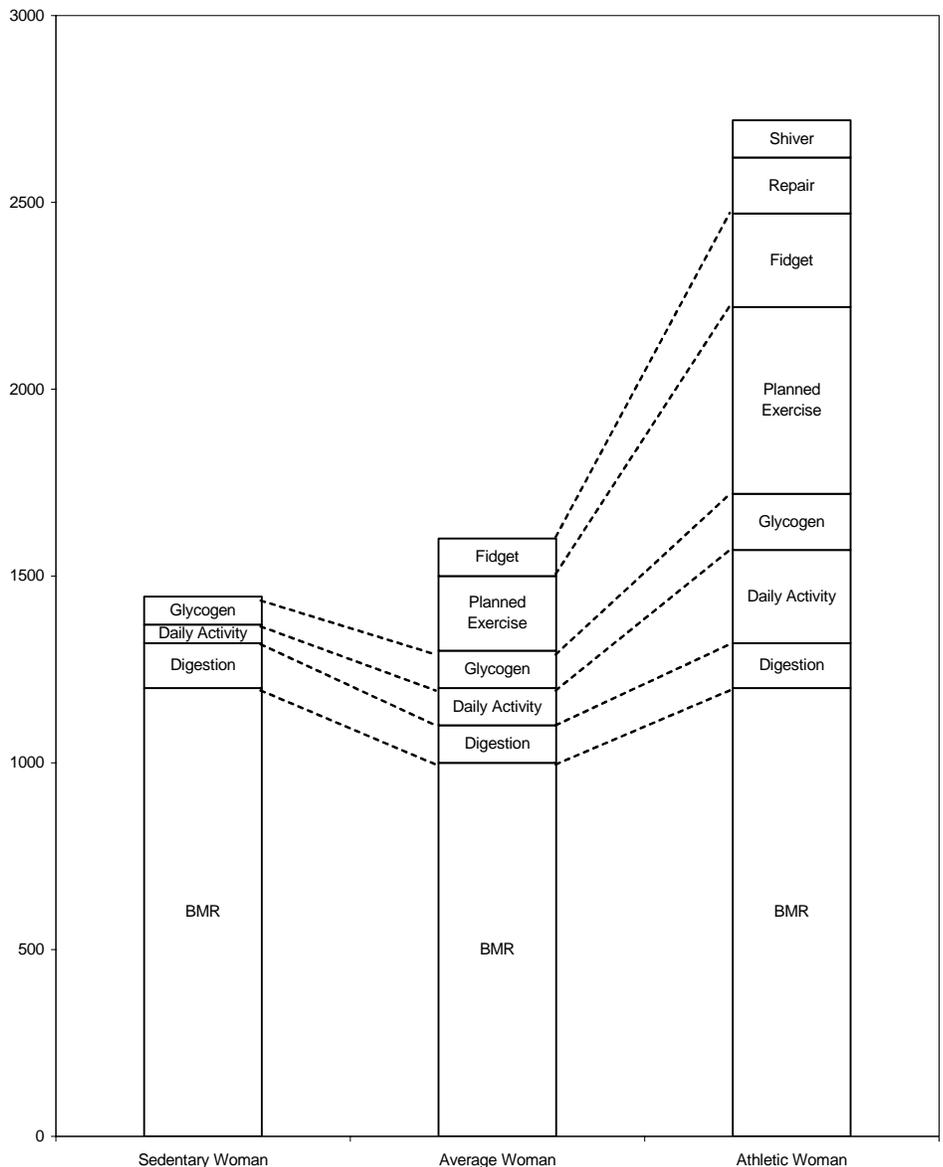
and help them make life-long adjustments for continued weight loss and maintenance.

The final step to assisting with change and balance with weight loss is determining the point to sever the relationship of coach-client. At some point every client will need to have the skills and education to make healthy choices on his or her own. This does not mean that your client should stop attending your gym or facility, but he or she should be able to make healthy deci-

sions for weight maintenance on his or her own. It is always recommended to maintain the relationship and be open for appointments when setbacks are discouraging to the client.

*Amy Blansit, MA is coordinator of Hammons Heart Institute's New Images Weight Management Program; coordinator of St. John's Bariatric Exercise Consultation; and Founder/President of American College of Wellness.*

Subcategories of Metabolism



# Corporate Wellness and Consumer-Driven Health Care

Over 75% of health care expenditures in this country are spent on treating chronic, preventable, diet and lifestyle conditions (1) while employers, who currently provide 74% of all health insurance benefits in the US, experience 15-20% increases in premiums annually. How long will employers put up with this trend? How long will it take to see a change in attitudes and to move towards a mind-set of self-responsibility and health care flexibility? Undoubtedly, market forces will make this transformation inevitable and will propagate the “health care revolution” at all industry levels.

The first phase of this revolution was the development of consumer-driven health plans (CDHC), which enable insurers, employers and employees to create better, and more self-responsible ways to deliver care. This new model of health coverage places control over costs and care directly in the hands of employees, while generating a surge of innovation that increases productivity, reduces prices, improves quality and expands choices. For practicing physicians it means very high deductibles (\$1000-\$2500) will be in place for most of the population and that success in the future will depend on creating new profit centers and means of reimbursement in their practices.

## The wellness concept and the attitude of self-responsibility

Recently, there has been an explosion of interest in corporate wellness programs ranging from onsite health assessment program and fitness facilities to web applications featuring health risk assessments and disease state management programs. Of course, all of this has been prompted by more than a decade of increased care insurance premiums, with corporations bearing the brunt of that responsibility significantly hampering corporate growth and survival. One such example is, General Motors, an icon of American corporate economic stability, announced recently

that they were facing possible bankruptcy related to out of control employee and retiree health care costs.

Wellness programs packaged within major medical plans often miss the mark in that they focus on driving the user to more “medical care” and therefore medical plan utilization. That's often the last thing employers' want. What is needed is a tool and a support system of like-minded health professionals that can teach, coach and inspire employees become more self-responsible and less dependent on their health plans by learning and being supported in doing more for themselves. Initiatives to reshape the American outlook on health are currently focusing on rewarding accountable employees and their families for living healthier lives. For example, incentive-based preventive solutions are now being promoted where employees accrue credits towards their high deductible plans when they change their high-risk behavior or improve their functional biomarkers, thus benefiting the responsible employees and their dependents. The approach is simply to turn health care “cost-shifting” into a long-term health responsibility strategy.

### 1) Entitlement or self-responsibility?

With the majority of health insurance coverage in America being provided through employer-sponsored plans, these entitlement programs have set the tone for what we experience today in terms of a lack of personal responsibility in health maintenance and disease prevention. With the majority of costs coming from diet and lifestyle related conditions, or as one author has termed, “Diseases for Dummies”, meaning that there is an overwhelming amount of information available to virtually everyone to prevent these conditions from occurring, the focus has moved to better diet and lifestyle coaching.

What these, and their related costs are finally leading us to, is an examination

of entitlement benefits and their perpetuation of the “fix me in spite of myself” attitude. Moreover, it necessitates a new look at industries such as the voluntary benefits market and programs like HSA's and FSA's where individuals have an incentive to become or remain responsible for their diet and lifestyle choices, and where corporations are not forced to make decisions that weaken their growth potential. A recent study found that approximately 84% of all health expenditures for a large company were accounted for by roughly 14% of the employee population (2). Simply stated, an attitude of entitlement in health care is dangerous in terms of what it implies to an individual who otherwise would be forced to make better choices. Health *insurance* will quickly become exactly that, *insurance* against something unforeseen and unpreventable, not the “spending-account” it has become.

### 2) Does corporate wellness work?

Currently 62% of companies offer wellness programs, resources and information to their employees (source: 2005 SHRM Benefits Survey Report) (3). Most of these however have been poorly organized attempts that have almost always backfired because the corporation was not prepared to “fulfill” the need that was created as a result of the wellness efforts (cholesterol screenings leading to increased pharmaceutical costs associated with a spike in statin drug utilization). Again, the dilemma of whether to outsource or insource this undertaking has hold the interest of employers and insurance entities. Onsite medical-care, cafeterias, fitness centers, and other wellness programs may not provide the same efficiency and optimal intervention that a specialized provider could offer.

Perhaps the largest obstacle to the implementation of a wellness program is the question of whether it will work. A principle at work here is that behaviors that are continually reinforced are du-

plicated. By teaming employees with a wellness partner this continuous reinforcement brings results in terms of measurable improvement in health and, if an HSA installed, a growing HSA account balance.

Wellness does not simply mean an absence of any defined disease, but rather a state of contentment. Certainly, we are long way from this being the predominant "state" in most corporate cultures because it requires the establishment of a system that addresses health in an education-based format designed to inspire individuals to do for themselves which no doctor, nurse or prescription can ever do for them. A shift to this more self-responsible, wellness-based form of health care is logical, necessary and now driven by significant market forces that make it inevitable.

### **3) Are the consumers interested in taking a responsible approach towards health care?**

Drawing on a study Conducted by Blue Cross and Blue Shield Association the answer to this question will be yes. More than 60% of American consumer have looked up information that helped them taking a proper treatment decision. The majority (94%) of those who have not searched (40%) said they would in case themselves or other family members needed medical care (4). Some people feel comfortable about doing the research on their own; others need their' doctor assistance.

It is very important to be willing to put the effort in getting informed about your own health care because the research process shows not only responsibility but also the desire to cooperate when it comes to treatment. Therefore a patient who is well prepared can ask pertinent questions from their doctor and will end up being a satisfied customer.

Most individuals (70%) use the Internet as their basic research tool, but a significant percent talk to their medical care provider as well (60%). It follows that

well documented customers are the most responsible and the happiest ones.

### **4) What is the future of corporate wellness?**

The principal market-driver in health care is Corporate America. The future of corporate wellness, including the wellness of an employee's family members, is a promising solution to the current health care crisis. If necessity is the mother of invention, then there is no better time to reinvent the health care system from the ground up. The foundation of any corporate and family member wellness initiative must be greater personal responsibility combined with authentic education and an action-based, results-oriented wellness program. Performance measured in performance improved and by linking individuals to those who understand and live this conceptually, the change will propagate in both form and substance.

Web-based wellness companies are constantly asked to deliver more "content" for corporations, and many oblige. However, the content without context only gets us chaos and confusion. Simple, actionable steps and individual relevance is the approach, which will lead the revolution toward a more self-responsible corporate culture.

### **5) How do Physicians get in the game?**

Currently 83% of all self-insured companies expect to have a CDHC plan in place in the next three years, forever changing insurance reimbursement, as we know it (5) (imagine every patient having a \$2500 deductible).

Physicians offices and operations simply do not support a wellness model. They desperately need to expand their product offering to include those products and services that will reduce the risk factors that are the primary drivers of health care costs. These services are focused on interventions such as weight loss, biomarker assessments, exercise therapy, chronic inflammatory conditions, smoking cessation, cardiovascular

risk reduction, etc... requiring physicians to obtain comprehensive wellness training and to be aligned with a web-based corporate wellness portal to support their endeavors in corporations in their communities. The addition of a Physical Therapist and/or dietician as part of the integrated team is an additional strategy that makes the process much easier here as well if the PT/dietician are also wellness-focused.

### **Conclusion**

A move to a more self-responsible and integrated form of health care is logical, necessary and now driven by significant market forces that make it inevitable. This approach is essential in reinventing this country's health care system from ground up. Forward-thinking physicians *with appropriate training* are well-positioned to become key "Corporate Wellness Providers" in this emerging area of health care when properly trained and equipped for the demands of this market.

### **References**

- 1) Hoffman C, et al. JAMA 1996;276:1473-1479
- 2) US Dept. of Health and Human Services AHRQ pub. No. 06-0060 June 2006
- 3) 2005 SHRM Benefits Survey Report
- 4) BC/BS Association Health Issues publication March 24, 2005
- 5) Kaiser Family Foundation/Health Research and Educational Trust "Employer Health Benefits, 2004 Annual Survey" (historical data); Forrester Research Inc.

### **Richard Perryman**

Dr. Perryman is the Director of Corporate Wellness Initiatives for Health Coach Systems, an organization dedicated to training and supporting the next generation of health practitioners interested in making a real difference in today's health care system.

# Medical Wellness in Western Europe

We all try to do something for our health, whether it is watching our diet, working out or looking for stress relieving aspects. Throughout the past few years in Europe, the European Union, wellness and health reforms have been on the daily agenda. Generally said, Europe can be divided into two clusters. There are the few countries with health insurance companies that provide their beneficiaries full coverage on everything and there are the other countries with health insurance companies which provide only major coverage with limited or partial beneficiary responsibility.

To illustrate just an example of how Medical Wellness is becoming more and more a part of our European life, I will focus on Germany. Health insurance companies in Germany pay mostly the treatment of illnesses. That is why nearly 400,000 physicians are focused on indication and diagnosis of sickness and the treatment of these. The physician receives his salary from the claims that the health insurance pays for the treatments of sicknesses. Health conscious people that would like to get more information on changing their lifestyles to Medical Wellness only find few physicians that are capable of providing an all-round knowledge base. It is easy money to stay within the ranges of whatever the health insurance pays. Medical Wellness service, though, is something that falls into private pay. These individuals are very particular and selective when they look for the professional advice and successful treatment. Only qualitative competent physicians dare to enter a new sector by improving their knowledge into different competences. This is why existing Medical Wellness programs and services are limited. Nevertheless, the profit goes to wellness operations since they market everything with the "Wellness" terminology. Taken in account the criteria from the Medical Wellness

Association, the German Medical Wellness Association (Deutscher Medical Wellness Verband, short DMWV) has created a catalog of criteria for the professional "Medical Wellness" Operations. This way the treatments and offerings are qualified and block out "Black Sheep" in this sector.

Having given an overview of the German health system, it is noticeable that Germans paying high dues to their insurance companies are used to receiving their treatments for free. These individuals are for the most part not interested paying extra for consultation or treatments or even medication. Conversely, the health reforms in Germany are asking the beneficiaries to take on partial financial responsibility. In order to market Medical Wellness as a professional service, it is important that all of items from consultation to treatment is incorporated into one package and does not reveal a false pretension that individuals pay on top.

In most the German speaking countries, the health spas are referred to as "bad". Rehabilitation centers and resorts have been in Germany for ages now, and ever since, health insurance companies have been paying for the retreat, also called "Kur", to "bad" health resorts. A Kur retreat to such a health resort can be defined as a treatment done after surgery, or to give a long-term relieve from chronic diseases. For centuries, Germans have been traveling to these health resorts and stay for a few months for wellness therapy. Unlike in the past, health insurance companies do not always cover Kur retreats like they used to and no longer pay full coverage.

Bearing in mind the health reform changes and the aging of the population, Medical Wellness is gaining more and more recognition primarily in tourist resorts. Thus, a new era in the health tourism begins. Since people

could not find support from their insurances for a "Kur" anymore, they started utilizing the getaway vacation time to treat their health and body. Wellness and SPA centers in many tourist hotels have boomed in the last couple years by providing massages and various other treatments for relaxation. Asian type "Feel-Good" treatments swapped over to many European countries. The concept of health resorts now are being implemented in some of the tourist hotels, treatments provided are done by a health specialist termed with Medical Wellness. Not all the time is the health specialist certified. In Europe, it is unlawful to recommend a type of therapy following a diagnosis, if not done by a physician. There are very good examples of tourist and wellness resort hotels, where these concepts were implemented professionally.

Given this merger of the health, wellness and tourism industry many exciting new possibilities are presented. Certifications and training specification programs provide wellness professionals the opportunity to sell and market products belonging specifically to the Health and Tourism industry. TI Medical Wellness has redeveloped this concept of wellness therapy, vacation and holiday. TI is also offering consultation to hotels and resorts who want to implement Medical Wellness programs and services.

**Deutscher medical Wellness Verband (DMWV)**

**Müge Yücel, TI Medical Wellness**



## Prevention of Type II Diabetes in Children

A study published in the *Archives of Pediatrics & Adolescent Medicine* has identified regular exercise participation as an important factor for adolescents with Type I Diabetes who are trying to regulate their blood glucose levels. The study analyzed data accumulated between 1997 and 2004 from over 19,000 patients (9,140 girls and 10,003 boys) between the ages of 3 and 20 who had been diagnosed with Type I Diabetes. Physicians recorded specific information about each child such as HbA1c levels (a reflection of an individual's control of blood glucose levels over the past two to three months), frequency of physical activity, age, weight, and height. The children were then divided into three groups dependent upon the frequency of physical activity: zero times per week, one to two times, and three or more times per week. They were also placed into three age groups: 3 to 8.9 years, 9 to 14.9 years, and 15 years or older. The results of the study indicate that children with less physical activity had higher HbA1c levels than their more active counterparts. In addition, when researchers controlled for BMI, sex, dosage of insulin taken by the patient, and the length of time the patient had Type I Diabetes, the level of physical activity remained one of the most important factors associated with blood glucose control. A concern related to physical activity for individuals with Type I Diabetes has always been an increased risk of severe hypoglycemia. The results of this study showed that physical activity did not influence the number of patients who experienced hypoglycemia or hypoglycemia with a loss of consciousness. The authors concluded that, regular physical activity should be recommended in patients with type 1 diabetes mellitus. Regular physical activity results in better control of glycemia, including a lower HbA1c level and, in female patients, lower BMI. The risk for severe hypoglycemia is not elevated in pediatric patients with a high frequency of regular physical activity.

*Archives of Pediatrics & Adolescent Medicine, 2006.*

## Wellness Businesses For Healthcare Professionals

by Leslie Nolan

Healthcare professionals see the value of preventive care every day. However, frustrated by treating patients whose problems could have been avoided, many feel that managed care ties their hands. Starting a wellness-related business offers a financially and personally appealing alternative. Financially, wellness businesses offer the best of both worlds as many clients will happily pay out-of-pocket for beneficial services, and insurance reimbursement for physician-prescribed services and programs. Personally and professionally, these businesses make a difference in the lives of individuals without the compromises often required in traditional healthcare environments.

Wellness businesses run by healthcare professionals have a special advantage in the eyes of consumers. Consumers often perceive healthcare and wellness professionals as more credible than fitness professionals. These businesses are more likely to capitalize on interesting new technologies targeting the consumer market by the medical industry. They are better-positioned to reach special populations largely overlooked by general-purpose wellness centers or traditional health clubs. Existing networks of other healthcare professionals give them a running start in building a customer base. Scientific knowledge about managing the effects of aging continues to grow, and these businesses are also well-placed to authoritatively blend new findings into their products and services.

**Action:** Starting a customer-focused business presents new challenges for medical and wellness professionals.

**1)** Decide on your overall business approach. One approach is to offer an integrated program that solves a specific problem or targets a specific goal. An example would be integrating nutrition, physical activity, and psychological support to help cus-

tomers lose weight. Provide a menu of professional services available through physician referral—for example, nutrition, stress management or counseling.

**2)** Customer service matters. Focus on "serving customers", not "processing patients". A doctor's office may be able to get away with requiring patients to fill out forms on a clipboard on every visit. Customers, on the other hand, will challenge your office's inefficiency since other service-providers they routinely deal with have automated many of these processes. They will not accept poor scheduling and they expect *you* to adapt to *their* needs, not vice-versa.

**3)** Customers want collaboration. Many consumers will not appreciate a highly directive approach, one grounded in "do this because I said to" or "what you need to do is...". They expect a collaborative approach based on identifying what's important to them and working with them to developing useful plans to reach their goals.

**4)** Sales and marketing are not optional. You'll need to think about sales and marketing activities that as a healthcare professional associated with a hospital or medical practice you probably gave very little attention to. For example, how will potential customers know that your business even exists? Since repeat customers are often the most profitable, how will you encourage customers to return again and again? Billing and collections are no longer centered on the insurance reimbursement process.

**5)** Assess your team's skills carefully. Select the business staff as carefully as you select the wellness staff. Relevant business management experience is more important than clinical experience when it comes to areas like sales, marketing, billing, and collections. We advise against hiring friends and confirm their credentials and experience history.

# Solving the Healthcare Crisis One Person at a Time

By Molly Folley, MedX.

Our healthcare system is under scrutiny. Doctors are concerned as reimbursements continue to decrease while their malpractice insurance rates have skyrocketed. Patients aren't happy for a multitude of reasons—high insurance premiums, long wait times, rushed visits, and a general consensus of being treated like numbers instead of human beings.

It's up to us, health and wellness professionals, to save our healthcare system. As more and more physicians prescribe exercise rather than a handful of drugs, amazing things will happen. Think about it from a different perspective. If every doctor, nurse, chiropractor, physical therapist, personal trainer and exercise physiologist convinced 10 people, who were not currently exercising to begin a program would have significant impact and benefits.

We desperately need common sense to be applied to the health care decision making process. Insurance companies need to truly understand what we have known for years: Exercise is most effective for treating obesity, diabetes, back pain, arthritis, hypertension, hyperlipidemia, and many other conditions. Exercise has also been shown to help decrease the risk of Alzheimer's Disease, osteoporosis, breast and colon cancer, heart attacks and stroke. Aerobic exercise may be just as effective at treating mild to moderate depression as the standard anti-depressant medications.

So how do we make a difference?

Develop programs that are solutions to these problems and market them extensively in your community. Equally important is developing a long-term maintenance program and forging a relationship with a quality health and wellness program.

**Wellness and health promotion are the key!** If you are not adding a wellness component to your practice, find a wellness center or fitness club where you can refer your patients for long term maintenance. Start planning, promoting and marketing medical wellness services. The exciting part is that we will all play key roles and we can make a difference—one person at a time.

## References

American Journal of Preventive Medicine, March 2005.



# The Maturing Wellness Market

Based upon a study conducted by American Sports Data, health club membership for individuals over 55 years of age is expanding faster than any other demographic. What has traditionally been thought of as a place for the younger generation, health clubs are now catering more to the middle-aged and older adults, specifically those over 55 years of age. IHRSA reports that individuals over 55 years now comprise nearly 25% of all gym memberships. When compared to 1987, when 1.5 million gym members were older than 55, the numbers from 2003 show a staggering growth in membership from this demographic to over 6.8 million members. Continuing this trend, 2005 demographics reported 10.2 million members 55 and older. This trend illustrates the fact that the baby boomer generation understands the importance of physical fitness and how regular exercise participation will allow them to maintain their independence as they age. The importance of health, wellness and fitness facilities targeting this population is underscored by the fact that nearly 60% of these members have never been in a health club. Initial consultations and orientations to wellness and fitness include programming focusing on muscular strength, flexibility, muscular endurance, balance, coordination, agility and power. As this population continues to seek expert advice and knowledge related to health and fitness, the demand for qualified medical wellness professionals will continue to grow. Certified professionals and medical practitioners can provide the necessary programming for these individuals as they look to improve specific deficiencies or improve their overall health.

## References

1. American Sports Data, 2005
2. International Health, Racquet and Sport Association, 2006
3. Medical Wellness Association, 2006

# CLINIC REVIEW

## THE BARIATRIC CLIENT: POST-SURGERY NEEDS

By Amy Blansit-Broadbent, MA

Although bariatric surgery procedures have increased to nearly 170,000 in 2005, the effectiveness seems to be only short term. Studies evaluating the short and long term weight loss success/failure rates (failure defined as patients losing/maintaining less than 25% suggested weight loss.<sup>2</sup>) have shown nearly 40-50% failure rates.

The techniques and safety are continually improved, yet nearly 20% of surgeries have complications and need to be revisited. According to O'Brien et al., the success rate for long term weight loss is 50-60% at ten years post surgery<sup>1</sup>. Other studies show gastric banding surgeries have almost 40% failure rates in maintaining weight loss at seven years post surgery.<sup>2</sup> Suter et al. go as far as concluding "with a nearly 40% 5-year failure rate, and a 43% 7-year success rate (excess weight loss >50%), Laparoscopic gastric banding should no longer be considered as the procedure of choice for obesity."<sup>2</sup>

Why the failure? Each person receiving this surgery needs education, support and motivation concerning dietary changes and increased physical fitness. Many bariatric surgery centers are just now offering psychological, dietary, and exercise consultations pre and post surgery. Many support groups have also emerged to help pre and post surgery patients answer questions and provide emotional encouragement.

Medical wellness centers have a great opportunity to attract these patients and assist in improving the success rate. The bariatric client has additional needs than that of traditional fitness center member. Education on slow progression is recommended; beginning with water

aerobics, recumbent bicycling, NuStep, or other non-weight bearing exercise. As the client's weight decreases, weight bearing exercises should be added. The minimal amount of recommended physical activity; three days of thirty minutes at a moderate to brisk pace; is a standard starting prescription for these clients. Breaking the time into shorter sessions throughout the day is also recommended. Interval training has become popular with bariatric clients as well. Heart rate monitoring with this population is very effective. Using age predicted heart rate for aerobic exercise (65-85% heart rate maximum) helps define aerobic levels for a population that find most physical activities very difficult. Exercise professionals must consider the strain 100-150+ pounds of excess weight causes on an individual's workload and perceived exertion. Many morbid obese people will reach maximal heart rates with a brisk walk, especially if incline is utilized.

Resistance training for improving lean muscle tissue and increasing resting metabolism is also vital to the clients success rate. After surgery, bariatric patients have a loss in daily caloric intake by as much as 2000 to 3000 calories. With dramatic caloric restrictions protein from muscle mass is often utilized as an energy source. Many bariatric clients who do not follow dietary recommendations of consuming proper amounts of protein in their diet, coupled with failure to add resistance training, experience a decrease in lean tissue; thus, decreasing their resting metabolism. Most post-surgery programs recommend adding two to three days of resistance training beginning with concentration on each large muscle group. Slow movement through a full range of motion will help prevent injury in this mostly sedentary population.



If the client is not receiving dietary education related to pre/post physical activity from the surgery center, then it is very important for exercise professionals to be educated in the carbohydrate, fat and protein needs for this population. Exercise needs to be completing within one hour pre or post feeding. To avoid having blood sugars drop, moderate paced activity is most effective with this population. If a client is having difficulty with energy levels, light-headedness, or other signs/symptoms of exercise intolerance, recommend a dietitian who has education and experience with bariatric clients.

Finally, if the client is not having success at weight loss, make sure psychological triggers and behaviors are being addressed. For lifelong success, these clients need to add daily activity, proper eating habits and lifestyle changes. A surgery is not a magic pill for weight loss. All three aspects of weight loss must be provided to decrease the poor success rates.

### References:

1. O'Brien, Paul E.; McPhail, Tracey; Chaston, Timothy B.; Dixon, John B. [Obesity Surgery](#), Volume 16, Number 8, August 2006, pp. 1032-1040(9)
2. Suter, M.; Calmes, J.M.; Paroz, A.; Giusti, V. [Obesity Surgery](#), Volume 16, Number 7, July 2006 p. 829-835(7)

*Amy Blansit-Broadbent, MA is the coordinator of Hammons Heart Institute's New Images Weight Management Program; coordinator of St. John's Bariatric Exercise Consultation; and Founder/President of American College of Wellness.*

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# *Johns Hopkins Bayview Medical Center*

## *Bayview Fitness and Wellnet Center*



### *Program Review*

**The Johns Hopkins Bayview Fitness and Wellnet Center** is a comprehensive, on-site fitness and wellness facility, managed by Health Solutions Services, Inc., a Baltimore headquartered provider of national wellness and fitness center management programs. This Center provides an ideal setting to promote healthier lifestyles to the employees on the Johns Hopkins Bayview campus. The Center, which opened its doors in 2003, offers a wide variety of fitness and health improvement programs and services that address the mental, physical, emotional, and environmental issues that affect the everyday lives of the employees. The programs are designed to empower employees to achieve an optimal level of health and to create a healthy work environment and culture.

**Program and Services:** The Bayview Fitness and Wellnet Center offers health improvement programs that include acupuncture, mammography screening, smoking cessation, stress management, walking initiatives, weight management, and yoga. Fitness assessments, group exercise classes, personal wellness profiles and consultations, health screenings, personal coaching sessions for individuals who are at high risk for heart disease, educational seminars, health fairs, a resource library, and monthly newsletters are services that the Center provides to the employees of Johns Hopkins Bayview. All programs and services are provided by certified and experienced instructors.



**Highlights:** The Bayview Fitness and Wellnet Center received the Business & Industry Award for being the number one Wellness Program in the country for hospital-based programs.

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