



# GLOBAL BENEFITS VISION

Knowledge & Wisdom for Global Employee Benefits Professionals

06

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## DR LEENA JOHNS, MD

**CHIEF HEALTH & WELLNESS OFFICER**  
*MAXIS Global Benefits Network*



Dr Leena Johns is Chief Health and Wellness Officer at MAXIS GBN and heads the MAXIS Health & Wellness team. The team is responsible for global healthcare data analytics and workplace wellness solutions, collaborating with MAXIS GBN's local insurance partners around the world and the global employee benefits leaders at multinational clients.

Through the suite of dashboard reports created by Dr Leena's team, multinationals can better understand the performance of their medical plans around the world, gathering trends and insights that can help them support their people's health and address their biggest cost drivers.

She created MAXIS Global Wellness, a curated marketplace of centralised digital global wellness solutions for multinational employers to address these cost drivers. She joined MAXIS in 2014, is based in New Jersey and is a medical doctor.



# **INTERVIEW**

## **DR LEENA JOHNS**



**Global Benefits Vision (GBV):** *When coming up with the topic for the 2024 MAXIS Health & Wellness report, what made you pick the three factors of industry, culture and gender as areas to delve into?*

**Dr Leena Johns (LJ):** Our report deliberately focuses on industry, culture and gender because of the significant impact these factors have on health outcomes and experiences, and consequently on medical claims. Despite their substantial impact, these three factors are frequently overlooked in the development of health plans and policies, resulting in ineffective mitigation against their role in health and wellness.

Let's take a quick look at these factors individually...

**Industry.** The impact of industry, and different types of roles within industries, on disease prevalence is frequently disregarded when formulating wellness plans and employee benefits programmes. Each industry will face a different set of conditions or factors which impact health outcomes for employees, and the nature of different roles within an industry also has a huge impact on health. For example, are employees sat at a desk all day long, working a more sedentary job? Or are they out and about doing a more manually taxing job?

While traditionally a one-size-fits-all approach to employee benefits has been adopted, it's clear that this contradicts the unique health and wellness risks faced by employees in different industries. Our data highlights an increased risk of developing certain diseases among employees in specific sectors, yet policy design often fails to adequately address these disparities. This discrepancy is why industry was one of the factors I chose to explore as part of our report.

**Culture.** Culture, with its accompanying geographic and genetic implications, is inextricably linked to health and wellness. Cultural practices can influence beliefs, behaviours and access to healthcare services, significantly impacting health outcomes. Communication styles also differ across cultures which can influence the doctor-patient relationship: some cultures may value a more collaborative approach to decision-making while others may defer to authority figures, highlighting the importance of considering cultural factors within healthcare.

As well as this, certain ethnic groups are at a higher risk of developing specific diseases as they often share versions of genes, making them more susceptible to genetic conditions. Understanding all of this is crucial to delivering effective care tailored to the specific needs of diverse populations.



**Gender.** The final area we looked at that is often dismissed when designing preventative screening tests is the role of gender in influencing disease. Men and women are affected differently by disease. Our data shows that women are disproportionately affected by adverse reactions to medication and often face delayed diagnoses compared to men, even in cases where a timely diagnosis is critical to survival and a positive health outcome. Women are also disproportionately affected by inflammatory and certain autoimmune conditions. On the other hand, men may not be offered diagnostic tests for conditions like osteoporosis which are considered to primarily affect post-menopausal women, but can still impact men in older age.

By delving into these three interconnected factors in more depth, our report aims to shed light on how they impact health outcomes and drive medical claims, ultimately advocating for a more holistic and inclusive approach to employee benefits.

**GBV:** *What would you say is the overarching key takeaway from the report?*

**LJ:** Historically, attributes like the colour of our skin, where we are from, our age, ethnicity and religion, and even our jobs, have been considered as significant dividers of people. In response to this, and in an effort to provide healthcare that is free from discrimination, employers have adopted a one-size-fits-all approach to employee benefits.

However, this is where numerous healthcare programmes and wellness plans fall short: with people falling through the cracks. They fail to recognise the impact of these factors on health and wellness and in doing so, don't adequately address their role in shaping health outcomes

for employees. As a result, opportunities for early detection and targeted screening are frequently missed, and programmes are often not tailored to the cultural or gender-related influences on health.

Let me provide an example. Our data shows that the Middle East and North Africa (MENA) region has a higher rate of endocrine, nutritional and metabolic disease costs than any other region – nearly double the next closest. In addition to a genetic predisposition in its population, studies suggest that obesity, physical inactivity, urbanisation and poor nutritional habits have contributed to the high prevalence of diabetes and prediabetes in the region.<sup>1</sup> In this situation, both genetic makeup and culture have a huge impact on health outcomes, and an effective health and wellness programme would need to target these diseases directly in order to adequately care for people in the region.

Likewise, our data reveals that in Asia and the MENA region, mental health benefits are not as comprehensive as those in European markets, and even when these benefits are accessible, they are often underutilised. This could be because of societal attitudes towards mental health which can act as a barrier to seeking mental health services, even when they are part of an EB programme.

For me, the key takeaway is that employers must move away from this one-size-fits-all approach if they want to adequately address the health and wellness needs of their people, and should instead implement tailored EB programmes that align with the specific demographics of their workforce. Industry, culture and gender all play a huge and interconnected role, not only in shaping health outcomes but also in perceptions of health and illness. By customising benefits



## By customising benefits offerings, employers can truly care for their people while also achieving the return on investment and value on investment they desire

offerings accordingly, employers can truly care for their people while also achieving the return on investment and value on investment they desire.

**GBV:** The report outlines that per-member MSK costs rose by over a third between 2019 and 2022. What are the treatments behind MSK costs? Did the nature of the treatments change between 2019 and 2022?

**LJ:** Our data shows musculoskeletal (MSK) is the top cost driver globally, and there are many factors contributing to this escalation beyond the costs associated with advancements in technology or treatments for the condition. The shift to remote work post-COVID-19 has introduced new complexities and considerations for employees' MSK health, further amplifying the existing list of known causes such as repetitive tasks, using excessive force during work activities, exposure to vibrations, limited control over job tasks, psychosocial factors and other workplace environment issues.

Compounding this is the all-too-common story of inappropriate treatment, leading to unnecessary imaging and costly procedures that may not always be effective. Our data analysis indicates a significant increase in payments for diagnostic technologies like MRIs by 83% and CT scans by 162% between 2018 and 2022. Among the top five problematic areas, back issues are the most expensive,

with a 109% increase in back claims, closely followed by a 103% rise in knee pain claims. We have also seen a 122% increase in emergency health facility visits for MSK conditions during this period.

And multinationals should expect MSK to remain their top cost driver if the over-prescription of expensive diagnostic imaging, such as MRIs, continues, against best practice guidelines. In fact, MRIs performed very early in treatment may actually cause worse outcomes for patients as they can lead to more invasive and expensive procedures like surgery.<sup>2,3</sup> We also run the risk of overdiagnosis. For instance, imaging can result in incidental findings of issues that are commonly present for that person's age group, such as intervertebral disc degeneration. In these cases, the finding is assumed to be the cause of pain, and the patient is treated for the diagnosis which can cause more harm than good, particularly if it drives follow-on effects such as opioid prescriptions, spinal injections and surgery.

Our data also reveals that although medical innovation has meant that many inpatient treatments such as ligament repair and partial knee replacement have been moved to outpatient procedures, an option that is less invasive and requires less anaesthesia, we are yet to see this trend significantly shift globally.

MSK  
musculoskeletal



**GBV:** *Only a tiny proportion of paid claims were for mental healthcare. Could it be that some mental health conditions are re-labelled as other conditions such as MSK, as they are notoriously hard to diagnose?*

**LJ:** You bring up an insightful and significant observation. Although the reclassification of mental health conditions into different disease categories could occur, the motivation behind this might not solely stem from the challenges associated with diagnosis. Physicians might opt to re-label them with a different code that could be more favourable for payors in order to ensure coverage. This is largely because mental health coverage is still not as comprehensive in many markets when compared to its physical health counterpart.

Additionally, limited mental health coverage in some markets could lead employees to seek treatment for their physical symptoms, rather than addressing the root cause, resulting in costly diagnostic tests and investigations. During the pandemic years of 2020–22, we saw claims for cardiac symptoms (where individuals present with vague cardiac conditions such as palpitations) see a 58% jump in incidence and 78% increase in costs when compared with pre-pandemic data which could be indicative of underlying stress and anxiety issues presenting as physical health claims.

Although not every cardiac claim can be attributed to stress or a manifestation of a mental health condition, this notable rise in claims related to ‘cardiac signs and symptoms’ during the pandemic years is noteworthy, particularly in markets where mental health coverage was limited. And we see a similar story with claims for migraines too... this might initiate a cascade of costly diagnostic procedures and investigations, resulting in significant expenses for employers.

**GBV:** *Your data analysis revealed intriguing differences in how diseases impact healthcare costs between men and women. What strategies would you propose for employers to address this disparity?*

**LJ:** When it comes to gender, it really does feel like men are from Mars and women are from Venus! In the medical field, the benchmark remains the male body and there is a failure to recognise women’s physiological differences. Therefore, understanding the influence of gender is critical to understanding health. Gender-specific diseases exist, and women and men experience many diseases and disorders differently. This trend extends beyond ones that are commonly mentioned like heart attacks: women tend to receive diagnoses later than men across 770 different diseases, with an average delay of about four years. In cases of metabolic diseases like diabetes, women are typically diagnosed approximately 4.5 years later, while for cancer, the average delay is 2.5 years compared to men.<sup>4</sup>

Moreover, there is a disparity in treatment approaches for similar conditions between genders. Despite being more prone to chronic pain, women are less likely to receive adequate treatment. Within MAXIS data, healthcare costs for women surpass those for men, with over a 7% higher cost per female claimant. This discrepancy in treatment costs underscores various challenges faced by women, from experiencing more adverse drug reactions due to drugs predominantly being tested on men, to being diagnosed later, leading to more health-care complications until eventual diagnosis.

One of the key recommendations for employers is to recognise that gender-specific differences in diseases and health exist. Understanding this is critical to meeting employees’ needs, and employers need to make sure their people have access to gender and age-ap-



appropriate screening tools and prevention programmes. Employers can also play a significant role in supporting women's self-advocacy through wellness initiatives and education by providing educational resources, workshops and wellness initiatives specifically tailored to women's health concerns. These initiatives can cover topics such as reproductive health, menopause, breast health and gender-specific risk factors for various diseases. By increasing awareness and understanding of these issues, women are better equipped to advocate for their own healthcare needs.

**GBV:** *Prevention is key. Can you provide any real-life examples of health and wellness programmes being implemented as a method of prevention?*

**LJ:** Prevention and screening, combined with wellness initiatives, remain vital tools in the armoury of employers in supporting employee health and productivity. In recent times, there has been a tendency for employers to consider wellness programmes while overlooking the crucial impact of prevention and screening on reducing morbidity costs and mortality rates. It's important to recognise that solely focusing on wellness initiatives is insufficient: enhancing the uptake of screening and preventive tests is equally vital. Both elements must be integrated seamlessly into any credible employer-driven health programme.

At MAXIS we equip multinational clients with tools and resources that empower them to assess the potential impact of enhanced screening strategies on their workforce. This includes estimating the lifetime number of preventable deaths and forecasting reductions in morbidity costs. MAXIS also provides multinationals with globally accessible wellness programmes, which include resources such as comprehensive toolkits for office-based wellness campaigns,

and our wellness technology marketplace, which gives multinational clients access to wellness solutions offered through partnerships with third-party suppliers. This wellness technology marketplace has been meticulously curated and currently comprises vendors chosen to address the challenges and cost drivers commonly faced by our multinational clients' workforces, including critical disease, women's and family health, musculoskeletal and EAP.

Additionally, we have created two proprietary tools: a Wellness Intelligence Tool and an ROI calculator. The ROI calculator assesses the current per-member, per-year expenditure on a disease or condition and forecasts the savings to be made following the implementation of a wellness initiative addressing it. It factors in the required investment for the wellness programme, as well as the participation and success rates of vendor-driven programmes.

There are numerous success stories to share, including our work with a food and beverage multinational for their employees in Latin America and Asia Pacific. We helped



***We equip multinational clients with tools and resources that empower them to assess the potential impact of enhanced screening strategies***

### PMPY

Per Member Per Year

them to provide mental health initiatives after identifying gaps in their benefits structure and analysing claims data, revealing that 80% of their expenditures on chronic conditions was attributed to diabetes and back pain – conditions intricately linked to lifestyle and medication adherence, often impacting mental health negatively.

Acknowledging the unmet needs of their employees stemming from inadequate mental health coverage, we introduced a mental health programme in collaboration with one of our partners. This initiative led to 74% of callers seeking assistance for various mental health conditions associated with managing a chronic health condition. Research indicates that there's a strong link between patients with chronic diseases also experiencing depression and related mental health challenges<sup>5</sup>, and by implementing this initiative, we have been able to help provide support that addresses this directly.

Besides this, we have helped clients to address calls from employees on how to deal with bereavement, family/childcare, HR concerns, relationship strains, financial management and

personal development – areas where timely support would otherwise have been challenging to obtain.

In another instance, a pharmaceutical client stood out among its peers due to significantly higher rates of poor metabolic health conditions among its employees, which was revealed by our benchmark data. To address this, we recommended targeted intervention campaigns focusing on segments identified as high risk, or showing a rising risk, using our risk stratification analytics based on their claims data. This approach allowed us to pinpoint the at-risk population and tailor interventions accordingly. At the same time, we promoted healthy lifestyle behaviours among the low-risk group, emphasising weight loss and increased physical activity. As a result, we witnessed a reduction in claims related to metabolic disorders, with both frequency, incidence, and per member per year (PMPY) costs decreasing from US\$672-\$602.

These examples not only demonstrate the importance of prevention for employee health and wellbeing, but also the benefits for multinationals of taking a proactive, holistic approach to healthcare, and addressing the needs of their people head on. ∞

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