Letters to the Editor

Readers are invited to submit letters for publication in this department. Submit them to: The Editor, Journal of Occupational and Environmental Medicine, 605 Worcester Road, Towson, MD 21286-7834. Letters should be sent as hard copy with an accompanying diskette and should be designated “For Publication.”

“A Wake Up Call for Corporate America”

To the Editor: The avocation for “executive physicals” in your editorial “A Wake Up Call for Corporate America” suggests a true lack of understanding of the many issues cited in the editorial as well as the core science of preventive medicine.

In the editorial, the known cost-drivers of our nation’s ever-expanding health costs are well cited, as are the interventions. However, if corporations want to impact their workforce’s health cost, then 2 paths need to be pursued: patient sensitivity to health cost and low barriers to quality health care.

In many arenas, attempts are in progress to define the community healthcare environment as an open marketplace where the best products are embraced and those of poor quality or excessive costs are left on the shelf. Consumer-driven models continue to migrate toward creating an informed and interested consumer whose choices are many but employer-provided dollars are limited.

Lowering barriers to quality care involves identifying what defines “best practices” and create ease of use. Health plan contribution design can help steer the patient to optimal care and benefits. Proven preventive healthcare practices need the lowest barrier of use. However, programs that provide unnecessary, scientifically void testing protocols on a limited few (eg, executive physicals) promote high resource utilization as well as generate an artificial statement of a “gold standard” for corporate leaders. The medical value of excessive testing that is not targeted at a defined risk population is expensive and risky as a result of false-positives or –negatives.

Because ACOEM is the main standard bearer of preventive medicine, an editorial supportive of executive examinations is disappointing.

Gregory N. Larkin, FACOEM
Indianapolis, Indiana

A Response to the Letter to the Editor Addressing a Wake-Up Call for Corporate America Editorial

To the Editor: Dr. Larkin suggests our editorial, “A Wake-Up Call for Corporate America,” advocates for “executive physicals.” This is not the case. There is a brief section in the editorial titled “Executive Health and Well-Being,” but this section comprises less than 6% of the editorial content. This brief executive-focused section does advocate for a greater emphasis on a “behavioral model” executive physical in lieu of the “medical model,” which is the focus of most current protocols. Nearly all of the executive physical examinations conducted today provide a plethora of disease and/or normative data, but little in the way of ongoing stress management training, fitness coaching, nutritional counseling, and other much-needed behavior change programs and services that could enhance the health, well-being, and performance of the executive group.

Most of Dr. Larkin’s critique centers on the need for more effective employee education on healthcare costs and making quality, or best practice, medicine more readily available. He has no argument from the authors that these are important issues, but they remain a manipulation of an economically failing diagnosis and treatment system. We believe the most fundamental question is whether patient cost education and/or better access to best practice medicine will result in major commitment, and regular access to smoking cessation, stress management, behaviorally oriented weight management, better nutrition education, and similar prevention activities that can actually reduce risk and mitigate future needs for cost-intensive medical care. Until employees, employers, and the general population become motivated about behavioral health risk reduction and prevention, the medical care economic challenges will continue to intensify.

For these reasons, our orientation toward prevention as advocated in “A Wake-Up Call for Corporate America” is a direct challenge to fundamentally reduce the cost and human suffering associated with modifiable health risks. This call to action is well supported in the scientific literature, which extensively documents that individuals at low or no risk have medical utilization and expenditures an order of magnitude lower than those at high risk.1–4 We propose that this goal be achieved by: 1) proactive programs that motivate and assist employees at low risk to maintain their healthy status over time, 2) regular health assessment and proactive follow up providing easy access to targeted behavioral modification programs, and 3) disease management programs that address both clinical and behavioral risk to minimize future morbidity and premature mortality. This formula must be the basic foundation for the inevitable changes that will occur within the medical system, which certainly should include more patient education on medical care cost issues and easier access to best practice medicine.

The authors thank Dr. Larkin for reviewing our editorial and for his
timely critique that has enabled us to clarify our position.

R. William Whitmer, MBA
HERO
Birmingham, Alabama

Kenneth R. Pelletier, PhD, MD
University of Maryland School of Medicine
Baltimore, Maryland

David R. Anderson, PhD
StayWell Health Management

St. Paul, Minnesota

Catherine M. Baase, MD
Dow Chemical
Midland, Michigan

Gary J. Frost, PhD
Canyon Ranch
Tucson, Arizona

References


DOI: 10.1097/01.jom.0000106010.03083.25