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Global Benefits Vision

Knowledge & Wisdom for Global Employee Benefits Professionals

14 **Retire Vitally Conference Report White-paper, Workshop Reports, Interviews**
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24 **eHealth & Prevention Programs**
Dejan Malesic

44 **R&D: Work in the 'gig economy':**
A meaningful relationship?
Geneviève Shanahan, Mark Smith

48 **Seeing the Light:**
Using Light Intake to Boost Workplace Productivity
Hugo Starrsjo, Shira Jeczmien

52 **R&D: Inside the ransom business:**
Why kidnapping rarely pays?
Anja Shortland

56 **The Changing Landscape of Employee Benefits in India**
WBN Series
Alda Dhingra

62 **Talent Management in South Asia**
Ruchika Pal

34 **Interview**
Bruno Gabellieri AEIP

SEEING THE LIGHT:

Using Light Intake to Boost Workplace Productivity

Hugo Starrsjo, Shira Jeczmien
page 48

GLOBAL BENEFITS VISION
Knowledge & Wisdom for Global Employee Benefits Professionals

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Table of Contents

SEEING THE LIGHT:

USING LIGHT INTAKE TO BOOST WORKPLACE PRODUCTIVITY

HUGO STARRSJO, SHIRA JECZMIEN

PAGE 48

14 Retire Vitally Conference Report White-paper, Workshop Reports, Interviews
GBV

24 eHealth & Prevention Programs
Dejan Malesic

56 The Changing Landscape of Employee Benefits in India
WBN Series
Alda Dhingra

62 Talent Management in South Asia
Ruchika Pal

34 Interview
Bruno Gabellieri AEIP

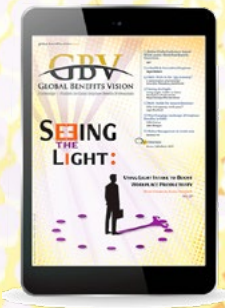
44 Work in the 'gig economy:
A meaningful relationship?
Geneviève Shanahan, Mark Smith

52 Inside the ransom business:
AWhy kidnapping rarely pays?
Geneviève Shanahan, Mark Smith

12 Upcoming Conferences and Events

13 Index of Articles

68 News



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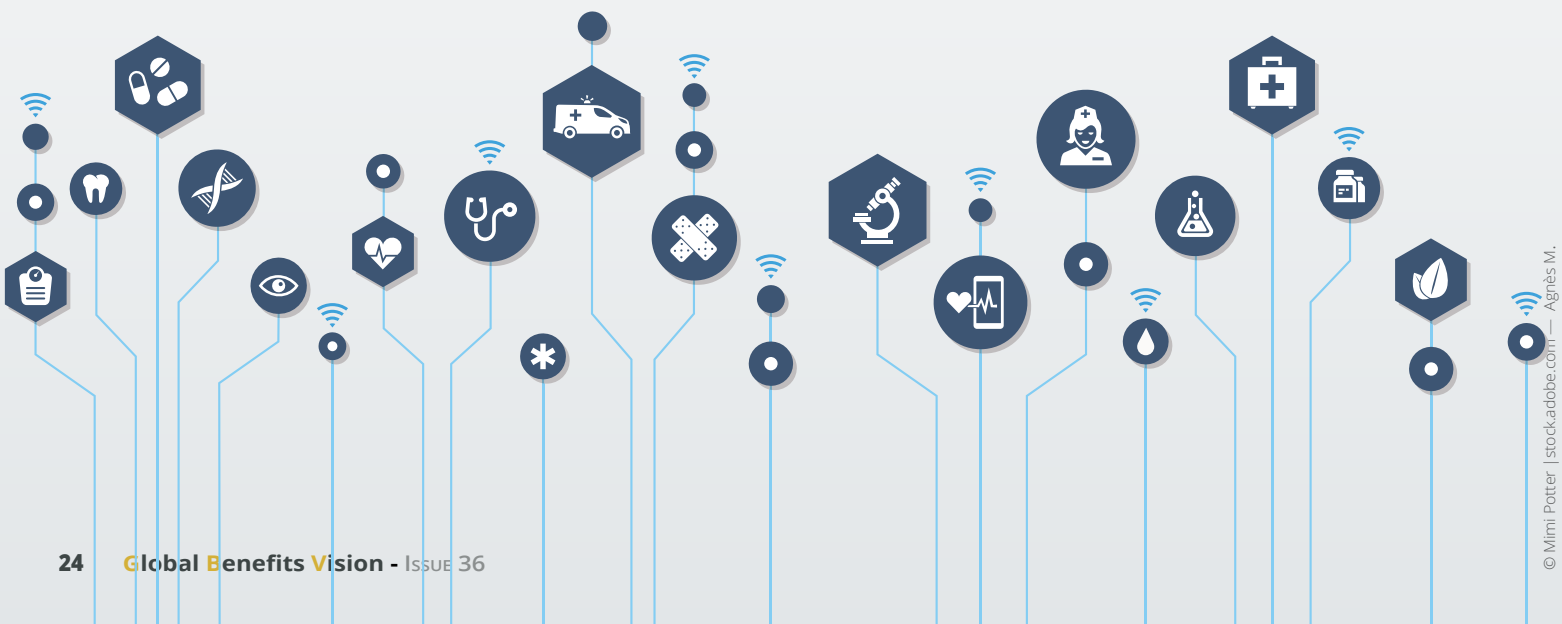
He is Senior Client Manager within International Department (in charge of RESAVER-Pan European Pension Fund, NATO DC Pension Scheme, Nestlé Middle East Plan, British Petroleum OFP, ...).

Dejan covers as well the role of the Key Project Manager for big international ongoing projects (pensions, insurance, global benefits network platform, healthcare) with advanced Project Management Skills.

Dejan is one of the leaders in definition of the business strategy, the marketing proposition development and clients provision with innovative solutions and services for the Previnet's European pension, insurance, healthcare and employee benefits business.

PAGE 24: *eHealth & Prevention Programs*

eHealth & prevention programs



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Dejan Malesic

I would like to share some insights with you about new innovative healthcare service design and how technological solutions (eHealth) can help address prevention matters.

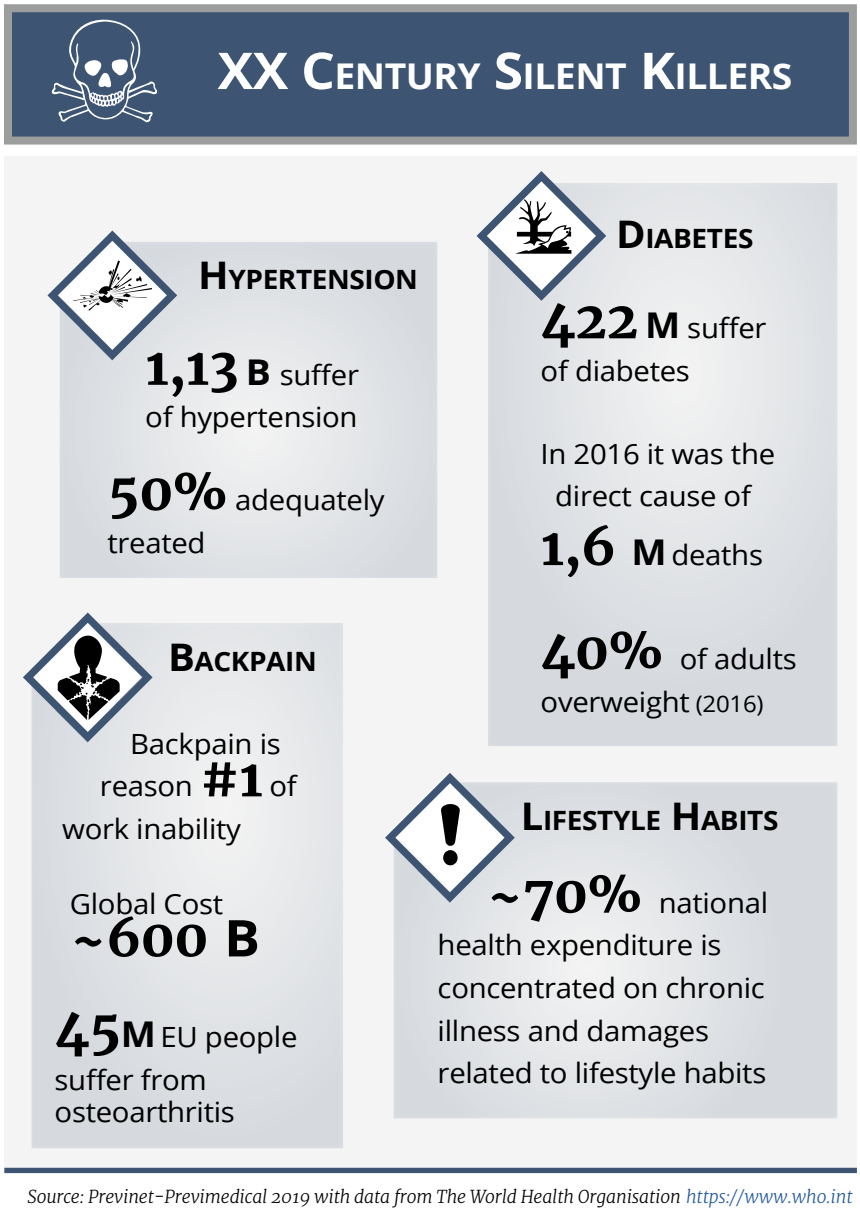
Two events that can lead to a bold transformation of the prevention process include:

1. The availability of large range of affordable medical IoT devices;
2. And, the use of technologies & advanced healthcare methodologies including Artificial Intelligence or Robotization.

Three main dilemmas on prevention that we are facing:

1. How to achieve cost effectiveness within the prevention process?
2. How can innovation and eHealth lead to an efficient prevention model?
3. What role insurance companies should play in the prevention process?

Let's start exploring some figures, which might seem trivial and well known to everybody, but if examined in more depth, they can appear very illuminating.



Source: Previnet-Previmedical 2019 with data from The World Health Organisation https://www.who.int

In the last 20-30 years the healthcare scenario has dramatically changed, due to phenomena like people giving up smoking, better environmental conditions, better nutrition, new discoveries on serious diseases and so on.

Basically, medicine is, most of the time, not a question of the saving lives, challenging chirurgical intervention or severe disease treatments, but has shifted to chronic diseases and modern life illnesses.

Many diseases today are linked to the asymptomatic silent killers, which in most cases remain unnoticed by the patient till a point when they become difficult to cure.

Examples are:

Hypertension: on global level 1,13 BLN people suffer from hypertension and only half of them are covered by adequate treatment. Blood pressure levels have been shown to be positively and continuously related to the risk of stroke and coronary heart disease. Keeping regular values of the systolic and diastolic blood pressure (Treating systolic blood pressure and diastolic blood pressure until they are less than 140/90 mmHg) is associated with a reduction in cardiovascular complications.

Diabetes: close to 0,5 BLN people suffer of diabetes. In 2016, an estimated 1.6 million deaths were directly caused by diabetes. Diabetes is directly linked to being overweight and the obesity phenomenon and is preventable. Diabetes can be treated, and its consequences avoided or delayed with diet, physical activity, medication and regular screening and treatment for complications. A healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use are ways to prevent or delay the onset of type 2 diabetes.

Backpain: is the number one reason for time off work. Lower back pain is a very common health problem worldwide and a major cause of disability – affecting performance at work and general well-being. It is directly linked to Lifestyle Habits.

Lifestyle Habits: A key fact is the impact of inadequate Lifestyle Habits on people's health on a global level, and therefore, could also be a chronic illness. Please note that 70% of the global health expenditure is concentrated on chronic illness and damage related to lifestyle habits. The role of the prevention is crucial in particular with relation to LifeStyle habits, where with consistency and improving personal habits, it is possible to significantly impact one's during different stages of life. Therefore, the prevention actions provide a direct benefit to people and also reduce health expenditure.

Now, let's have a look at the traditional healthcare biases.

Traditional Healthcare System Biases

Disease Bias

Asymtomatic silent killers Vs heroic medicine

Defensive Reactive Medicine

Data Bias

Poor data amoung clinical encounters

Lack of patient follow up and constant monitoring

Knowledge Bias

Lack of patient awarness

Understimation of prevention and life habits' impact

Funding Bias

Expenditure focused on classical disease

Services not focused on benefit for patiens care

Source: Previnet-Previmedical 2019

Where the future of Medicine is directed: Public Survey key facts

72% of italian citizens like to have more controls over decisions concerning their health (lack of controls)

40% of italian citizens autonomously search info on their own health. They look for advisoring and alternative standpoints exploring web & social channels (lack of informations)

60% of italian doctors recommended at least once the usage of connected health medical devices

77% of italian citizens considers their practitioner as a pivotal source of informations, but wish to have a different contact point with them (lack of interaction)

68% of italian citizens are willing to use connected health devices if recommended the practisioner

Source: Previnet-Previmedical 2019 with data from the Wired health 2018 survey.

Disease bias: A current healthcare model is more focused on Defensive Reactive medicine than on prevention aspects. Asymptomatic silent killers create relevant health issues to people on global basis. But these health issues are preventable by using the appropriate prevention strategies.

Data bias: A global issue is poor, or lack of data phenomenon in medical centres. Unfortunately, in most of the countries health data registers are still not centralised and this highlights a lack of patient follow up and constant monitoring.

Knowledge bias: Patients are usually unaware of the risks involved with the bad lifestyle habits, therefore, there is an overall underestimation of the prevention importance and the impact of lifestyle.

Funding bias: The expenditure is addressed on classical diseases (Defensive Reactive medicine) and focus is on the general medicine model and not on the real needs of the patient. Also, the economical sustainability of the traditional healthcare model is hardly attacked.

What is the direction that modern medicine is taking? I will comment on some main findings of a public survey performed in Italy in 2018.

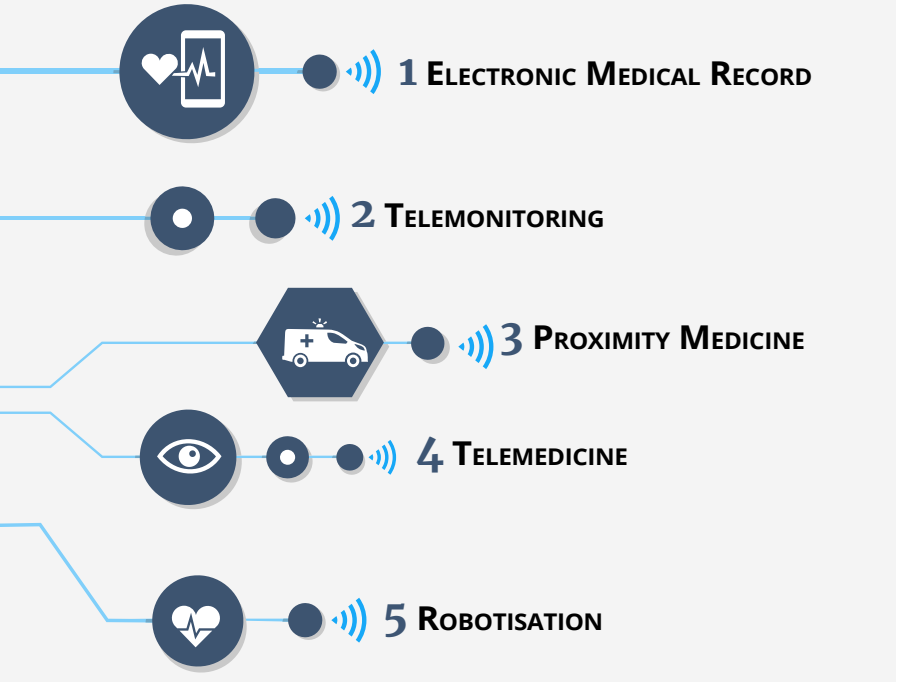
Lack of proper information: Italians actively search on the internet and social networks for advice and alternative medical standpoints. However, this is done in a completely uncoordinated manner.

Lack of control: Italians like to have more control over decisions concerning their health.

Lack of interaction: Italians consider their practitioner as a main/pivotal source of information, but they would like to have more interaction with them (through different channels).

Willingness to move versus the new health-care model: As the practitioner has a pivotal role in Italy, citizens would like to use connected health devices, but only if recommended by the practitioner. A good indicator that there is a change in course is a fact that 60% of Italian doctors recommended (at least once) the usage of connected health medical devices.

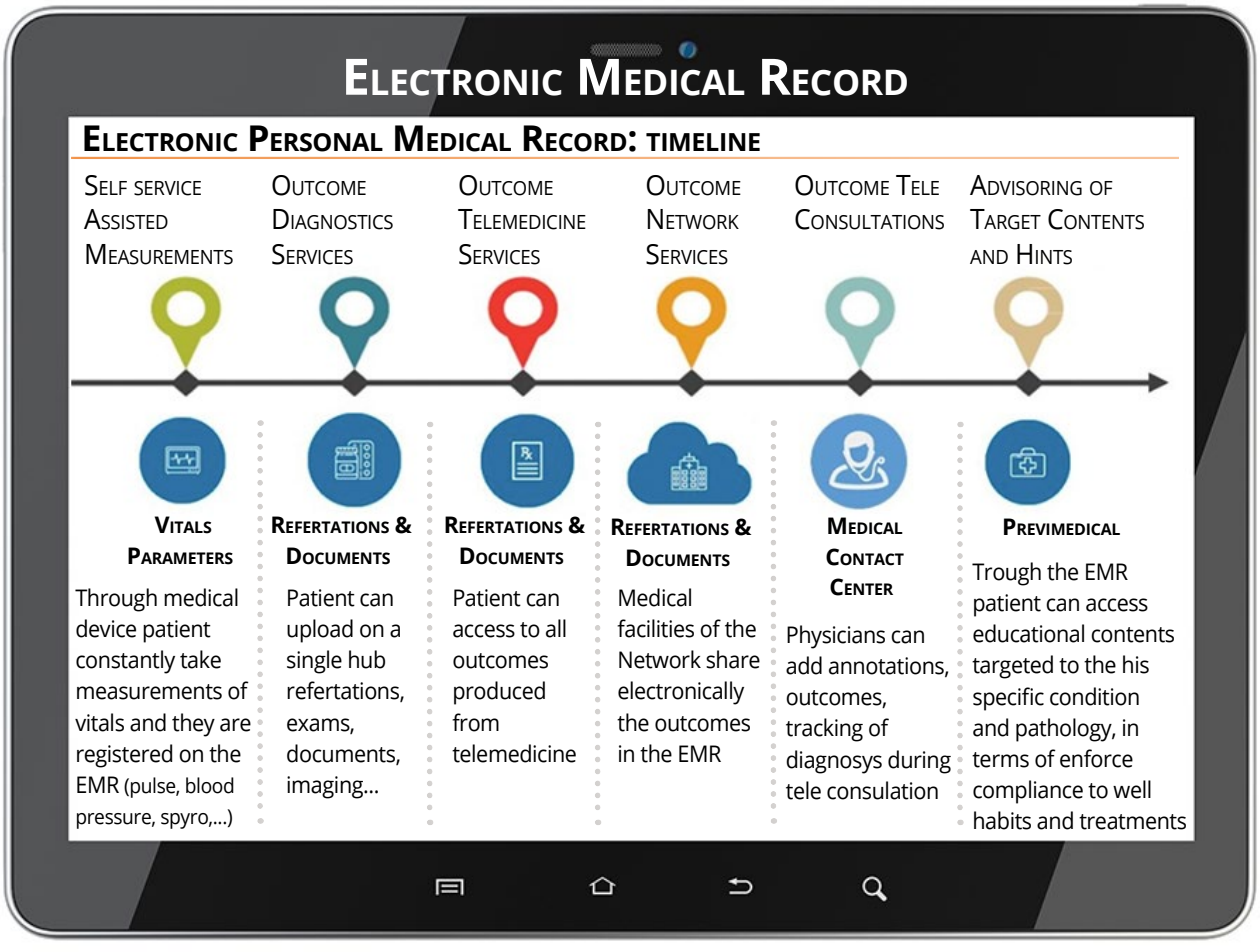
A new eHealth based model: the ecosystem



Now let's move onto the new eHealth model.

One of the main things that digitalization radically transformed is the complete reversal of the point of contact between users and services. The combination of cheap IOT medical devices, technology, and telemedicine procedures is enabling this reversed approach between patients and healthcare services.

Practitioners now have constant access to patient medical data and have tools (thanks to the artificial intelligence) to monitor only that data which are relevant for that patient.



Source: Previnet-Previmedical 2019

Within the eHealth model, the key service is the Electronic Medical Record: a central repository of all healthcare data.

Patients can use a toolbox of self-service medical devices in order to constantly monitor those vitals which are registered on the **EMR** (blood pressure, pulse, spirometry…).

Patient can upload exams, referrals, and documents within a single hub and can also access all outcomes produced from telemedicine.

The results of the **EMR** are available for consultation to all involved physicians, who can add annotations and track the diagnosis during tele-consultation.

One can access the educational content targeted to patient's specific condition and pathology through the **EMR**, in order to enforce awareness and compliance with good habits and treatment.

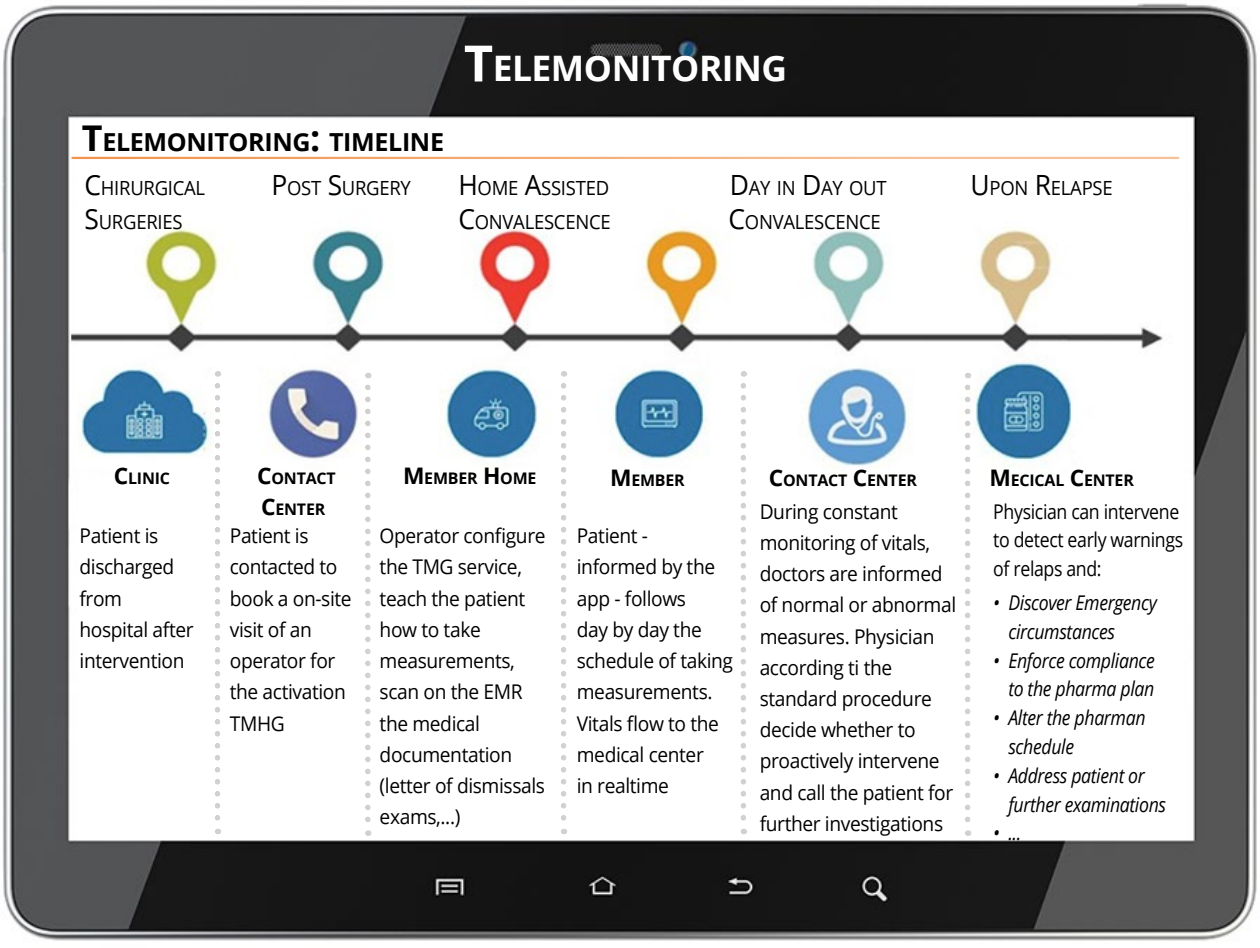
After a hospital intervention (e.g. surgery intervention), the patient is discharged from hospital and it is contacted by the contact centre to book an on-site visit of a healthcare operator for the activation of the Telemonitoring service.

A healthcare operator configures the Telemonitoring service, provides a brief training to the patient on how to take measurements and scan on the Electronic Medical Record (EMG) the medical documentation (exams of the patient, letter of discharge…).

Patient performs the measurements on a daily basis, following the App's instructions. These measurements of the vital parameters are transmitted to the medical centre in real time.

Within the medical centre, there is in place a constant monitoring of the vital parameters and doctors use appropriate tools (powered by Artificial Intelligence) which will inform them

EMR
Electronic Medical Record



Source: Previnet-Previmedical 2019

in case there are some abnormal values of the vital parameters. In that case, according to procedures, doctors/physicians might decide to intervene and call the patient for further investigations.

Physicians will intervene also in case of early warnings relapse detection and can:

- *Discover emergency circumstances*
- *Enforce compliance to the pharma plan*
- *Alter the pharma schedule*
- *Address patient to further examinations*

Telemedicine & Proximity Medicine is a health-care service which can be provided at home, or at the nearest ambulance station, sometimes also in the pharmacy. It can be applied both for diagnostic and for rehabilitation.

Patients book a diagnostic/physio service at home through the contact centre.

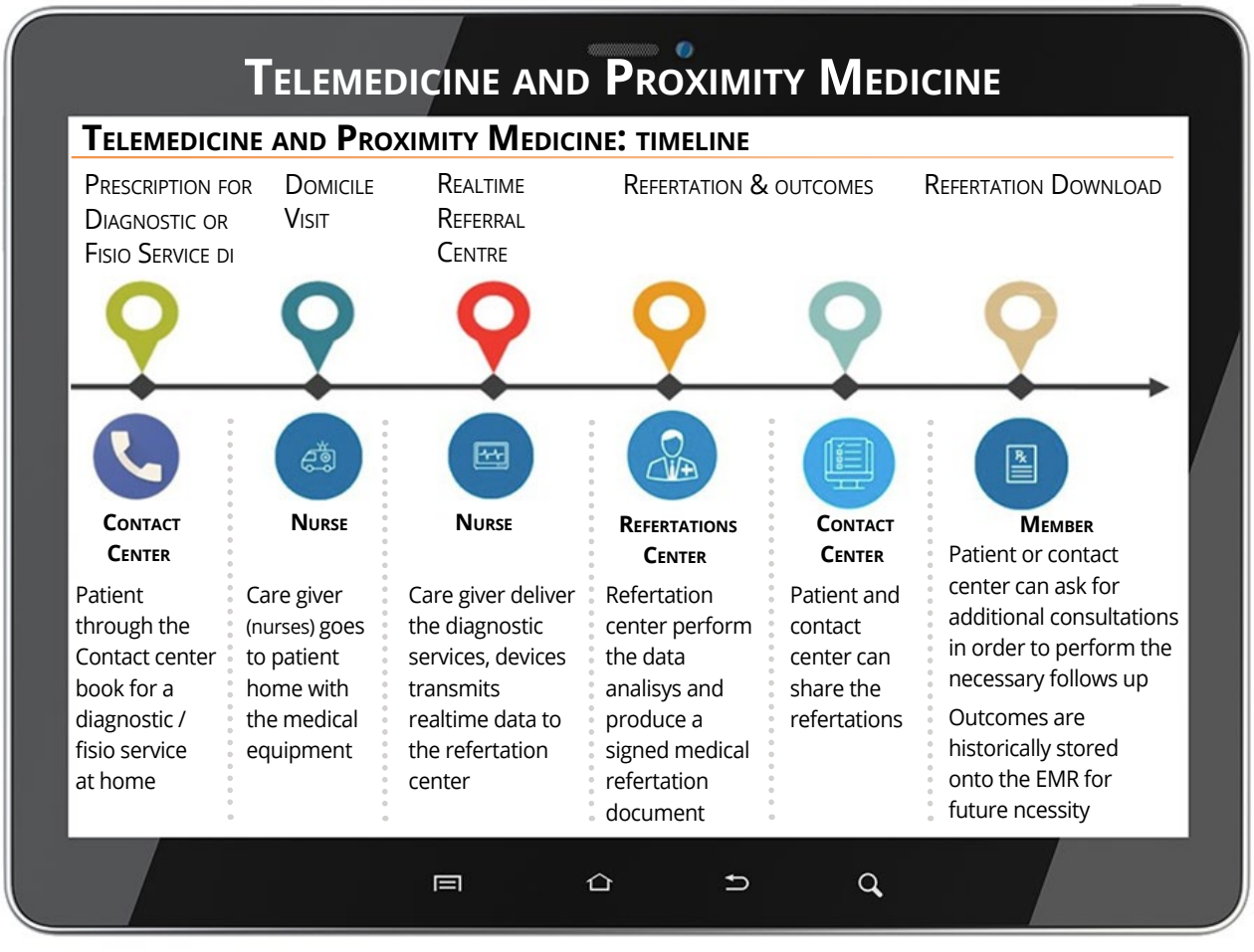
Healthcare operators (nurses) go to patient's home with the medical equipment, deliver the diagnostic services through devices which transmits real time data to the medical centre.

The medical centre performs the data analysis and produces a medical referral document signed by physician which can be shared through Contact Centre service.

The Patient, or contact centre, can ask for additional consultations in order to perform the necessary follow-ups.

Outcomes are historically stored onto the **EMR** (Electronic Medical Record).

Proximity medicine is extremely well perceived in terms of safety and confidence of being assisted whenever and wherever you



Source: Previnet-Previmedical 2019

are. Very relevant is to get rid of the traditional bottlenecks and long queues in hospitals and medical centres. And last but not the least is the money saving aspect (as the patient does not need to travel to reach the medical centre). There are very relevant savings of money thanks to proximity medicine.

The patient can ask for a video consultation specifying to the health operator his/her symptoms.

The health operator will open the case.

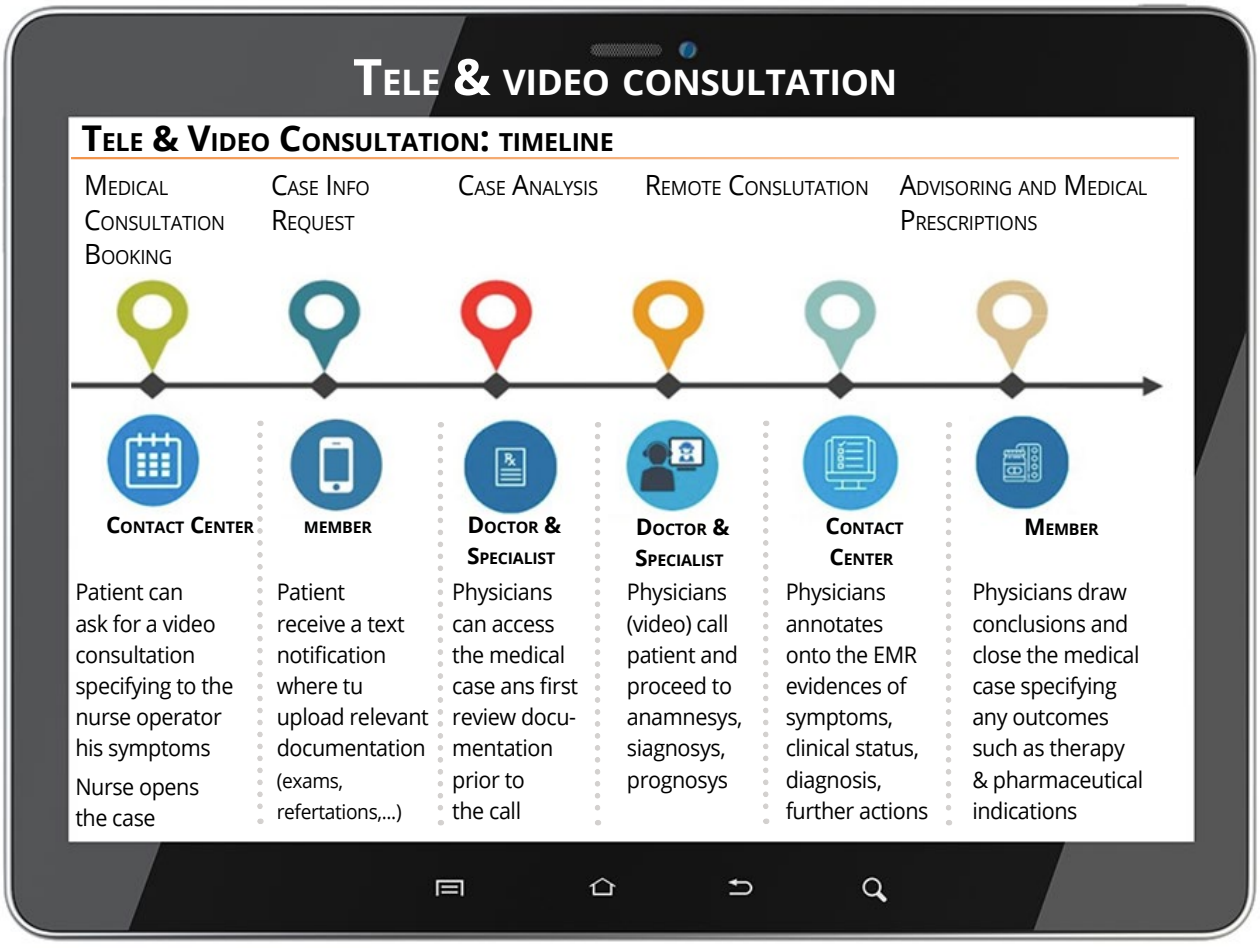
Patient will then receive the text/email message where to upload the relevant documentation (exams, referrals).

The physician can access the case and perform the first review of docs prior to the video call.

The physician calls the patient and proceeds with the anamnesis, diagnosis, and prognosis. (anamnesis = info gained by a physician by asking specific questions of a patient).

The physician then logs onto the **EMR** (Electronic Medical Record) with evidence of symptoms, clinical status, diagnosis and then recommends further actions.

Physician makes conclusions and closes the medical case specifying any outcomes such as therapy & pharmaceutical indications.



Source: Previnet-Previmedical 2019

WHERE DOES BIG DATA WE USE COME FROM?

You can see the list of medical-grade wearables (devices) we use to gather the relevant data. These devices, with AI, could create predictions based on an employee's daily biometrics.

Due to the level of miniaturisation of medical devices, we are basically going to have a real laboratory and diagnosis equipment connected to our smartphones.

Like with all digital activities, taking measurements is also by nature replicable and easily repeated: you can take many more tests yourself and this strongly boosts the effectiveness of healthcare prevention.

The key point, in order to make the AI more effective, is to gather every single data chunk for future usage and to have as large as possible number of patients under observation.

The insights extracted from this massive survey of Big Data will be used by physicians to further train AI.

For AI to be truly "*intelligent,*" it needs to become more effective with experience. AI requires large amounts of data for optimization and medical-grade remote monitoring technologies that continuously stream patient data. These medical devices provide constant connectivity combined with the capability to collect clinically accurate, medically verifiable data.

Source: Previnet-Previmedical 2019

Artificial Intelligence techniques applied to large masses of medical data allows us to predict those patterns and circumstances where patients are more exposed to some risks and diseases.

KEY TAKEAWAYS

A. Reversed approach between patients and healthcare services.

This is enabled through a combination of IOT devices, technology and telemedicine. Physicians have constant access to medical data of the patient and have tools (thanks to AI) to monitor only data which is relevant to that patient.

B. Central Repository of medical data is a key: Electronic Medical Record

C. Large masses of medical data applied to a huge population is required for the effectiveness of the AI model.

In presence of a huge quantity of medical data, more inferences can be performed, therefore better conclusions can be made. The most valued quality of AI is its ability to dynamically learn and improve over time.

D. AI does not replace the role of the physician, it improves it (physicians using the AI techniques will replace most of those who do not in the next 10-15 years).

E. Cost effectiveness of preventative healthcare

By investing in the prevention healthcare, relevant savings can be achieved. This is a win-win strategy for all stakeholders involved. For example:

- *Patients will significantly reduce travel expense costs and will receive better service*
- *Employers will benefit from employees (users of the eHealth service) who are happier and more engaged. Employers will reduce their expenditure as well.*
- *At national level, acting on prevention aspects, people will be more healthy. Therefore, expenditure will be reduced and more resources will be available for other priorities.*

F. Prevention programs within all healthcare plans

Our policy is to include the prevention programs within almost all healthcare plans. We believe that it will be an overall trend within healthcare insurance industry.

G. Flexible business model connected health

Possibility to define some vertical bundles oriented to determined health issues (e.g. hypertension, respiratory syndromes, metabolic syndromes). Within health plan packages, it is possible to make different combinations with devices for self-measurements and tele-consulting service.

CLOSING REMARK

The choice regarding our health is simple: either invest a relatively small amount (which may be covered 100% by insurance) in order to stay in good health or pay a huge amount later to treat the disease that is bound to eventually affect people. As AI collects individual patient's data and begins to learn how patients react differently to feedback, it can begin tailoring feedback so that it's personalised and predictive. Such feedback is the foundation upon which a preventive healthcare system is built. ∞

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