

Safeguarding the C-Suite: Building an Executive Health Maintenance Program

As made clear by this week's [death of former Fiat Chrysler CEO Sergio Marchionne](#), who had suddenly stepped down just a few days before because of complications following surgery, business leaders' health is a serious and looming issue for any company. The trend of a graying C-suite makes it imperative that organizations do their best to safeguard the health of top executives in a way that is accessible, flexible and effective. To help understand what steps enterprises should consider to do just that, RANE spoke with [Dr. Daniel Carlin](#), CEO of [WorldClinic](#). Highlights of the discussion follow:

The Scarcity of Time — and Abundance of Stress

It's not a surprise that busy corporate executives' schedules and doctors' office waiting rooms don't mix well. C-suite executives — like many high net-worth individuals — are focused on the value of their time, **Dr. Daniel Carlin** says. "They tend to prioritize tasks over their health. So you're dealing with someone who has a **unique health risk: They don't have the marginal time to deal with their health.**" Busy executives, he adds, "literally can't wait six weeks" for a doctor's appointment, and a one-size-fits-all healthcare model that lacks a high degree of user-friendliness only adds to the challenge of caring for such demanding individuals.

At the same time, hard charging corporate executives lead daily lives that can pose particular health problems. "You compound it with travel, episodic stress, sleep disruption, and a CEO who is super mobile," and you have the makings of **increased risk factors for heart disease**. Sleep, or the lack of it, can have profound effects on an executive who travels across two or more time zones.

How Organizations Are Meeting the Challenges of Executive Healthcare

Many organizations take one of the following approaches to executive healthcare:

- **Hands off:** The first, which is less and less common these days, is to do nothing and hope for the best. "Unfortunately, they get the disasters."
- **Annual checkups:** "Now, it seems like the bare minimum standard is an annual executive physical, a one-day check-in on the executive's health." Such a healthcare regimen is a positive first step, and might include a cardiac stress test on a treadmill, which is "a pretty good screening tool for heart disease," **Carlin** notes.
- **Intensive monitoring and preventative medicine:** At the higher end of executive healthcare maintenance programs are comprehensive, one-day exams connected with a concierge medical service, along with an available 24-hour ER primary care outfit. "You ID all the points of risk — hypertension, obesity, borderline diabetes," **Carlin** says. "If you add to that a concierge medical service with doctors available 24/7 who continuously track those risks, it's possible to use that as part of a health and longevity plan."

Once preventive points of risk have been identified, **a health-maintenance program is put into place** that includes such elements as medications (like a statin, for instance), recommended diet changes, and detailed follow-up meetings with a nutritionist or other specialists.

“Highly motivated people are much more compliant than the average individual” when it comes to following a healthcare regimen, **Carlin** points out. “You can literally watch it happen — their blood pressure will drop, their blood-sugar will improve. They then come back a year later and their numbers have completely changed, and so has their life span.”

Key Questions When Thinking About Executive Healthcare

Carlin suggests that organizations looking to develop or evaluate an executive health-maintenance program begin with a few questions:

- Does the organization have an **objective baseline assessment** in place for executives once a year? This concerns issues often covered as part of primary care, including blood tests.
- Does the organization have an **on-call physician and care team** in place to coordinate primary care and respond to any crisis or acute situation?
- Does the executive have a **personalized prescription kit** for travel? Most urgent-care issues, such as food poisoning, can be treated with a personalized medical kit used under medical supervision, **Carlin** notes.
- Is the executive’s **travel schedule being shared with a medical care provider**? This allows for real-world response in the event a patient needs to visit a hospital or other care facility, **Carlin** notes. “Do you have a destination resources list? Credible hospitals, in case we get sick in Kathmandu.”

“We actually put an app on the executive’s phone,” **Carlin** says of his company’s approach. “When they call in, we can geolocate them. In Buenos Aires, we can say, ‘You’re 11 blocks from the hospital where they speak English.’”

Building an Executive Health Monitoring Program

In **Carlin’s** view, a coordinated program is the “absolute best model for executive travel care — **the concept of an on-call doctor, a medical kit, and medical records on file with the doctor’s group.**” Most importantly, if the executive has to go to the ER, he or she is able to be treated with a complete medical history at hand.

While large companies may have the resources to provide such personalized care in-house, many mid-sized firms may neither possess the budget nor the sophistication to run such a program. Another option is to find local medical providers to build a 24-hour concierge health care provider.

It is essential that any medical service is staffed with actual people. “We want to make sure the executive doesn’t get a phone tree or voicemail,” **Carlin** says, especially as that phone call is being made “at a moment of concern or anxiety.” “You have to make sure someone is picking up the phone — no later than the second ring.” That phone call might also be via FaceTime and Skype. “In other words, if someone broke their wrist or developed a skin rash, they can now launch an app and begin a video call on the spot.”

Daniel Carlin sees a clear correlation between the health of a company and its executives. “When it goes bad, it has a huge effect on shareholder value,” he says, noting the drop in share price of railroad giant CSX after its 73-year-old President and CEO, Hunter Harrison, died just two days after the company announced that he would take a medical leave in December 2017.

For the average person, health is “very easy” to monitor, **Carlin** says. But to keep tabs on and coordinate care for executives on the go, it might require having them wear a vital signs monitor that clips on to a fingertip and pairs with a smartphone.

The ROI of Executive Healthcare

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“Most executives are north of age 50. Most board members are north of age 60. Those are really the ‘healthcare years.’ Boards are going to have to do it better than they’ve done before.”

Organizations will “just have to change the existing healthcare model” for their executives, he says, making it easier to change appointments, incorporating technology and understanding that bringing healthcare to the C-suite means being “always on the lookout for, ‘How can we make it work?’” **Carlin** envisions healthcare as one of the final issues that technology can help solve, especially for executives who will lead the way in adoption and say, “Hey, I want my workforce to have this.” This approach has already begun to migrate from high-net-worth clients to the C-suite — and it could continue to spread. “Everyone benefits from this model.”

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ABOUT THE EXPERT

Daniel Carlin, MD, CEO, WorldClinic

Dr. Daniel Carlin pioneered WorldClinic’s innovative concierge telemedicine model after a decade of experience in demanding healthcare environments, first as a U.S. Navy Chief Medical Officer then as a refugee camp physician. Trained in surgery and emergency medicine, Carlin is board certified in Emergency Medicine and holds a consultant-staff appointment at Lahey Hospital and Medical Center in suburban Boston. After an Internship in General Surgery at Bethesda Naval Hospital in Maryland, Carlin received additional training at the U.S. Armed Forces Combat Casualty Care School and the U.S. Navy Radiation Health School. He completed a residency in Emergency Medicine at Columbia University College of Physicians and Surgeons, where he also served as Chief Resident.

ABOUT RANE

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