

Healthcare Expense Reduction

More than forty years have been dedicated by William McFaul to pioneer and develop the tools to reduce non-labor health care expenses while simultaneously improving patient quality; i.e. clinical value analysis (CVA).

Employers have recognized the need to reduce self-funded healthcare insurance costs to protect operating margins. Following nearly twenty years of effort since the sale of his company (McFaul and Lyons, Inc.) to Johnson and Johnson , McFaul finalized his mission to develop a verifiable optimal CVA strategies that can reduce non-labor expenses for employers (aka self-funded insurers) or formal providers of healthcare insurance within the range of \$8,000. 00 to \$10,000.00 per annum per covered life.

Abstract

McFaul has been concerned over the business model for supply chain and group purchasing that has evolved in the US that does not exist in any other developed country.¹

His primary concern was with complexity of rewards (rebates) that created an additional tier (i.e. 30+ %) in the process from producer to user that became a disincentive for innovation to prevent chronic diseases

In essence, rather than offering health care, the evolving business model failed to incentivize prevention/cures. In other words, the fiscal process led a “sick care” model as opposed to one for “health care.”



¹ <http://www.mcfip.net/upload/GPO%20Money%20Flow.pdf>

As healthcare expenses continued to soar at a 2X+ rate over CPI, McFaul decided to reinvigorate and reengineer his 1980-era CVA concept.²

The following merely are few examples of CVA that are provided for review, discussion and verification that are unrelated to group purchasing and selection of products or services that can add to supply chain expenses.

CVA High Fructose Corn Syrup

<https://www.mcfip.net/upload/High%20Fructose%20Corn%20Syrup%20-%20Seminal.pdf>

CVA Fecal Incontinence

<https://www.mcfip.net/upload/Fecal%20Incontence%20-%20Hyperosmotics.pdf>

CVA Chronic Pain³

<https://www.mcfip.net/upload/CVA%20-%20Chronic%20Pain%20x.pdf>

Cardiovascular Risks - Hyperosmotics

<https://www.mcfip.net/upload/Cardiovascular%20Risks%20-%20Hyperosomtics.pdf>

Summary

McFaul and his team have had to wait more than twelve years for validated studies to emerge that prove the viability of several CVA applications. During this time, MCFIP has become increasingly aware that some provider system leaders still remained focused on a charge-based revenue model that is destined to collapse as CMS moves forward with some TBD form of reimbursement driven by prevention of chronic diseases.

² <https://www.mcfip.net/upload/History%20of%20CVA.pdf>

³ Addition options **can** be made available for verifications as part of verbal explanations.

In his opinion, the evolution of retail primary care by CVS, Walgreens, Walmart, Haven/Amazon/Amazon Care, et al will relegate current charge based providers to in-patient care and surgical service.

As part of the inevitable transformation for sick care to health care, competition will force downsizing/closing of many provider entities.

Pipeline for CVA

From 2005 - 2019 MCFIP has made numerous discoveries in cellular physiology that revolutionize nearly all known factors for the causes of chronic diseases. The following explains these findings that will create the foundation needed by scientific community to create the ongoing CVA pipeline.

<https://www.mcfip.net/upload/Quantum%20Biology%20MCFIP%20Discoveries.pdf>