With the medical profession focused more on cure than prevention, Life Line Screening has filled the gap with a nationwide business providing mobile health screenings. Eric Greenberg and Dave Campbell tell Martin Ashcroft how to prevent a stroke and other complications of vascular disease.

“It’s important to realize that the medical system we have today is not about prevention,” says Eric Greenberg, vice president of marketing for Life Line Screening. “I get sick, I have symptoms, I go to my doctor and he fixes me.” That’s all fine and dandy, but what if you don’t feel sick and don’t have symptoms? You’re not ill, right? Not necessarily. More than half of people who suffer a stroke have no symptoms, and for aortic aneurysms, the number is 70 to 80 percent.

Even without symptoms, however, there are ways of finding out whether you are likely to be hit by a disease that could otherwise creep up on you unaware. Life Line Screening conducts four painless non-invasive ultrasound screenings that test for plaque build-up in the body to detect a number of conditions. “We basically screen for the risk of stroke and other complications of vascular disease,” says Greenberg. “If you have a plaque build-up in the carotid artery of your neck, that’s what causes most strokes. Plaque build-up in the abdominal aortic artery weakens the wall of the artery and can cause an abdominal aortic aneurysm. If you have plaque build-up in the extremities, that’s peripheral arterial disease and that means you’ve got about four to five times the risk of dying of heart disease. And then we have an ultrasound screening for osteoporosis, which is not a vascular screening, but it also uses ultrasound.”

It all began in 1993 in Florida, when two healthcare professionals (a doctor and an ultrasound technologist) watched a common family member go through the after effects of a sudden, unexpected stroke. Wondering why
KnowledgeBase Marketing

KnowledgeBase Marketing helps Life Line Screening lower its acquisition costs and increase business. By providing targeted prospect names, list processing and marketing analytics, we help Life Line transform its marketing efforts into highly productive programs. We are proud that our services help Life Line reach millions of consumers with life-saving tests so that they can take action before it is too late.

Post-Up Stand

Post-Up Stand Inc. provides banner stand displays and mobile presentation solutions to trade shows, retail stores, restaurants, hotel lobbies and other retail advertising display users. Life Line Screening uses retractable Post-Up Stand units in 20,000 community screening locations per year. Lightweight, easy to use and great visibility match Life Line’s need in its brand driven mobile business.

The founders were content to screen seniors in Florida, but fate stepped in, in the shape of an investment banker from Cleveland who had a home in Florida. He went to a presentation in a church one Sunday about the risk of stroke and the importance of getting screened and was amazed to see a couple of hundred people sign up after the service. He knew it was a good idea so he called up two of his family members (Colin Scully and Tim Phillips) and suggested they get involved in the business. In 1996 they purchased the first franchise, with rights to northern Ohio, and set themselves up in Cleveland. Mr. Scully is currently the company’s chairman and CEO while Mr. Phillips is the executive vice president of sales and marketing.

Company president, Dave Campbell, takes up the story. “Over the next few years they learned how to market the business to consumers. Florida is unique as there’s such a high density of seniors that it’s straightforward to market,” he says. “In almost all other parts of the country, people over age 50 are interspersed throughout the community. They had to figure out how to market the business. In the meantime they bought the rights to other markets. In 1999 the opportunity presented itself to buy the parent company, which they did.” From 1999 until 2003, he says, there was a concerted effort to get the company national. “In 2003 we completed that effort, with representation or coverage in all 48 continental states. Since then we’ve continued to expand the business and today we have 87 teams in different markets around the United States and we continue to expand.”

One of the beauties of the Life Line Screening business model is that it is mobile. “All of our screenings are done in community locations around the country,” says Greenberg. “This year we’ll be in over 20,000 different locations around the country. We try to make it convenient for the public at large to get screened.” Marketing is mainly direct to consumers, who are asked to call in advance and make an appointment. “When we go to the church on Main St. we’ll be there for the day,” says Greenberg. “The team will unload the equipment from the van and set it up in the church, and they’ll screen upwards of 90 people in that facility in a day.”

Another beauty is that Life Line offers all four screenings for $129. “It’s very affordable,” says Greenberg. “We have a very ubiquitous customer base with an average household income of about $60,000, so it really reflects the middle-American consumer, primarily baby-boomers that are age 50 and over.”

Life Line also offers corporate screening events, but less than five percent of its business comes from this. “If you have an employee base with a lot of people who are 20 years old, it doesn’t make sense,” says Greenberg. “It’s more economical for us to do it in the community. Where there is a large manufacturing plant or corporate headquarters with 500 to 1000 people, however, with enough 50 year olds that are at high risk for cardiovascular disease, it makes a lot of sense for the employer to screen their employees and pay for it. It’s a great way to lower their healthcare costs.”

Dave Campbell stresses that all of the company’s mobile teams are employees of the company. “We’re the largest employer of ultrasound techs in the country that we know of,” he says. “We’ve got over 500 techs around the country. Many of them have come from laboratory or clinical settings, and we use the same equipment, except that ours has wheels on it, and we use the same protocols and procedures that they use. What’s different is that we bring it to you. This year we’ll screen over one million people, so we can afford to do it at a much cheaper rate than others can.”

Despite this obvious competitive advantage, Life Line Screening does not see itself as being in competition with traditional health care providers, for whom screening is not a business in itself, but a process within a broader portfolio of health services. “Typically, they are not interested in doing a $35 carotid artery screening,” says Campbell. “Over 350 hospitals
around the country partner with us today, because they realize that we are helping them to uncover previously undiscovered disease in their service area. When we find an abnormal condition we give the patient their results so that they can share it with their personal physician. Some of them are going to need surgery. Some of them are going to need medical management. Some of them will need help with lifestyle changes. The hospital and its physician network benefits from the follow up care. In the end, the hospital doesn’t want to do a $35 test, they want to provide the follow on testing and treatment which can cost thousands of dollars.

Yet another beauty of the business is the accuracy of the tests, in sensitivity and specificity. “If we say you don’t have disease, we’re right 100 percent of the time,” says Greenberg. “If you do have significant disease, we’re right 95 percent of the time, and the other five percent is because we define significant disease as greater than 60 percent blockage, and someone else might define it as a slightly higher or lower percentage. It doesn’t mean you don’t have disease, it’s to do with the technical definition of what we call significant. To give

“We screen for the risk of stroke and other complications of vascular disease”

International Data Management

International Data Management is proud to be a strategic partner of Life Line Screening’s mission to make people aware of undetected illnesses through Preventative Health Screenings. Let us support your cause too by using our superior data processing services, including but not limited to data capture, merge purge processing, extensive mail processing, and extensive reporting.

HealthCorp Solutions

Life Line has improved the efficiency of its benefit program through HealthCorp Solutions’ (HCS) third party administration affiliate, American Benefits Management. By utilizing comprehensive management tools made available through HCS, such as benchmarking, predictive modeling and data analysis, Life Line has been able to reduce costs while maintaining a superior health plan for its unique work force. It’s all about solutions.
you something to compare to,” he continues, “vascular screenings are significantly more accurate than mammograms. There’s a much higher rate of false positives with mammograms.”

It’s a good thing that Life Line Screening is affordable, because these screenings are typically not yet covered by insurance. The medical world seems not to have fully embraced preventive screening yet. Greenberg points out that the incidence of positive findings in mammograms is about one percent, some of which will be false positives, but of the five million people so far tested by Life Line Screening, people with no symptoms, about eight percent have been found to have significant vascular disease. “And yet mammograms are routinely covered by insurance companies and by Medicare, and vascular screenings are not. And cardiovascular disease kills 20 times more people than breast cancer. People don’t get it yet.”

There are signs of interest in the insurance world, says Greenberg, but surprisingly not in healthcare insurance. “We have relationships with several companies in long term care insurance and life insurance, where they realize that they can lower their claims by getting their policy holders screened. The health insurance companies haven’t come along yet. They’re interested in what it’s going to cost them today, not necessarily what they’re going to save in five to ten years down the road.”

Insurers tend to follow the lead of policy made in Washington, explains Campbell. A positive sign is the Medicare bill that took effect on January 1st, giving all new entrants to Medicare a one time benefit of a screening for aortic aneurysm. “The Congressional research says it will probably apply to about 50,000 people this year,” he says. “That’s a small proportion of the people who need to be screened in the United States, but it’s a start. Over time we think other screenings will be covered but there’s no way to predict how quickly.”

Life Line Screening has grown phenomenally since its inception in 1993, and intends to continue doing so, with a multi-faceted growth strategy. “We are making plans to take the business overseas,” says Campbell. “We hope to be in another country this year with plans to go
“In a large manufacturing plant or corporate headquarters with 50 year olds that are at high risk for cardiovascular disease, it makes sense for the employer to screen their employees. It’s a great way to lower their healthcare costs.”

Life Line Screening introduced finger stick blood tests last spring, for glucose, lipids and C-reactive protein, a marker for heart disease. “We’re rolling that out across the United States,” he says, “and we’ll complete that implementation later this year; there are other tests on the horizon that we continue to research and to pilot to gauge the public’s interest.”

But new tests have to be carefully thought out and planned, to ensure they are medically necessary, suitable for a mass market and can be carried out to the high standards required. There also has to be a treatment option for the consumer. “You don’t want to tell somebody they are at risk for a life threatening disease if there’s nothing you can do about it,” says Campbell. “We’re not going to go out and screen for terminal cancer.”