Author: Myer Gurkov, MPAS, PA-C | Editorial Date: April 23, 2026

Executive Wellbeing Planning Guide: A Checklist for CEOs and HR Leaders

An executive health benefit should make needed care easier to arrange and follow through on. That starts with practical questions: Who answers when a concern arises? Who helps obtain records? What happens after a specialist visit or hospital stay?

This checklist helps CEOs, HR leaders, boards, and family offices evaluate those arrangements. It covers preventive care, access, coordination, travel, family eligibility, and privacy. Individual medical decisions remain between the participant and the treating clinical team.

How to use this guide: Review each section against your current benefits. Check an item when the arrangement is clear and confirmed. Record gaps in the planning table and assign someone to resolve them. Keep personal medical information out of this organizational worksheet.

1. Make Preventive Care Easier to Arrange

An executive may understand the value of preventive care and still struggle to fit appointments into the calendar. A useful program helps with scheduling and follow-up while leaving screening and treatment recommendations to the clinician.

- ☐ Participants have a clear way to establish or maintain an ongoing primary care relationship.
- ☐ The program supports scheduling clinician-recommended preventive visits and follow-up.
- ☐ Clinical assessments account for personal history, family history, medications, and relevant risks.
- ☐ Screening and laboratory testing are selected according to clinical need, rather than offered as an identical panel for everyone.
- ☐ There is a defined process for communicating findings and arranging the next step.

Question to Ask the Provider

“After an evaluation identifies something that needs attention, who helps the participant act on it?”

2. Define Access and Service Expectations

Terms such as “priority access” and “personalized support” need a practical explanation. Confirm what the participant can expect during an ordinary workweek and outside office hours.

- ☐ There is a designated contact for scheduling and navigation requests.
- ☐ Participants know how to reach the appropriate clinical team for medical questions.
- ☐ Contact hours, response expectations, and after-hours arrangements are documented.
- ☐ Telehealth is available where authorized and clinically appropriate, with a route to in-person care when needed.

- ☐ The program explains which appointments it can arrange directly and which depend on outside practices.
- ☐ Included services, additional charges, and the relationship to health insurance are clear.

Check for Overlap With Existing Benefits

Review what the health plan, employee assistance program, and established medical practices already provide. Identify the specific gap the proposed benefit would address before adding another service for participants to navigate.

3. Adapt Support to the Participant

Two executives with similar roles may need very different support. One may want help arranging routine care around travel. Another may need coordination across several treating practices.

- ☐ Clinical onboarding occurs privately with the healthcare team.
- ☐ Participants can discuss their priorities, existing clinicians, and preferred ways to communicate.
- ☐ The clinical team can address sleep, fatigue, mood, or other concerns and arrange appropriate referrals.
- ☐ Participants understand whether they can continue with their established physicians.
- ☐ Scheduling support accounts for location, travel, and accessibility needs.

Healthcare access is only one part of wellbeing. Also consider whether workload, travel expectations, and meeting schedules leave reasonable time to attend appointments and recover from illness.

4. Plan for Healthcare During Travel

Travel support should be clear about where clinical services are available and when the participant needs local care. Virtual access does not automatically mean a clinician can treat someone in every location. U.S. cross-state requirements vary. HHS: Licensing Across State Lines

Before Departure

- ☐ Participants know how to request destination-specific advice before a trip.
- ☐ They have guidance on medication supplies, storage, and destination restrictions when relevant.
- ☐ They can access an up-to-date medication list, allergy information, and essential medical records securely.
- ☐ Clinical service availability has been confirmed for the destination.
- ☐ Medical coverage abroad, travel assistance, and evacuation benefits have been checked where relevant, rather than assumed to be included.

For international travel, medication rules can differ by country. CDC advises checking destination requirements and carrying medicines in their original labeled containers. CDC: Traveling Abroad With Medicine

During and After Travel

- ☐ Participants know whom to contact for coordination and how to obtain local urgent or emergency care.
- ☐ The program explains what help it can provide if treatment occurs away from home.
- ☐ There is a process for obtaining outside records and arranging follow-up with the usual care team.

Emergency care should be obtained locally without waiting for a concierge response.

5. Keep Specialist Care and Follow-Up Connected

Care coordination includes sharing relevant information and agreeing on responsibilities across the people involved in care. AHRQ: Care Coordination

- ☐ Relevant records can be requested before specialist appointments.
- ☐ Consultation recommendations are shared with the appropriate clinical team.
- ☐ Medication changes can be reviewed by a qualified clinician or pharmacist.
- ☐ Outstanding tests and referrals have a named person or team responsible for follow-up.
- ☐ Participants know where to turn when instructions from different practices appear to conflict.

Question to Ask the Provider

“How do you confirm that a referral or test has led to a reviewed result and a follow-up plan?”

6. Prepare for an Unexpected Medical Event

A hospitalization or new diagnosis may require quick decisions and several appointments. Participants and the people they choose to involve should know how to obtain support.

- ☐ Participants receive clear instructions for routine questions, urgent concerns, and emergencies.
- ☐ They know how to access essential medical information.
- ☐ There is a process for requesting hospital or emergency department records.
- ☐ Discharge follow-up includes attention to medication changes, pending results, and recommended appointments.
- ☐ Family involvement follows the participant's preferences and applicable requirements.

Keep organizational coverage planning separate from clinical care. The business can plan who will cover responsibilities without using this checklist to collect diagnoses or treatment details.

7. Decide Whether Family Support Is Included

An executive may also help a spouse, adult child, or aging parent navigate care. Define family eligibility before describing a benefit as supporting the whole family.

- ☐ Eligible relatives are identified in writing.
- ☐ Included services and any additional fees are explained.

- ☐ Age, location, and service limitations are clear.
- ☐ Each adult participant has a separate, appropriate onboarding and privacy process.

8. Protect Privacy and Clinical Independence

The employer's role in arranging a benefit should be distinct from the clinician's role in caring for the patient. Participants need a clear explanation of what information the employer receives and why.

- ☐ Program documents describe what information is collected, who can access it, and what is reported to the employer.
- ☐ Clinical decisions remain with the treating professionals and the patient.
- ☐ Benefits administration records are kept separate from clinical records, with appropriate access controls.
- ☐ Reporting is designed to avoid exposing identifiable medical details, including through very small groups.
- ☐ Appropriate benefits and legal advisers have reviewed eligibility, privacy, reporting, and plan structure before launch.

Do not assume that all health-related information held by an employer is protected by HIPAA. HHS distinguishes employment records from medical and health-plan records; the arrangement needs its own review. HHS: Employers and Health Information in the Workplace

9. Measure Whether the Program Solves the Intended Problem

Choose measures that reflect the reason for offering the benefit. More appointments or tests do not, by themselves, show that the program is useful.

- ☐ The organization has written down the access or coordination problem it wants to address.
- ☐ Service measures are agreed upon, such as response times, onboarding experience, and satisfaction with navigation support.
- ☐ Reporting uses appropriate privacy protections and does not become individual health surveillance.
- ☐ Participant feedback is reviewed alongside cost, service delivery, and overlap with existing benefits.
- ☐ A review date and a person responsible for the review are assigned.

Treat improvements in productivity, retention, or financial returns as outcomes to evaluate if suitable evidence becomes available. They should not be promised as automatic results of the program.

Record Your Planning Decisions

Area to resolve	Agreed next step	Person responsible	Target date
Access and included services			
Clinical care and coordination			
Travel and family eligibility			
Privacy and benefits review			
Program evaluation			

Discuss Executive Healthcare With MCNY

Medical Concierge NY (MCNY) provides healthcare access and navigation services for executives, professionals, and families. Depending on membership arrangements and available services, support may include arranging appointments, obtaining records, navigating specialist care, and helping members follow through on recommendations.

Clinical evaluation and treatment are provided by licensed professionals through affiliated professional medical practices. Organizations can contact MCNY to discuss participant needs, available services, and whether a suitable employer-supported arrangement can be developed.

Visit Medical Concierge NY to start the conversation.

This guide is for general education and organizational planning. It is not individualized medical, legal, tax, or employee-benefits advice. Healthcare recommendations should be made by appropriately licensed professionals based on each patient's circumstances. MCNY provides concierge and healthcare-navigation services. Clinical services are independently provided through affiliated professional medical practices and may be billed separately. Membership is not health insurance or a substitute for emergency care.