Four decades ago, a young Black man named Eric Whitaker, enrolled in a pre-med program that introduced students from historically excluded racial and ethnic groups in the Chicago area to the sciences. The program piqued his interest in medicine—and stoked his passion for public health. He wanted to become a physician who addressed health problems at the community level.

During his years as a practicing internist on Chicago’s South Side, Dr. Whitaker saw too many Black men dying young. At that time, “life expectancy of Black men lagged by 14 years,” he recalled in a recent interview with the AMA.

His experience treating marginalized populations and patients with HIV informs his current work at Zing Health, a Medicare Advantage insurer that specializes in community-based plans with a focus on enrolling underserved patients.
Dr. Whitaker is the CEO of this Health2047-founded company. He co-founded Zing Health with two other Black men, Kenneth Alleyne, MD, and health care executive Garfield S. Collins, who is the company’s chief operating officer.

“Health2047, AMA’s innovation lab, was critical in helping me take this idea and do business formation, raise capital, and launch the business in a pretty powerful way,” Dr. Whitaker said. Zing Health also receives financial support from Town Hall Ventures and Leavitt Equity Partners, which invested $25 million in the company last year.

Read more about how Health2047 nurtures innovation on medicine’s biggest challenges.

In his interview with the AMA, Dr. Whitaker discussed his company’s model, and how it has partnered with other health care entities to serve patients and physicians. Prior to his role at Zing—among other career highlights—Dr. Whitaker directed the Illinois Department of Public Health, developed a barbershop-based holistic clinic model called Project Brotherhood: A Black Men’s Clinic, and served as a senior attending physician at the Cook County Health and Hospitals System.

AMA: What sets Zing Health apart from other Medicare Advantage providers?

Dr. Whitaker: We’re founded by physicians, so that is a distinguishing factor. Just as we see our members as our customers, our next customers are physicians and providers. The administrative burdens for doctors and providers are tremendous. We want to be a health insurance plan that streamlines the administrative process for doctors and other providers.

For example, we pay 98% of our claims in the first 15 days, so health care providers get the money for the work they do as quickly as possible. We also are committed to working with our doctors to better design our benefits, and how we can better collaborate to get the best outcomes for our members.

We employ around 109 people right now—80% of our staff is African American or Hispanic. We are aiming to be the training ground for the next generation of diverse managed care executives and entrepreneurs. I would argue that the employee experience is very different than at the incumbent, large health insurers. They bring that experience to work. It gets put into every product we make, and how we interact with our members.

AMA: For the physician whose patients are enrolled with Zing Health, what benefits would they see for their patients that they might not see for patients covered by other Medicare plans?

Dr. Whitaker: About 80% of our members are African American or Hispanic; 70% of our population is eligible for a low-income subsidy. So, we’re different in that we’re targeting these populations that other plans tend not to target, because conventional wisdom has told us that they cost more money, and they’re more difficult to engage.
Communication between ourselves and the doctor about what's going on with their patients is one core part of our expertise. We do listening tours with doctors to find out what sorts of benefits would be helpful for their particular patients, and we have relatively rich benefits that include things like transportation, addressing one of the primary social determinants of health.

AMA: Right. You have some interesting initiatives along these lines, such as a food card and others.

Dr. Whitaker: Yes. With the pandemic, it was more difficult for seniors to get out of the house and go to the grocery store and live life. Food insecurity has been a big issue, so we offer a food card as part of our benefits package. We also make insulin affordable across all our different product lines.

We also teamed up with a social care service, Papa, and have a program called Papa’s Pals that we offer to all members. This is an important program to fight social isolation, which as you may know, can be as deadly as a heart attack. It supports the member outside of the doctor's office so that they can receive support on their journeys towards good health.

Someone comes into the home at least 30 hours a month. This person can cook at home, they can go to the grocery store, can play checkers or chess. They can drive people to their doctor's appointments. Members could do this virtually, but the preference is to go in the home.

AMA: How are you incorporating technology to help improve offerings for members?

Dr. Whitaker: Technology touches almost every aspect of the business. And the one thing that’s been great about having a blank sheet of paper is being able to design the back office in such a way that you don't have to worry about legacy systems. This is one of the challenges that the big health insurers face. They have all these systems that can't talk to each other, and so you could lose information that could contribute to a more holistic view of a member’s needs.

We built an industrial-strength back office with a goal to accommodate 200,000 members. We certainly aren't there yet, but we want to have a system in place that allows us to expand rapidly.

We are continuing to build out our capability for what I would call point of service use of technology. Field teams in the community will have information about a member at their fingertips. If they gather new information, it gets integrated into our system.

Our chief medical officer, Trent Haywood, MD, is creating an approach called the “choice model.” The idea behind it is that each member will be able to both know their options and make the best decisions as quickly as possible.

AMA: Talk about Zing’s recent acquisition of Lasso Healthcare Insurance Co.


Copyright 1995 - 2021 American Medical Association. All rights reserved.
Dr. Whitaker: The reason we acquired Lasso is that it has a large geographic footprint across the country, and we want to grow. Also, our members to date have been largely diverse urban populations. Lasso is a largely rural population, so we saw it as a complement. Zing has HMO licenses, and Lasso has a traditional health insurance license that will allow us to offer PPO products. We see this as being on-mission and allowing us to expand nationally.

Lasso has a Medicare Advantage product, but it also has a medical savings account aspect to it. Our traditional Medicare Advantage product requires an actual provider network. The money in the Lasso medical savings account is portable, and you can go buy services wherever the services are.

Zing is in three states, and Lasso’s in 35 states and the District of Columbia.

AMA: How has the COVID-19 pandemic shifted your company’s trajectory?

Dr. Whitaker: I'm talking to you from Austin, Texas, right now. When we started Zing, our vision was that everyone would be in Chicago. COVID-19 happened, and we now have staff working remotely in 25 states. From just an operational standpoint, we work more collaboratively at a distance than we ever thought we would have. It has also advanced the telehealth discussion, so our ability to do more virtual things has blossomed in the COVID environment.

We had an in-person all staff meeting in October of 2021. I had never met half of my direct reports. And so, that was the first time that we met, and our teams met. It was a phenomenal experience because we’ve been so fast-growing that not everybody was grounded in why we’re doing what we do. We were able to impart that and get everyone else as zealous about serving the populations as those of us who were here at the beginning.