



HEALTHCARE ROUNDTABLE

State of Healthcare: A Roundtable Discussion for Businesses

Industry experts discuss the role of employers in today's healthcare system, COVID-19's impact on companies, how technology and telehealth are game-changers, and healthcare landscape predictions.

Back Row (left to right): Christopher Crow, M.D., Shara McClure, Mike Sheehan, Scott F. Flannery.
Front Row (left to right): Awstin Gregg, David Goldfarb, Karen Pinkstaff

BRETT REDMAN

In Discussion With

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What role do employers have in the overall healthcare ecosystem, particularly when it comes to cost control, improving health equity, and holding providers accountable for quality outcomes?

CHRISTOPHER CROW: Employers have a huge role in the healthcare ecosystem—and not just as the primary funders of healthcare. Their choices in benefit design influence the health decisions of millions of Americans. We’d like to see employers evaluate their healthcare costs through more of a performance mindset. What outcomes would they like to achieve? What behaviors link to that? By answering those questions, I think they’d see a clear need to broaden access and support for primary care and create payment models that incentivize the type of preventive care that helps people avoid the most major (and most costly) health interventions.

DAVID GOLDFARB: In my experience, employers often don’t realize their power and potential in the healthcare ecosystem. It is vital to have a partner alongside them to help balance member/employee experience, all with cost containment

realize better health. For example, we partner with providers through value-based arrangements like Accountable Care Organizations (ACOs), which are models that aim to improve health and satisfaction while attributing a population and reducing cost.

AWSTIN GREGG: The role employers have in the healthcare ecosystem is critical. Employers are in the position to advocate for their employees and to push the bar for quality outcomes. Employers are a significant source of healthcare coverage for individuals in our communities. Viewing healthcare with a high standard both internally and externally allows for employees to enjoy the benefits of accessing high-quality providers, while also responsibly stewarding the costs to the organization. Typically, this is a cost shortcut some employers take to save a few margin points on the P&L. It is thought the cheapest plan creates the maximum bottom line. However, we know this could not be further from the truth. An employer’s obligation is not only to render the business service in a superior competitive manner, but to also care for those in their charge with them. Overlooking this responsibility could perpetuate a flywheel riddled with challenges.

SCOTT FLANNERY: With COVID-19 making wellness

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CHRISTOPHER CROW, M.D.

in mind. This requires intentional, focused research and effort, both into their own utilization data and local solutions that are available, as well as a proactive eye for out-of-the-box strategies. When incentives are aligned, employers can impact their own health plans and begin to steer the local healthcare ecosystem toward a more transparent, collaborative one.

SHARA MCCLURE: Employers play a critical role in the healthcare ecosystem in that they can provide their employees access to health information and tools to help them take charge of their health and make informed healthcare decisions. In doing so, they can help their employees achieve better health with the result being lower overall healthcare costs for employers. With regard to providers, value-based care models present an opportunity to deliver smarter care resulting in better health. Healthcare that is smarter reduces inefficiencies and gives patients and their physicians the right tools to

a renewed priority for many people, employers may consider using the pandemic as an opportunity to re-evaluate how they approach health benefits. Developing and implementing a strategic, data-driven approach to health benefits is crucial, given medical care ranks as the second largest expense (behind salaries) for employers. Plus, encouraging a healthier workforce is vital to reducing absenteeism and presenteeism, both of which sap productivity and may make an employer less competitive.

KAREN PINKSTAFF: The cost of healthcare is critical for employers. For most of them, healthcare is their largest expense after direct wage compensation. Self-insured employers operate in a unique space as the financiers or conduits of care for large populations of people. This allows them flexibility to work directly with startups and provider groups to create innovative care models that align financial incentives toward reducing cost and improving quality for their employees and their families. On



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the issue of health equity, our national workforce is incredibly diverse, and I am optimistic that employers will want the cost-saving and outcome-improving measures they utilize to be available to all employees and not just those with traditional access to health care.

How do you think COVID-19 will influence healthcare services or how employers think about healthcare for their employees moving forward?

MIKE SHEEHAN: The pandemic has forced each of us to ask important questions about how we receive care that we likely would not have asked otherwise. Questions such as, “Why am I forced to lose wages and time while sitting in the waiting room for a doctor visit only to be told my health is stable?” “Why am I always required to fill out forms every time I engage the healthcare system?” “Who is on my side helping me trust that my family is receiving the best possible care?” Ultimately, the pandemic has transformed us from passive recipients of care into active consumers making value-based decisions. We all want higher quality at a lower cost, a better use of technology, access

to care. Moving forward, the challenge will be creating cohesive care experiences for patients who rely on multiple channels for their array of health needs. Physicians and their practices alone can’t support every moment that matters for patients, so they need integrated teams and technologies that can expand their capacity and extend their reach to every point along the care journey. We see that as the best way to ensure patients receive the most connected care experience and achieve the best outcomes.

DAVID GOLDFARB: In many ways, COVID-19 has increased elasticity within the healthcare service industry but simultaneously created a feeling of instability through complicating an already complex model. Many employers have had to reorganize their priorities, re-assess their business model, transform their staffing, and/or rethink and reconfigure their benefits packages. Employer-sponsored healthcare is more vital now than it has been in a while; business owners in the COVID and post-COVID world are in need of affordable, sustainable solutions more than ever.

their medical plan may help small businesses save money and save on administration resources. UnitedHealthcare has seen an increase in employers looking at All Savers® Alternate Funding, a level-funded offering that allows employers to potentially save premium dollars under certain conditions. Additionally, adding or expanding coverage for virtual care visits may provide employers with a more convenient—and affordable—way to access medical care. With this coverage, employees can access medical care through their computer, tablet, or smartphone for a variety of services, including urgent, wellness, and chronic condition management.

DAVID GOLDFARB: I think the first step is align with a trusted partner who understands the goals for the health plan. Is the employer simply looking to avoid tax penalties or is the goal to offer a benefits package that makes them an employer of choice? From there, you can begin to narrow down a strategy that examines “what path gets us to our goal” rather than “how do we make what we’ve always done work for us?” The traditional health insurance offering is not sustainable—employers should look for models that include transparency, cost containment, and member engagement/education.

KAREN PINKSTAFF: The Kaiser Family Foundation found that during the past year, employer insurance prices increased by an average of 4% for individuals and 5% for family coverage. That puts the average annual premium for employer-sponsored health insurance at \$7,188 for individuals and \$20,576 for families in 2019. There are five strategies to help you reduce healthcare costs as an employer without sacrificing the benefits that are so crucial to you and your team. You can shop around for the best health insurance plans, offer a high deductible health plan, combine a high deductible health plan with a savings option, offer an FSA, and consider offering a QSEHRA instead of group health insurance.

“One of the most significant ways an organization can promote an employee’s mental health is by choosing leaders who have the skill of leadership.”

AWSTIN GREGG

to in-person and remote care that fits our schedules, and above all else, the ownership and control of our individual health data.

KAREN PINKSTAFF: Our position is that COVID-19 will accelerate the adoption of value-based care as well as virtually delivered services. When it comes to the value-based care, providers with higher concentrations of risk-bearing contracts generally saw a smaller impact related to service disruptions due to the pandemic. Additionally, providers saw an unbelievable growth in 2020 in their services delivered virtually. Furthermore, millions of patients experienced the convenience of virtual healthcare and will not want to revert to a physical-only delivery of care going forward. Employers that want to create a competitive compensation and benefits packaged to attract and retain talent will ensure virtual and other modern care delivery options are available to employees and their families.

CHRISTOPHER CROW: It’s certainly pushed our en-

For entrepreneurs or small business owners, what are your suggestions for scaling their health insurance offerings and keeping costs in line?

AWSTIN GREGG: My recommendation for entrepreneurs and small business owners is to first challenge the way we think about insurance offerings. Too often, it is defaulted as a recurring dreaded cost on a P&L, but what it’s actually providing is a much-needed benefit for your team members. I think it is important to pause and view insurance offerings in this light. Sure, there is some cost strategy that goes into picking the correct plan, and there are several options out there. However, and in the truest sense, when you take better care of your team, your team takes better care of your patients/clients.

SCOTT FLANNERY: Consider benefits packages that include specialty benefits—dental, vision, and financial protection. Bundling these with

COVID-19 has also exposed the wide disparity in healthcare access and outcomes for communities of color. Why is it important for business and political leaders to address these inequities?

SCOTT FLANNERY: Health equity is needed before attaining true equality to ensure everyone has access to the healthcare they need and deserve. By looking at the whole person and the life factors that may affect overall well-being, employers can work with health plans to help identify social barriers to improve health and healthcare. In fact, research shows that social determinants of health may in-



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fluence up to 80% of a person's health. Considering ways to address things like lack of access to reliable transportation, nutritious food, or secure housing could help improve the overall health of employees, lower costs, and drive engagement in clinical intervention programs.

CHRISTOPHER CROW: There's a life expectancy gap of six years between zip codes where less than 5% of people live in poverty and zip codes where more than 20% do. We have a moral obligation to change this. Individuals and families can no longer be forced to bear the brunt of rising healthcare costs, at the expense of reducing available dollars that could otherwise go to other basic necessities, such as food, education, housing, and clothing. That's why we're such vocal proponents of primary care for all as a crucial first step toward addressing this issue and transforming our communities.

SHARA MCCLURE: It's important because business and government leaders must work together to change the trajectory of health disparities and re-imagine a more equitable healthcare system. Recently, the Blue Cross Blue Shield Association (BCBSA), of which BCBSTX is part, announced its National Health Equity Strategy to confront the

to stay from a provider standpoint or from a business owner standpoint?

MIKE SHEEHAN: At IntelliCentrics, we believe technology is essential for healthcare to move forward, but it must be technology that can be trusted across the entire continuum of care. Our mission statement is to use trust to make high quality healthcare as accessible as a good cup of coffee. We believe the role of technology helps deliver that promise, which is why we created the SEC³URE Ethos, a fully optimized technology platform that delivers trusted interactions between all stakeholders across the entire continuum of care. Today, the SEC³URE Ethos is comprised of nearly 11,000 unique locations of care across North America and the UK, including home healthcare. Additionally, we are in the process of delivering a highly advanced telemedicine solution that allows individuals to own, control, and benefit from a personal healthcare record. The SEC³URE Ethos is the only end-to-end integrated technology platform in healthcare that connects the supply side with the demand side of care based on trust. Technology that ensures trust results in the best healthcare for us all.

“Employers that want to create a competitive compensation and benefits package to attract and retain talent will ensure virtual and other modern care delivery options are available to employees and their families.”

KAREN PINKSTAFF

nation's crisis in racial health disparities. In recent months, BCBSTX has worked with local leaders to support vulnerable communities with COVID-19 vaccine access. As well, the pandemic brought on by COVID-19 and the social justice unrest events in the United States reinforced our focus on health equity and our core purpose to do everything in our power to stand with our communities in sickness and health. We understand that what determines a person's health doesn't entail access to healthcare only. So, our 2021 Healthy Kids Healthy Families® (HKHF) grants targeted programs that create measurable results in addressing housing, behavioral health, safe environment and education, and jobs needs while also accounting for the current public health pandemic.

How is technology impacting the way healthcare businesses innovate to meet their patients' needs? Is telehealth here

DAVID GOLDFARB: Technology is constantly becoming more prevalent in our lives, both business and personal. In healthcare, it has the potential to remove traditional access to care barriers and bridge the gap that exists between consumer and their knowledge of health insurance and benefits. Telemedicine is only one example and was emerging as a longstanding force in the healthcare space even before COVID-19. But now, more than ever, it has become a necessary component when it comes to on-demand access to care in non-emergent situations, rather than simply a perk. Technology is only as good as its user. For optimal impact, it requires engagement/education.

CHRISTOPHER CROW: Before the pandemic, about 1% of our members' visits were telemedicine appointments. Within weeks of the country's closing in 2020, close to 99% of visits became telemedicine appointments. It's clear that physicians and patients are ready. But the technology alone isn't

the full answer. Patients are absolutely more likely to seek out care when we can remove barriers, such as access, time off, transportation, and childcare. The key is that patients are also able to see their PCPs—the physicians who understand them and their individual circumstances to be able to deliver the personalized care they've come to expect.

AWSTIN GREGG: The introduction of technology is significantly enhancing the ability to deliver timely care in the service-based business model for many providers, including myself. The recent pandemic accelerated the community's adoption of the idea of telehealth, and it is my strong opinion this chapter in care-delivery survives this pandemic and presents as the new preference for many patients. Additionally, telehealth introduces a delivery platform which largely mitigates typical barriers to treatment. I believe treatment compliance will increase secondary to this chapter in innovation.

SHARA MCCLURE: Recently, Health Care Service Corporation (HCSC), one division of which is BCBSTX, announced a strategic relationship with Collective Health that will bring new and existing customers access to its digital platform and services, beginning with self-funded customers in Texas. We will offer Collective Health's integrated solution, which provides a single digital platform that enables self-funded employers to administer benefits, reduce workload, manage costs, and help manage the health of their people in one place. For members, it will enhance navigation, providing a personalized experience with products and features that make it easier to understand and manage their healthcare, from wherever they are.

SCOTT FLANNERY: COVID-19 represented a watershed moment in the adoption of virtual care. Compared to 2019, virtual care visits in 2020 by UnitedHealthcare members increased by over 2,500% across our employer-sponsored, Medicare and Medicaid plans. The adoption of telephone or videoconferencing may help flag gaps in care, prevent complications, and avoid unnecessary hospitalizations—all of which help improve health outcomes and curb costs. Concerningly, the number of Americans with a primary care physician has declined recently, with an estimated 25% of people lacking this type of ongoing relationship.

KAREN PINKSTAFF: Telehealth is certainly here to stay, and it will likely grow in the future. Technology was used to enable physicians to provide office visits using virtual platforms, it was also used to enhance remote monitoring through devices similar to an Apple Watch and Google Home. Business owners should continue to evaluate how to use telehealth to bend their cost curve. Some



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employers offer incentive for employees using remote monitoring devices, with the goal keeping their patients adhering to their care plans for chronic diseases.

Are telemedicine or digital apps changing the way healthcare organizations operate? Are they here to stay? What are foreseen limitations and/or benefits?

SHARA MCCLURE: While the healthcare industry continues to learn from the COVID-19 pandemic, we now know with some certainty that telemedicine/telehealth is a healthcare delivery option that is here to stay. But even as more people feel more comfortable with scheduling office visits again, many will continue to use telemedicine/telehealth option to manage their healthcare.

AWSTIN GREGG: I do believe telemedicine is changing the way healthcare organizations operate, and at the very least, it certainly requires organization leaders to challenge the way they think from an operational perspective. Telehealth removes the typical barriers to treatment by making it profoundly convenient to the user.

MIKE SHEEHAN: We are witnessing the dawn of healthcare 2.0, evidenced by the countless promising technologies currently sitting peripheral to mainstream healthcare. After years of global travel and visiting dozens of countries where I have had the opportunity to sit, talk, and hear from hundreds of individuals, I discovered a universal truth when it comes to healthcare that is intrinsic to each of us and transcends age, gender, faith, culture, and geography. This universal truth is that we are all in search of the best possible care for ourselves and our loved ones, and we are willing to do anything and everything in our power to locate it. Upon exhausting all our efforts and resources in our quest for finding the best possible, we desperately want to trust our conclusion. The deep desire to trust our healthcare is why IntelliCentrics' vision is to be the world's most trusted solution for trust. We believe IntelliCentrics' trust as a technology will be essential to finding the best possible care as we navigate healthcare 2.0.

KAREN PINKSTAFF: The benefit of self-insured plans from an employer perspective is that you have more control and influence over your claims expense and experience. The risk is that you could

the digital health market will continue to grow, with some studies estimating the industry will reach nearly \$380 billion by 2024.

Preventive care is another buzzword today. What role do business owners play in improving the health and wellness of their employees? Is it an actual cost-saver? How should business owners think about their wellness program investments?

KAREN PINKSTAFF: A wellness program needs at least two things: it needs to be holistic and employee turnover needs to be low. Holistic means it's more than an on-site gym or virtual primary care options or diabetes management coaches. These are all parts of what a wellness program can be, but to really see cost savings, employers need to develop a strategy and stitch together all the tactical components of a wellness plan to support that. Furthermore, the options need to be convenient so employees will actually use them. If the free primary care center or coaches are only available in person and some of your employees live far from those locations, they will not utilize those services. Second, in general, the lower turnover is, the more beneficial wellness plans can be. Typically, wellness initiatives will not see significant savings right away. Employees need to actively participate in the program over the span of several years to see the largest savings. If employees turn over regularly, savings will likely be lower.

SHARA MCCLURE: The idea of wellness programs is that they can be a long-term cost saver by incentivizing employees to get a health screening or by removing barriers to getting one—like having an on-site provider to conduct screenings that could help identify a chronic issue like high blood pressure or cholesterol early. Aside from the potential financial benefits, it's also just the right thing to do. With regard to other wellness incentives, like gym memberships, we've found those don't really move the needle. People who already go the gym used the incentive, and the group who didn't go to the gym didn't really use it. So, the message here is to tailor incentives to your culture and have leaders model behavior from the top down.

AWSTIN GREGG: The role is significant! The "cost" associated with this can sometimes be hidden because we are investing in something we are trying to avoid. An example of this could be changing the oil in your car. We change the oil because we want to preserve the engine. We know what happens when an engine is in disrepair. I don't complain about an oil change because I know what I'm in-

"We are witnessing the dawn of healthcare 2.0, evidenced by the countless promising technologies currently sitting peripheral to mainstream healthcare."

MIKE SHEEHAN

I think some practices may prefer the in-person model to the telehealth mode—and there's nothing wrong with this stance—but I do believe the consumer market is changing, and this is a hurdle that will need to be jumped by healthcare practices as the delivery of services innovates itself.

CHRISTOPHER CROW: No doubt that new technologies are changing how healthcare works. We believe digital innovations will do so much more. Too many digital companies have built technologies designed primarily around patient convenience. Instead, we see opportunity to use technologies as an enabler of care that allows people to feel known throughout the health journey. To achieve that, integrated care teams—care managers, care coordinators, pharmacists, chronic condition educators and more—need to use the same technologies for a connected, team-based approach to care delivery. That's an enduring value of digital innovation that needs to take greater root throughout healthcare.

be exposed if you have a large growth in plan experience. There are products to insulate your risk exposure. For instance, stop loss coverage that you can purchase to minimize the top end of your risk exposure. Additional benefits are that self-insured plans generally have more control over the provider network (i.e. using a narrow network) and plan design (subject to limitations based on legislation and regulations).

SCOTT FLANNERY: Digital health resources have emerged as a valuable bridge that can help keep healthcare providers and their patients connected. One example in Texas is Level2, a digital therapy that combines wearable technology, clinical coaching, lifestyle changes, and incentives at no additional cost to eligible UnitedHealthcare members to help improve the health of people living with type 2 diabetes. Participants gain real-time insights and some successfully reduce spikes in blood sugar levels or achieve remission. Overall,



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vesting in. In the same way, I don't look at my monthly P&L and complain about the financial allocation to employee wellness, because I know what I am investing in.

CHRISTOPHER CROW: In virtually every other area of our lives, we talk about starting earlier if you want to go farther. Why wouldn't it be the case with our health? Employers have tried to push this concept with wellness programs. The problem is that most wellness programs are fractured, with employees asked to follow separate guidance for different conditions. When we look at preventive care, it works optimally if we capture the whole picture, create a comprehensive plan that considers all aspects of a person's life and provide support in alignment with physician guidance at every phase of the employee's health experience.

SCOTT FLANNERY: Preventive care can help identify issues before they become chronic illnesses that must be treated, and often, prevention is far less costly. To help motivate employees to pursue healthier behaviors, incentive-based wellness programs are worth investing in. One example is UnitedHealthcare Motion, a wearable device program that enables people to earn \$1,000 per

preventable conditions, a tailored program with proper implementation can deliver real results.

What can be done to ensure quality, transparency in pricing, and a reduction in the cost of healthcare to help consumers?

SCOTT FLANNERY: Increased transparency in healthcare data brings more choices to patients, and it improves trust between patients, healthcare providers, and insurance companies. When people are empowered with information about healthcare quality and cost, they may make more informed choices and save money. People are starting to take action; more than one-third (37%) of Americans say they have used the internet or mobile apps during the last year to compare medical services costs—more than double from 14% in 2012—according to the UnitedHealthcare Consumer Sentiment Survey. Transparency could reduce U.S. healthcare spending by more than \$100 billion over the next decade.

DAVID GOLDFARB: Access to granular medical and prescription data is key, including utilization, cost, outcomes, and quality. This likely requires

incentives all align, we will see drastically fewer issues with quality and transparency. Also, providers and payers are leveraging cutting-edge analytics and deep learning technologies to deliver value and transparency in new ways. The exciting part about analytics in 2021 is these tools are no longer restricted only to the largest organizations. Every provider, payer, and employer can leverage analytics to gain meaningful insights to better address a wide array of challenges, including quality and transparency.

CHRISTOPHER CROW: Transformational change in healthcare—especially in something as massive as cost reduction—requires employers, payers, and people at-large to take a stand against this predictably broken system of ours. The good news is that one major solution already exists. It starts with primary care for all, to help people get the care they need in the moments when that care can have the most enduring impact. To do that, we need to expand current capacity for primary care providers through connected care teams and technologies. And we need employer-sponsored and government-funded payment models that incentivize outcomes, not appointments.

MIKE SHEEHAN: In a word, trust. The highest level of trust can only be achieved when an independent third party is part of the equation. This is proven in the financial markets where independent third parties are brought in to verify financial data, so it can be trusted. Our trust in FDIC banks allows customers to trust their deposits are safe. IntelliCentrics' SEC³URE Ethos is a technology platform that plays the role of the independent third party for all of healthcare by creating trusted interactions between all stakeholders. When there is trust in everyday healthcare exchanges between doctors, patients, vendors, locations of care, etc., it creates a form of partnership that delivers personal, professional, and financial benefits. Trust is the force capable of increasing quality of care while lowering costs for everyone.

SHARA MCCLURE: As BCBSTX transitions from a fee-for-service to a fee-for-value healthcare model, we now have more than 1.6 million lives under value-based-care arrangements. Many of these are through Accountable Care Organization (ACO) agreements are designed to promote high value, coordinated, and quality care for our members. Value-based care is essential to public health. Shifting incentives from a model that rewards volume to one that rewards value is critical to finding a solution to our current economic healthcare crisis. Value-based care presents an opportunity to encourage delivery of smarter care resulting in

“When healthcare becomes more transparent and accessible, true member engagement and education will become possible.”

DAVID GOLDFARB

year by meeting certain daily activity goals. We've found that among all eligible enrollees, over 45% participated in the program compared to other employer-sponsored disease-management programs that report 5% engagement rates. Among people who registered their device, 59% stayed active for at least six months—a rate higher than gym memberships (29%).

DAVID GOLDFARB: Approximately 1% of members on employer plans account for 28% of spend, often with significant claims being preventable conditions. An investment in wellness requires insight into the population you are looking to manage. Options include packaged wellness programs, or even directly contracting with a provider or local system. If the goal is making an investment in wellness to yield a quick return in annualized expense, it will not deliver immediately. If the goal is investing in the quality of life of employees, increasing presenteeism, and curbing chronic or

a partially self-funded medical plan strategy. This data must be interpretable and actionable rather than the traditionally opaque facts/figures that may hide or skew the inverse relationship that sometimes exists between cost and quality. Pricing transparency and cost reduction requires a productive dialogue that includes all stakeholders. This could happen on a large community scale. It can even be successful with individual companies and the providers/vendors involved in their company's healthcare/benefits ecosystem while enlisting a patient advocacy and care navigation to support the effort.

KAREN PINKSTAFF: In many ways, these issues are symptomatic of the larger problem, which is that financial incentives are frequently misaligned. Given what we now understand about the incredible cost savings that preventive care presents, fee-for-service models largely need to be rethought. When provider, payers/employers, and patients'



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better health. Part of making healthcare easier to understand is price transparency and knowing how much a medical procedure or doctor's visit will cost. We encourage healthcare providers to be more transparent with their patients about costs, including posting prices for treatments. For in-network providers, BCBSTX can help members know the costs involved. However, for out-of-network providers, BCBSTX does not have that same clarity in pricing. We know that members are sensitive to their premium and out-of-pocket costs and we want to help them make overall prices for services as a top priority. That's why we are committed to increasing access and providing transparency for our members through online tools and personal services like our Benefit Value Advisors whom our members can call and learn about in-network providers and the estimated cost for a procedure at each provider.

Companies face continuous challenges with their healthcare choices. How does a business owner balance the benefits of self-insured options with the more standard plans?

“When people are empowered with information about healthcare quality and cost, they may make more informed choices and save money.”

SCOTT FLANNERY

DAVID GOLDFARB: There is no one-size-fits-all solution, nor is there a general rule of thumb regarding which options make sense for every employer. Much like healthcare has evolved over the past several decades taking a turn toward looking at the whole patient, an effective benefit strategy must look at the whole company—this means their strategic/growth goals, hiring/retention strategy, risk tolerance/aversion, administrative capacity, and even their strategic partners. An employer-centric approach that examines all of this and then builds a strategy around it, based on the available options, is most likely to be sustainable long-term.

SHARA MCCLURE: All companies are looking at their budgets and ways to save money. Our customers want choice, customization, and flexibility but cost and affordability are a top priority. BCBSTX provides its group members with a unique mix of cost-competitive health plans that provide employers with flexibility and choice while provid-

ing their employees with best-in-class customer service, preventive health and wellness programs, member discounts, and access to the largest provider network in Texas.

Looking forward, what do you think the healthcare landscape will look like, say, five years from now?

AWSTIN GREGG: I believe the healthcare landscape in five years will be fueled with innovation and technology. In the past 12 months, we have seen a strong emergence of the utilization of technology to increase convenience for the consumer. A particular emergence was telehealth and the supporting technology to deliver clinical care. This has shown to increase attendance to appointments, increase convenience, and in several instances maintain or exceed average outcome measures. I believe we are on the cutting edge of a truly exciting chapter in healthcare, and one that we'll be perfecting over the next five years.

CHRISTOPHER CROW: The vision is that five years from now, we'll see primary care for all, with local primary care providers who are empowered to stay central to each patient's individual care. The

best way to create this wave of real change is to remove the obstacles that prevent patients from seeking care in the most accessible and least costly environments and to create payment models that incentivize providers to deliver care focused on quality and outcomes, not just number of visits. Together, we can make sure that people live the longest, healthiest, best lives possible.

MIKE SHEEHAN: In the future, we will see transformations in how care is delivered, received, and paid for. I believe the biggest transformation will come from a combination of medical and life sciences integrated with love and support from family and friends, resulting in the highest quality of care. As the complexity of healthcare grows, we will naturally turn to family and friends for assistance to make the best possible decisions. At IntelliCentrics, we make this easier by providing the ability for patients to include trusted family and friends earlier and more deeply in the healthcare process.

When family and friends are involved, the patient's adherence and ability to follow the care regimen prescribed by doctors increases significantly, setting them on the right track for improved health. The driving force to integrate love and science for a patient stems from the premise that when both influences are working together, we can be healthier, stronger, and happier.

SCOTT FLANNERY: Technology likely will continue to shape how we deliver care. As more consumers and healthcare professionals move to a digital-first mindset, virtual care and digital therapeutics may play increasingly important roles in how people access care. For instance, virtual care has expanded from providing treatment to also focus on prevention and disease detection before it starts and helping people conveniently manage chronic conditions. Using wearables—smartwatches, continuous blood glucose monitors, and connected asthma inhalers—can facilitate the sharing of near real-time data back to patients and healthcare professionals, helping encourage a more active and data-driven approach to preventing disease and treating chronic conditions.

KAREN PINKSTAFF: Healthcare will become more patient-centric. It's difficult to say with certainty what the ecosystem will look like going forward. The north star that we suggest leaders participating in this ecosystem focus on is providing a massively customizable experience and care plan for patients/employees. If you're focused on delivering that, you will likely see success for your organization, payer provider, or employer in the future.

DAVID GOLDFARB: Ideally, healthcare in the future will look more decentralized and more local out of a need to address the changing workforce. This will juxtapose the likely consolidation within the healthcare industry and possibly new, disruptive players entering the space. There are bound to be more options and an increased focus on consumer choice, which will require consumer education. When healthcare becomes more transparent and accessible, true member engagement and education will become possible. It will require dramatic change being made to today's model where incentives are generally misaligned and navigating the system is excessively complex.

Mental health is becoming a routine part of the conversation these days. In what way does an employee's mental health contribute to a healthcare organization's success?

AWSTIN GREGG: The relevancy of the mental health of employees relates to an organization reaching



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its internal and external goals together. Ensuring our organization has resources to address mental health is equally as crucial as ensuring physical health. In my opinion, one of the most significant ways an organization can promote an employee's mental health is by choosing leaders who have the skill of leadership. The ability to communicate crit-

MIKE SHEEHAN: Micro Epidemiology will be the greatest asset in improving quality while lowering costs. In this instance, IntelliCentrics defines Micro Epidemiology as "the study of how I, as a unique individual, react to each of the many different environments I encounter during the course of a day, week, month, or year." For example, using

a higher quality and lower cost treatment that is unique to the patient. IntelliCentrics has already begun creating Micro Epidemiology insights by leveraging exponentially greater data sources inclusive of environmental data, and our early work is proving to be very promising.

“There is mounting evidence that an emphasis on primary care, coupled with a value-based care (VBC) payment model, is the roadmap that leads to improved quality and cost effectiveness in healthcare.”

SHARA MCCLURE

icism constructively, the ability to resolve conflict civilly, and the ability to understand EQ without condescension, belittling, or hostility are just a few of the ways employers can promote mental health.

What do you view as the key technologies in improving cost, quality, and access in healthcare in the U.S.?

IntelliCentrics definition of Micro Epidemiology, a standard blood test today will be replaced with a deep understanding of where I have been, who I have been in contact with, and what time of day it happened. Integrating additional perspectives such as these will provide tremendous insights into understanding how we individually react in the environments we occupy. This will result in

As we start to see some businesses opening back up, there are still a lot of people who are out of a job right now and have lost their employer health insurance coverage. How is are you helping those people?

SHARA MCCLURE: This pandemic and the ensuing job losses have left many people without health insurance coverage at a time when they need it most. People may not realize that if they need healthcare coverage, we are now in a Special Enrollment Period (SEP) that runs through August 15. The good thing is, no proof of a qualifying life event is required to buy a health plan during this SEP. Moreover, with the enactment of the American Rescue Plan Act of 2021, more Texans are now eligible to receive additional funding that could lower their monthly costs for health insurance coverage.



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