



Strategies To Reduce The Total Cost of Care In Search of The Holy Grail



Opening Comments

STRATEGIES TO REDUCE TOTAL COST OF CARE

In Search Of The Holy Grail



Opening Comments – Today's Topics

**TCoC Reduction Through
Transparency**

**TCoC Reduction Through Obesity and
Metabolic Syndrome Management**

**TCoC Reduction Through High
Cost Claims Management**

**Opening Keynote Address
– Avik Roy**

**TCoC Reduction Through
Organizational Culture**

**TCoC Reduction Through
Formulary Management**

**TCoC Reduction Through
Advance Primary Care**

**TCoC Reduction Through
Cancer Care Management**

**TCoC Reduction Through
Legislative Policy**

**Closing Keynote
– Ray Fabius, MD**

**STRATEGIES
TO REDUCE TOTAL
COST OF CARE**

In Search Of The Holy Grail





Opening Comments – Message from Dan Burke

A Message from Dan Burke, HBCH Board Chair



Opening Comments – Post Reception at the Hilton Plaza Rooftop Bar



Opening Comments – Additional Conference Details



Keynote Address



Avik Roy

Foundation for Research & Equal
Opportunity,
Co-Founder and President





TCoC Reduction Through Legislative Policy



Peter Cram, MD,
University of Texas
Medical Branch, Chair,
Dept. of Int. Medicine



Ted Barral,
The Friedkin Group,
Director of Compensation
& Benefits



Charles Miller,
Texas2036,
Senior Policy Advisor



Alan Gilbert,
Purchaser Business
Group on Health, VP
of Policy

Total costs of care reduction through legislative policy

December 8, 2022

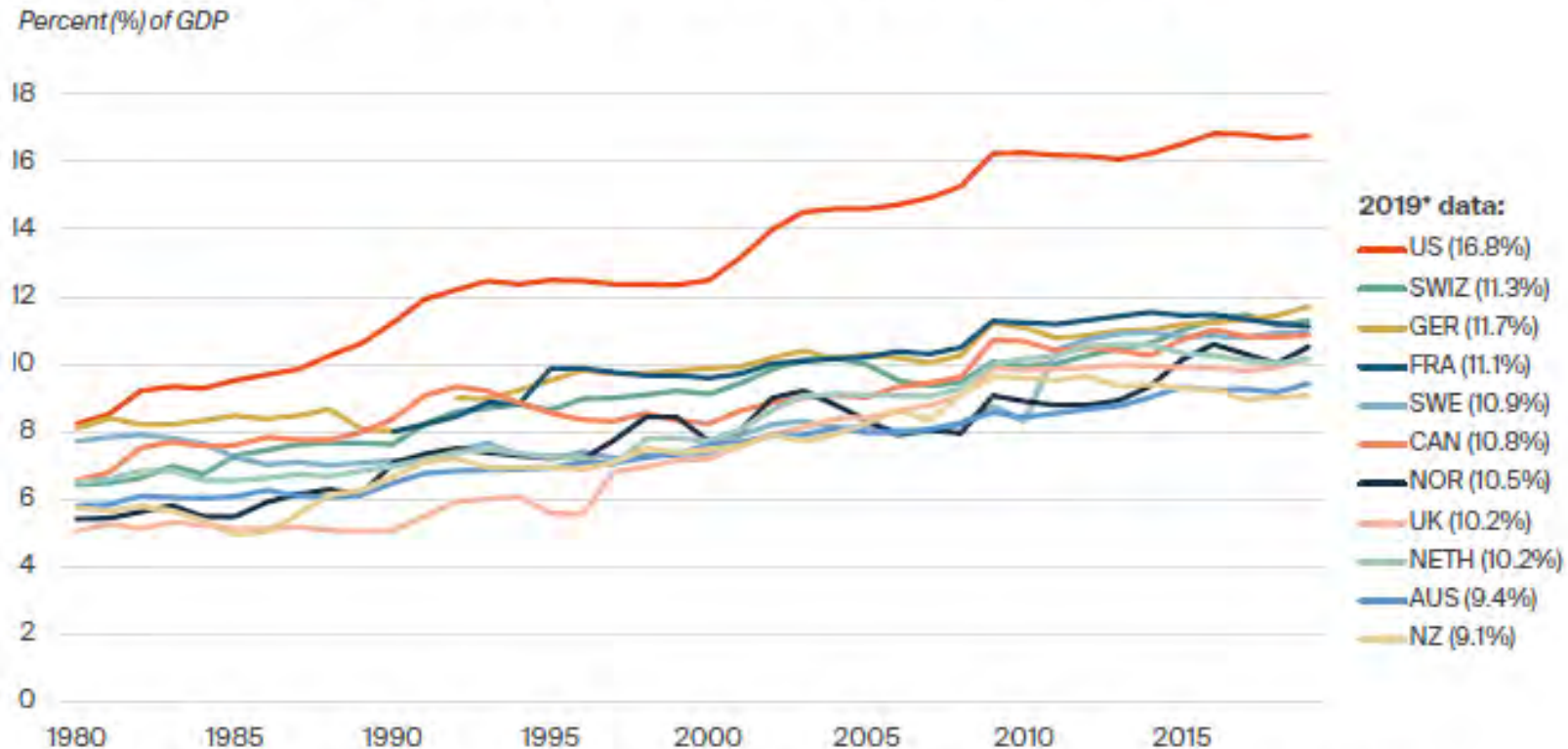
Houston Business Coalition on Health

Session participants

- Peter Cram, Physician, Policy Researcher, UTMB
- Ted Barrall, Friedkin Group Director of Comp and Benefits
- Charles Miller, Texas 2036 Senior Policy Advisor
- Alan Gilbert, Purchaser Business Group on Health VP of Policy

The data should be familiar

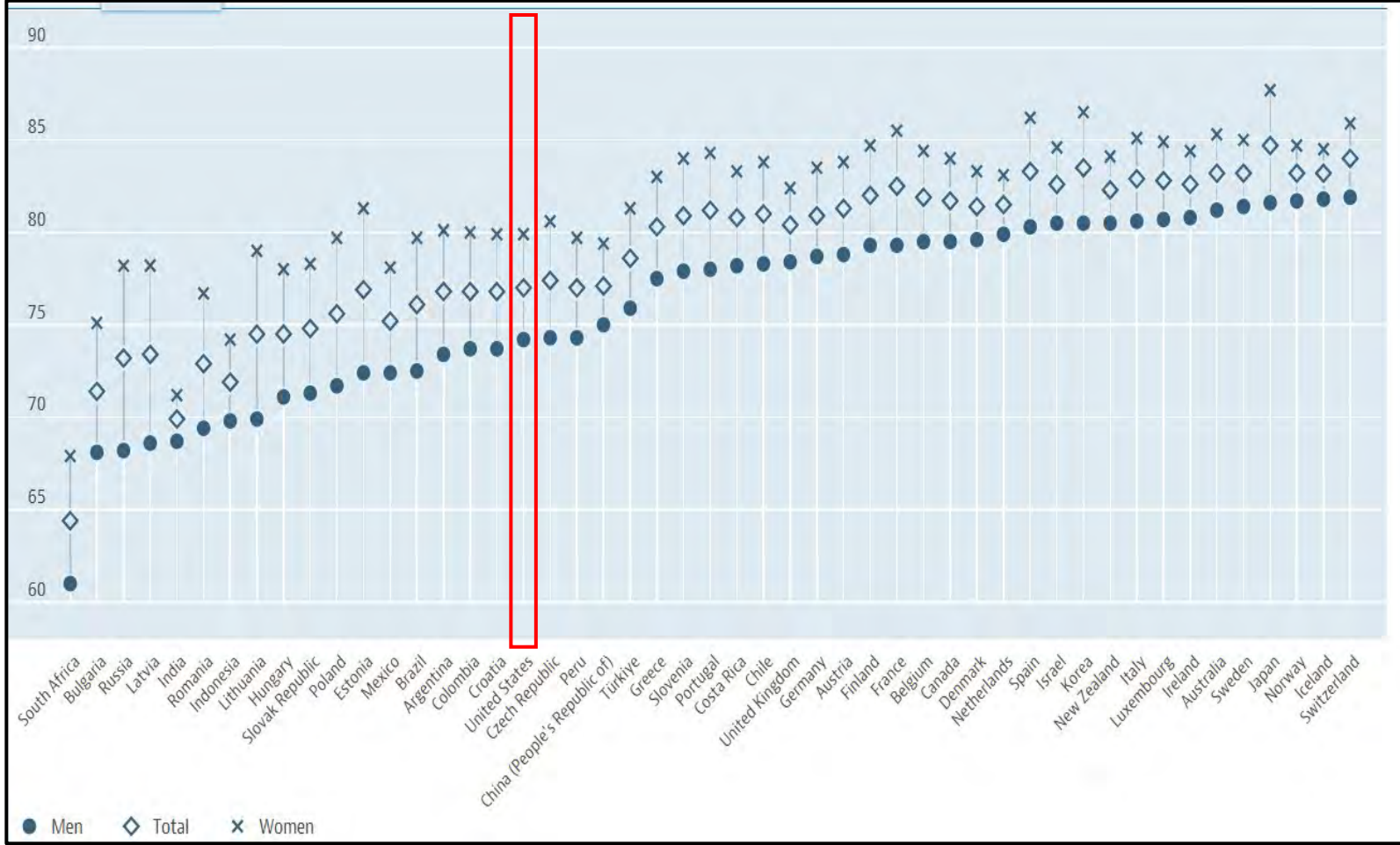
Exhibit 3. Health Care Spending as a Percentage of GDP, 1980-2019



Notes: Current expenditures on health. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP refers to gross domestic product.

* 2019 data are provisional or estimated for Australia, Canada, and New Zealand.

Data: OECD Health Data, July 2021.





The Friedkin Group

Automotive, Entertainment, Investments, Sports, Travel & Adventure

Automotive

- Gulf States Toyota
- Westlex, Ascent
- USAL
- Gulf States Financial Services

Benefits:

- 2,300 lives
- Self-funded medical plan with two TPAs
- Costs
 - Largest: Hospitalization
 - Fastest Growing: Pharmacy





Collective Action by Employers

Impact of rising costs

- Higher premiums
- Higher copays and deductibles
- Increased cost to the company

Opportunities for employers to act collectively

Legislation to address hospital price transparency

- Texas Employers for Affordable Healthcare



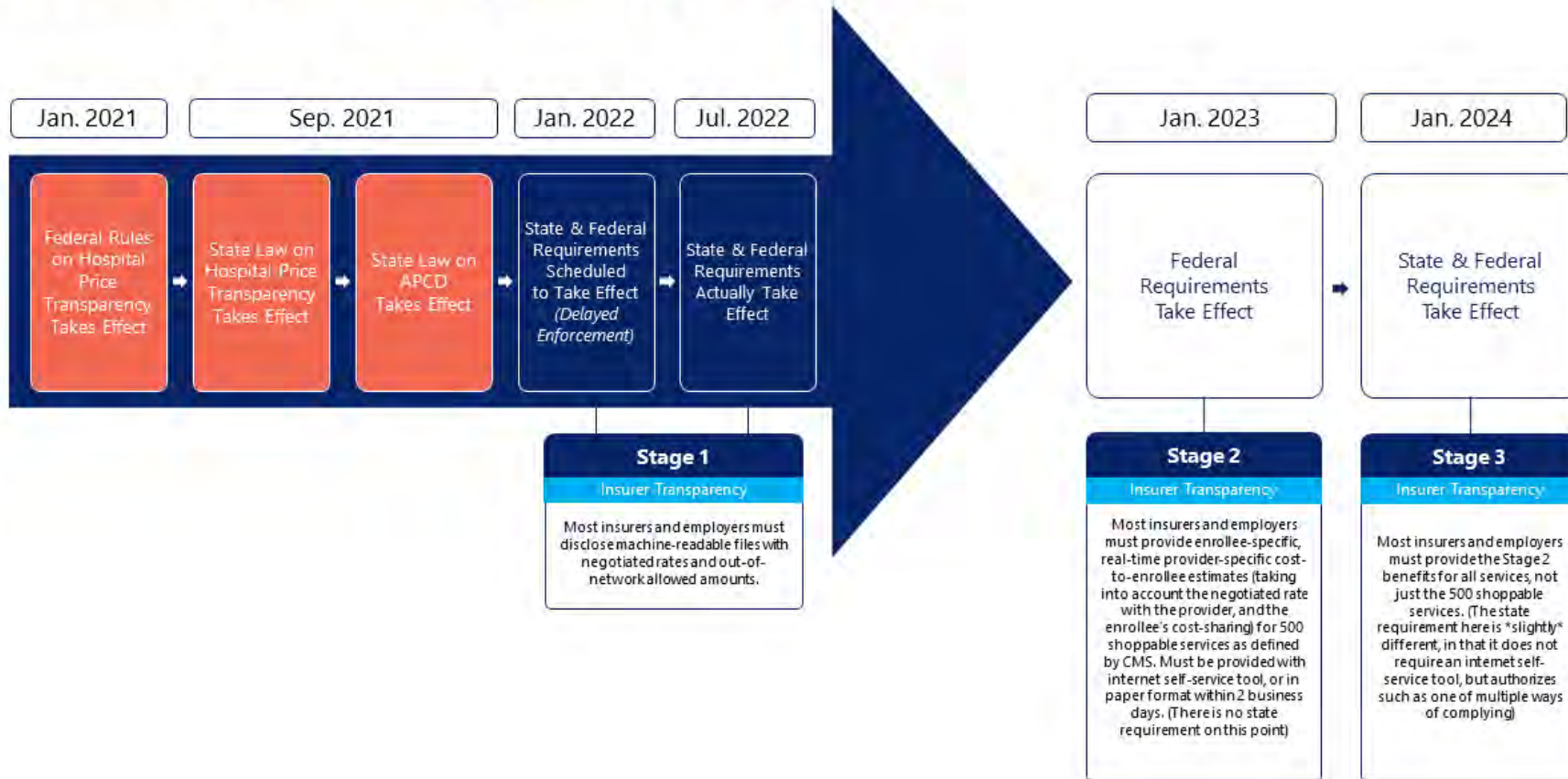


TEXAS 20
36

Reducing Employer Health Care Costs: State Legislation

Month XX, 2022





Health Price Transparency Timeline





Potential Legislation

- a. Anti-Competitive Contracting
- b. Site-Neutral Payments / Facility Fees
- c. APCD Improvements
- d. ERS/TRS Benefit Design Changes

 <p>All-or-nothing contracting</p>	 <p>Anti-tiering or Anti-steering Clauses</p>	 <p>Most-Favored Nation (MFN) clauses</p>	 <p>Gag Clauses</p>
<p>Health systems leverage the status of their “must-have” providers and require plans to contract with all providers in the system or none of them. This forces insurers to face a difficult choice - include all of the systems’ providers (even if they are low-value or high-cost) or lose them all.</p>	<p>Dominant systems may require a health plan to place all physicians, hospitals, and other facilities associated with a hospital system in the most favorable tier of providers (i.e. anti-tiering) or at the lowest cost-sharing rate to avoid steering patients away from that network (i.e. anti-steering). These clauses undercut a plan’s ability to direct patients to high-value providers.</p>	<p>Typically used by a dominant insurer in combination with a dominant health system, MFN clauses are contractual agreements in which a health system agrees not to offer lower prices to any other insurer. For a dominant insurer, this ensures they are getting the best price and that no rival insurer can negotiate to offer a novel product at lower rates. MFNs may also allow insurers and providers to collude to raise prices.</p>	<p>Gag clauses may prevent either party in a contract from disclosing terms of that agreement, including prices, to a third party. The lack of transparency from gag clauses and the mistaken notion that prices are trade secrets undermines price transparency tools for consumers and decreases plan sponsors’ ability to push back on rising prices.</p>

Spotlight: Anti-Competitive Contracting



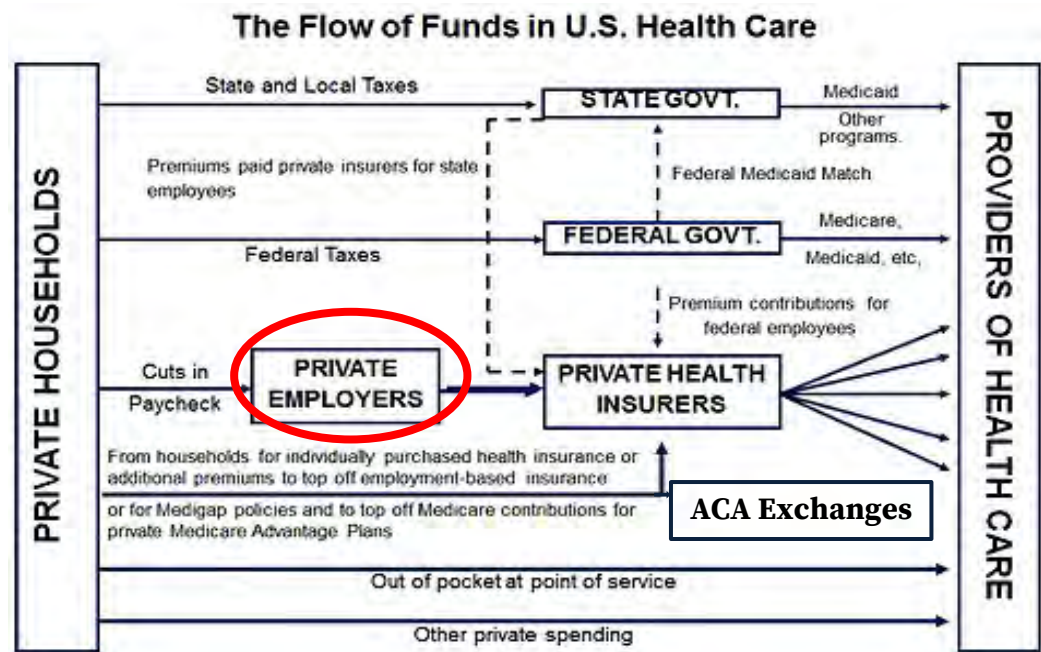
Take Action Now

Large employers have tried to change and failed. Now, it's time for the Legislators to act and they need to hear from Texans like you. Sign up now to be notified when you can take action.

What Can You Do?

Visit www.txeahc.org and sign up!

Role and Problems Employers are Trying to Solve in the Healthcare Ecosystem



Source: Uwe Reinhardt, "The Money Flow From Households to Health Care Providers". New York Times Economix blogs. Sept. 20, 2011. <https://economix.blogs.nytimes.com/2011/09/30/the-money-flow-from-households-to-health-care-providers/>

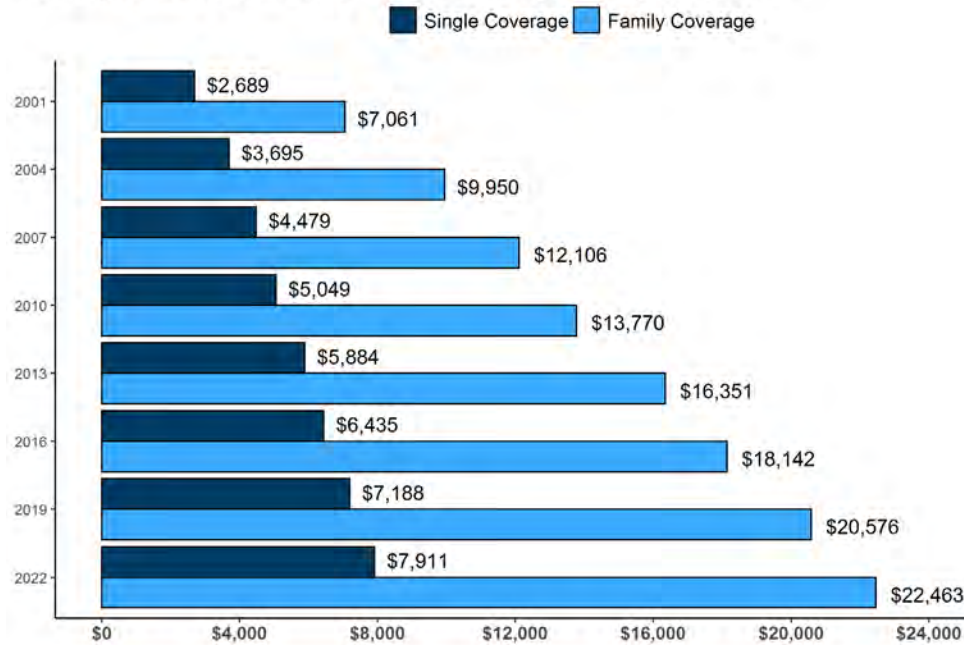
This is NOT private employers' day jobs ...yet they are facing:

- Unacceptably high and growing **costs**
- Inexplicably variable and mediocre **quality** of care
- Enormous **waste** in the health care system
- Serious inequities in health care and outcomes

Both sides of the value equation going the wrong way.

Relentless Increase in Costs

Average Annual Premiums for Single and Family Coverage, 2001-2022



SOURCE: KFF Employer Health Benefits Survey, 2018-2022; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2001-2017

Health Affairs
PRESS RELEASE
 March 28, 2022
 4:00 p.m. ET

National Health Spending Projected to Hit \$6.8 Trillion by 2030

Health spending growth expected to moderate as pandemic impacts wane

Washington, D.C.—New estimates released today from the Office of the Actuary (OACT) at the Centers for Medicare and Medicaid Services (CMS) and published online in *Health Affairs* project a rate of national health spending growth of 4.2 percent for 2021, rising nearly 4.3 trillion, after the 9.7 percent growth seen in 2020 that was driven by surges in federal supplemental funding to mitigate the impacts of the COVID-19 pandemic on the health sector. Average rates of health spending growth of 4.9 percent and 4.6 percent are projected for 2022–24 and 2025–30, respectively.

As declines observed in 2020, health care utilization is expected to rebound starting in 2021 and normalize through 2024. In addition, by 2024 the government share of health spending is expected to fall to 46 percent, down from an all-time high of 51 percent in 2020. COVID-19 supplemental funding is expected to wane.

Over the projection period, growth in national health spending is expected to outpace growth in national health care spending by 1.8 percent in 2020 to 18.2 percent by 2024 (on a constant 2019 price basis). Over the course of 2025–30, health spending is projected to exceed health care spending by 1.8 percent.

also

COSTS & SPENDING

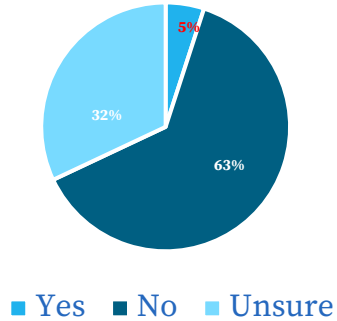
By Gerard F. Anderson, Peter Hussey, and Varduhi Petrosyan

It's Still The Prices, Stupid: Why The US Spends So Much On Health Care, And A Tribute To Uwe Reinhardt

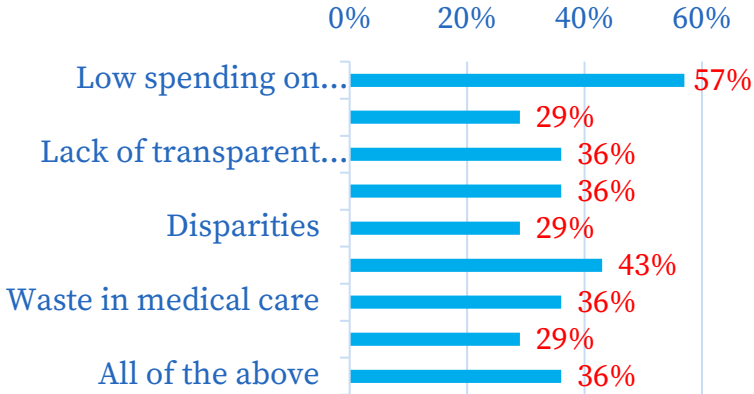
DOI: 10.1377/hlthaff.2018.05144
 HEALTH AFFAIRS 38,
 NO. 1 (2019): 87-95
 ©2019 Project HOPE—
 The People-to-People Health
 Foundation, Inc.

- **Prices rising** 5-10% year-over-year
- **Increased consolidation** allowing for monopolistic business practices
- Hospitals buying up smaller hospitals and underpaid primary care providers to **further control referral patterns and increase prices**
- PBMs **manipulating formularies and including hidden fees** in their contracts that increase costs by millions for employers
- Hospitals and doctors **fighting surprise billing legislation and regulations** with multiple lawsuits
- PBMs, insurers and health systems **refusing to give their self-insured employers access to their own data**
- Hospitals **making it difficult to access price data**, if they comply with the law at all (many haven't)
- Hospitals **refusing to engage** in arrangements with employers that would lower their cost
- Hospitals, physicians and health plans **refusing to use standardized metrics** so performance can be evaluated by customers

For the money you spend on health benefits and services, do you believe your employees'/members' health is improving?



If you answered no, why are you not getting what you want from your health spending?



PBGH uses a multipronged approach to get results for our members. We enable the **INNOVATIVE PURCHASING** of **QUALITY** health care.

Care Redesign

Direct Contracting

Strengthening Mental Health

Reducing Pharmacy Costs

Payment Reform

Measuring What Matters

Influencing Policy

TCoC Reduction Through Advance Primary Care



Josh Berlin,
rule of three, LLC,
CEO

Nate Murray,
Crossover Health,
Co-Founder

**Rushika
Fernendopulle, MD,**
One Medical,
Chief Innovation
Officer

Ryan Schmid,
Apree Health,
President

Juliet Breeze, MD,
Next Level Medical,
CEO

Networking / Exhibits / Refreshments



TCoC Reduction Through Transparency



Dan Burke,
Turner Industries,
Vice President, Corporate
Benefits, HBCH Board
Chair



Evelyn Li, PhD,
Mathematica,
Senior Researcher



Cora Opsahl,
32BJ Fund,
Health Fund Director



Hugh O'Toole,
Innovu,
COE

Exhibit Hall



Lunch Break





TCoC Reduction Through Organizational Culture



Faizar A. Bhojani, MD,
Shell,
Global Health Lead,
Downstream
Manufacturing Regional
Health Manager



Steve Cyboran,
Humaculture,
CEO, Consulting Actuary,
Chief Behavioral Officer



Ray Fabius, MD,
HealthNext,
Co-Founder and CEO

TOTAL COST OF CARE REDUCTION THROUGH ORGANIZATIONAL CULTURE



1. Introductions
2. Learning Objectives
3. Steve Cyboran - Humaculture[®]
 - Background and Maturity Model Concept
 - Seven Dimensions of Humaculture[®]
 - Dimensions of Aligned vs. Healthy Culture
 - Case Examples of Impact
4. Dr. Ray Fabius - HealthNEXT
 - HealthNEXT research and application
 - HealthNEXT Framework – 10 pillars
 - Process to Develop a Sustainable Culture of Well-being
 - Case Example
5. Key Takeaways



Learning Objectives

- **Intent:** A cultural transformation with operational rigor is achievable
- **Application:** An intentional process optimizes work and eliminates mis-steps
- **Success:** A healthy and aligned culture creates competitive advantages



Healthy Enterprise Maturity Model

	Focus on Treatment	Focus on Prevention/Management	Focus on Optimal Health/Behavior
Characteristic	Distinguishing Features		
Health	Provides high quality and cost-effective treatment	Reduces health risks and manages conditions	Optimizes health and fitness
Time-Off	Replaces pay, rehabilitates and returns to work	Advocates safety, accountability and risk management	Promotes life-long health and personal and professional renewal
Workplace Support	Treats minor injuries and/or handles medical emergencies	Detects and prevents problems to avoid more serious health issues	Empowers a culture of health
Behavioral Health	Treats personal and work-related mental health/substance-abuse issues	Addresses factors leading to substance abuse and mental health issues	Stimulates psychological wellbeing (mental, emotional, social)
Communications	Clarifies benefit coverage	Shapes behavior	Promotes proactive approach to health and well-being
Organizational Behavior	Addresses unacceptable behavior	Shapes desired behavior	Leaders model behavior consistent with organization's values
Measurement and Metrics	Measures and manages costs, utilization and treatment outcomes	Measures and targets interventions for prevention and disease management initiatives	Measures, assesses and targets interventions to improve physical, emotional and social capacity

Source: "Making the Case: New Study Shows It Does Indeed, Pay to Become a Healthy Enterprise." <https://www.ifebp.org/inforequest/0161496.pdf>, 2012 Benefits Quarterly



How do aspects of organizational structure and design encourage or discourage optimal behaviors?

The Humaculture® Approach Shifts Thinking

From	To
Reactive (Discipline, Treat, Replace Pay, Rehabilitate)	▶ Proactive (Engagement, Motivation, Performance, Fitness, Health)
Entitlement (Indemnify from Poor Work and Lifestyle Behaviors)	▶ Opportunity (Share Risk, Support Healthy Lifestyle)
Siloed Approach	▶ Shared Vision and Coordinated Approach
Driven by Competitive Practices	▶ Driven by Strategy to Create a Competitive Advantage
Market Determines Budget	▶ Intentional Design to Drive Behaviors within Desired Budget
Measurement of Costs (Turnover, Health Care, Absence, Disability)	▶ Measurement of Outcomes (Workforce Ready, Healthy, Motivated, Productive)



What is the focus of your people systems and reward programs?

The Seven Dimensions of Humaculture®

Dimension	Analogy	Conceptual Examples
Environment	Climate and Terrain	Laws, community, customer needs and wants
Organization	Soil	Entity structure, purpose, job design
Real Assets	Space and Fertility	Capital, other resources, available jobs
Intangible Assets	Garden Arrangement	Brand recognition, organizational culture
People	Plants	Shareholders, employees, customers
Rewards	Nutrient Distribution	Pay, benefits, customer value
Created Value	Harvest	Products, services



Humaculture® is a philosophy of, and systematic approach, to cultivate successful, profitable, aligned, and healthy organizations (“soil”) in which people can thrive.

How can the Humaculture[®] approach create a distinctive and magnetic workplace culture?

Envision

- Envision desired culture and employee value proposition (EVP) based on organization vision and mission
- Define elements that make it distinctive and magnetic
- Ensure support for institutional priorities
- Align key stakeholders
- Identify key metrics for success

Analyze

- Culture alignment and health
- Reward programs for all positions
- Other amenities and benefits
- Distinction between different types of rewards
- The EVP identity relative to key talent competitors

Optimize

- Determine optimal reward philosophy and align with organizational vision and mission
- Optimize reward programs
- Refine EVP identity, messaging, and communications
- Test EVP identity with current and prospective employees

We deliver results through rigorous actuarial analysis with customized metrics for success.



The Humaculture[®] approach can be applied at any level of, or in any area within, the organization.

Dimensions of Aligned Culture



Dimensions of Healthy Culture



An understanding of the aspects and dimensions of culture is essential to creating an optimal Humaculture®.

Outcomes of Humaculture®

- Based on the Healthy Enterprise research an example of the type of impact the Humaculture® approach can make includes:

TOP QUARTILE OUTCOME METRICS COMPARISON

	TOP QUARTILE	ALL OTHERS	PERCENTAGE DIFFERENCE
Healthy Enterprise Index	78%	50%	58%
Employee and Dependent Health			
• Annual Health Cost (PMPY)	\$3,431	\$3,769	-9%
• Annual Health Cost Increase	\$235	\$302	-22%
Employee Withdrawal Behavior			
• Turnover	8.1%	12.1%	-33%
• Extended Absence	3.9%	6.1%	-37%
Workplace Safety			
• Workers Compensation Cost	0.74%	0.89%	-17%

Source: "Making the Case: New Study Shows It Does Indeed, Pay to Become a Healthy Enterprise." <https://www.ifebp.org/inforequest/0161496.pdf>, 2012 Benefits Quarterly



Humaculture® has great impact on employee health, withdrawal behaviors, and workplace safety.

How does the Humaculturist® ensure all elements are in place for successful change?

Vision	+	Consensus	+	Skills	+	Incentive	+	Resources	+	Action Plan	=	Change
Vision											=	Confusion
		Consensus									=	Sabotage
				Skills							=	Anxiety
						Incentive					=	Resistance
								Resources			=	Frustration
										Action Plan	=	Treadmill



Any work to change the organization will likely struggle or fail if any of these elements are missing.

What is the role of health and well-being in achieving a Humaculture®?

Situation

A 12,000-employee health system needed to develop an aggressive strategy to:

- Streamline benefits
- Comply with the ACA, avoid penalties
- Change employee behavior
- Advance its wellness program

Approach

Articulate a vision, develop a choice architecture to:

- Leverage resources as an integral part of the program
- Promote healthy behaviors and better consumer choices
- Increase participation in the wellness initiatives

Results Include

- 98% participation in health risk assessments, biometric screenings, and cotinine testing
- 75% of employees verifiably risk free on all six outcome measures,
- \$2.5M in annual cost reduction (drop in costs)
- Employee costs also declined \$2M year over year
- A strategy to meet the coverage and affordability tests for all full time and applicable part time employees



When there is a well articulated vision for a Humaculture® and rewards are aligned to nurture the “plants”, they will thrive.

How does Humaculture[®] employ behavioral principles to improve time off and leave design?

Situation

- A top ranked private university with 2,000 faculty and staff experienced significant use of sick leave
- Existing programs were complex, promoted entitlement
- Faced \$6M annual cost and \$5M in liability

Approach

- Redesigned leave and disability programs to:
 - Fit desired employee value proposition
 - Drive accountability and workplace behaviors
 - Simplify programs and administration

Results Include

- An improved workplace culture
- More accountable and reliable workforce as measured by:
 - 52% reduction in unscheduled absence
 - 72% reduction in extended absence
- With additional value of improved employee relations as measured by:
 - 95% reduction in related employee relations issues
 - 29% reduction in high performer turnover and
 - 36% increased low performer turnover



A properly designed PTO program produces an accountable workforce, which was more attractive to high performing faculty and staff who valued reliable support.

How does Humaculture® provide a context for a successful healthy campus strategy?

Situation

- An education institution faced:
 - \$4M (15%) annual health care budget shortfall
 - Significant institutional short- and long-term budget constraints
 - Resistance to any benefit reduction or contribution increases

Approach

- Listen to committee
- Facilitate a shared vision with buy-in from diverse stakeholders, including skeptical faculty
- Develop a strategy and plan to minimize future cost increases

Results Include

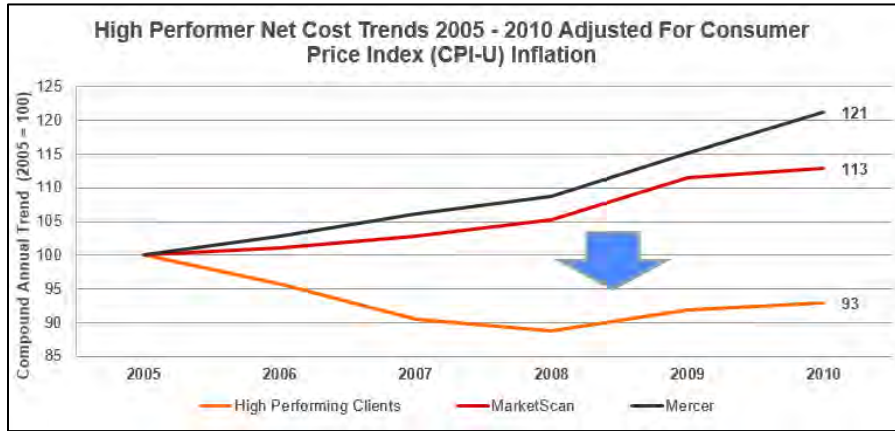
- Minimal university budget increase
- Benefits better aligned with organizational vision and mission
- Faculty and staff were given the opportunity to maintain current contribution levels
- Achieved 80% to 90% participation in wellness programs for 4 years
- Actual cost, including incentives, came in under budget
- Significant energy and enthusiasm for the initiative across the workforce
- Peer recognition for its healthy culture



The Humaculture® guiding philosophy assured the healthy campus strategy became a successful initiative.

HealthNEXT Research Thesis

If Culture of Health and Well-being Benchmark Companies bend the curve, create a healthier workforce and provide better stakeholder results – all companies can



*Taking a page from
Jim Collins*



WELLNESS

By Rachel M. Henke, Ron Z. Goetzel, Janice McHugh, and Fik Isaac

DOI: 10.1377/hlthaff.2010.0806
HEALTH AFFAIRS 30,
NO. 3 (2011) 490-499
©2011 Project HOPE—
The Hospital for People's Health
Foundation, Inc.

Recent Experience In Health Promotion At Johnson & Johnson: Lower Health Spending, Strong Return On Investment

Rachel M. Henke (rachel.henke@thomsonreuters.com) is a senior research leader at Thomson Reuters, in Cambridge, Massachusetts.
Ron Z. Goetzel is vice

ABSTRACT Johnson & Johnson Family of Companies introduced its worksite health promotion program in 1979. The program evolved and is still in place after more than thirty years. We evaluated the program's effect on employees' health risks and health care costs for the period

EXHIBIT 2

Johnson & Johnson Adjusted Medical And Drug Costs Versus Johnson & Johnson Expected Medical And Drug Costs With Competitor-Group Trend

Johnson & Johnson

FAST TRACK ARTICLE

Reducing Total Health Burden From 2001 to 2009

An Employer Counter-Trend Success Story and Its Implications for Health Care Reform

Harris Allen, PhD, William H. Rogers, PhD, William B. Bunn III, MD, JD, MPH,
Dan B. Pikeley, MA, MBA, CEBS, and Ahmad B. Naim, MD

Objectives: To examine total health burden for an employer whose health-related focus is direct and indirect costs. To explore implications for the Final Rule for Accountable Care Organizations recently issued by the Centers for Medicare and Medicaid Services, whose focus includes direct but not indirect costs. **Methods:** Used 42 claims and survey-based measures to track this employer's continental US workforce burden in the aggregate and by healthy and selected disease designations from 2001-2002 to 2008-2009. **Results:** Starting from equivalent baselines, this employer's aggregate total direct costs decreased 16% (8.5% adjusted) whereas comparable US per capita expenditures rose 22.1%. Even larger decreases were recorded in total indirect costs. The healthy and disease designations replicated this pattern.

but absent as a priority in the infrastructure that has been rolling out to enact this legislation.
Can focusing on the drivers of indirect and direct costs that comprise total burden in fact bend the health care cost curve? This article examines a recent study about trends in total health burden at Navistar, Inc (Lisle, Illinois), a leading corporate practitioner of the use of direct and indirect cost measures in the field. This study was undertaken with two main objectives. One was to assess the overall bottom line impact of the strategy Navistar has taken to manage workforce health and productivity. In this capacity, this article sets the stage for two papers that will follow in next month's issue,^{1,9} which hone in on recent steps the company has taken to measure and

FIGURE 3. Health care cost trend per employee/retiree: 1999-2009.
combined impact will be \$124 billion in net reductions to the federal information seen as the standard by which health plan performance is

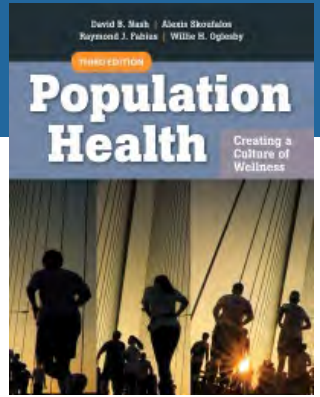
NAVISTAR®

HealthNEXT

In Pursuit of the Truth

Over a Decade of Research & Testing Best Practice

Need a strategic plan & corporate medical guidance



Tertiary Research:
3rd party literature review
Anecdotal learning



Secondary Research:
Internal retrospective research
Hypothesis generation &
Benchmark organization research



Primary Research:
Prospective application testing
& Proof-of-Concept



Culture of Health & Well-being Platform High Touch & High Tech

A roadmap, an itinerary, and an experienced guide

- Methodology with a decade of **research and application**
- Leverages **physician executive “NEXTperts”** distinguished by building cultures of health and well-being
- Scalable, easy to use, digital platform:
 - **Utilizes assessments** that leverage artificial intelligence and dynamic publishing
 - Generates of a **customized roadmap with recommendations & tasks**
 - **Tracks progress over time** as gaps from best practice are remedied



Participating enterprises receive a highly customized strategic plan and guidance from their NEXTpert

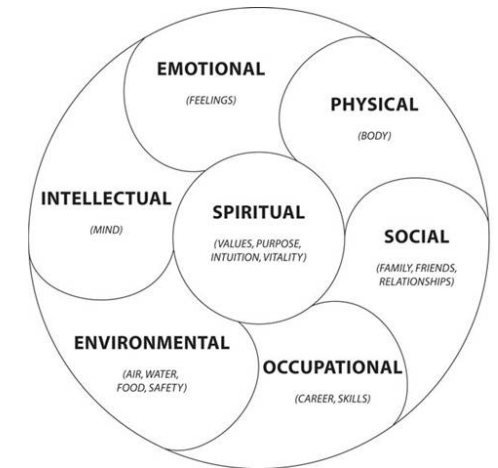
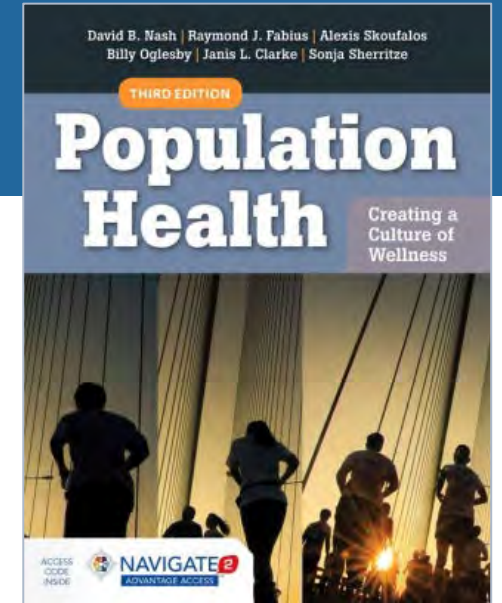
Reasons to Engage a HealthNEXT Physician Executive NEXTpert

- Troubleshoot a particular healthcare issue such as Covid-19, flu, RSV, etc.
- Develop an evidence-based population health strategy
- Share how benchmark employers create an enduring culture of health and well-being
- Analyze the illness burden of a population
- Recommend how to get better control of healthcare costs
- Reduce/address the prevalence/cost of catastrophic claimants and chronic conditions
- Help establish support for employees to best navigate the healthcare system
- Evaluate / help select specific healthcare product and service providers
- Support the implementation and oversight of workplace health centers
- Assist with evidence-based benefit design

HealthNEXT Process Key Tenets

Clinical and Business Rigor

- **Population Health:** Moving the population along the continuum towards wellness
- **Well-being:** “Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.” - World Health Organization, 1948
- **Triple Aim:** Building cultures of safety, health, and well-being in sequence with all stakeholders in mind
- **Six Sigma** rigor for Systematic & Continuous Improvement
- **Maturity Model** incorporates nine “Thresholds” of implementation and five intensities of effort (“not present” through “benchmark”)
- **Inter-Reviewer Reliability** – Validated, objective, peer review process

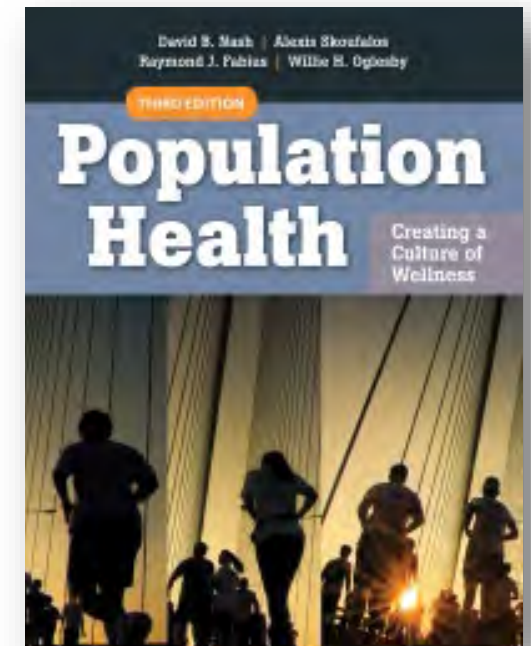


Managing Across the Continuum

Our Method Leverages Population Health



Moving the Population Toward Wellness



*Leading Textbook
in the Field*

HealthNEXT Culture of Health & Wellbeing Comprehensive Management System

TO ACHIEVE A CULTURE OF HEALTH YOU NEED TO IMPLEMENT A CRITICAL MASS OF
PROGRAMS & SERVICES WITH OPERATIONAL EXCELLENCE

Work Environment Engagement Population Health Wellbeing
Social Connection DEI Financial Fitness
Vendor Management Mental Health Worker's Compensation Biometrics
Advocacy Healthy Eating Workplace Environment Incentives Vendor Integration
Data Warehousing Workplace Safety Ergonomics Benefit Design Health Assessments
Management Alignment Disability Navigation Pandemic Response Leadership Support
Strategic Planning Marketing Data Analytics Communications

**The Employer
Assessment includes 10
pillars and 50 factors
which are scored and
sequenced**

**Based on a decade of
the research
identifying attributes
and capabilities of
best practice
employer programs**

Culture of Health and Well-being Pillars

Leadership Support / Management Alignment

Well-being Strategic Plan

Workplace Environment

On-site Well-being Activities

Health and Well-being Programs and Activities

Data-Driven Approach: Warehousing/Analytics

Marketing and Communications

Incentive and Benefit Design

Engagement and Navigation

Vendor Management- Oversight and Integration

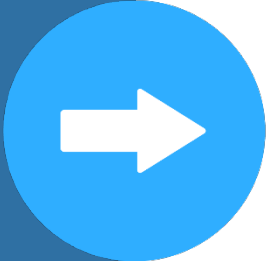
Application of Maturity Model

Leadership & Management

Factors: 1 2 3 4 5 6 7

Factor 1: Is there a clear leader and/or champion of the company's culture of health and wellbeing efforts?

i Move the slider up or down to select your choice in the below list.



Benchmark Caliber

There is documented evidence of corporate leadership (videos, signed letters, brochures...) and more than one leader and champion (executive sponsor) support for efforts (documented in videos, brochures, etc.).

Standardized & Effective

There is a designated corporate leader in the C-suite and champion (executive sponsor) of the organization's health and wellbeing efforts. We suggest appointing more than one corporate leader and champion with documented roles and responsibilities.

Solid Foundation

There is one designated corporate leader or champion. Consider expanding this to more than one, and frequently promote their efforts through brochures, videos, etc.

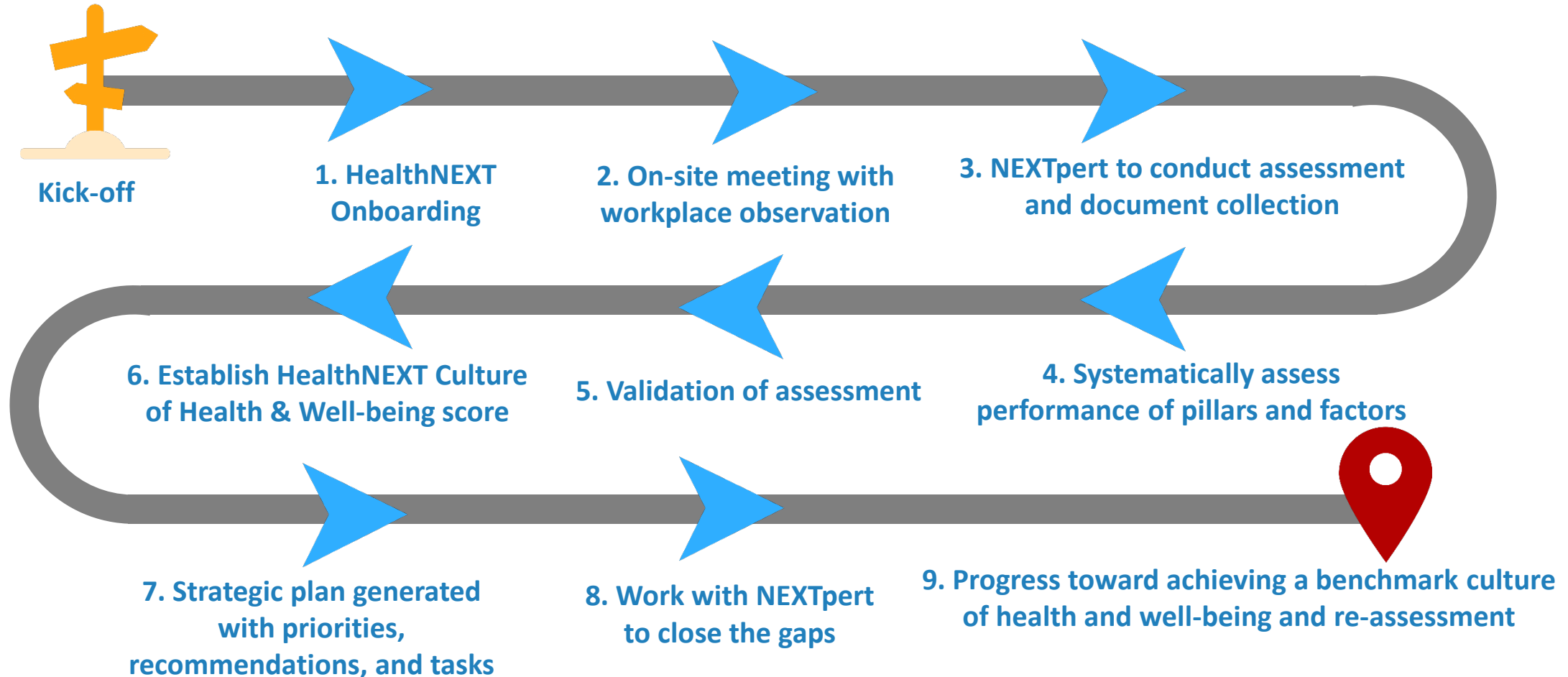
Getting Started

There is a designated leader or champion somewhere in the organization. We recommend expanding and elevating leader (or champion) visibility, authority and role in the organization; an active executive sponsor is best.

Not Present

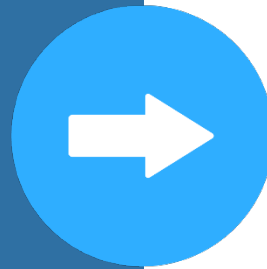
No documented evidence of a leader or champion. Consider expanding and elevating limited leader (or champion) visibility, authority and role in the organization; an active executive sponsor is best.

The Culture of Health and Well-being Program



Why Should You Cultivate Your Workforce's Health & Wellbeing?

IT'S THE RIGHT THING TO DO & GOOD BUSINESS PRACTICE



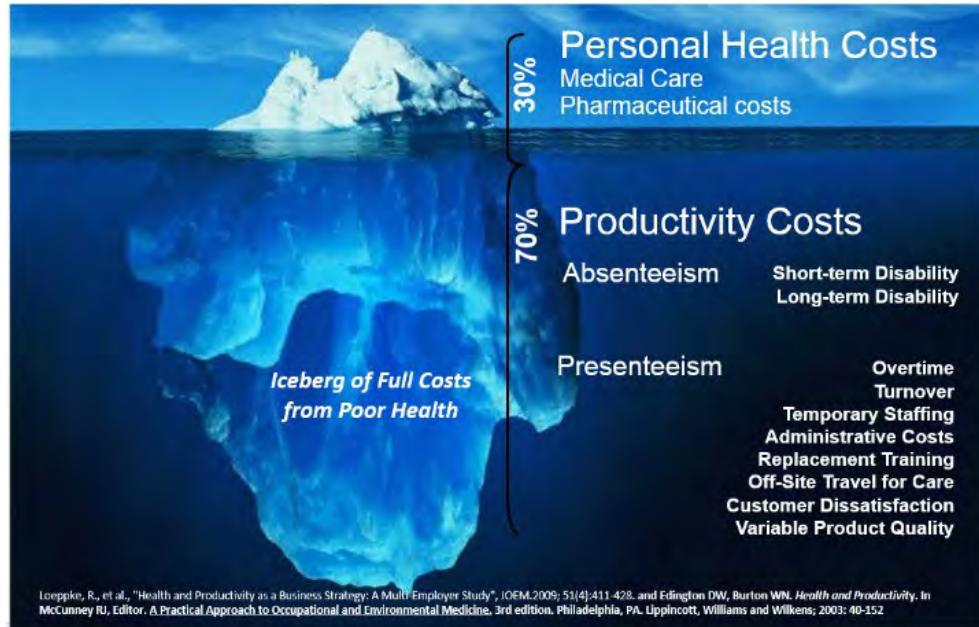
1. Control healthcare costs
2. Improve productivity
3. Reduce waste
4. Improve engagement
5. Attract & retain the best talent
6. Enhance workplace safety
7. Improve sales
8. Improve shareholders' returns
9. Stem the tide of obesity
10. Stem the tide of chronic illness

Research supports the importance of building a culture of health and well-being to produce sustainable behavior change and ROI from health and well-being programs.

Skill, Will and NOT ILL

Impact of Health & Wellbeing

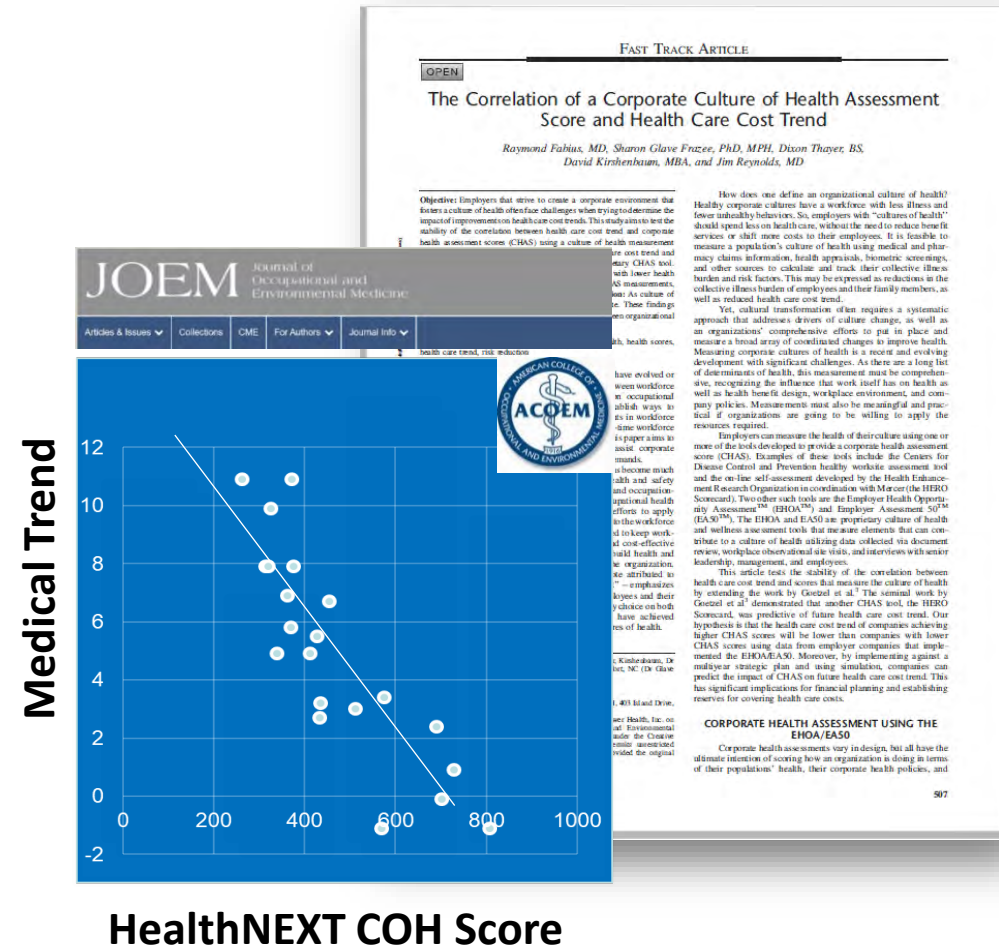
Continuum Of Employee Performance Outcomes due to Poor Health & Well-being



**For Every Dollar Spent on Health Care
There Are \$2-3 Lost in Productivity**



- The only proven method to bend the healthcare cost curve
- Sustainably improve the health of the workforce
- Provide a competitive advantage in the marketplace



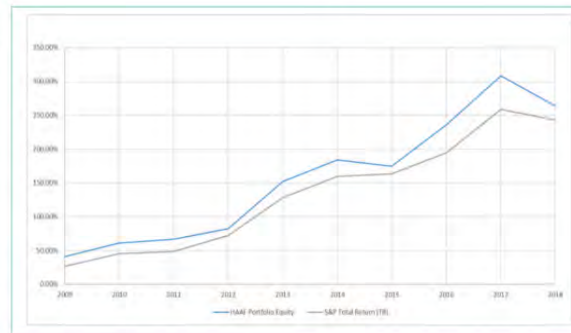
“Every 50 points reduces medical trend by 1%.”

Benchmark Culture of Health Companies Outperform on the Stock Market



Companies That Promote a Culture of Health Safety and Wellbeing Outperform in the Marketplace

Objective: The objective of this research is to test the hypothesis that companies distinguished by their commitment to their workforce's health, safety, and well-being outperform in the marketplace. **Methods:** To test this, we analyzed the real-world stock market performance of an investment fund of publicly traded companies selected on evidence demonstrating their pursuit of a culture of health, safety, and well-being. **Results:** This fund outperformed the market by 2% per year, with a weighted return on equity of 264% compared with the S&P 500 return of 243% over a 10-year period. **Conclusions:** Employers, fund managers, and fund investors would be well served by including strategies that assess a company's commitment to the health, safety, and well-being of their workforce when evaluating investments in their enterprise and portfolios.



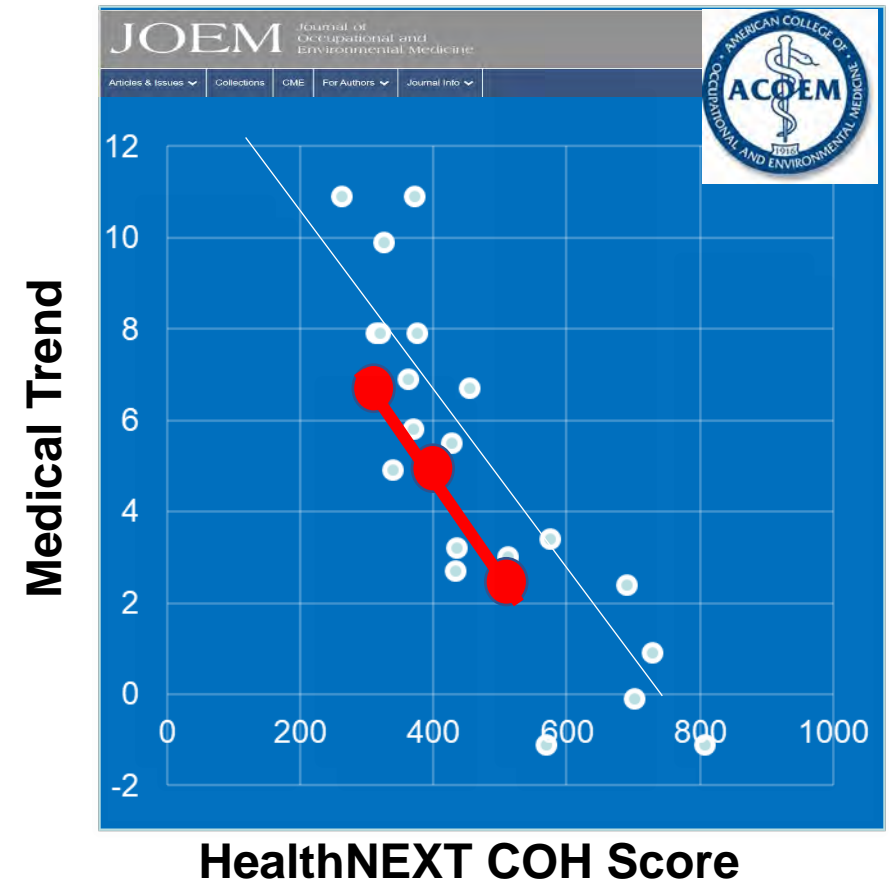
Culture of Health Portfolio outperformed the stock market by 20% over ten years

A Portfolio of companies that distinguish themselves by building cultures of health, safety and wellbeing appreciated 20% better than the S&P 500 during a ten year span 2009 - 2018

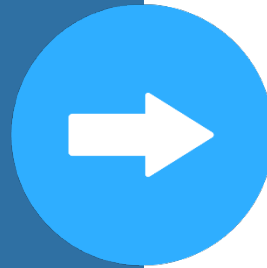
Case Study

Large, Iconic Brand (Over 50,000 employees)

- Assessment / RE-assessment process using our methodology
- Key Gaps from Best Practice
 - Weave into corporate culture
 - Marketing vitality
 - Cultivate local wellbeing champions
 - Enhance work environment
 - Leverage data & analytics – cockpit
 - Focus on population health continuum
 - Maximize impact of workplace health centers
 - Vendor management & integration
- Multi-year improvement of these gaps
- Advancing score
- Bending of Medical Trend
- Consistent with our research



Enterprises That Will Benefit from Partnering with HealthNEXT



From beginning the process through achieving best practice

- **Developing a strategy to build a culture of health and well-being**
- **Validating existing practices**
- **Measuring and reporting progress**
- **Identifying and remediating gaps to advance**
- **Implementing operational excellence and business rigor**
- **Avoiding mis-steps and uncertainty**
- **Any size company**
- **Any industry/location**
- **Any number of locations/offices**
- **On-site/virtual/remote workers**
- **Domestic / global**

Summary

- **Critical mass of efforts** are required implemented with operational excellence
- Multi-year strategic planning because **sequence matters**
- **Expert clinical guidance** is required
- Right thing to do & **Good business**

Key Take-aways

- **Intent:** A cultural transformation with operational rigor is achievable
- **Application:** An intentional process optimizes work and eliminates mis-steps
- **Success:** A healthy and aligned culture creates competitive advantages





Contact Information



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HealthNEXT



Steven Cyboran, ASA, MAAA, FCA, CEBS

Chief Behavioral Officer, Consulting Actuary

Experience

Steve Cyboran is an actuary and innovator around people, rewards and benefits. With a quarter century of consulting experience, he has been actively involved in a variety of strategy projects focusing on a behavioral approach to create a healthy culture, refine the employee value proposition, performance, organization effectiveness, health care, financial well-being, disability, and time-off. These projects include a collaborative approach to drive behavior through the design, administration, and implementation to achieve client objectives.

- Assisted a Midwestern university with the redesign of health care, dental, pharmacy, disability, voluntary benefits, and HR technology, resulting in savings of over \$15 million annually through better control of expenditures and without significant benefit reductions.
- Supported a renowned academic medical center with 14,000 employees to standardize time-off and disability programs across eight business units to support the personal renewal of employees, align the programs with total rewards and wellness initiatives, better manage the number of unscheduled absences and disabilities, and differentiate for key talent.
- Supported a health system with 45,000 employees consolidate 100 paid time off programs to align with its healthy culture initiatives and streamline the administration of the programs with metrics measuring success.
- Through the redesign and rollout of leave and disability programs, helped a top ranked private institution reduce unscheduled absences by 52%, reduce extended absence by 72%, reduce high performer turnover by 29%, increase low performer turnover by 36%, and reduce related employee relations issues by 95%.

Education and Credentials

Mr. Cyboran graduated with distinction from the University of Illinois, Urbana-Champaign with a BS in Mathematics. He is an Associate of the Society of Actuaries, a Member of the American Academy of Actuaries and a Fellow of the Conference of Consulting Actuaries. Mr. Cyboran earned Strategy Culture Alignment Certification by Work-Effects and Outmatch Certified Reseller Certification (Including Pomello Culture tools), and his CEBS designation from the International Society of Certified Employee Benefits Specialists. He is a member of the Society for Human Resource Management. He is also Chicago Chapter former President of the Disability Management Employers Coalition. He is a li-censed Life, Accident and Health agent in Oklahoma, Texas, Kentucky, and New York.

Publications/Presentations/Research

Steve Cyboran has led research, published articles, been quoted in the news or presented over 150 times. Following are a few examples of his work. Visit <https://www.cyboran.com/outandabout/> for more examples.

"The Value of a Healthy Culture: Understanding Benefits, Costs and Achieving Results", NACUBO

"PTO in Higher Ed? Absolutely!" Eastern CUPA, Spring Conference

"Why Should Physicians Work for Your Organization? Physician Alignment through a Magnetic Employee Value Proposition" Cyboran.com

"Making the Case: New Study Shows It Does Indeed, Pay to Become a Healthy Enterprise," Benefits Quarterly

"Leveraging an Integrated Health, Absence and Disability Model to Improve Outcomes." Council on Employee Benefits, Peer 2 Peer Call

"The Increasing Importance of Benefits Metrics," WorldatWork Podcast

Ray Fabius, MD

Co-founder and President

HealthNEXT

Throughout his career, Dr. Fabius has garnered medical and business leadership experience in an extensive variety of healthcare management areas including informatics, strategy, operations, network development and oversight, patient management, quality management, disease management, national accounts, occupational medicine, emergency preparedness, worker productivity, wellness, and health promotion, travel medicine, web-based health content delivery, data warehousing, and analytics.

He has served as a physician executive in academics, private practice, managed care, the health insurance industry, e-health, corporate and workplace health, the pharmaceutical industry, and health informatics and analytics. He served as Global Medical Leader for General Electric, Chief Medical Officer (CMO) for Thomson Reuters, Population Health Strategist for Walgreens, and CMO for Truven Health Analytics. He was also the CMO and president of I-trax, Inc. the leading provider of workplace health centers.

He is the author of many articles, book chapters, and five books including the leading textbook on population health entitled Population Health: Creating Cultures of Wellness. Dr. Fabius is also the 2021 recipient of the Bill Whitmer HERO Award for lifetime leadership in the health and wellbeing space. Dr. Fabius has served as the medical advisor for the Greater Philadelphia Business Coalition on Health for the last decade.



TCoC Reduction Through High Cost Claims Management



Chris Syverson,
Nevada Business Group
on Health,
CEO



Christine Hale, MD,
Lockton Benefits,
Vice President,
Clinical Consulting



Renzo Luzzatti,
US-RxCare,
President



Hugh O'Toole,
Innovu,
CEO



The Impact of High Cost Claims

CHRIS SYVERSON

NEVADA BUSINESS GROUP
ON HEALTH

MODERATOR

HBCOH

Houston Business Coalition on Health

Our Esteemed Experts

**DR. CHRISTINE
HALE**

HUGH O'TOOLE

RENZO LUZATTI

RAY CASAMBRE

LOCKTON

INNOVU

US-RX CARE

PFIZER

The State of High
Cost
Claims in the US

Data, Data, Data

Specialty Drug Pipeline

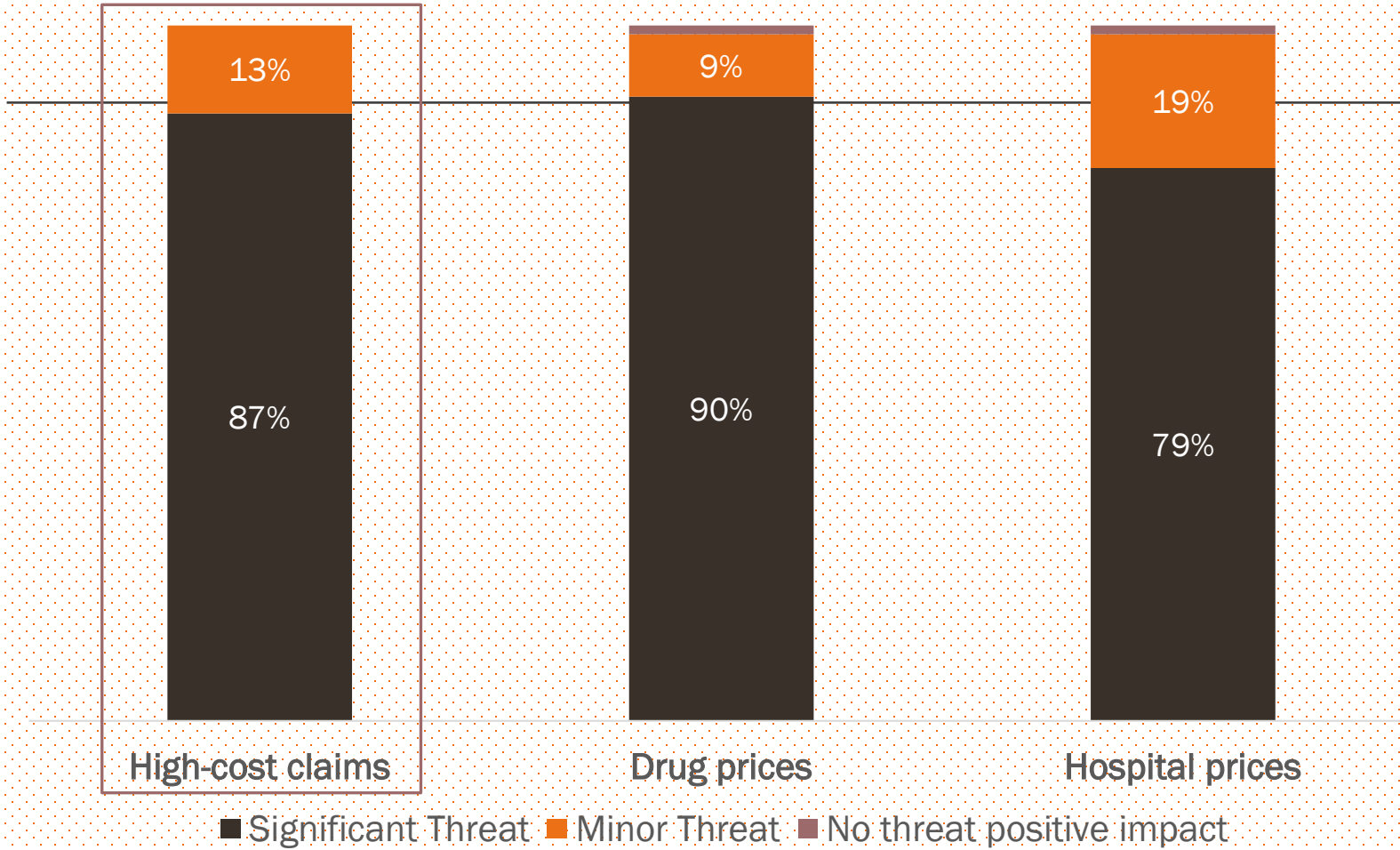
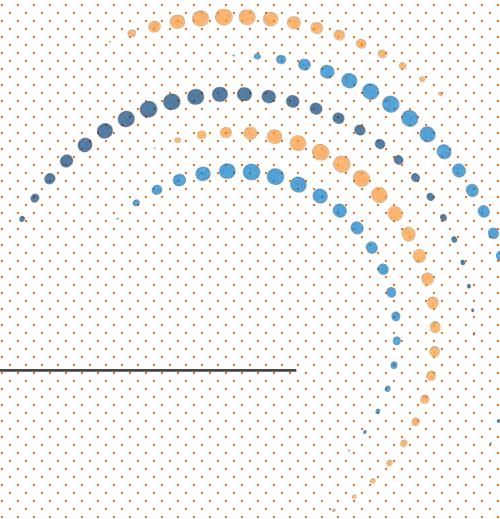
COVID Employer Initiative

Impact of COVID-19

Risk Analysis

Specialty Pharmacy
Management and
Strategies

Three biggest threats to affordability are drug prices, high-cost claims, and hospital prices



Nearly 8 out of 10 employers consider drug prices, high-cost claims, and hospital prices a significant threat to affordability of employer-provided health coverage for employees and their families

Key Findings

Employer/Purchaser Perspectives on High-Cost Claims

- Most cited strategies employers have continued to implement are for mitigating high-cost claims are:
 - Managing complex cases (65%)
 - Addressing the cost of specialty drugs (64%)
- Highest areas of new focus in the next couple of years include:
 - Offering precision medicine for cancer treatment (45%)
 - Implementing centers of excellence (39%)
 - Negotiating and auditing hospital prices (34%)
 - Auditing of intermediaries (30%)
 - Mitigating costs and coverage of rare diseases (30%)
- Most employers believe they are effectively managing high-cost claims through their intermediaries and the most cited were carrier/TPA (94%) and PBM (69%)
- Less common but increasingly being considered by employers to manage high-cost claims:
 - Reinsurers (30%)
 - Internal management (27%)
 - Specialty vendors (23%)

What's Really Driving Employer Health Plan Costs?

0.6%
of a population
drives 35%
of employers'
spend



Health care
inflation is driven
by price increases,
not utilization, think
new medical and Rx
technologies.



High-cost claims
are different

High-cost claimants
are made up of
cancers, complex
newborns, COVID/
sepsis, specialty
drugs and implants



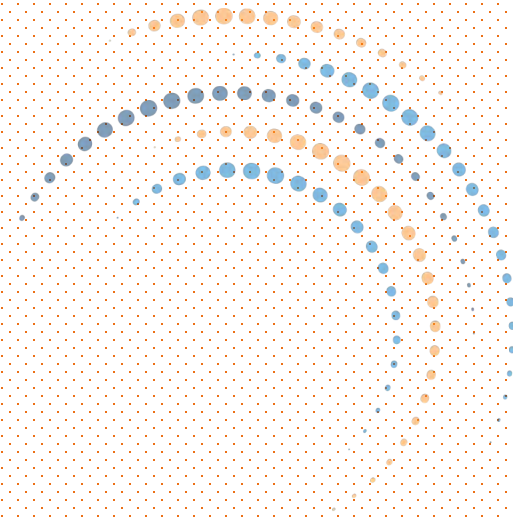
Specialty Medicines,
especially injectables,
are the fastest-growing
driver of high-cost claimants



High-Cost Claimant
Predictive Analytics
can *sometimes* identify
these individuals and target
early interventions



Chronic conditions are the direct cause of less than a
quarter of medical and pharmacy claims over \$50,000
(high-cost claims)



Stop Loss Market Overview 2022

Severity and frequency of catastrophic claims continue to increase. The market is hardening as a result

Cancer remains the **most costly** condition since 2010

COVID and Sepsis claims had significant **increases**. An increase in *Mental/ Behavioral Health* claims was also observed

Decreases continued in *Transplant and Renal*, likely due to better contracting and clinical management

Note: Due to a change in the methodology used to group conditions in this year's report, catastrophic cases in categories like cardiovascular, musculoskeletal, and neurological now appear in the top 10



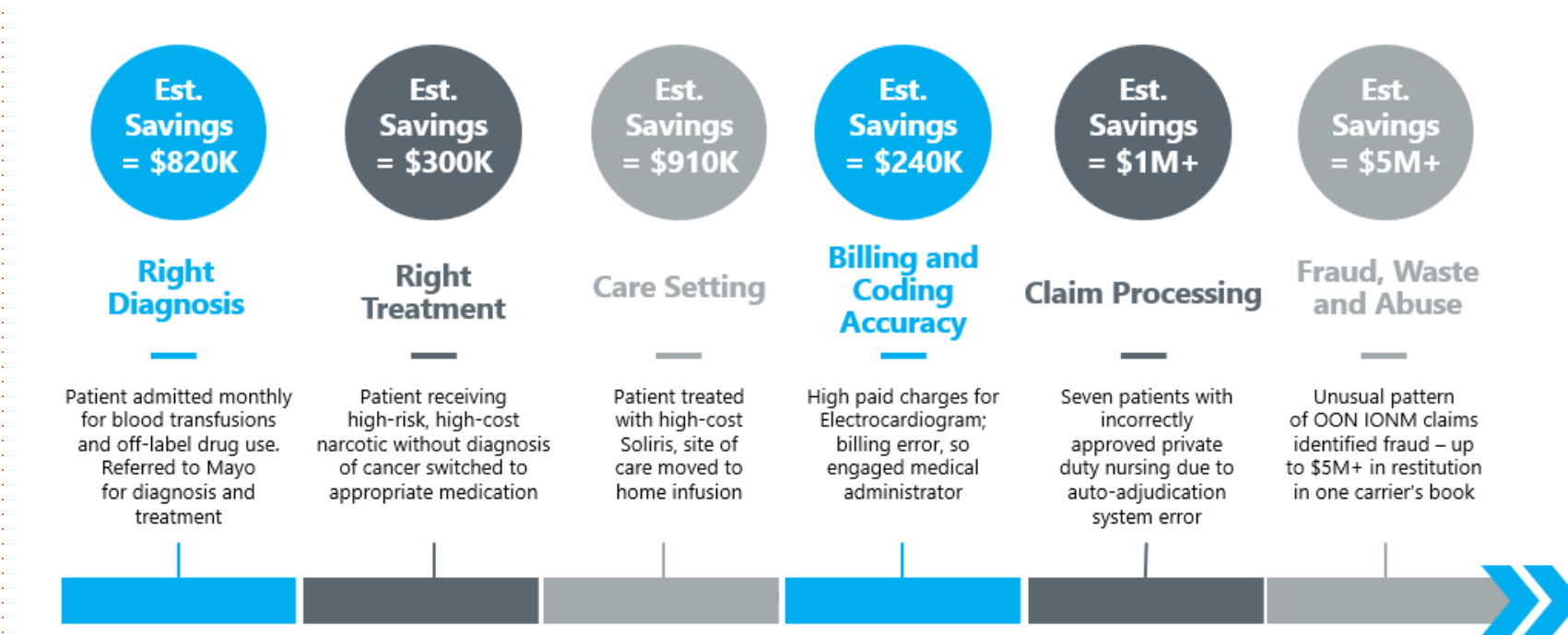
TOP 20 HIGH-COST CLAIM CONDITIONS

Stop-loss claim reimbursements

2021 Rank	4 Year Rank	Condition/Disease/Disorder	2021 Single Year Reimbursements	2018-2021 Reimbursements	Total payments
1	1	Malignant Neoplasm	\$294.9M	\$1.03B	38% Top 3 conditions
2	2	Leukemia, Lymphoma, Multiple Myeloma	\$117.0M	\$443.1M	
3	3	Cardiovascular	\$102.3M	\$389.4M	
4	4	Orthopedics/Musculoskeletal	\$89.6M	\$297.5M	70% Top 10 conditions
5	5	Newborn/Infant Care	\$82.3M	\$287.0M	
6	6	Respiratory	\$65.0M	\$234.1M	
11	7	Urinary/Renal	\$57.5M	\$222.6M	
9	8	Neurological	\$61.2M	\$210.7M	
10	9	Gastrointestinal/Abdominal	\$59.3M	\$200.9M	
7	10	Sepsis	\$64.2M	\$182.4M	
13	11	Congenital Anomaly (structural)	\$41.9M	\$172.0M	
12	12	Physician Treatment	\$47.1M	\$143.1M	
17	13	Transplant	\$26.7M	\$127.8M	
14	14	Cerebrovascular	\$29.8M	\$98.7M	
16	15	Hemophilia/Bleeding	\$28.4M	\$96.3M	
19	16	Immune System	\$21.2M	\$87.5M	
15	17	Mental and Behavioral Health	\$28.5M	\$87.1M	
18	18	Malnutrition	\$23.1M	\$79.8M	
8	19	COVID-19	\$61.5M	\$75.4M	
21	20	Blood and Blood Forming Organs	\$18.6M	\$72.0M	

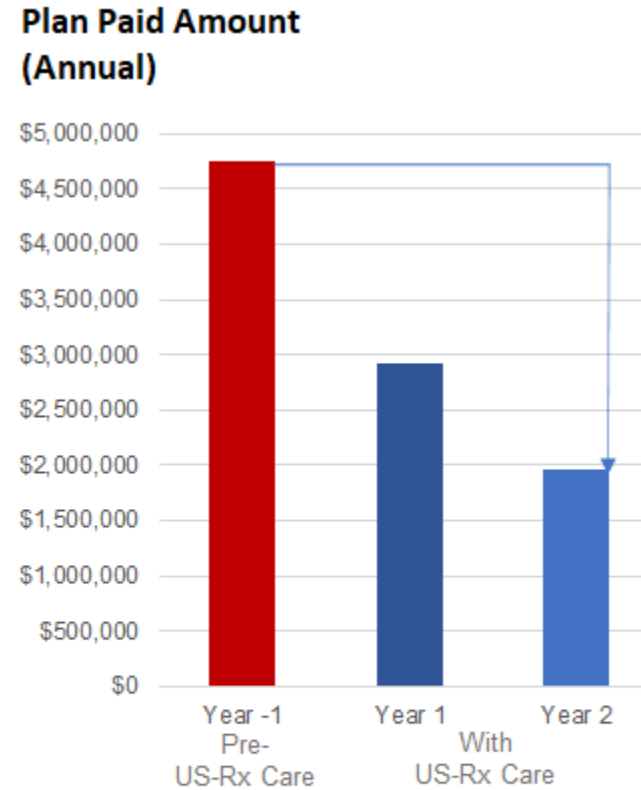
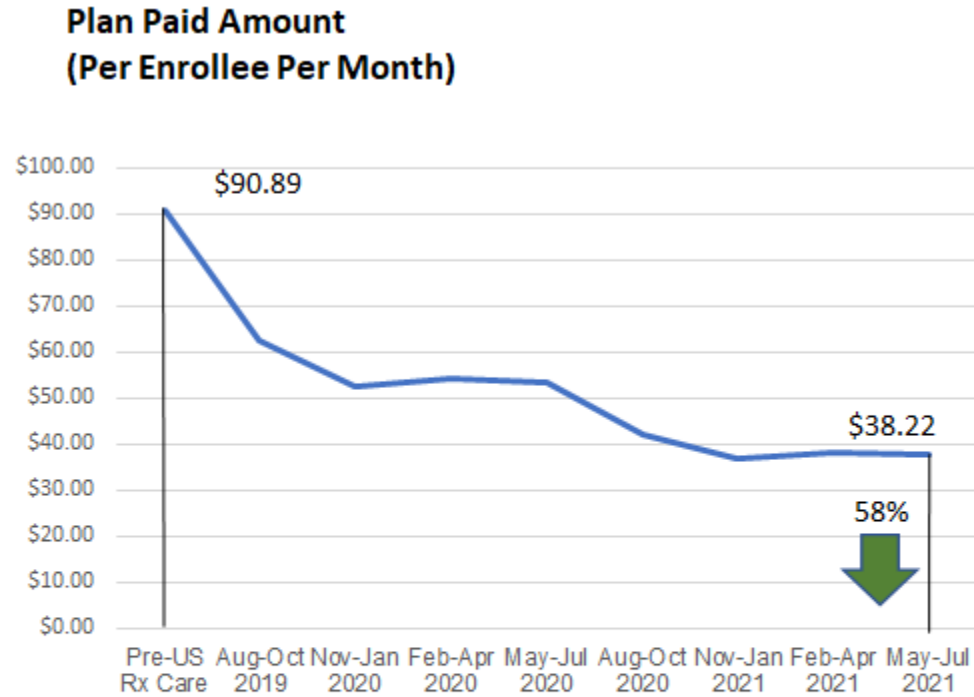
Source: Sun Life 2022 High-cost claims and injectable drug trends analysis

Case Examples



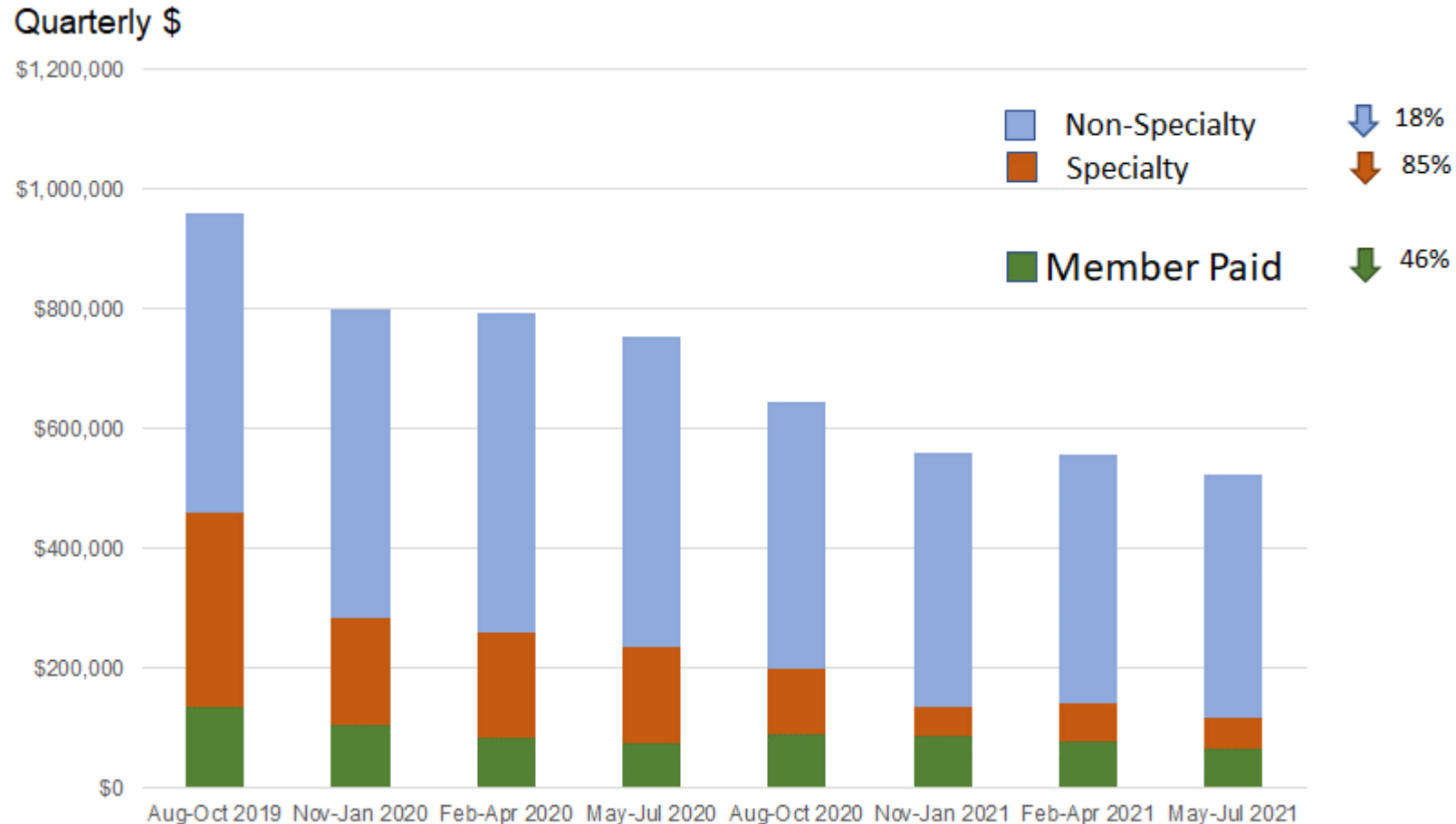
The factors, and therefor solutions, for complex claims are numerous and varied

4,300 Life Employer Pharmacy Benefit Spend Three Year Trend



- \$2.8 MM Annual Cost Reduction
- \$4.6 MM Two-Year Cumulative Savings

4,300 Life Employer Pharmacy Benefit Spend Plan and Member Contribution Trend



Key Questions to Ask / Think About Your Health Benefit Administrators / Suppliers Are You Optimally Aligned?

At The Highest Level

Are you trusting that your vendors are always looking out for the best interest of your organization and plan participants?
Are there misaligned incentives with your vendors that can drive up costs?

At A More Granular Level

You may not be optimally aligned with your vendors if the answer is “Yes” to any of the following.

Are conflicts of interest negatively impacting clinical decisions and utilization management?

Are benefit design & formulary structure influenced by rebates or vendor credits?

Are exclusive vendor contracts restricting access to lowest net cost options for care?

Are you not allowed to carve out clinical review, rebate, dispensing functions from your vendors?

Are prohibitions against making changes to formulary, guidelines, covered/not-covered status driving your up cost?

Are your vendors given unlimited discretion to authorize any drug or service no matter the cost?

Are your vendors given unlimited discretion to authorize any drug or service no matter the cost?

Are you being penalized for not carving in services?

Strategies For Superior Pharmacy Benefit Cost Management

CONTRACTING STRATEGIES

- Deconflict PBM and Medical carrier relationships (fiduciary compliant)
- Reduced / fixed markups for provider buy/bill drugs
- Outcomes-based drug pricing
 - Specialty generics filled in retail, not at specialty pharmacy
 - Payment amortization (pay-over-time)
 - Hospital at home/telehealth
 - Narrow networks
 - More timely and transparent reporting
 - Bill review/negotiation

Plan Design Strategies

- All drug management under the pharmacy benefit
- Dose rounding protocols (for injectables)
- More rigorous utilization management for high-cost drugs
 - PA/pre-certification functions
 - Preferred drug lists/formularies
 - Quantity limits
 - Step therapy
 - Specialty carve out
 - Exclusions/coverage limitations
- Aligned financial incentives with plan participants
- Leverage secondary coverage when available (e.g., spouse employer, Medicaid or Medicare)

CLINICAL RIGOR

- Separation of dispensing/rebates from clinical functions
- Independent, expert clinical management
- Cost-effective step therapy, when appropriate
- Elimination of waste
- Same level of clinical rigor applied to specialty drugs on medical side

COST-EFFECTIVE SOURCING

- Manufacturer co-pay and zero-cost patient assistance programs
- Unrestricted, competitive dispensing options and sources
- Site-of-care optimization for provider-administered drugs

Thank You

And

Questions?

Networking / Exhibits / Refreshments



TCoC Reduction Through Cancer Care Management



Robert Baird,
National Cancer
Treatment Alliance,
President



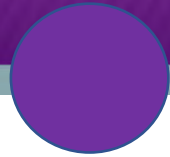
Alti Rahman,
Oncology Consultants,
Practice Administrator



Mandy Breckbill,
Genentech,
Healthcare Executive
Director



Fred Barton,
EmsanaRX,
Vice President of
Account Management



TCoC Reduction Through Formulary Management



Robert Popovia,
PhD,
Conquest Advisors,
Founder

Terrance Killilea,
Pharm D
USI Consulting,
SVP, Clinical/Fiscal
Integration

Lalan Wilfong, MD,
McKesson/US
Oncology, VP Payer
Relations & Practice

Josh Golden,
CapitalRX,
Senior VP of
Strategy

Lori Von Heyking,
Woodforest Bank,
Executive VP and
Chief Human
Resources Officer

Closing Keynote



Ray Fabius, MD
HealthNext,
Co-Founder and CEO



Ray Fabius Co-Founder of HealthNEXT
Closing Keynote – Putting Today's Session Together

HBCH CONFERENCE | 2022

STRATEGIES TO REDUCE TOTAL COST OF CARE

In Search Of The Holy Grail

In Person | December 8, 2022

**STRATEGIES
TO REDUCE TOTAL
COST OF CARE**

In Search Of The Holy Grail



Agenda

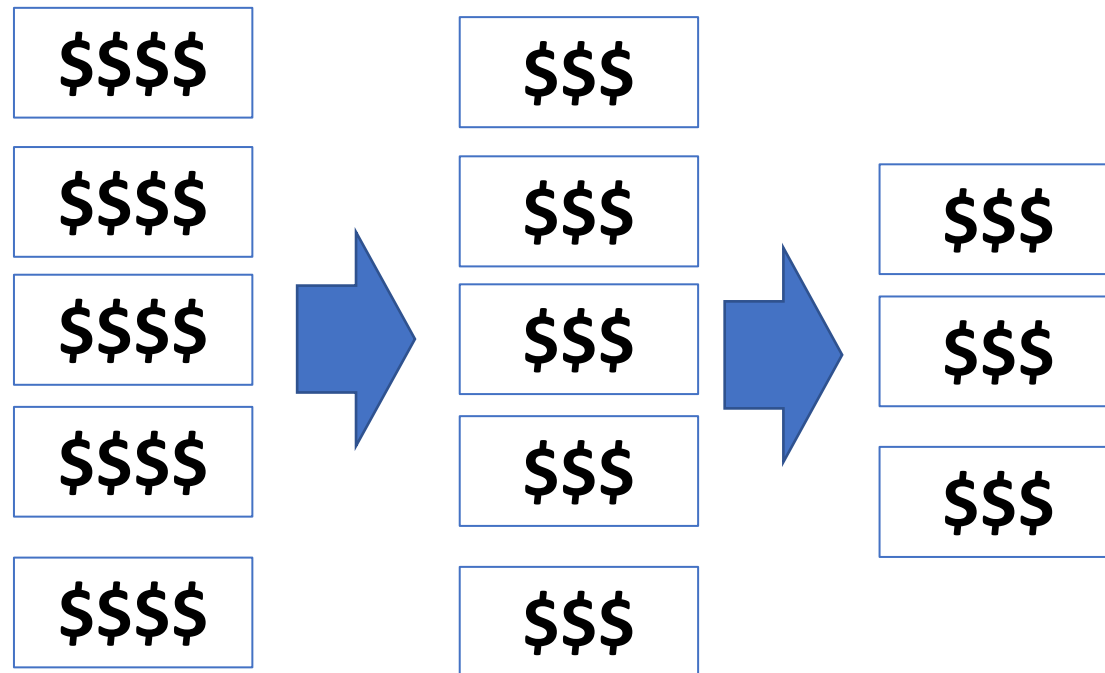
Summarize Today's Conference With a View to the Future

- **Two approaches to cost control – cost and use**
- **The importance of population health and wellbeing**
- **A focus on mental health**
- **Best practice enterprises are delivering a critical mass of programs and services to transform their culture**
- **Why this is good business?**
- **Why this is good for all of us**

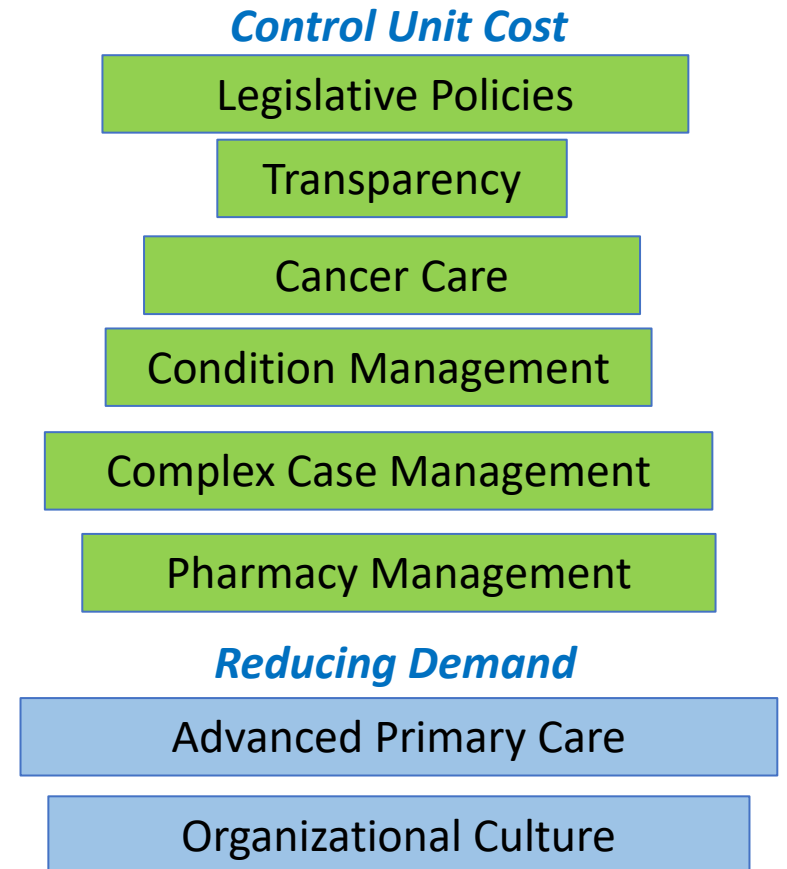


Two Key Ways to Reduce Healthcare Costs

Reduced Cost per Treatment / Create Less Need for Treatment



Best Practice Enterprises Focus Equally on Both Strategic Categories



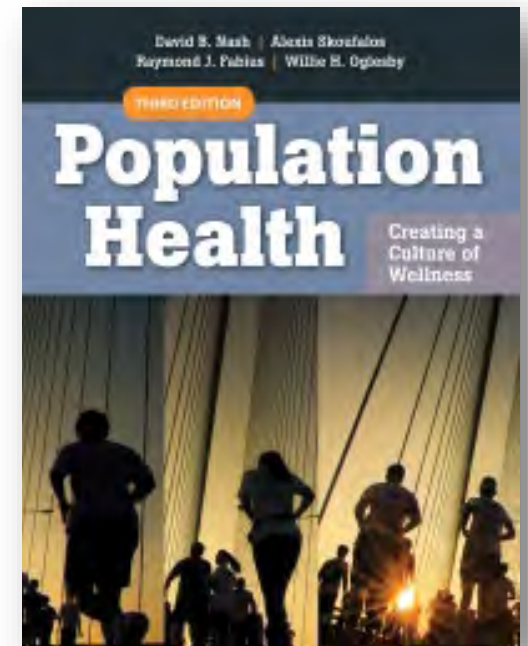
To Do Both You Have to Manage Across the Continuum

Supporting People Where They Are



← Moving the Population Toward Wellness

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*Leading Textbook
in the Field*

HealthNEXT

Keeping Well Employees Well

Not Just the Absence of Illness

WHO Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity

Components of Wellness

Social

Physical

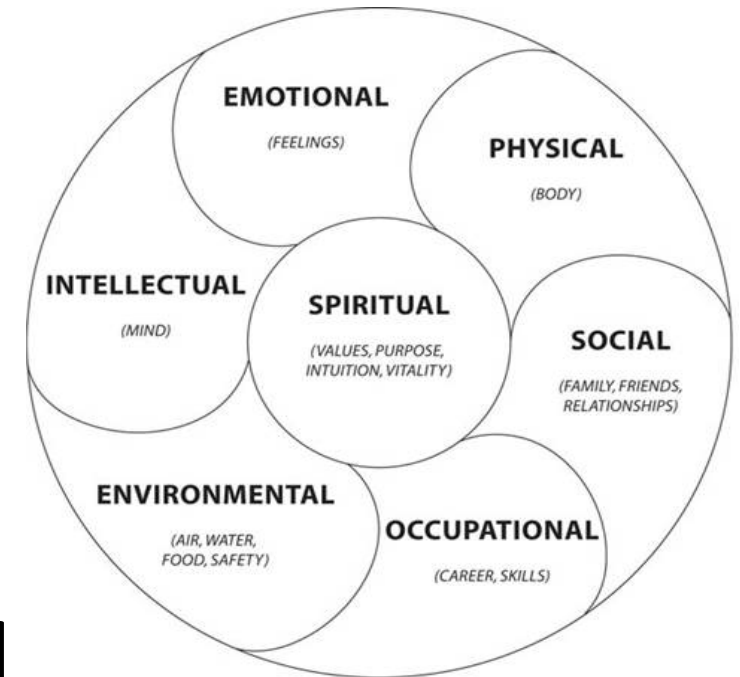
Emotional

Career

Intellectual

Environmental

Spiritual



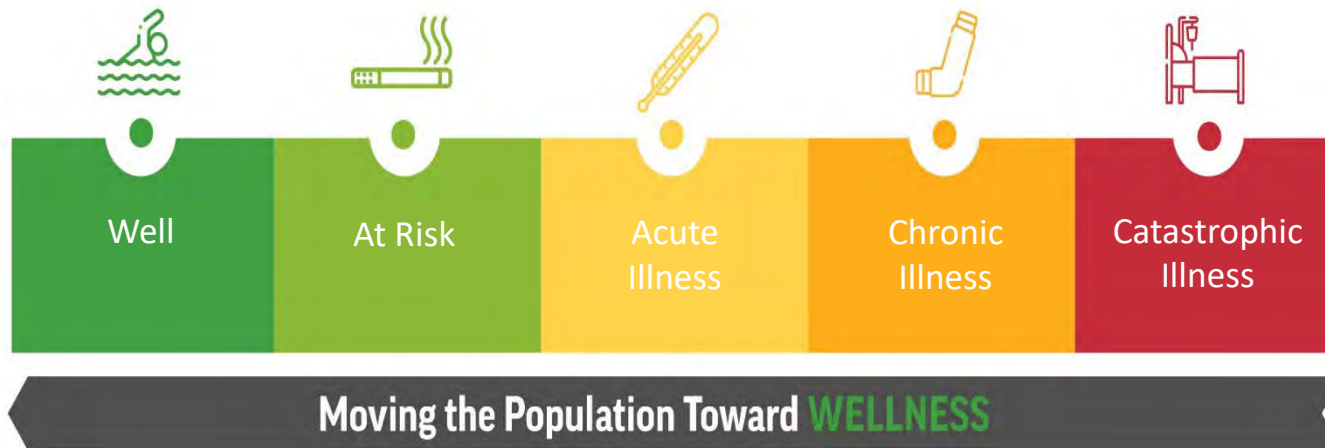
Source: <http://www.undstudenthealth.com>

Swenson, John A., M.D.

HealthNEXT

An Important Focus on Mental Health

- Keeping healthy people well = Resiliency
- Move people to lower risk categories = Stress
- Access to care & social support for acute illness = Struggling
- Managing chronic conditions to mitigate potential complications = Treated
- Provide care management for those with complex issues = In Crisis



Thriving "I got this."	Surviving "Something isn't right."	Struggling "I can't keep this up."	In Crisis "I can't survive this."
← ○	○	○	○ →
Calm and steady with minor mood fluctuations	Nervousness, sadness, increased mood fluctuations	Persistent fear, panic, anxiety, anger, pervasive sadness, hopelessness	Disabling distress and loss of function
Able to take things in stride	Inconsistent performance	Exhaustion	Panic attacks
Consistent performance	More easily overwhelmed or irritated	Poor performance and difficulty making decisions or concentrating	Nightmares or flashbacks
Able to take feedback and to adjust to changes of plans	Increased need for control and difficulty adjusting to changes	Avoiding interaction with coworkers, family, and friends	Unable to fall or stay asleep
Able to focus	Trouble sleeping or eating	Fatigue, aches and pains	Intrusive thoughts
Able to communicate effectively	Activities and relationships you used to enjoy seem less interesting or even stressful	Restless, disturbed sleep	Thoughts of self-harm or suicide
Normal sleep patterns and appetite	Muscle tension, low energy, headaches	Self-medicating with substances, food, or other numbing activities	Easily enraged or aggressive
			Careless mistakes: an inability to focus
			Feeling numb, lost, or out of control
			Withdrawal from relationships
			Dependence on substances, food, or other numbing activities to cope

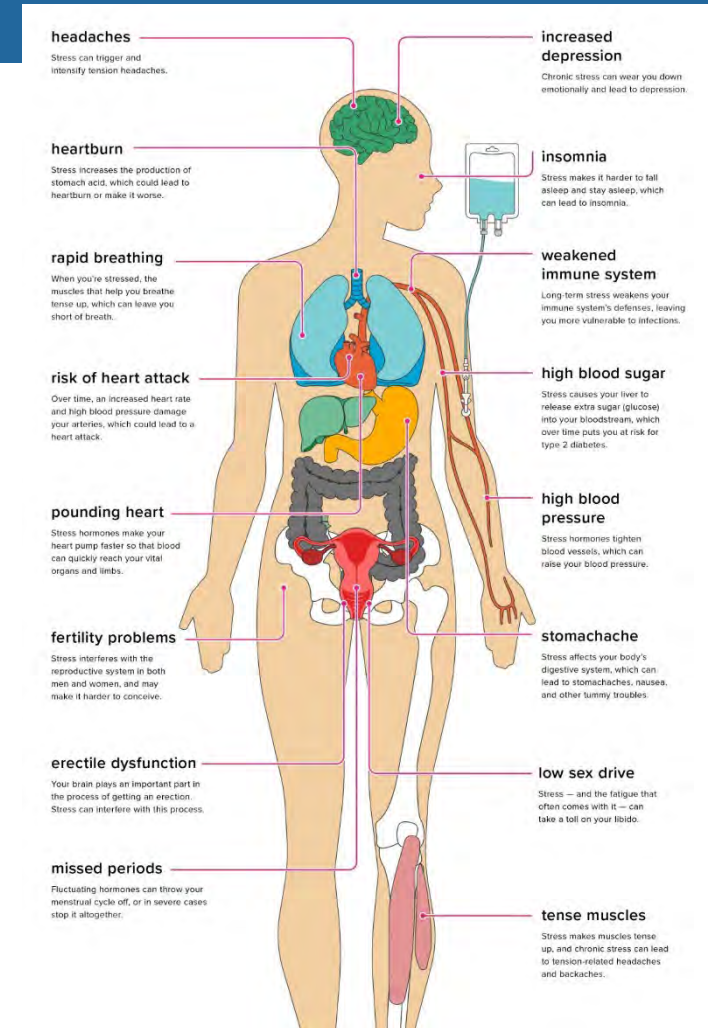
Adapted from: Watson, P., Gist, R., Taylor, V. Evlander, E., Leto, F., Martin, R., Vaught, D., Nash, W.P., Westphal, R., & Litz, B. (2013). Stress First Aid for Firefighters and Emergency Services Personnel. National Fallen Firefighters Foundation.

The Physical Impact of Stress & Mental Illness

No Separation Between the Mind & the Body

- Raises blood pressure
- Raises blood sugar
- Reduces immunity
- Reduces cognition
- Interferes with memory
- Promotes addictions
- Diminishes one's income
- Disrupts families and marriages

- **Headaches**
- Heartburn
- **Heart Attacks**
- Infertility
- Stomachaches
- **Depression**
- **Anxiety**
- Insomnia



Today's Topics Are Across the Continuum

Supporting People Where They Are



Well



At Risk



Acute Illness



Chronic Illness



Catastrophic Illness

Legislative Policies & Transparency

Advanced Primary Care

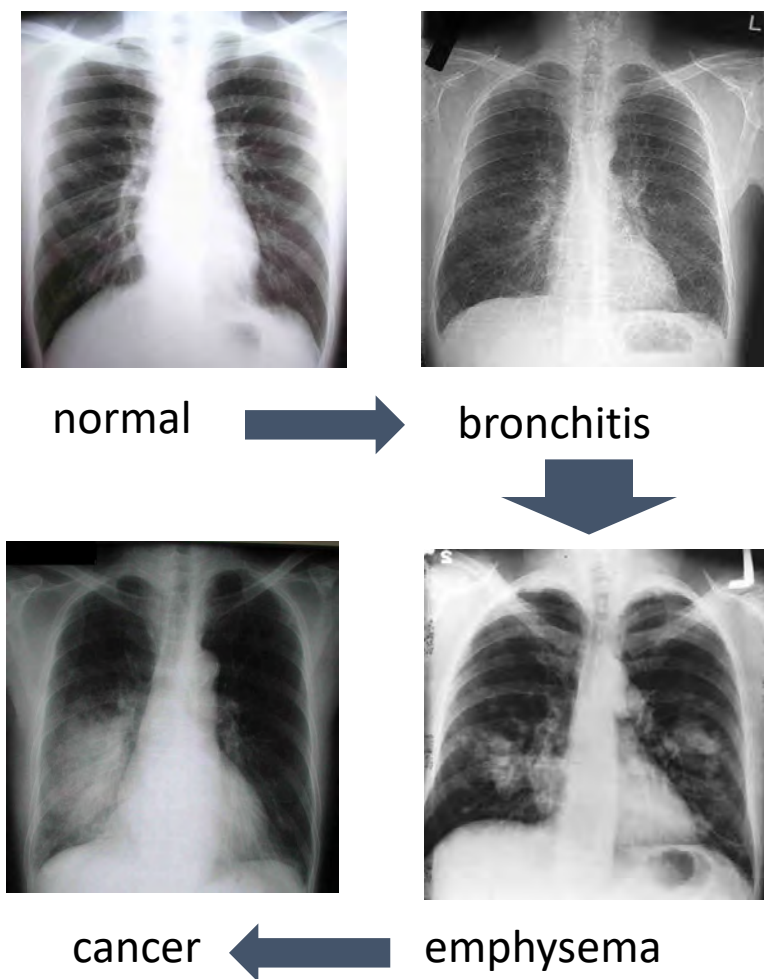
Cancer Care

Condition Management / Complex Case Management

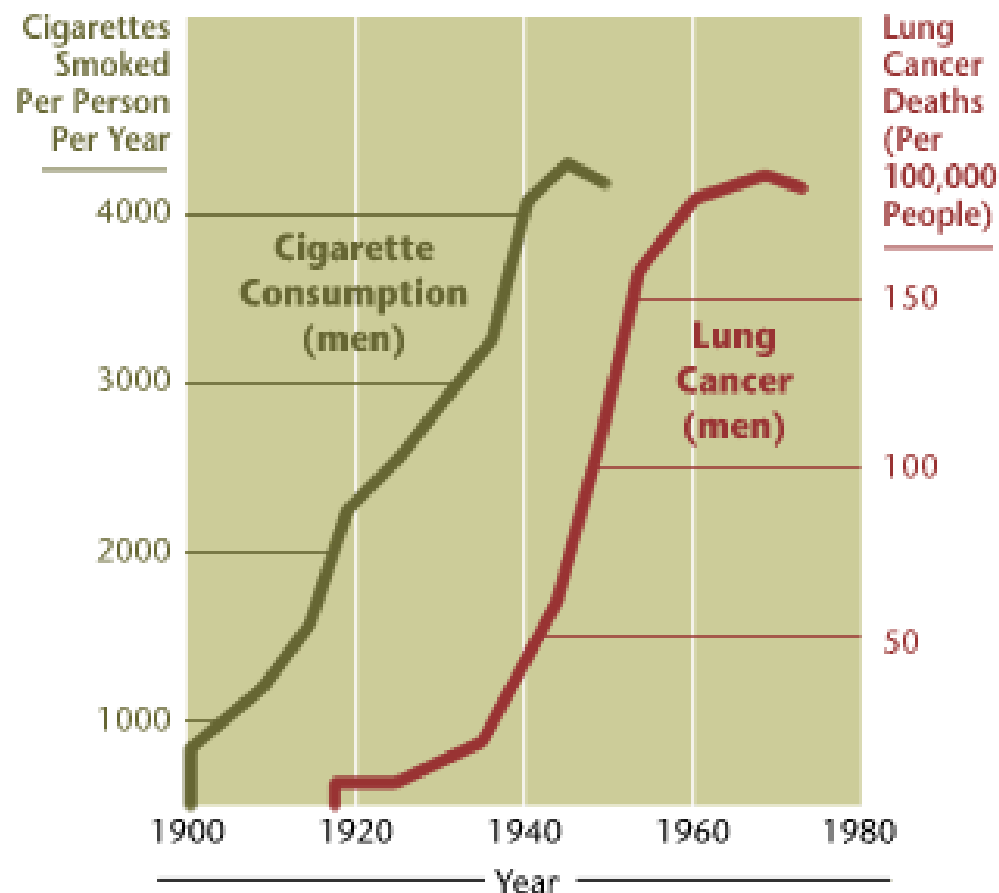
Organizational Culture

Pharmacy Management

INSIDIOUS PROGRESSION OF DISEASE: SMOKING & ACUTE ILLNESS LEADS TO CHRONIC & CATASTROPHIC ILLNESS



20-Year Lag Time Between Smoking and Lung Cancer



Culture Eats Strategy For Breakfast

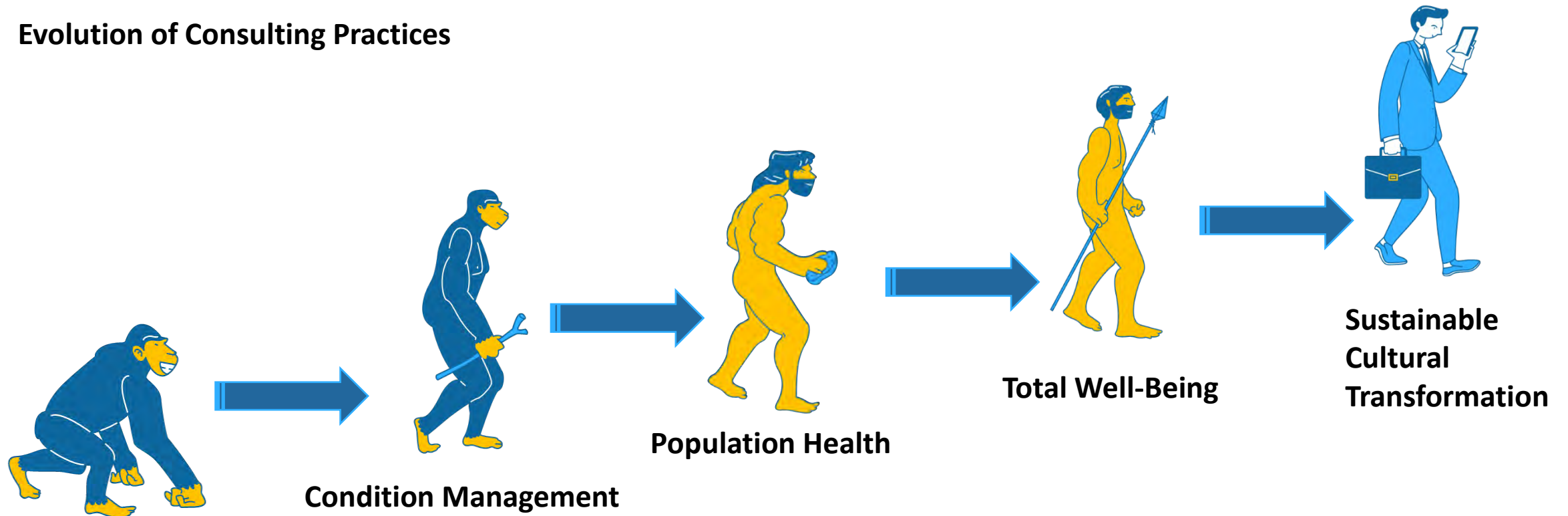
Best Practice Requires a Critical Mass of Programs

- **Legislative policy** / community health / social determinants of health
- **Transparency** can produce better competition & better shoppers – active consumers
- **Advanced primary care** can reduce demand and improve results through coordination
- **Condition management, complex case management and cancer care** can produce rapid returns
- **Pharmacy management** can reduce unit costs and future demand through medication adherence and MTM
- **Organizational culture** can make the healthy choice the easy choice and create a sustainable reduction in the need or demand for healthcare treatments and services



The Pathway to Sustainable Healthcare Cost Control

Evolution of Consulting Practices



Utilization Management

Condition Management

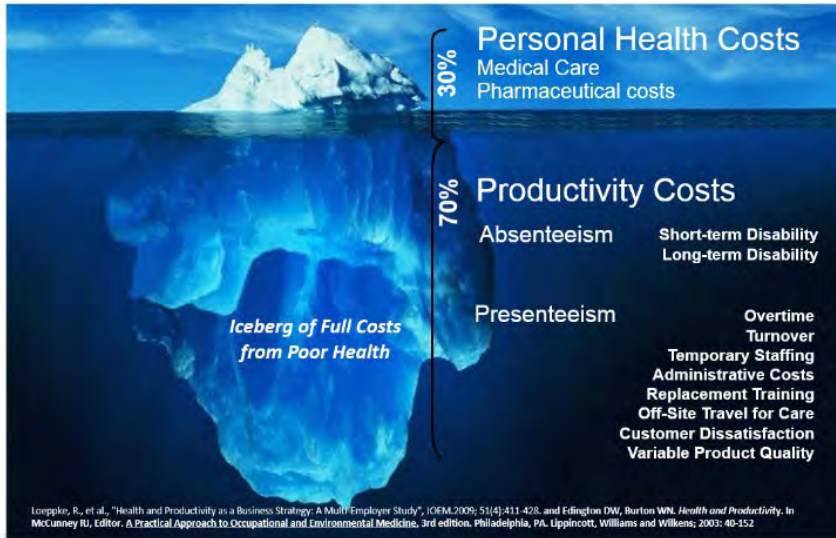
Population Health

Total Well-Being

Sustainable
Cultural
Transformation

Impact of Health & Wellbeing

Continuum Of Employee Performance Outcomes due to Poor Health & Wellbeing



**For Every Dollar Spent on Health Care
There Are \$2-3 Lost in Productivity**



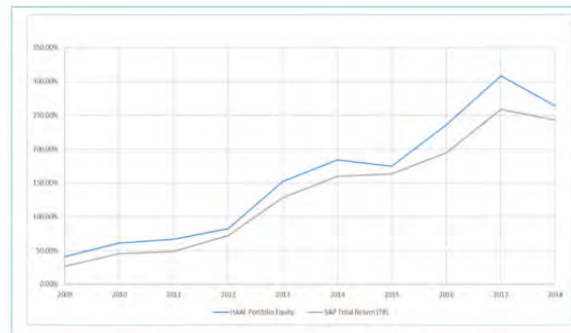
HR Mission = A Workforce with the Skill, the Will and is Not Ill

Benchmark Culture of Health Companies Outperform on the Stock Market



Companies That Promote a Culture of Health Safety and Wellbeing Outperform in the Marketplace

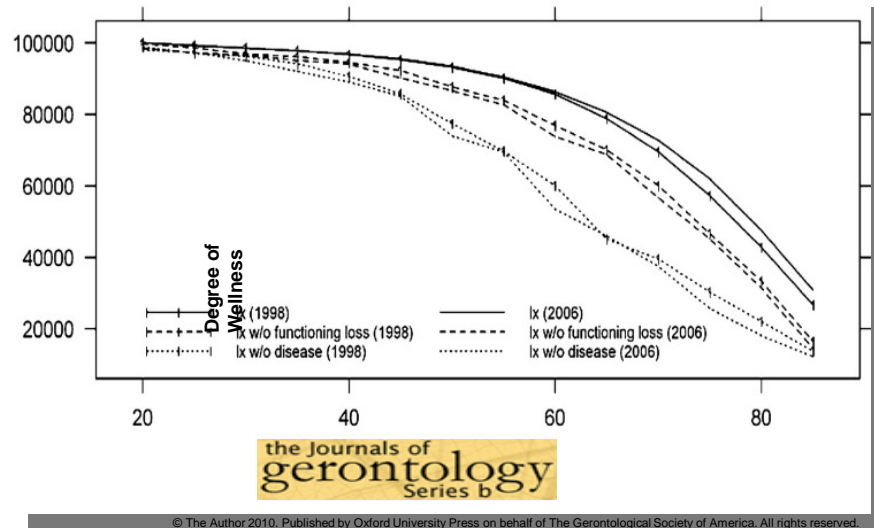
Objective: The objective of this research is to test the hypothesis that companies distinguished by their commitment to their workforce's health, safety, and well-being outperform in the marketplace. **Methods:** To test this, we analyzed the real-world stock market performance of an investment fund of publicly traded companies selected on evidence demonstrating their pursuit of a culture of health, safety, and well-being. **Results:** This fund outperformed the market by 2% per year, with a weighted return on equity of 264% compared with the S&P 500 return of 243% over a 10-year period. **Conclusions:** Employers, fund managers, and fund investors would be well served by including strategies that assess a company's commitment to the health, safety, and well-being of their workforce when evaluating investments in their enterprise and portfolios.



A Portfolio of companies that distinguish themselves by building cultures of health, safety and wellbeing appreciated 20% better than the S&P 500 during a ten year span 2009 - 2018

Culture of Health Portfolio outperformed the stock market by 20% over ten years

THE ULTIMATE GIFT OF HEALTH: *Compression Of Morbidity*



Crimmins E M , Beltrán-Sánchez H J Gerontol B Psychol Sci Soc Sci 2011;66B:75-86



***The Goal Should Be Sudden
Death in Overtime***

**The longer you stay healthy and vital,
the shorter your period of morbidity before life ends.**



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