

“It costs *how much?*”

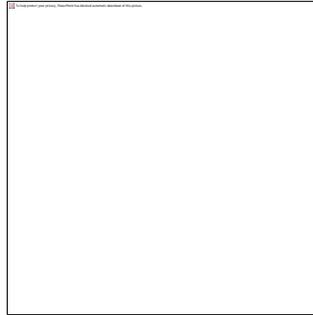
*Understanding Health Care Spending
and Getting to the Root of the Problem*

Webinar July 17, 2019

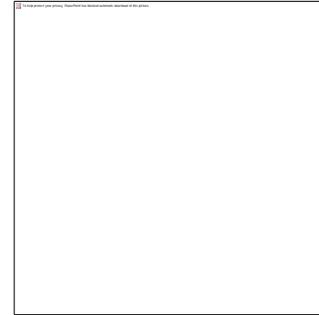
Presenters



Robert W. Dubois, MD, PhD
Chief Science Officer & EVP
*National Pharmaceutical
Council*



**Janet McNichol, SPHR, CAE,
SHRM-SCP**
Human Resources Director
*American Speech-Language-
Hearing Association*



Debbie Witchey, MHA
Executive VP/COO
*Healthcare Leadership
Council*

Agenda

- Welcome & Overview
- Health Spending and Value Initiative
- Community Town Halls on Health Spending
- Employer Case Study on Plan Design & Tradeoffs
- Q&A

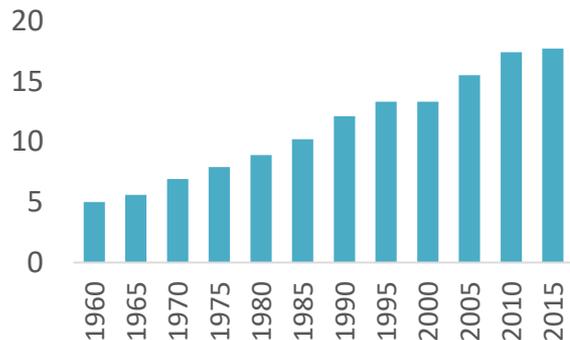
The Health Spending and Value Initiative

Robert W. Dubois, MD, PhD
Chief Science Officer and EVP
National Pharmaceutical Council

A New Dialogue Is Needed

Concerns about growing spending

Health Spending as a Percent of GDP

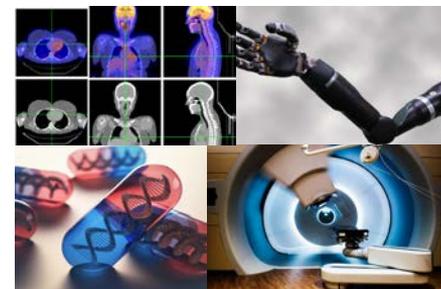


Persistent waste

A decrease in unnecessary healthcare services “appear to be slow in moving”

Health Affairs 2017, re: Choosing Wisely

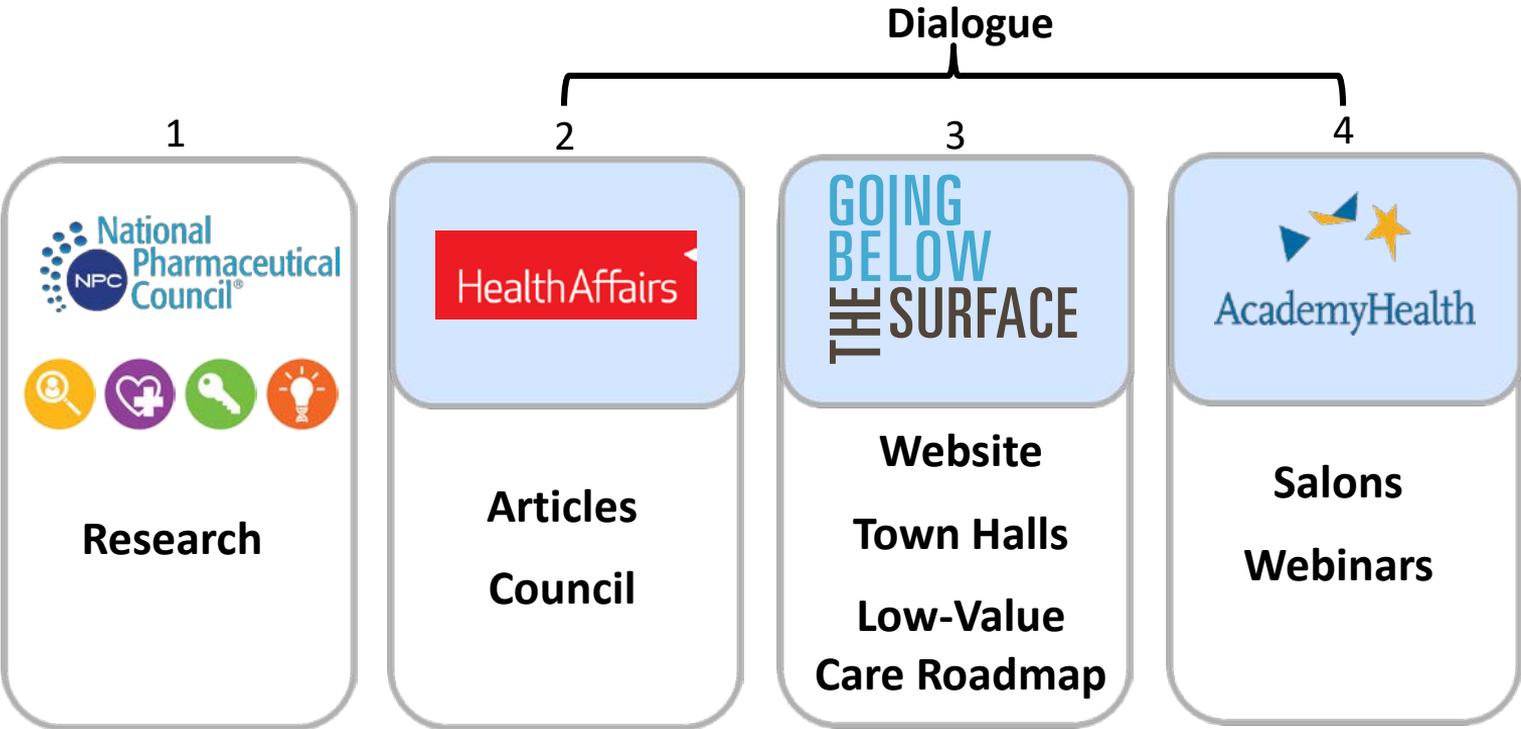
Desire for innovation



Addressing the Tough Questions

- Does health spending growth “crowd out” other spending? If we do nothing, will the “crowd out” continue to grow and force us to cut back on innovations in health care?
- Do we need to “dis-invest” in certain areas so that we can further “invest” in others (including preventative care and social determinants of care)?
- How do we know if we are spending too much in one area?
- How best to make these re-allocation decisions? Should resources be allocated by disease?
- When should there be a “No,” and who should decide?
- Given our lack of success thus far, is it realistic to believe that substantial amounts of low value care will be reduced, freeing up resources?
- As compared to other countries, is it realistic to lower the higher prices in the U.S. (hospital care, drugs, diagnostics, devices, specialists, long-term care)? If so, how?

Overview of The Health Spending and Value Initiative



#GoingBelowTheSurface

Going Below The Surface Forum

- **Mission:** Have a sustained, productive, and informed *dialogue* with all *stakeholders* to address challenging questions about *spending*
- **Goal:** Provide clarity on how best to *optimize health care spending* so that patients receive the *right care* while simultaneously providing the right incentives to *sustain next-generation innovation* to improve patient well being and health system efficiencies
- **Phased Approach**
 - Determine key questions
 - Identify answers
 - Offer solutions

Partners Represent Multiple Stakeholders



Let's Start The Journey



www.GoingBelowTheSurface.org

[#GoingBelowTheSurface](https://twitter.com/GoingBelowTheSurface)

GOING
BELOW
THE SURFACE



Community Town Halls on Healthcare Spending

Debbie Witchey, MHA
Executive VP/COO
Healthcare Leadership Council

AMGEN

NewYork-Presbyterian

Teladoc HEALTH



McKesson

tivity HEALTH

maxim healthcare services



Comfort Keepers

Mallinckrodt

Marshfield Clinic Health System

AdventHealth

CHANGE HEALTHCARE

Anthem

Cleveland Clinic



MAYO CLINIC



of Tennessee

surescripts

PREMIER



Cerner

leidos

HEALTHCARE LEADERSHIP COUNCIL



Cotiviti

ASCENSION

scan HEALTH PLAN

medidata

Medtronic

CVS Health

AMN Healthcare

Children's Hospital of Philadelphia

NorthShore University HealthSystem

genosity

connective Rx

SENIOR Helpers

Bristol-Myers Squibb

AmerisourceBergen

Johnson & Johnson

MemorialCare

IQVIA

Vineti

BioReference LABORATORIES

Texas Health Resources

MERCK INVENTING FOR LIFE

vizient

City of Hope

FAIRVIEW

stryker

HEARST HEALTH fdb zynxhealth mcg homecare homebase MEDiOK

How the Dialogue Started

- Are the conversations the same in a regional/local environment... “outside the Washington, DC beltway?”
- What are their pain-points?
- How can local constituencies influence change?

HLC's Regional Focus



- HLC's regional infrastructure was a natural fit for these conversations.
- **Raleigh, NC and Nashville, TN** conducted the first "beta" test programs.
- Audience comprised of various stakeholders

The Conversation - Raleigh

- Do we spend too much as a nation on healthcare?
- If so, how should we allocate these dollars?
- If not, can we get greater benefit from our dollars spent?
- What trade-offs are you willing to make to decrease healthcare spending?

The Conversation - Nashville

- Challenge Questions
 - The patients' responsibility of caring for their own health
 - Who says "No?"



More to come...

- Follow-up focus groups for town hall attendees to dig deeper into the conversation.
- Explore ways to expand town hall dialogues across the country.
- Seek out other interested groups with which to partner to conduct town halls.

Are *you* interested in conducting a town hall on healthcare spending?

contact@goingbelowthesurface.org

#GoingBelowTheSurface

GOING
BELOW
THE SURFACE

ENGAGING EMPLOYEES IN HEALTH BENEFIT DESIGN

Janet McNichol, SPHR, CAE, SHRM-SCP

Human Resources Director

American Speech-Language-Hearing Association

WHAT IS?





WHAT IF?

WHAT WE LEARNED



People can understand and make health insurance tradeoffs.



People will sacrifice their own preference for the good of the group.



Participating made people very accepting of plan limits.

WHAT WE LEARNED



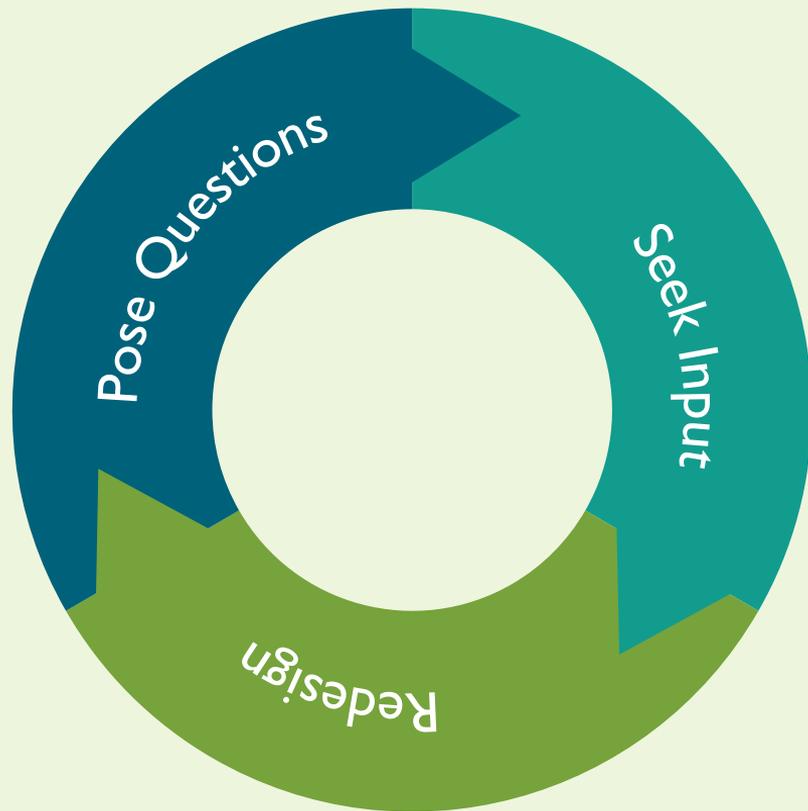
People who participated were more likely to say they have a high understanding of their health insurance.



Enrollment in our high deductible health plan increased by ten percent.



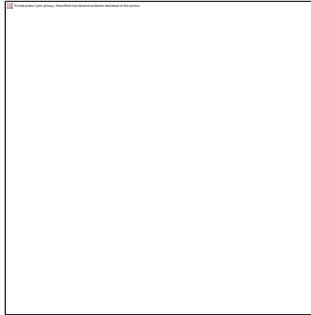
Did greater understanding give people the confidence to enroll in a high deductible health plan?



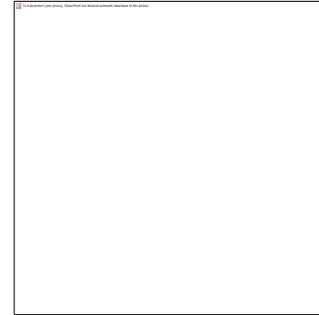
Questions?



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Thank you!