



EMPLOYEE BENEFITS LEADERSHIP FORUM 2019 RECAP

#2019EBLF *By The* Numbers

575

Total Attendees
by Firm

283

Carriers/Reinsurers

54

Industry
Representatives

238

Brokers & Consultants

EXECUTIVE SUMMARY

Close to 600 industry leaders convened in Colorado Springs, Colo., May 28 – 31, 2019, for the 18th annual Employee Benefits Leadership Forum. Attendees gathered to build and strengthen strategic relationships, learn from their peers and glean market intelligence.

PREVAILING THEMES

- The healthcare ecosystem is under close examination for its lack of transparency and rising costs. While there has been rapid bipartisan movement in Congress to address these issues, the industry continues to explore short and long-term solutions, like defining 'quality' and value-based care, the role of the employer, and nontraditional benefit offerings, like student loan assistance.
- The changing workforce demographic expects not only customized benefits solutions, but multiple points of care that they're able to engage on-demand and out of the hospital.
- Solving for a lack of interoperability is one of the biggest challenges facing the healthcare industry today and will continue to impact efforts to leverage the value of different forms of data.

"While 'total rewards' are not new, this year's EBLF attendees and agenda show the convergence of life, disability, medical and ancillary benefits to reach an increasingly diverse workforce through intuitive and digitally-enabled approaches."

– Kerry Finnegan,
Mercer Health & Benefits; 2019 Chair of the Council of Employee
Benefits Executives (CEBE) Advisory Committee



SAVE THE DATE

The 19th annual Employee Benefits Leadership Forum will be held
May 26 – 29, 2020, at The Broadmoor in Colorado Springs, Colo.

GLOBAL BENEFITS PROGRAM

Growing Global Business: The Client's Perspective on International Benefits

MODERATOR

Tim Prichard, *President, USI Insurance Services*

FEATURING

Ondrea Matthews, *Senior Director of Risk Management and Benefits, CoorsTek*

Ondrea Matthews, senior director of risk management and benefits at CoorsTek, shared the organization's challenges in aligning benefits and total rewards packages across almost a dozen different countries and the solutions they've implemented with the help of multiple global and regional brokers.

"Benefits mean different things in different markets. The challenge is to speak the same language with local partners and employees and integrate the required benefits in your program."

— Ondrea Matthews,
Senior Director of Risk Management and Benefits, CoorsTek

TAKEAWAYS

- A tight global talent market pushes international companies to differentiate themselves through an attractive benefits program.
- Disparate degrees of international benefits development make it difficult to create customized benefits programs that are comparable across the globe, but collaboration between multiple teams, like HR and Total Rewards, is helpful in identifying how to meet the needs of diverse groups of employees.

GENERAL SESSION I

The Employer's Perspective

FEATURING

Brooke Brownlow, *Vice President of Total Rewards, H-E-B*

Sally Welborn, *former Senior Vice President of Global Benefits, Walmart; Advisor at Welborn Advisory Services*

Karen Wren, *Director of Benefits, Point B*

Three employers who aggressively foraged for the optimal blend of benefit plan offerings while keeping costs down discussed their experiences in designing innovative approaches to maximize workforce health and productivity.

TAKEAWAYS

- There are a multitude of conflicting incentives between all of the different stakeholders in the healthcare supply chain that are driving costs and outcomes. The industry can start to address those conflicting incentives by focusing on the value of care delivered to employees and ensuring that care is necessary, and not wasteful.
- Brokers are the leading force in helping employers impact the individual lives of their employees. With their help, employers could come together as a community to effectively exercise their purchasing power.



A CLOSER LOOK AT THE EMPLOYER

We sat down with one of the panelists, Sally Welborn, who has worked for large employers including Walmart and Wells Fargo, to continue the conversation on the role of the employer in the ongoing national healthcare debate, how employer and broker objectives align, and opportunities to promote quality, cut costs and innovate.

Employer-sponsored insurance is in many ways the backbone of the U.S. healthcare system. What is your take on the ongoing debate around single-payer and public option proposals? How can the employer effectively enter this debate?

"In general, the debate about single-payer or Medicare-for-All is about the financing function of healthcare payment and not as much about the overall total cost of healthcare. Most employers are aware that even if we change how the U.S. collects and pays for healthcare, employers will still have a significant financial responsibility. Thus, it is critical to continue to focus on the actual cost of delivering healthcare and to focus on how we can improve health delivery to reduce the total cost of care, no matter how the payment is arranged."

🖱 [Keep reading for Welborn's take on the Amazon/Berkshire/JP Morgan Chase healthcare venture.](#)

TOWN HALL

*Customizing Care Delivery:
Creating a New Kind of Network*

MODERATOR

David Smith, Founder, Third Horizon Strategies

FEATURING

Jonathan Mayhew, President, U.S. Markets, Aetna

Scott Powder, Chief Strategy Officer, Advocate Aurora

Dr. Jason Tibbels, Vice President, Health Services, Teladoc

The healthcare provider system is undergoing a profound period of change and employers are increasingly involving themselves at the point of care. This panel dug into the latest trends and outcomes derived from new sites of care, high-performance networks and clinical services, payment reimbursement models and technology integration.



TAKEAWAYS

- The definition of a healthcare "consumer" will continue to change year-over-year. As a result, how and where providers deliver care will continue to shift with consumer needs and preferences. The goal of consumerization is to empower employees to use their benefits wisely.
- The home is the new hospital. Care—enabled by technology and a direct-to-consumer mindset—is more frequently delivered in the home or other outpatient settings.
- Brokers have a vital role to play in network construction, as they can speak to client needs.

INSIGHTS & CONVERSATION

Engaging Employees in the Digital Age

PRESENTER

Carla Smith, CEO Carla Smith Health, LLC, Former EVP of the Health Information Management Systems Society (HIMSS)

From her vantage point as an executive strategist and from her 17-year tenure as the EVP of HIMSS, Carla Smith surveyed the digital healthcare landscape with a focus on how to leverage technology-based trends and insights to better engage employees. In particular, she unpacked the evolving role of the broker and consultants in driving engagement of an increasingly diverse working population.

TAKEAWAYS

- Technology disrupters are able to enter the healthcare space with momentum because they are not health professionals and do not know what obstacles stand in their way. Health executives and incumbents have the expertise necessary to navigate the healthcare industry in order to propel continuous innovation.
- Interoperability is the biggest challenge facing the healthcare industry due to thousands of overlapping standards and types of nomenclature.
- Digital healthcare is about incremental improvements moving toward gaining consumer trust.

 [Access Smith's slides.](#)

“Overwhelmingly, the health world is adopting AI technologies, and for good reasons.”

– Carla Smith,
citing the ability of IBM's super computer to correctly diagnose leukemia cases in minutes; something that had previously stumped clinicians

GENERAL SESSION II

Healthcare and the 2020 Presidential Election

FEATURING

Joe Crowley, Former U.S. Representative, New York, 1999 – 2019

For more than two decades, Joe Crowley served in the U.S. House of Representatives on behalf of the people of New York's 14 congressional district. During his time in Congress, he spent six years serving in elected leadership, including two years as the Chairman of the Democratic Caucus—the fourth highest-ranking position among House Democrats.

Crowley was also a member of the Committee on Ways and Means, where he worked to protect Social Security and Medicare, championed efforts to make healthcare more affordable, and advocated cutting taxes for middle-class Americans and small businesses. Congressman Crowley was on the frontline of efforts to pass the Affordable Care Act, enact marriage equality in New York State, and protect women's rights and human rights.

With the first Democratic presidential debate at the end of June, Crowley shared his take on the state of the Democratic party and identified issues garnering potential bipartisan support in Congress.

TAKEAWAYS

- Between now and the end of the year, most bills that are introduced into the House of Representatives will be “message” based, meaning that they will emphasize the agenda of both parties, but most likely will not see any movement or real action in Congress.
- Close to one third of Democrats who won seats in Congress won them from Republican incumbents or in districts with open seats, and they won on moderate agendas. As we move into 2020, we should not forget to look to the middle of both parties.

“The truth is, people like the insurance they get through their employer.”

– Joe Crowley,
Former U.S. Representative, New York, 1999-2019

TOWN HALL

Injecting Data into the Employee Healthcare Experience

MODERATOR

Scott Rabin, National Practice Leader, Data & Analytics, Mercer

FEATURING

Dr. Deb Friesen, MBA, FACP, Physician Marketing Director, Strategist, Health Care Innovator, Kaiser Permanente

Wally Gomaa, CEO, ACAP Health

Craig Kurtzweil, Senior Vice President, Analytic Innovations, UnitedHealth Group

Dr. Jayodita Sanghvi, Director of Data Science, Grand Rounds

Data services and analytic functions are the bedrock of integrated benefits solutions. This discussion examined the challenges and opportunities in unlocking the value of claims, clinical and pharmacy data to support plan design, determine the efficacy of certain coverage models and inform population health strategies.

TAKEAWAYS

- With the ability to measure and share meaningful data faster than ever, providing appropriate healthcare has become a team-based activity, consisting of multiple disparate providers and stakeholders who are able to access a patient's medical information.
- Consumer-focused and technologically-enabled companies, like Netflix and Amazon, are able to function because users provide all of their information, including their viewing preferences. While it is low-risk for these types of companies to make a mistake, that is not the case with healthcare. The amount of sensitive information embedded into the healthcare system forces the industry to balance between innovation and regulation.



UNLOCKING THE VALUE OF HEALTHCARE DATA

We caught up with Wally Gomaa of ACAP Health—a wellness subsidiary of brokerage Holmes Murphy & Associates—to hear his take on the value of different forms of healthcare data and how brokers and employers can take advantage of data-driven opportunities to customize and streamline healthcare.

You recently unveiled SimplePay Health—a health plan that aims to streamline the customer experience—and you've described it as akin to the Amazon experience. How does the "Amazon experience" translate to healthcare?

"We have combined this powerful dataset with a simplified insurance design and experience for patients. Healthcare now works like purchasing any online consumer product. Patients know the provider quality displayed in a 5-star scale and have a single out-of-pocket cost—we call it a SimplePay—that is fixed and never changes. Gone are surprise bills to patients and all the confusing insurance terms like deductibles, coinsurance, etc.

Patients pay a lower SimplePay amount when they seek care from the highest quality providers. By providing simplified transparency on the highest quality providers, we improve outcomes and lower cost for employers and patients by up to 20 %.

Finally, we have completely transformed the massively wasteful claim billing process within our industry into a new retail model. Patients will never receive bills from providers and statements from insurance companies again."

 [Keep reading.](#)

INSIGHTS & CONVERSATION

The Evolution of Voluntary Benefits

MODERATOR

David Moore, SVP, Sales, Businessolver

FEATURING

Laura Bongiorno, Head of Voluntary & Specialty Sales, The Hartford

Mark Hebert, Voluntary Benefits Practice Leader, Willis Towers Watson

Jamie Madden, Vice President, Distribution & Development, MetLife

Tim Weber, VP, Voluntary Benefits Distribution and Workplace Markets, Prudential

The voluntary benefits industry continues to exhibit signs of growth around nearly every benchmark. More employers are offering voluntary programs and more employees now own worksite products. This begs a specific question about the market: What does the future look like? This panel explored what is trending in the voluntary/worksite industry by lending different perspectives on the changing and growing product mix, the role of data, and the continued shift from employer-paid to voluntary programs.

TAKEAWAYS

- Customization is critical, especially with the emergence of non-traditional voluntary benefits, like student loan assistance and mental health.
- Employees are twice as engaged when they're satisfied with their benefits. To achieve that, employers want to give their employees value, choice and simplicity in benefits enrollment.

AN INSURER'S TAKE ON VOLUNTARY BENEFITS

We asked Keith Mueller, vice president of Voluntary Sales & Business Development at Lincoln Financial, to speak to the role of the insurer in the evolving voluntary benefits landscape.

What is the biggest shift you've seen in the voluntary benefits space in the last five years? How has Lincoln responded to that shift?

"Lincoln has been conducting research on the financial strains affecting employees across age and economic spectrums. A combination of low personal savings, higher deductibles and increasing health care costs – coupled with an unexpected health-related emergency or serious illness – is threatening the financial stability of employees. I believe voluntary products are no longer voluntary, but instead a necessity to address the financial needs and strains employees are experiencing.

Lincoln continues to develop new solutions to address these challenges. For example, our accident and critical illness products are designed to target conditions most likely to create a potential financial catastrophe. When these problems occur, studies show Americans struggle to make choices about care. We understand health-related decisions can be stressful and challenging, so to make navigating options easier, Lincoln's critical illness product includes a health advocate program to help employees and their families save time and money, and make well-informed decisions by working with a personal health advocate."

 [Keep reading.](#)

