



Five Big Ideas That Will Change Your Approach to Employee Benefits

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Annual plan changes, double-digit increases, and an aging and unhealthy American population make employee health care benefits financially unbearable for many companies. That's the driver behind the groundswell of support for consumerism in health care.

Although the United States has the best acute health care delivery system in the world and spends twice as much per person on health care than any other industrialized nation, we are ranked a dismal 24th in life expectancy by the World Health Organization. That means we die sooner and spend more time disabled than if we lived in Canada, New Zealand or Germany. The good news is that at least 50 percent of chronic health problems are the result of individual behavior. By putting the control—and the dollars—back in the hands of the health care consumer, employees can be motivated to change destructive and costly health habits.

We recently hosted a roundtable seminar to discuss these issues with experts in various fields related to employee benefits. We had practicing physicians, insurance providers, marketing gurus and large employers. Despite the wide range of backgrounds, each one of the panelists strongly believes that consumerism will re-define and re-shape the way companies provide health care benefits to employees.

Here are the big hot-button issues we uncovered.

The “Yugo Model” of health care is dead.

Good health care management used to mean cost control. Now, it's not accounting, but accountability that matters. According to Derek van Amerongen, MD, MS, VP and CMO of Humana Health Plans, the goal is to get people to care as much about their bodies as they do about their cars. “We have to get health care benefits away from something that we do for two weeks in October and

toward ongoing communication,” he said. There are few purchases we make that are more expensive than health care—and fewer that we know less about. To carry the automotive metaphor further, if cost were the only issue, we'd all be driving Yugos. Looking at price is a dead end. Quality and outcome data are more important.

The melting pot versus the salad bowl.

Consumerism demands health literacy. According to Leah Malof, MA, vice president of health management services at United Medical Resources Inc., that means not only providing the information people need to make good health care decisions, but providing it in culturally appropriate ways. “Translation of benefit booklets isn't the issue,” she said. “Values are what drive health care decisions. You have to understand the values of your employee population.” Whereas immigrants of the previous century assimilated into America, today's non-U.S.-born work force wants to maintain its cultural and ethnic identity. And that means providing health care information in different ways.

Learn from “The Biggest Loser.”

Dr. Derek van Amerongen points to the hit TV show, “The Biggest Loser,” as a model for today's health care consumerism. “It's a good message,” he said. “You have to work hard at being healthy. No one can do it for you.” Personal responsibility is the road to decreased medical bills and even, in some cases, employer-provided incentives. Where genetics and environment (things we can do little about) account for about 20 percent each in deter-

mining health, our behaviors (which we certainly can control) determine 50 percent.

Be radical.

John Purcell, partner at Baker and Daniels LLP, Indianapolis, takes a radical viewpoint on consumerism—that the consumer controls his own health care dollar. “Health care is the only business where someone decides what to buy and sends the bill to someone else to pay,” he said. Giving employees the ability to decide where their money goes will mean a dramatic shift in how purchases are made. That's why experts predict that by the year 2010, there will be 18 million health savings accounts with more than a billion dollars invested in them.

Doctors should be more like lawyers. (Really.)

Bernard J. Emkes, M.D., medical director of managed care services at St. Vincent Health in Indianapolis, says doctors need to behave more like other trusted advisers and be accessible to patients. “Individuals are more compliant with medical advice when they can have a conversation with their doctor over the phone or by email,” he said. That means healthier people with lower medical bills. “The definition of the word ‘physician’ is teacher and educator,” Emkes said. “We need to get back to that meaning.” **REG**

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