INTRODUCING

Evidence, Insight and Strategy for Optimizing Health Benefits

Innovations in behavioral drivers, care delivery and purchasing strategies for group health benefit plans
Designing and purchasing employee health benefits has never been more challenging or important.

No single strategy or set of strategies will suit all plan sponsors, and the complex and interdependent nature of health care financing and delivery often requires coordinated changes across the entire benefits chain to significantly “move the needle” on cost, quality or engagement.

New insights into the social determinants of health, consumer behavior, care delivery models and reimbursement strategies are offering plan sponsors new ways to engage employees and providers and make benefit designs more effective.

This new program, taught by Harvard Medical School faculty, will examine choice architecture, population health management and group health purchasing strategies to help employers and other group health plan sponsors make better benefit design and purchasing decisions.
Curriculum Overview

Health Policy and the Evolution of Health Care Reimbursement
Examine why and how the health care financing system evolved as it has, and discuss the impacts on purchasers, patients and providers. This discussion will include the history of value-based reimbursement models and provider responses to these initiatives.

Pricing and Reimbursement of Drugs and Devices
As new products proliferate and manufacturers increase prices more aggressively, purchaser costs are escalating rapidly. Pricing and payment for drugs and devices are notoriously opaque, and payers and purchasers have struggled to determine the pay for value. This session will explore pricing and reimbursement dynamics for drugs and devices, how purchasers have responded and models for value-based reimbursement.

Developing and Implementing High-Value Provider Networks
Employers and other group benefit plan sponsors have an interest in ensuring that their employees/members can get access to the highest value provider available. How can they ensure that provider networks contain the best provider mix for their population and that employees/members can navigate those networks? This session will look at options for creating high-performing networks, including strategies like centers of excellence and direct contracting for high-volume, high-cost services to improve effectiveness of care.

Managing Health Benefits Purchasing
Plan sponsors depend on a wide array of vendors and partners to deliver benefits to employees/members. Managing these vendors diligently and proactively is a challenge for even the most seasoned benefits professionals. We will focus on best practices for managing procurement of services and highlight how to measure and improve their performance over time.
Concentration of Costs

50% of medical costs are borne by 5% of the population, while 50% of the population has only 3% of total costs.

Pharmaceutical Costs

Specialty pharmacy costs are expected to be half of all pharmacy costs by 2020, and the recent personalized injections are priced at $375,000-$475,000.
Curriculum Overview

**Leveraging Behavioral Science to Understand and Engage Health Care Consumers**

Why is it so difficult to change consumer behavior? Neoclassical economic perspectives, as well as most consumer-directed health strategies, assume consumers are rational actors armed with complete information. The recent insights of behavioral economists and others who study consumer choice and engagement can inform anyone who designs or buys health benefits. This session will examine the insights of behavioral economics and how they are applied to health benefit decisions, consumer engagement strategies and therapeutic adherence.

**Evaluating Workplace Wellness Strategies**

Wellness strategies in the workplace have evolved significantly as employers and other group benefit plan sponsors recognize the costs, risks and unintended consequences of certain screening regimens and other high-cost approaches. These employers/funds have also migrated from seeking well-being programs that lower medical costs to programs that provide value to employees and the workplace even if they don’t directly lower costs. Our goal is to arm employers/funds and other plan sponsors with an understanding of where wellness programming provides value and how to better evaluate vendor claims and your own wellness initiatives.

**Population Health and the Social Determinants of Health**

Factors outside the health system proper are major determinants of health status and early mortality. Socioeconomic status, education, employment and social support networks all contribute to health outcomes. This session will examine social determinants that are most relevant to employed populations, how these impacts can be measured and what benefits purchasers can do to influence or address these factors.

**Evaluating Provider Price and Quality**

There are thousands of available metrics for cost and quality in health care. How can purchasers select appropriate quality and cost metrics that will yield actionable information and help drive value across the entire beneficiary population and contracted provider base? This session will examine strategies to assemble and use data to drive reimbursement strategies and complement value-based benefit design.
Curriculum Overview (cont.)

Evaluating Clinical Programs
There are a host of “point solutions” that address conditions including metabolic syndrome, diabetes, hypertension, and depression and sleep issues. Employers are being encouraged to do more biometric screening, including genetic testing, to identify risk of future disease. How should you decide what programs to offer? How do these programs integrate with carriers and other vendors? This session will examine these questions and develop frameworks for evaluating these choices.

Innovator Spotlights

Start-ups and other innovators are reimagining care delivery and population health across the United States and the world.

Engage with some of these innovators to understand their goals and objectives and the barriers they have faced, as well as how employers and plan sponsors can leverage these solutions. Sessions will include topics such as:

- **Reinventing Primary Care.** Innovations in IT solutions and payment models and utilizing multidisciplinary care teams to engage patients and change behavior.

- **Digital Tools for Patient Engagement and Disease Management.** Emerging options for population management utilizing new online and mobile platforms powered by data analytics.

- **Helping Employees/Members Navigate the Health System.** New intermediaries are emerging to link plan members to health care providers as well as a range of health and wellness services.
Diabetes
About one-third of American adults have a metabolic syndrome; 90% don’t realize it.

Deaths From Opioids
Deaths from opioids in 2016 were about 64,000, and nearly half of those deaths were from prescription drugs.

Behavioral Health
3.3 million Americans suffer from major depression each year.
Faculty Advisors

Overseeing faculty and curriculum for this cutting-edge program, faculty advisors aggregate the expertise of more than 11,000 Harvard Medical School researchers and practitioners to ensure the learning objectives are met.

Jeff Levin-Scherz, M.D., M.B.A., FACP
Assistant Professor
Harvard Medical School
Harvard T.H. Chan School of Public Health

Zirui Song, M.D., Ph.D.
Assistant Professor
Harvard Medical School
Internal Medicine Physician
Massachusetts General Hospital

Full faculty will be announced in early 2018.
**Learning Objectives**

- Define value for your organization based on an understanding of your employee populations, local market conditions and corporate strategy.
- Measure impact of efforts to increase health care value, and understand evidence of efficacy of various efforts to address health care costs.
- Deploy insights from behavioral economics to improve employee/member health.
- Understand best practices in purchasing.

**Program Structure**

This program is structured to suit the educational needs of senior-level group benefit decision makers. Sessions will utilize small-group discussion, case study review and Harvard faculty-led lecture.

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**LOCATION**

**Harvard Medical School**

25 Shattuck Street

Boston, Massachusetts

**DATES**

May 8-10, 2018

**COST**

Member: $4,995

Nonmember: $5,325

*(Through March 27, 2018)*

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**REGISTRATION INCLUDES**: Breakfast (daily), lunch (daily), one reception and one dinner

**HOTEL INFORMATION AND REGISTRATION**: www.ifebp.org/harvard-medical-school

*Space is extremely limited for this advanced-level program to allow for extensive discussion and optimal comprehension.*
REGISTRATION IS NOW OPEN.

Dates       May 8-10, 2018
Location    Harvard Medical School
            Boston, Massachusetts

Space is limited. Register at www.ifebp.org/harvard-medical-school.

International Foundation of Employee Benefit Plans

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