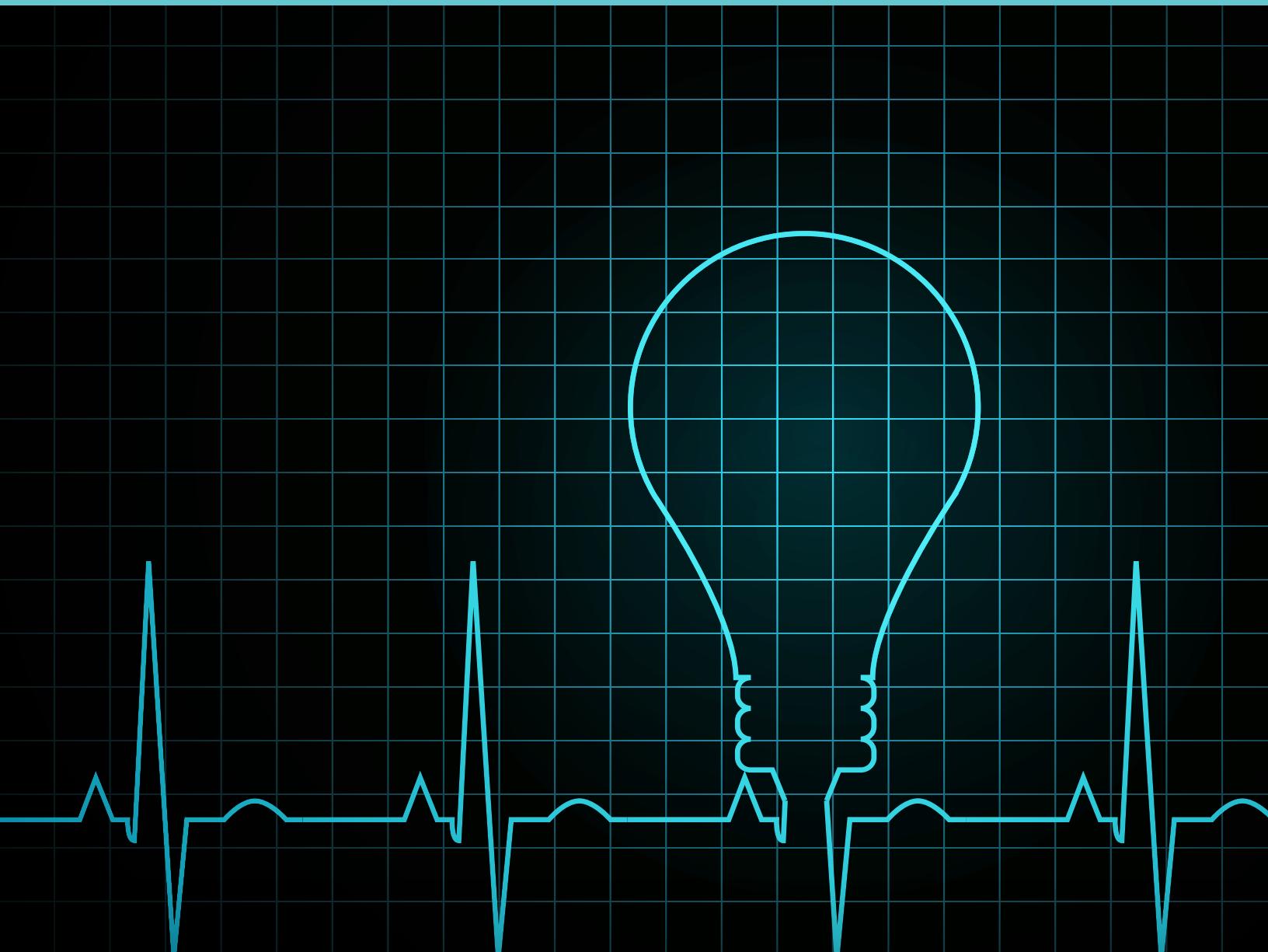


# 4<sup>th</sup> Annual Health Care Summit

## EVENT SUMMARY



**Optimizing the Next Generation of Health Care**

U.S. CHAMBER OF COMMERCE | WASHINGTON, DC



# Health Care Summit

## EVENT SUMMARY



On October 2, 2015, the U.S. Chamber of Commerce and the U.S. Chamber of Commerce Foundation hosted the 4<sup>th</sup> Annual Health Care Summit emphasizing the private sector's role in optimizing the next generation of health care. The event highlighted emerging trends in the American health care system to inspire a new generation of entrepreneurs.

Randel K. Johnson, senior vice president, Labor, Immigration, & Employee Benefits, U.S. Chamber, kicked off the summit saying, "This event complements the Chamber's efforts on Capitol Hill by focusing on trends in the private sector, including initiatives to reward quality and reduce costs." To illustrate the continuity between health and economic growth, Johnson pointed out the Chamber's workplace wellness initiative and discussed the meaningful strides employers have made to foster sustainable change.

*All Photos: Ian Wagreich / © U.S. Chamber of Commerce*



*Randel K. Johnson, senior vice president of Labor, Immigration & Employee Benefits, U.S. Chamber of Commerce, kicks off the Chamber's 4<sup>th</sup> Annual Health Care Summit emphasizing the role that innovation has in optimizing the next generation of health care.*

Johnson added, “It’s this dialogue between local and state chambers of commerce, health sector leaders, academia, and employers of every size and in every region that is the vehicle of real change in our health care system.”

### Morning Keynote

Damon Davis, director for the Health Data Initiative, U.S. Department of Health and Human Services IDEA Lab, discussed the Department of Health and Human Services (HHS) IDEA Lab, an umbrella effort by various agencies within HHS to open up data held by the federal government to researchers and the public.

To improve data accessibility, the initiative aims at incentivizing private-sector leaders through a grassroots approach that decentralizes information. Davis provided examples of how agencies housed under HHS are unleashing innovation—endeavors including partnerships with nonprofit organizations such as RowdMap, which analyzes Medicare claims data in a physician practice, and Carevoyance and DocGraph, which examine referral patterns by physicians.

Davis spoke about the facilitation of partnerships between the public and private sectors. The HHS Entrepreneurs-in-Residence Program is where an expert in the field becomes a special government employee, whereas an employee is shared between the department and a nonprofit via the Innovator-in Residence Program.

Davis said that following well-publicized problems with the launch of HealthCare.gov, “Information technology procurement is known for being over budget, failing, and not delivering. The problem is essentially a waterfall effect. At HHS, we are moving toward changing the procurement process.”



Damon Davis, director for the Health Data Initiative, U.S. Department of Health and Human Services IDEA Lab, delivers the morning keynote on HHS’ online data sharing platform, which aims to incentivize private sector innovators through improved data accessibility.

### Our Habits, Our Health: How Can We Leverage Behaviors to Improve Wellness?

Craig Russell, chief growth officer, Envolve, moderated the discussion, opening with a quote from Duke University professor Dr. Dan Ariely. “Researchers have discovered that what was once thought of as irrational behavior is systematic and predictable.”

## Optimizing the Next Generation of Health Care

Russell focused the conversation on the leading factors behind the trend in behavioral economics and the potential impact that health care reform could impose on the linkage between its driving principles and incentive-based wellness program designs.

Jeremy Corbett, M.D., chief health officer, Envolve, shared his experiences as a practicing emergency physician in Lexington, Kentucky, highlighting his observation that patients are consistently not taking medications as directed by their physicians. To help mitigate the rising costs of health care, there needs to be additional research on human behavioral change to understand why preventable costs, like medication nonadherence, are incurred and why people make the decisions they do regarding their health care choices.

Jin Haag, practice leader, Metro DC Health and Group Benefits, Towers Watson, talked about how benefit design is incorporating behavioral economics. “When an employer designs a wellness program so that an individual has to complete an activity to receive funds, over half of employees leave money on the table.” Emerging research indicates that allowing individuals to decide their own behavioral modification changes may lead to higher program participation rates.



*Chris Mathews, vice president, total health management practice leader, The Segal Company (center), explains how employers, as plan sponsors, can use population profiles to understand employees' health care needs.*

Chris Mathews, vice president, total health management practice leader, The Segal Company, stressed that employers as plan sponsors can look at the plan's data to better understand the population risks of their employees. Under the Affordable Care Act (ACA), employers have been given greater opportunities to understand population profiles, and Mathews explained that the challenge lies with using specific population information rather than focusing on large-scale plans solely concerned with cost control.

Paul E. Terry, Ph.D., president and CEO, HERO Health, discussed research on the effect of financial incentives in wellness programs. “Increasing incentives from 20% to 30% [of the premium], or in some circumstances to 50%, is an initial motivator for individuals to change their behavior.

# 4<sup>th</sup> Annual Health Care Summit

## EVENT SUMMARY

Terry concluded by emphasizing a greater need for progress-based incentives and explained that “one size doesn’t fit all,” meaning employers must account for workforce diversity and better understand employees’ situations and capabilities.

### The Intersection of Economics and Well-being

Margaret E. Guerin-Calvert, president, Center for Healthcare Economics and Policy, and senior managing director, FTI Consulting Inc., began the discussion saying, “To drive improvements in economic well-being, multistakeholder engagement is necessary. The challenge is to turn disparate data into information that can be made actionable.”

Ralph Schulz, president and CEO, Nashville Area Chamber of Commerce, told the audience about the journey that Nashville has taken to improve health and the importance of aligning business interests with the broader community. He said, “As we begin to change the behavioral health of the region, the result will be a more productive workforce coupled with more prosperity.”

Greg Pope, chief mission officer, Saint Thomas Health, spoke about the requirement included in the ACA that nonprofit hospitals must conduct a community health needs assessment. In framing the discussion, Pope said that real improvement lies with finding attainable goals that can be measured to track improvement and determine the best course of action when moving forward with collaborative research efforts.

Calvin Anderson, chief of staff, senior vice president, BlueCross BlueShield of Tennessee, Inc., explained that there is a direct link between healthy behavior and access in navigating the health care system. He said, “BlueCross BlueShield of Tennessee is engaging in community health to promote physical activity, particularly in underserved communities.” By collaborating with individuals and organizations that are active, it is easier to utilize the data collected and replicate successful outcomes at a faster pace to meet the needs of the population.

Dr. Juan Quintana, CRNA, MHS, DNP, president, American Association of Nurse Anesthetists, said that with a shortage of doctors, nurse anesthetists are uniquely positioned to fill the gap in the labor force. He added, “By working together in teams of health professionals, nurse anesthetists can eliminate barriers to



*Ralph Schulz, president and CEO, Nashville Area Chamber of Commerce (left), discusses the importance of aligning business interests with those of the broader community to promote a healthy, productive workforce.*

# Optimizing the Next Generation of Health Care

services.” Quintana focused on the importance of integrating the provider network since care practitioners are a vital component for building a strong foundation within the care system.

Bill Purcell, former mayor of Nashville, Tennessee; partner at Farmer, White, Purcell & Lassiter, PLLC; and adjunct professor of public policy, Vanderbilt University, wrapped up the panel saying, “As Nashville competes for talent, the desire to be the best provides an impetus for the region to continuously improve.” Purcell stressed the importance of quality of life as key to sustaining the level of economic and communal strength within cities, which puts community leaders in a prime position when determining and prioritizing population-specific needs.

## Transparency: Driving Behavior Change

Alissa Fox, senior vice president, Office of Policy and Representation, Blue Cross Blue Shield Association, moderated the discussion on how transparency tools are driving behavior change. “By permitting individuals to estimate out-of-pocket costs, the use of transparency tools enables consumers to make well-informed decisions.” Fox focused the discussion on how providers and practitioners can improve the consumer’s understanding and overall experience when navigating the health care network.

Jonathan G. Wiik, MSHA, M.B.A., principal, revenue cycle management, health care solutions, Transunion, spoke about how big data can transform how people manage their care. According to Wiik, the United States is at the beginning stages of providing sophisticated tools to consumers to shift the conversation from educating patients when they receive care to the moment they understand they need a procedure or operation.



*J. Darren Rodgers, senior vice president and chief marketing officer, Health Care Service Corporation, and Alissa Fox, senior vice president, Office of Policy and Representation, Blue Cross Blue Shield Association, discuss the need to provide plan participants with information to improve their care.*

J. Darren Rodgers, senior vice president and chief marketing officer, Health Care Service Corporation (HCSC), emphasized HCSC’s commitment to providing plan participants with information to improve their care. Rodgers highlighted HCSC’s efforts to modernize the payment system and ensure that plan participants are having a consumer-friendly experience, which includes improved online access to account information via mobile devices as well as features that offer plan recommendations based on a current participant’s plan usage.

# 4<sup>th</sup> Annual Health Care Summit

## EVENT SUMMARY

Brian Caveney, M.D., J.D., M.P.H., vice president and senior medical director, Blue Cross Blue Shield North Carolina, pointed out that since providers work in different practices, they do not understand the total cost of an episode of care. "Understanding information is key to discerning patterns in the health care market to determine where high costs are coming from." Caveney concluded that employer understanding of efficiency, quality, and cost is essential to optimizing plan designs.



R. Bruce Josten, executive vice president, Government Affairs, U.S. Chamber of Commerce (left), presents the Leadership in Health Care Award to Sean Slovenski, CEO, Intel-GE Care Innovations, for his work in modernizing the health care delivery system.

### Leadership in Health Care Award

Sean Slovenski, CEO, Intel-GE Care Innovations, was presented with the 2015 U.S. Chamber of Commerce Health Care Leadership Award for his work in modernizing the health care delivery system. Care Innovations is a joint venture between Intel and GE to develop technologies that connect patients, providers, and payers in the health care system. This innovative telehealth system is a significant step toward ensuring that the patient community, the provider community, and the business community are all empowered to make decisions in a constantly evolving health care landscape. The award was sponsored by North Highland Worldwide Consulting.

# Optimizing the Next Generation of Health Care

## A Conversation With Philip Blake

Frank Sesno, director, School of Media and Public Affairs, The George Washington University, moderated a discussion with Philip Blake, president, Bayer Corporation, on how Bayer is investing across the biology space and the importance of research and development in modernizing the treatment of disease. Blake started the conversation with, “You can see that across the whole range of our business, the core competency is molecules interacting with biology.”



Frank Sesno, director, School of Media and Public Affairs, The George Washington University (right), moderates a discussion with Philip Blake, president, Bayer Corporation, on the importance of research and development in modernizing the treatment of disease.



Philip Blake, president, Bayer Corporation, elaborates on Bayer’s commitment to improve quality of life by conducting sustainable, innovative research in the pharmaceutical field.

Sesno asked how Bayer is refocusing its efforts on being a leader in the pharmaceutical field. Blake responded that the challenge of transitioning the business model is that drug development takes 10 to 15 years to get pharmaceuticals on the market. Ramping up investments leads to a reduction in revenue, which is a concern for short-term investors. Blake cautioned against looking at quarterly earnings as “getting the innovation piece right is key. Investment means investing in the right areas.”

Bayer has identified proteomics (how proteins interact with each other), cardiovascular disease, and oncology as key areas of research. Blake concluded, “There are broad benefits to precision medicine. Initially, there are going to be a few people who are susceptible at needing the drug at a high price. If we can get the right products to the right patients and the community has done pre-thinking by maximizing clinical partnerships, we can deliver better outcomes at an appropriate value.”

## Improving the Role of the Patient Across the Health Care Continuum

Brian Agnew, director, U.S. policy, Pfizer, led a discussion on patient access across the health care continuum. As consumerization of care delivery and democratization of health information become increasingly prevalent, finding effective solutions to improve value is imperative to combating the rising cost of care delivery.

# 4<sup>th</sup> Annual Health Care Summit

## EVENT SUMMARY



*During the afternoon panel titled Improving the Role of the Patient Across the Health Care Continuum, panelists talk about ways to improve the value of health care delivery.*

Scott Melville, president and CEO, Consumer Healthcare Products Association, stressed that every dollar spent by consumers on over-the-counter (OTC) medicines saves the U.S. health care system approximately \$6 to \$7. OTC options have become a critical component of the health care system, particularly following the implementation of the ACA, to address efficiency challenges due to the drastic increase in system participants and the rise of the aging demographic.

Sean Sullivan, J.D., president and CEO, Institute for Health and Productivity, Workplace Wellness Alliance, emphasized that lost productivity in the workplace is a major component of understanding the total economic cost of health care. Sullivan spoke about the impact of presenteeism and how employers can take the initiative to educate employees about the preventative care options available.

Scott Wallace, distinguished fellow, Geisel School of Medicine at Dartmouth, said that the complexity of the health care system is concerning as “we spend money on health care, but we get little value for health.” Wallace explained that employers are in the best position to facilitate change in the care delivery system since they have the financial incentive and ability to restructure benefits in a way to ensure that the needs of their employees are met.



*Brian Agnew, director, U.S. policy, Pfizer, leads a discussion on patient access across the health care continuum.*

# Optimizing the Next Generation of Health Care

James D. Chambers, Ph.D., MPharm, assistant professor, Center for the Evaluation of Value and Risk in Health, Institute for Clinical Research and Health Policy Studies, Tufts Medical Center, presented on findings of a study he co-authored comparing the value of different types of drugs. The study found that while the development of new molecular drugs did not produce much tangible benefit, specialty drugs often produce better health. Chambers concluded that when determining value, “drugs have to be considered on a case-by-case basis.”

## Afternoon Keynote

John G. Zern, executive vice president and global health and benefits leader, Aon, presented on the future of health benefit designs as we are entering into the “era of the person.”

According to Zern, the key to the future of health care is providing choices to consumers. Zern spoke about data collected from a private exchange offered by Aon, which is administering benefits to approximately 20 million individuals. “On average, individuals spend 18 minutes shopping around for a plan. This compares to 3 minutes in a traditional model. Individuals want to be engaged with selecting their health plan,” he said.

Employers are seeking to improve the productivity of the workforce by offering benefits tailored to each individual’s needs and incorporating value-based insurance design into their medical plan and prescription drug benefits. Zern discussed the significance of employers engaging employees effectively to manage chronic conditions and overall well-being.



A large crowd that includes policy experts, business owners, and representatives from the health care sector attend the Chamber's 4<sup>th</sup> Annual Health Care Summit.



*John G. Zern, executive vice president and global health and benefits leader, Aon, emphasizes that the future of health care lies with engaging communities and providing choices to consumers that incorporate value-based plan design.*

He concluded, “We believe a pivotal moment is coming. With a looming excise tax on health benefits, a changing workforce, and attention to personalization, health is a business imperative to drive an organization forward. In 2020, employers will seek to think about designing plans to foster employee engagement.”

# 4<sup>th</sup> Annual Health Care Summit

## EVENT SUMMARY

### Overcoming Health Data and Cybersecurity Challenges

Tim Callahan, CISSP, CISM, CRISC, vice president, chief information security officer, Aflac, moderated the panel discussion on cybersecurity challenges in the health care industry. Callahan asked how cybersecurity affects health care provider operations and the importance of greater coordination across the public and private sectors to mitigate exposure to hackers moving forward.

Phillip Loftus, Ph.D., senior vice president and chief information officer, SSM Health, told the audience that traditionally hacking did not constitute a problem for the health care industry since bad actors targeted banks. He said, “The hackers became interested in patient health care records as health information has value.” Since the methods for hacking are consistently evolving, he emphasized a greater need for compliance management among health care companies as a way to coordinate and combat instances of compromised security.

Grant Elliott, founder and CEO, Ostendio Inc., said that phishing is a common tactic for hackers, a tactic where a “bad actor” sends an email that appears like it comes from a known email address. “When I travel to exotic parts of the world, those targeting the company look at the information available via the Internet about our business to determine relationships and then attempt to send personalized messages to either the executive’s business or personal email to get into our system.”

Sean Slovenski, CEO, Intel-GE Care Innovations, explained how data coming from wearables has different security metrics. “When patients bring their own devices, standardization of data does not exist. So we need to move to integrating data across providers and among devices.” Slovenski also discussed how security threats can greatly diminish the number of individuals who are willing to engage with health care IT companies.

Paul J. Mahon, corporate security manager, Bayer USA, spoke about vendor-client relationships. “Vendors have been breached 30% of the time, but this fact hasn’t received attention. If the industry doesn’t regulate itself, the government will impose regulations that are onerous and burdensome.” To address this lack of standardization, Mahon called for defensive tactics, like the compartmentalizing of communications with vendors, to lessen the risk if security is compromised.



*Tim Callahan, CISSP, CISM, CRISC, vice president, chief information security officer, Aflac (right), moderates a panel discussion on cybersecurity challenges for the health care industry.*

# Optimizing the Next Generation of Health Care

## Best Practices in Medicare Advantage: Private Sector Solutions and Innovations for Modernizing the Health Care System



Lambert Van der Walde, executive director, Center for Health Reform & Modernization, UnitedHealth Group (right), and Dr. Gary Puckrein, president and CEO, National Minority Forum, discuss the potential for free market exchanges to increase private sector competition and control costs under the Medicare Advantage program.

Lambert Van der Walde, executive director, Center for Health Reform & Modernization, UnitedHealth Group, moderated the panel discussion on the benefits of Medicare Advantage. "One-third of patients in Medicare choose Medicare Advantage plans. Medicare Advantage plans are built on a holistic approach of engaging the consumer, improving wellness, and managing chronic care."

Chester A. Speed, J.D., LL.M., vice president, public policy, American Medical Group Association, spoke about improved care coordination. According to Speed, since physicians are provided incentives to meet quality and cost metrics in Medicare Advantage plans, group health practices are using tools such as care coordinators to keep patients away from hospitals. "Medicare Advantage provides a complete alignment between payment and value in Medicare, which has helped streamline care, improve the patient experience, and reduce overall costs."

Kevin T. Cammarata, executive director, benefits, Verizon Communications, spoke about the decision by Verizon to replace company-sponsored Medicare supplemental plans with a group health plan that includes PPO access. In 2014, Verizon had 18,000 retirees on its health plan and working with UnitedHealth Group, the company educated its members on the transition to Medicare Advantage. "We have seen our retiree population become very engaged with wellness, and more than half of our retirees are enrolled in a disease management program."



## 4<sup>th</sup> Annual Health Care Summit

### EVENT SUMMARY

Dr. Gary Puckrein, president and CEO, National Minority Forum, said, “The Medicare and Medicaid fee-for-service system is past its point of usefulness and has become a huge government bureaucracy that doesn’t allow for free market exchanges.” Through increased competition and innovation, the Medicare Advantage program has the ability to tackle cost drivers, such as chronic diseases, as well as capacity limitations due to the increasing number of enrollees.

Douglas Holtz-Eakin, president, American Action Forum, distinguished between Medicare and Medicare Advantage plans, articulating that Medicare Advantage is going to drive changes in the delivery system. Cautioning against government interference, he said, “Let’s build on the successes of private sector market reforms in Medicare such as the Part D program. The key is to deliver value by innovating and producing high quality at a lower cost, which is the most important challenge remaining in health care reform.”





**U.S. CHAMBER OF COMMERCE**  
Labor, Immigration & Employee Benefits



**U.S. CHAMBER OF COMMERCE FOUNDATION**

**1615 H Street, NW | Washington, DC 20062**

**[WWW.USCHAMBER.COM](http://WWW.USCHAMBER.COM)**