

HOW EMPLOYERS CAN SHAPE PATIENT-CENTERED HEALTH OUTCOMES



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Survey Results from 200 Employers

Integrated Benefits Institute

National Alliance of Healthcare Purchaser Coalitions

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There is a growing movement for health care practitioners and researchers to incorporate [patients' perspectives, preferences, and values](#)¹ when considering options about care. The intent of this effort is to improve treatment, patient-centered quality and health outcomes by engaging patients as active and informed [stakeholders](#)² in the type, quantity and setting of care they receive. This may help motivate patients to follow treatment plans that meet the full range of their clinical, social and financial needs, rather than abandoning otherwise clinically effective treatments.

Given that [half of nonelderly Americans](#)³ are covered by an employer-sponsored health plan, US employers also can play an important role in shaping patient-centered care and achieving better care and outcomes. According to a recent survey of 200 benefits managers (VPs, Directors, and Managers of corporate health benefits), some employers already play that role in the design of their medical, pharmacy, disability, well-being, absence and other health-related benefits.

The survey—conducted by the Integrated Benefits Institute (IBI) in partnership with the National Alliance of Healthcare Purchaser Coalitions on behalf of the Patient-Centered Outcomes Research Institute (PCORI)—found that when making decisions about health benefits, several patient-centered outcomes were considered nearly as—or more important than—other policy goals such as managing expenses, attracting and retaining talent, or reducing absence and disability lost work time. (A description of the survey and full results are available from IBI as a technical appendix).

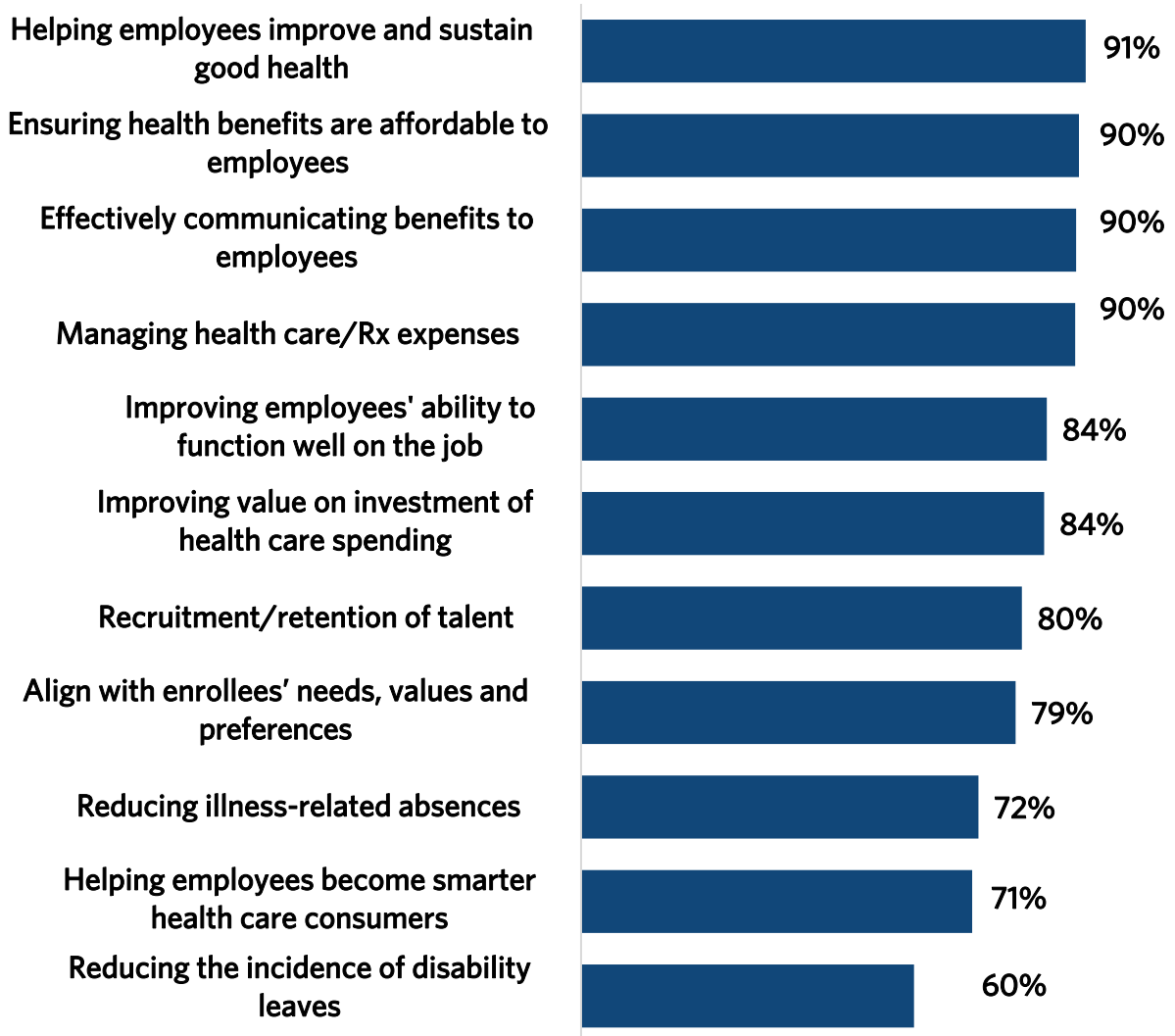
¹ <https://www.ahrq.gov/talkingquality/measures/six-domains.html>

² <https://jamanetwork.com/journals/jama/article-abstract/1148156>

³ <https://www.healthsystemtracker.org/brief/long-term-trends-in-employer-based-coverage>

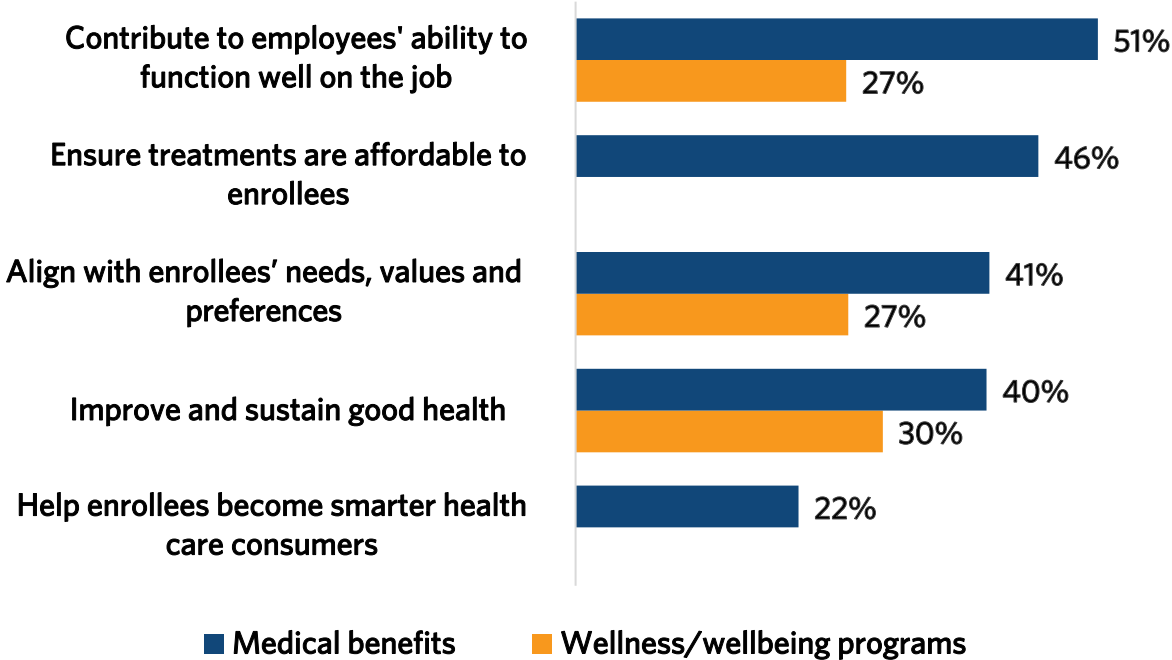
For example, 90% of benefits managers reported that managing medical and pharmacy expenses is a very important policy goal or guiding principle when making decisions about health benefits. About the same number of benefit managers reported that helping employees improve and sustain good health and that ensuring benefits are affordable to employees are very important goals—and just slightly more than the number reporting that improving employees’ ability to function on the job is very important (84%). Aligning benefits with employees’ needs, values and preferences was cited as very important (79%) more often than was reducing illness related absences (72%) or disability leaves (60%).

**"Very important" health benefits policy goals/
guiding principles**



It appears, however, that there is often a gap between what employers want to achieve through their programs and how their medical benefits and wellness/wellbeing programs attain those desired goals. The survey shows that less than a plurality of benefit managers -- between one-fifth and one-half, depending on the program — are very confident that their company’s medical benefits achieve important patient-centered outcomes (such as contributing to employees’ ability to function well on the job or helping employees become smarter healthcare consumers). Only about one in three benefits managers are very confident that wellness or well-being programs align with employees’ needs values and preferences, contribute to employees’ ability to function well on the job, or improve and sustain good health.

"Very confident" that benefits ...

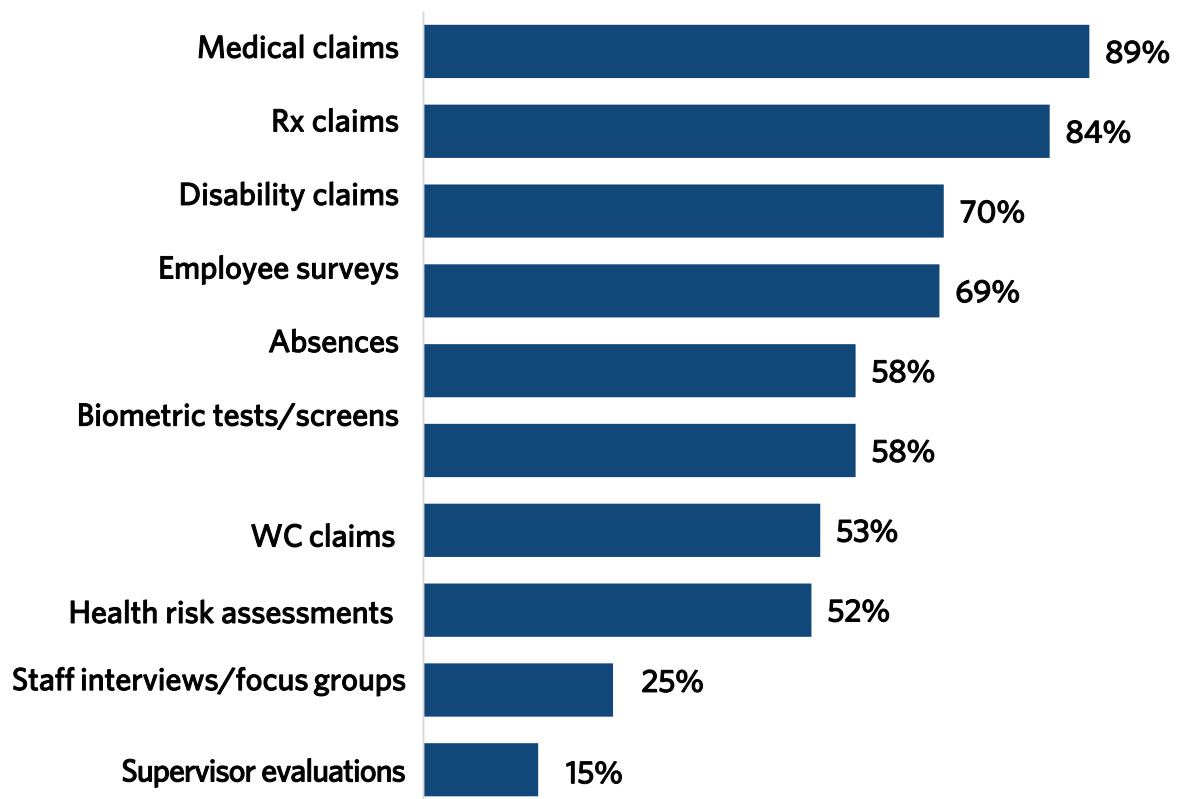


These findings indicate there is a need for employers to better align their health-related benefits to the goals they are trying to achieve and emphasizes the important opportunity to better align strategy and tactics for employers around patient-centered outcomes. In order to do this effectively, employers must know the degree to which employees are participating in those programs and the outcomes that result. The fact that a significant number of employers are “connecting the dots” is an encouraging sign that employers’ benefits can reflect patient-centered goals. However, the source of benefits managers’ confidence in their programs’ ability to deliver

patient-centered outcomes is unclear—relatively few employers use the kinds of information that could help measure progress towards these goals.

While benefits managers balance a diversity of goals when making health benefits decisions, their principal sources of data—medical, pharmacy or disability claims—are more commonly used to assess costs, utilization, clinical and lost work time outcomes than whether those benefits are aligned with members’ needs. As supplemental information sources, employee surveys (used by nearly seven in ten benefits managers, similar to those that use disability claims information) and health risk assessments represent potential sources of such information. Whether surveys are effective in shedding light on employee’s perspectives, preferences, and values remains an open question. Employee interviews and focus groups arguably represent the biggest opportunity for including employee perspectives when evaluating programs. With one in four benefits managers taking this approach, there is ample room for improvement.

Data used to measure benefits success



Designing benefits that reflect employees' perspectives, preferences, and values can help ensure that employees make use of effective care options that are right for them. This could help encourage better adherence to evidence-based treatment, as well as [reducing costs and waste](#)⁴ due to care delivery and coordination failures or from low-value care. Assessing benefits' ability to deliver a patient-centered experience—by including employee perspectives when considering, designing and evaluating programs—will help employers recognize whether the decisions they make are the right ones, and help them make course corrections when necessary.

Our survey suggests that a majority of employers have yet to successfully link the patient-centered outcomes they desire to achieve with the design of their health-related programs. However, the survey would also suggest that there is an opportunity for employers that have successfully connected patient-centered goals and health-programs to help point the way to other employers in how best to make this transition for their employees. For a copy of all survey exhibits, contact Dr. Thomas Parry at tparry@ibiweb.org.

⁴ <https://jamanetwork.com/journals/jama/article-abstract/2752664>