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2024 PBGH HEALTHCARE AND BENEFITS SYMPOSIUM RECAP



Pittsburgh
Business Group
on Health

{people you trust}

{200 ATTENDEES}

{10 SESSIONS}

{20 EXHIBITORS}

{2 KEYNOTES}

**ONE MISSION: PROTECTING AND
EMPOWERING EMPLOYER HEALTHCARE**



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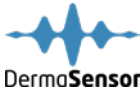
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Mike Stancil, CEO, PBGH,
welcomes employers and
guests to the 2024 Symposium.



BRETT KEISEL: OPENING KEYNOTE

Brett Keisel

Former Pittsburgh Steelers



Brett Keisel, former Pittsburgh Steelers, kicked off our 2024 Healthcare and Benefits Symposium as the opening keynote speaker. His down-to-earth presence immediately captured the audience's attention. With his trademark beard and a warm smile, Keisel began his speech by recounting a memorable phrase from his coach: "It's a great day to be alive." This simple yet profound sentiment set the stage for his reflections on his journey.

Keisel shared a heartfelt account of his upbringing as a "country boy," using his beard as a light-hearted symbol of his roots. His stories were imbued with a genuine gratitude for the path he had walked, from his early days to his professional career. Keisel talked about how his love for sports began, tracing back to his educational journey at Brigham Young University (BYU) and eventually being drafted by the Pittsburgh Steelers in 2002 in the 7th round of the NFL draft, as the 242nd overall pick. A little let down by how late he was selected, Keisel's dad reminded him of



a very vital life lesson. "You have control of one thing, your effort. You have 100 percent control over how hard you want it. The only thing you got is your effort. You have to go get it. You have to show up every day." Keisel carried this with him to help ignite his impressive football career.

During his speech, Keisel recounted his first encounter with Art Rooney II, president, Pittsburgh Steelers. Keisel humorously described walking into the copy room and being caught off guard to find the President himself handling the simplest tasks. This surprising revelation of Rooney's humility left a lasting impression on Keisel.

Keisel's admiration for Rooney was evident as he spoke about the owner's kindness and the significant role he played in his development as a leader. He credited Rooney's guidance and support, noting how it helped him grow into a dedicated leader within the team. Keisel's reflections on hard work, leadership, and the impact of supportive mentors resonated deeply with the audience, leaving them inspired by his journey and the values he shared.



THE FUTURE OF PHARMACY COST CONTROL: EXPERT INSIGHTS AND INNOVATIONS

Jordan Counts, Rebecca Hulinsky, Renee Rayburg, moderated by Beth Jameson

As healthcare spending continues to rise, managing pharmacy expenses is more crucial than ever. During the panel, *“The Future of Pharmacy Cost Control: Expert Insights and Innovations,”* industry experts underscored the crucial role that gene and cell therapies play in employers’ benefits strategies, as well as offered insight into how to navigate the complex process.

Moderated by Elizabeth Jameson of 84 Lumber, our panel included Jordan Counts of Quantum Health, Rebecca Hulinsky of Quest Diagnostics, and Renee Rayburg of PSG Consultants.

Hulinsky took the stage with an insightful presentation on the evolving landscape of genetics and its implications for pharmacy cost control. As the Director of Genomics Strategy and Solutions for Health Plans at Quest Diagnostics, Hulinsky brought a wealth of experience to the table.

Hulinsky began her talk with a foundational overview of genetics, explaining key concepts such as germline and somatic testing. She delved into carrier screening, risk assessment, and diagnostic testing, and contrasted traditional medicine with precision medicine.

MODERATOR SPEAKERS



Beth Jameson,
84 Lumber



Jordan Counts,
Quantum Health



Rebecca Hulinsky,
Quest Diagnostics



Renee Rayburg,
PSG Consultants

Her passion for enhancing access to genetic testing while reducing administrative burdens was evident. Hulinsky’s extensive background, from her time at Humana to her roles at various prestigious institutions like the Department of Veterans Affairs and the University of Utah, underscored her commitment to advancing the field. Her presentation highlighted the importance of integrating genetic insights to improve patient outcomes and manage costs effectively.

Rayburg, with over 30 years of experience in pharmacy, then shared her expert insights on controlling pharmacy costs. Rayburg’s focus at PSG Consultants is on specialty drug solutions and optimizing drug spending.

Rayburg’s discussion centered on the rising costs of specialty drugs, including the doubling of prices over recent years. She pointed out the market shifts, such as the decline in Humira’s market share due to increased competition from biosimilars pushed by CVS. Her analysis included the high costs of gene therapies, with recent

prices reaching up to \$4.3 million. Rayburg emphasized that these drug costs often don’t account for administration expenses, which further complicates cost management. Her mantra, “Data drives everything,” encapsulated her approach to generating actionable insights and collaborating with vendors to tackle these challenges.

Counts shared his expertise as Director of Pharmacy Services at Quantum Health in navigating the complexities of medication use and managing pharmacy benefits. Counts’s presentation highlighted the high costs associated with annual treatments, such as \$200,000 per year. He explained how Quantum Health’s model emphasizes utilization management and the importance of selecting clinically efficient biosimilars and therapeutics. By monitoring claims data and identifying actionable insights, Counts’s team aims to control pharmacy benefit costs effectively. His focus on value-based control and the integration of comprehensive pharmacy strategies illustrated a forward-thinking approach to managing the evolving landscape of drug costs.



HOW CARRIERS AND PBMS ARE KILLING YOUR EMPLOYEES' ABILITY TO AFFORD TREATMENTS

Jim Arnold, Chris Antypas, moderated by Patrick Hussey

Our panel, *“How Carriers & PBM’s are Killing Your Employees’ Ability to Afford Treatments”* included experts that challenged the traditional view of carrier and pharmacy spending. They discussed how to protect your team’s health and ensure they get the care they deserve, all well improving the bottom line. They underscored why pharmacy and health care isn’t just a cost to be minimized, but an investment that can drive long-term value for your business and your employees.

Moderated by Patrick Hussey of Dynamix Consulting, panelists included Jim Arnold of finHealth, as well as Chris Antypas of Henderson Brothers.

Antypas brought a wealth of knowledge and a passionate call for reform to his session. With his impressive credentials and deep involvement in pharmacy practice—spanning ownership of six diverse pharmacies and serving as President of the Pennsylvania Pharmacists Association—Anytpas is a key voice in the fight for better pharmacy care and cost management.

Antypas started by addressing a critical issue: conflicts of interest. He highlighted how drug pricing, rebate sharing, and pharmacy ownership can create barriers to affordable treatment. His first step was to call for transparency and the need to align clinical objectives, which includes designing formularies and managing prior authorizations with a focus on innovation.

MODERATOR



Patrick Hussey,
Dynamix Consulting

SPEAKERS



Jim Arnold,
finHealth



Chris Antypas,
Henderson Brothers



The session continued with Antypas outlining a multi-step approach to tackle these challenges, urging a reevaluation of current practices to enhance affordability and care.

- **Address Conflicts of Interest:** He emphasized the need to resolve issues related to drug pricing and rebate sharing.
- **Align Clinical Objectives:** Ensuring formularies and utilization management are designed to meet clinical needs efficiently.
- **Cost Containment:** Exploring viable solutions to manage the total cost of care effectively.
- **Specialty Pharmacy Strategy:** Recognizing that specialty drugs, though only 2% of utilization, account for 55% of Rx costs.
- **Value-Based Care:** Focusing on outcomes and mirroring models like CMS for better cost management.
- **Innovation Opportunities:** Encouraging the use of biosimilars and direct manufacturer deals to drive down costs.

Arnold then tackled the session’s topic with a sharp focus on transparency and cost control. Arnold founded finHealth with a mission to simplify and control healthcare costs for self-funded employers. His company’s AI-enabled platform and innovative “Analytics-as-a-Service” model offer employers the tools to regain control over healthcare expenditures.

Arnold’s presentation was a stark revelation of the inefficiencies in current healthcare spending:

- **Prepayment Audits:** He highlighted how prepayment audits can uncover significant waste, with up to 25% of spending identified as unnecessary.
- **Price Discrepancies:** He pointed out the shocking variations in drug prices and markups, questioning how missed provider discounts could reach up to 90%.
- **Conflicts of Interest:** He criticized the inherent conflicts between PBMs, providers, and pharmacists, especially when compensation models are tied to drug utilization.

Arnold’s session revealed a critical flaw in the system: the lack of oversight and double-checking, akin to personal credit card billing checks. He stressed the need for better reporting mechanisms and transparency to combat these issues and ensure fair pricing for treatments.

The way pharmacy benefits and healthcare costs are managed needs to be redesigned. These insights shed light on the complexities and conflicts within the system and offered practical steps toward a more transparent and cost-effective approach.

WHAT HAPPENED TO HEALTH EQUITY IN REPRODUCTIVE HEALTH? IS OUR REGION PROGRESSING OR FALLING BEHIND?

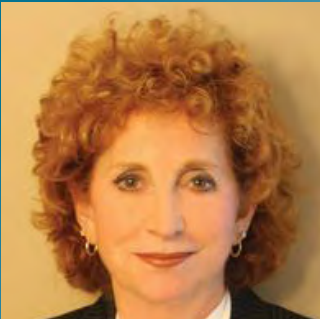
April Lee, Brynnaiza Young, Tammy Fennessy, moderated by Diane McClune

The panel titled *“What Happened to Health Equity in Reproductive Health? Is our Region Progressing or Falling Behind?”* brought together experts April Lee from ARC Fertility, Brynnaiza Young of Healthy Start Inc., and Tammy Fennessy of Dick’s Sporting Goods to address pressing concerns surrounding reproductive health access, affordability, and inclusivity. The panel was joined by moderator, Diane McClune of the Pittsburgh Business Group on Health.

Lee highlighted ARC Fertility’s commitment to expanding access to quality reproductive care. She shared that ARC has helped over 2.4 million people, forming over 80,000 families. The company’s approach focuses on delivering evidence-based, personalized care at a lower cost—15%+ less than competitors—while minimizing unnecessary treatments and reducing the rate of multiple births. ARC’s flexible and inclusive family-building services encompass fertility care, pregnancy, early parenting support, and ongoing reproductive health. Lee also emphasized ARC’s validation from the Validation Institute, which guarantees savings and better outcomes, backed by a \$100,000 credibility guarantee.

MODERATOR

SPEAKERS



Diane McClune,
PBGH



April Lee,
ARC Fertility



Brynnaiza Young,
Healthy Start, Inc.



Tammy Fennessy,
DICK’s Sporting Goods

Young spoke about Healthy Start Inc.’s work over 33 years in promoting health justice, workplace equity, and reproductive justice. She discussed policy priorities like Medicaid expansion, postpartum coverage, and workplace justice issues, such as paid family leave and breastfeeding rights. Young stressed the importance of reproductive justice as a human right and noted ongoing efforts to address systemic inequities in healthcare access, especially for women, minorities, and underserved communities.

Fennessy offered insights from an employer’s perspective, focusing on the challenges of providing equitable reproductive healthcare. She highlighted the need to understand the specific demographics and needs of the workforce and identify gaps in care, especially for women and minorities. Fennessy discussed the rising costs of healthcare, exacerbated by issues like high-risk pregnancies and inequitable access to fertility care. She also detailed how employers like Dick’s Sporting Goods are working to develop inclusive and supportive benefits programs, including infertility treatments, parental leave, and caregiver support.

Key Takeaways included:

- **Health Equity:** All panelists emphasized the importance of prioritizing health equity in reproductive care, addressing systemic racism, and ensuring that marginalized populations receive adequate support.
- **Employer’s Role:** Fennessy underscored the role of employers in shaping family-building policies that are inclusive, affordable, and tailored to the needs of diverse employees.
- **Driving Change:** The panelists collectively called for stronger national policies to improve maternal and infant health outcomes and create a more equitable healthcare system.

This panel served as a call to action for both the healthcare industry and employers to step up their efforts in addressing reproductive health inequities and to drive systemic changes for better outcomes.



POPULATION HEALTH; THE NEXT FRONTIER IN HEALTH BENEFITS

Abbie Leibowitz, Faina Linkov, Michael Tuggy, moderated by Niki Campbell

The panel, *“Population Health: The Next Frontier in Health Benefits,”* explored simple yet effective strategies to boost employee well-being and productivity without significant costs, while also addressing larger health and wellness issues in the workplace. The audience gained insight on how to tackle the lack of engagement from employees with the company’s healthcare benefits offerings.

Moderated by Niki Campbell of the Flourish Group, this roundtable discussion included Arthur (Abbie) Leibowitz, MD of Health Advocate, Faina Linkov, PhD, of Duquesne University, and Michael Tuggy, MD, of the University of Washington School of Medicine and Converging Health.

Linkov started the discussion, emphasizing that small perks, like providing scrubs, food, and drinks can make a big impact on employee satisfaction. She noted that nurses, for example, have asked for healthier snack options, which can promote well-being without high costs. Small gestures, such as offering healthy snacks instead of cookies, can significantly improve employee morale.

MODERATOR

SPEAKERS



Niki Campbell,
The Flourish Group



Arthur “Abbie” Leibowitz,
Health Advocate



Faina Linkov,
Duquesne University



Michael Tuggy,
Converging Health

Liebowitz continued, focusing on the importance of employers embracing wellness and preventive care. By creating a healthy workplace culture, employers can positively impact employee happiness and overall well-being. He highlighted the need for employers to understand that health involves many facets, and a proactive approach to population health is necessary. Employers should aim to connect employees to good healthcare resources, including ensuring they have access to a primary care provider.

Tuggy added that the foundation of employee health starts at the workplace. Employers should create environments that foster healthy habits, as this will lead to better retention and overall employee satisfaction. He also emphasized the need for trust between employers and employees when promoting healthy behaviors, stating that employees are more likely to adopt positive changes if they trust the guidance they’re given.

Their discussion also attempted to answer the broader question of why the U.S. has poor health outcomes and life expectancy, and how population-based approaches can help.

Linkov pointed out that a lot can be achieved with minimal resources, but the U.S. relies too heavily on expensive pharmaceutical interventions. She urged the need for lowering healthcare spending and focusing on cost-effective, preventive care measures.

Tuggy emphasized the role of integrated care in improving health outcomes. He argued that non-integrated care models, which only treat individual health issues, are driving many poor outcomes. Instead, a holistic approach that looks at the entire person is needed to foster real improvements.

Liebowitz pointed to hypertension as the most common disease in the U.S. and argued that addressing lifestyle factors is key to improving health outcomes. He also noted that mental and behavioral health issues are increasingly common, and employers should support wellness initiatives that address these aspects of employee health.

The panel concluded that inexpensive perks, such as healthier food options and small gestures of appreciation, can significantly boost employee happiness. Additionally, creating a culture that promotes health, and wellness has a lasting impact on employee well-being. In a broader context, integrating care, building trust, and addressing both physical and mental health holistically are essential steps toward improving health outcomes in the workplace and beyond.



TREATING CANCER BEFORE THE DIAGNOSIS

Amy Amond, Robert Baird, Mark Russo, moderated by Diane McClune

The panel on *“Treating Cancer Before the Diagnosis”* focused on the critical role of early cancer detection and prevention strategies that can be implemented before a formal diagnosis. The discussion brought insights from pharmacy, cancer treatment advocacy, and employer relations experts.

Moderated by Diane McClune of the Pittsburgh Business Group on Health, panelists included Amy Amond of Giant Eagle, Robert E. Baird, Jr., RN, MSA, of National Cancer Treatment Alliance, and Mark Russo of Grail.

Amond highlighted the role of community pharmacies in cancer prevention. With 58% of Americans visiting pharmacies first for non-emergency medical issues, pharmacies have become key players in

delivering preventive healthcare. Giant Eagle Pharmacy, for example, helps reduce cancer risks by providing HPV and Hepatitis B vaccines, which protect against viral infections that may lead to cancer. Amond emphasized the importance of easy access to vaccines, knowledgeable staff, and clinical coordinators who specialize in vaccines and clinical services. She also noted Giant Eagle Pharmacy works closely with manufacturers to stay updated on the latest developments and offers incentives through their loyalty program to encourage vaccine uptake.

Baird raised concerns about the rising costs of cancer care in hospital settings, particularly when hospitals and providers consolidate. He pointed out that when consolidation occurs, service prices

increase, employer negotiating power weakens, and patient access often declines, all without a corresponding improvement in quality. Baird also criticized the 340B drug pricing program, highlighting how some hospitals exploit the system by marking up cancer drugs, profiting from discounted prices meant for underserved populations. He noted that oncology spending has doubled since 2013 and is expected to reach \$240 billion by 2023, driven largely by the introduction of new medicines. To assist employers, NCTA has developed an “Employer Toolkit” to navigate these challenges, which is available on their website.

Mark Russo focused on the need for improved cancer screening options for employers. Currently, only 30% of cancers have recommended screenings, leaving 70% undetected until later stages. Early detection is crucial, as there is an 89% 5-year survival rate when cancer is diagnosed early, compared to only 21% when diagnosed late. Russo introduced the Galleri test, a new tool that detects active signals of cancer through a process called methylation, which analyzes how genes are expressed in cells. Unlike genetic tests that predict future cancer risk, the Galleri test identifies cancer signals that are already present, allowing for earlier intervention. Russo emphasized that employers could see a 50% reduction in advanced cancer diagnoses (Stages 3 and 4) by utilizing this technology, potentially leading to significant cost savings and better health outcomes.

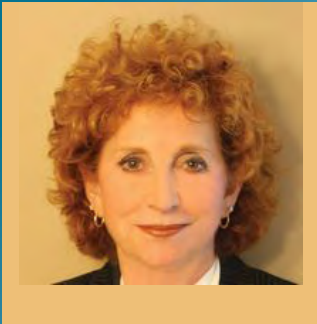


Key Takeaways included:

- **Prevention through Vaccination:** Pharmacies, like Giant Eagle, play a vital role in cancer prevention by providing vaccines that protect against cancer-causing viruses.
- **High Cost of Cancer Care:** Hospital consolidation is driving up cancer care costs without improving quality, and the exploitation of drug pricing programs like 340B exacerbates this issue.
- **Early Detection is Critical:** Tools like the Galleri test can revolutionize cancer care by detecting cancers earlier, improving survival rates, and reducing treatment costs.

The panel underscored the importance of accessible prevention strategies, cost control in cancer treatment, and the critical role of early detection in improving outcomes and lowering healthcare expenses for employers and patients alike.

MODERATOR SPEAKERS



Diane McClune,
PBGH



Amy Amond,
Giant Eagle



Robert Baird,
National Cancer Treatment
Alliance (NCTA)



Mark Russo,
Grail

THE SIMILARITIES BETWEEN GLP-1S AND TAYLOR SWIFT

Paul Dempsey, Elina Onitskansky, moderated by Julia Shelton

One of the panels at SYM 2024 offered an unexpected comparison between two cultural and medical phenomena: Taylor Swift and GLP-1 medications. At first glance, it might be hard to understand the connection. But look a little deeper and you'll see both are changing the status quo – the empire of Taylor Swift in the music world – now worth an estimated \$1.6 billion and GLP-1s in the healthcare industry used to address obesity and which is expected to balloon to a \$100 billion market by the end of the decade.

Moderated by Julia Shelton of Milliman, the panel, *The Similarities Between GLP-1s and Taylor Swift* featured insights from Paul Dempsey of Novo Nordisk and Elina Onitskansky from Ilant Health, who talked about the complexities of obesity treatment and its challenges in today's healthcare landscape.

Tackling Obesity Bias: An Obstacle to Effective Treatment

The panel started by highlighting a sobering statistic from Harvard: Bias against obesity is one of the few forms of bias, which has actually increased in recent years. In fact, 70 percent of healthcare providers report harboring some level of bias toward individuals with obesity. This deep-seated bias poses a critical question: How can healthcare systems build trust with patients when obesity is often accompanied by additional health complications, and the stigma remains strong?

- Dempsey emphasized obesity treatment is far more complex than simply focusing on weight loss. It requires a comprehensive plan that addresses multiple facets of health, including for example:**
- **Education:** Many individuals don't fully understand the internal conflicts their bodies face when dealing with obesity. The treatment begins with educating patients on the biological factors that contribute to obesity, helping to dispel common myths.
 - **Psychosocial support, diet, and exercise**, which contribute to ensuring patients receive holistic care.
 - **Surgical options and quality improvement protocols:** For some, surgery may be part of the journey, but it's far from the only step. Success lies in ongoing quality improvement and a focus on long-term health outcomes.

MODERATOR



Julia Shelton,
Milliman

SPEAKERS



Paul Dempsey,
Novo Nordisk



Elina Onitskansky,
Ilant Health

Elina Onitskansky stressed the importance of matching the right patient to the appropriate treatment. She noted family history, mental health, and social determinants all play crucial roles in determining the best course of action. Mental and behavioral health support, for example, is essential to help patients make healthier food choices and sustain improvements over time.

Onitskansky emphasized that while Body Mass Index (BMI) is commonly used as an initial indicator, it's just the starting point. Individuals with a BMI over 40 represent the fastest-growing population, and their healthcare costs are typically three times higher than those in a healthy weight range. These patients often have multiple comorbidities, particularly mental health concerns, which need to be addressed in conjunction with physical health interventions.

Women, in particular, are more likely to experience mental health issues alongside obesity, making it vital to engage high-risk individuals early and tailor treatments to their specific needs.

The Complexity of Coverage for Weight Loss Treatments

When asked why weight loss treatments are not more widely covered, Dempsey explained the complexity of the healthcare system often makes it difficult for employers to offer comprehensive obesity treatments. Employers must carefully evaluate the benefits they provide and consider what investments they're willing to make to address the long-term health risks associated with obesity.

When employers consider offering obesity treatments, tracking the right Key Performance Indicators (KPIs) is essential to measure success. Dempsey recommended expanding beyond the clinical definition of obesity to evaluate the broader impact of care. The primary KPI should

focus on whether the treatment is positively or negatively affecting the workforce, considering metrics like premiums and benefits, as well.

Working with benefit vendors and consultants to gather baseline data and set achievable goals can help employers develop a successful protocol that ensures long-term benefits for both the organization and its employees.

Ensuring Adherence to Treatment Plans

Onitskansky highlighted the importance of adherence in obesity treatment programs. A treatment plan is only effective if patients remain engaged. Employers should monitor whether individuals are attending their appointments, staying committed to the program, and experiencing tangible health improvements, such as a reduction in hospitalizations.

Onitskansky noted more than 50 percent of patients entering obesity programs have underlying mental health concerns, which are often identified before any financial benefits, like reduced premiums, become visible.

Conclusion: Creating a Supportive Environment for Obesity Treatment

The panel concluded by emphasizing the need for a holistic approach to obesity treatment, one that combines education, medical support, and ongoing engagement. And, employers play a pivotal role in providing access to these resources and fostering a supportive environment to encourage positive outcomes.



THE DARK SIDE OF CORPORATE CULTURE: MENTAL HEALTH AT RISK

James Kinville, Andrew Stephenson, moderated by Victoria Mattingly

The SYM 2024 panel, *The Dark Side of Corporate Culture: Mental Health at Risk*, brought to light the increasing need for employers to actively support the mental health of their workforce.

In a discussion led by Victoria Mattingly, CEO, Mattingly Solutions, experts James Kinville from LifeSolutions and Andrew Stephenson of HBD International, LLC, explored how modern stressors – both within and outside the workplace – are pushing employees towards burnout.

This session underscored the need for business leaders to look beyond profits and prioritize employee well-being as a core value in corporate culture.

The panel opened by framing the understanding of mental health as a spectrum, including individuals facing significant mental health challenges on one end, and those thriving on the other. The idea of a spectrum serves to emphasize mental health is a journey we all experience at different points in life. Part of the discussion focused on the audience of employers, who were asked to reflect on the resources their organizations provide, highlighting the need for comprehensive support systems.

Why Mental Health Should Matter to Employers

Why should employers care about mental health? The panelists argued an organization's success is deeply tied to the well-being of its people. Physical health has been openly discussed in workplaces for years, but mental health remains stigmatized. However, with 80 percent of employees reporting some level of mental health challenges and only 25 percent seeking help, the need to destigmatize mental well-being is more urgent than ever.

The panelists shared their perspective about how much control employers really have over their employees' mental health. While personal factors outside the workplace certainly play a role, the panel emphasized companies have significant influence through the culture they create.

MODERATOR



Victoria Mattingly,
Mattingly Solutions

SPEAKERS



James Kinville,
LifeSolutions



Andrew Stephenson,
HBD International

According to research from the McKinsey Health Institute, the most critical factor influencing employee well-being is the work environment created by leaders and managers. Toxic work environments, even in companies with ample mental health resources, lead to disengaged and unhappy employees.

Employer leaders in attendance were encouraged to create an environment where employees feel safe discussing mental health concerns, as building this culture of support not only fosters loyalty but also improves overall productivity. Panelists pointed out CEOs and managers must lead by example, showing they trust and use the mental health resources available to employees.

Reframe: From Mental Health to Brain Health

One key takeaway from the discussion was the need to reframe how mental health is discussed in corporate settings. The panelists suggested using the term “brain health” instead, shifting the focus to the science behind cognitive function. By emphasizing the physical aspects, such as increased energy and sharper focus, leaders can make these conversations more approachable. Personal storytelling was highlighted as another effective strategy for reducing stigma.

The presenters pointed to the return on investment for companies committed to mental health pointing out that it is not only an ethical responsibility but a smart financial decision. Employee Assistance Programs (EAPs), for example, cost companies an average of just \$25 per employee annually, yet offer significant benefits, such as reduced absenteeism and turnover. The panel recommended using metrics such as absenteeism and turnover to demonstrate the tangible ROI of mental health initiatives, reinforcing the importance of viewing mental health resources as an essential investment.



Actionable Strategies for Employers

The panel provided several actionable strategies for promoting mental health in the workplace, including:

- Normalize everyday conversations about mental health.
- Incorporate mindfulness moments at the start of meetings to create a calm, focused environment.
- Create employee resource groups dedicated to mental health and well-being.
- Use team meetings as an opportunity to discuss a mental health topic and encourage reflection.

In closing, the panel stressed that providing mental health resources is crucial, but it's only part of the equation. Employees expect their leaders to cultivate a healthy, inclusive workplace that actively promotes mental well-being. The key to long-term success lies in fostering a culture of support, trust, and openness, where mental health is normalized and prioritized. By doing so, employers can unlock greater engagement, loyalty, and productivity, benefiting both employees and the organization as a whole.

IGNORE AT YOUR OWN RISK: NEW MENTAL HEALTH THERAPIES

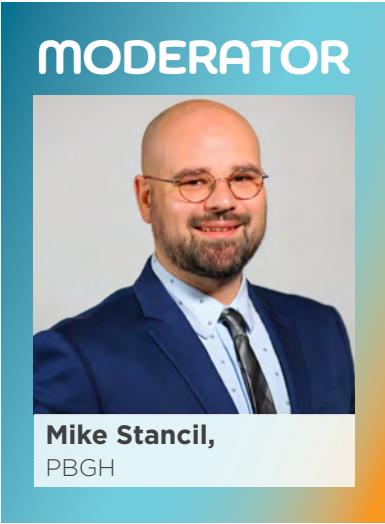
Mark Bukowski, Monica Ko, Marcus Capone, Brian Dolan,
moderated by Mike Stancil

The panel, *Ignore at Your Own Risk: New Mental Health Therapies*, at SYM 2024, explored the transformative potential of emerging therapies for treatment-resistant depression (TRD) and mental illness.

The discussion, moderated by Mike Stancil of PBGH, brought together Mark Bukowski and Monica Ko from WTW, alongside Marcus Capone and Brian Dolan from TARA Mind, to examine how these innovative treatments are changing lives and sparked a conversation about how employers can support these groundbreaking solutions.

A Spectrum of Mental Health: The Need for Holistic Support

The discussion began by framing mental well-being as a spectrum – ranging from those battling mental disorders to those who are thriving. This continuum highlights the collective journey everyone is on. The panel posed an important question to the audience: “What mental health resources are available in your workplace? And are they enough?”



SPEAKERS



Mark Bukowski,
WTW



Monica Ko,
WTW



Marcus Capone,
TARA Mind



Brian Dolan,
TARA Mind

Mark Bukowski said there is increasing dialogue around mental health in Fortune 500 companies. However, despite this progress, significant challenges remain, including the shortage of mental health providers and the growing demand for care. Historically, mental health providers have been under-supported, and the panel emphasized the need for leadership to take the reins. “CEOs, entrepreneurs, and business leaders must set the tone by prioritizing mental health and starting conversations that dismantle the stigma still surrounding these issues,” said Bukowski.

Addressing the Growing Need for Solutions to Treatment-Resistant Depression (TRD)

Brian Dolan shed light on the critical need for greater awareness of treatment-resistant depression (TRD), which remains largely unknown to many. TRD affects 30-40 percent of individuals with depression, and traditional treatments often fail to provide relief. Monica Ko explained that while drug treatments can be effective, they typically take 6-8 weeks to show results, leaving patients waiting and suffering during this period. The role of pharmacogenomics, or how an individual’s genes impact their response to drugs, is a vital component of determining the most effective treatments for TRD.

What is Treatment-Resistant Depression (TRD)?

Brian Dolan defined TRD as a condition where patients have undergone two or more courses of drug treatment without a positive response. This doesn’t mean that the drugs themselves are ineffective, but rather that patients often deteriorate while trying various medications. Tragically, individuals with TRD are 2-3 times more likely to experience suicidal ideation or attempts, highlighting the urgency for new, more effective treatments.



IGNORE AT YOUR OWN RISK: NEW MENTAL HEALTH THERAPIES (continued)

Mark Bukowski, Monica Ko, Marcus Capone, Brian Dolan, moderated by Mike Stancil

Employers' Role in Mental Health: Filling the Gaps in Care

When asked about the gaps in mental health support in the workplace, Bukowski discussed how some employers are introducing short-term cognitive behavioral therapy as a solution for mild depression. Offering 6-8 session programs has become a common practice, but more comprehensive approaches are needed. Companies are beginning to focus on clinical outcomes and consider social determinants of health in their healthcare strategies, moving away from merely prescribing medications.

For moderate to severe cases of depression, new treatments such as intramuscular and intravenous ketamine are showing promise. Unlike traditional medications, IV ketamine – a psychedelic-assisted therapy – can produce significant results within 24 hours under clinician guidance, offering a lifeline for individuals who haven't responded to other treatments.

Ensuring Safe, Controlled Use of Emerging Therapies

Bukowski stressed the importance of ensuring these treatments are administered in a safe, controlled environment. Without proper clinical supervision, the misuse of such therapies could pose serious risks. Dolan added while these treatments are available to those who can afford them, institutions like the Mayo Clinic are already covering them for employees. However, clinical guidance and prior authorization are crucial to ensure their responsible use.

As the conversation ended, the panel emphasized the urgent need for innovative mental health solutions to be integrated into workplace cultures. For employers, this means not only addressing the stigma surrounding mental health but also ensuring that emerging therapies, like ketamine, are accessible to those in need.

The Promise of Ketamine and the Barriers to Adoption

Ketamine has proven to be a game-changer for many. Dolan highlighted that nearly 80 percent of TRD patients respond positively to ketamine treatments, making it a more effective and often more affordable option compared to traditional SSRIs and other antidepressants. However, Monica Ko noted that one of the biggest obstacles to wider ketamine use is its lack of FDA approval for TRD, which means it's not typically covered by medical insurance.

Dolan pointed out that despite ketamine's approval for anesthesia, most of its mental health applications are considered off-label use. However, this is not uncommon. Many drugs used for mental health are prescribed off-label, and less than 13 percent of mental health treatments are officially FDA-approved. While this doesn't negate their efficacy, it does present challenges for wider adoption.



IS VALUE-BASED CARE A REALITY OR JUST A BUZZWORD?

Bruce Meyer, Betty Rich, Mark Weber,
moderated by **Jennifer Elliott**

The evolving concept of value-based care (VBC) was explored during an informative panel discussion at PBGH's 2024 Healthcare and Benefits Symposium earlier this fall. The panel focused on whether VBC is truly transforming the healthcare industry or just another buzzword.

Moderated by Jennifer Elliott from Duquesne University, the discussion featured key insights from Dr. Bruce Meyer, executive vice president & Western PA market president, Highmark Health; Betty Rich, CEO and co-founder of Connected Health; and Mark Weber, vice president of growth, PeopleOne Health. Together, they shared their perspectives on how this model is – or isn't – changing the way healthcare is delivered and paid for in the U.S.



SPEAKERS



Bruce Meyer,
Highmark Health



Betty Rich,
Connected Health



Mark Weber,
PeopleOne Health

MODERATOR



Jennifer Elliott,
Duquesne University

What Does “Value” in Healthcare Really Mean?

Dr. Meyer opened the conversation by addressing the fundamental challenge of healthcare today: the current system rewards sickness rather than health. In traditional fee-for-service models, healthcare providers are paid based on the number of services they perform, meaning they are incentivized to treat illnesses rather than prevent them. The value-based care model, however, aims to flip this dynamic by incentivizing preventive care and improving patient outcomes.

Dr. Meyer defined value in healthcare as achieving better health outcomes while reducing costs. He explained how VBC focuses on keeping people healthier and preventing chronic diseases, which can devastate lives. At the core of this model is the idea healthier patients ultimately reduce healthcare costs, which benefits both individuals and businesses. He highlighted the example of community-based care in Greater Pittsburgh, where healthcare providers operate under a full-risk structure, receiving a per-member, per-month (PMPM) fee to keep patients healthy. If they succeed in reducing costs, they keep the savings; if they don't, the funds must be returned, which shifts the focus from volume to value.

However, Meyer pointed out Medicaid's low reimbursement rates, which are 2-3 times lower than commercial payers, are leading to a shrinking number of providers willing to accept Medicaid patients, complicating efforts to implement value-based care for these populations. In Pennsylvania, for example, Medicaid reimbursement rates are at 0.92, further widening the gap between commercial and government healthcare.



IS VALUE-BASED CARE A REALITY OR JUST A BUZZWORD? (continued)

Bruce Meyer, Betty Rich, Mark Weber, moderated by Jennifer Elliott

Beyond Buzzwords

Mark Weber from PeopleOne health followed with a critical perspective, suggesting that while VBC is a widely discussed concept, in practice, it often feels more like a buzzword than a real transformation. He defined value as delivering the best care at the lowest cost, but he acknowledged this balance is not always easy to achieve. Sometimes, the best healthcare solution doesn't necessarily equate to high value. He said there's a complex relationship between quality, cost, and patient outcomes, which all must be navigated.

For Weber, value is rooted in the patient-provider relationship and the time and attention given to patient care. He also stressed the importance of making healthcare more accessible for patients by removing financial barriers. This means not only improving the quality of care but ensuring that employers provide their members with healthcare options that are affordable and practical. In his view, employers have a critical role in driving the adoption of value-based care, but many are held back by the complexity of navigating these contracts and the lack of immediate financial incentives.



The Barriers: Apathy and Education

Elizabeth Mitchell, employer/audience member, weighed in by pointing out that a major barrier to the widespread adoption of value-based care is apathy. And, for many employers, the existing healthcare model isn't painful enough to motivate a shift. She explained carriers and employers often lack the necessary infrastructure to manage value-based contracts effectively, making the transition feel burdensome. To drive real change, she said education at the individual level is essential. Employees need to understand how VBC can benefit them personally and how it leads to better health outcomes over time.

Mitchell argued healthcare transformation requires buy-in from both employers and employees, but that begins with empowering individuals to make informed healthcare choices. Without this education, the complexities of value-based care remain a barrier to adoption, preventing the model from reaching its full potential.

Betty Rich offered a unique perspective on how VBC should be structured. She believes fewer patients per provider would allow for more personalized care. In her ideal model, patients would pay a monthly fee for unlimited access to care, removing insurance from the equation entirely. This would allow healthcare providers to focus more on proactive and preventive care, as well as prioritize patient well-being without the constraints of insurance-based payments.

Rich's vision of value-based care is one of "connected health," where healthcare becomes a personal experience tailored to each individual's unique needs. For her, value isn't just about cost savings; it's about giving patients the time and attention they need to navigate their own health journeys.

The panelists agreed VBC offers immense potential to transform healthcare by focusing on prevention, improving patient outcomes, and reducing overall costs. However, the road to making it a widespread reality is filled with challenges, ranging from systemic barriers in the healthcare industry to apathy from employers.



PHARMACY BENEFITS IN CRISIS: THE HIDDEN COSTS OF IGNORING THE CAA

Greg Baker

Greg Baker, CEO of AffirmedRX, stepped up to the podium with a sharp focus on a critical topic: the legal and ethical responsibilities of employers regarding pharmacy benefits. His presentation was a candid exploration of the complex landscape shaped by the Consolidated Appropriations Act of 2021 and the broader implications for those managing health benefits.

Greg began by highlighting a stark reality: “You can’t legislate your way out of this problem.” He emphasized the increasing scrutiny faced by employers who provide insurance, stressing they are now held accountable for the quality and cost-effectiveness of the benefits they offer. This scrutiny has led to numerous lawsuits, particularly targeting those who handle pharmacy benefits.

He illustrated the disparity in how large corporations, like Wells Fargo and Johnson & Johnson, think they secure better deals compared to smaller employers. Greg’s presentation pointed to a fundamental issue: data transparency. He questioned whether employers and their representatives are acting as prudent fiduciaries, given the shifting blame from Pharmacy Benefit Managers (PBMs) to employers.



Greg outlined ten key questions employers might face in court, challenging them to assess their practices and compliance:

- 1. Documentation and Compliance:** Are you keeping accurate records and adhering to regulations?
- 2. Fee Disclosures:** Is there transparency regarding whether consultants are benefiting from PBMs?
- 3. Selection Process:** How are PBMs chosen, and is the process fair?
- 4. Conflict of Interest:** Are there any conflicts affecting decision-making?
- 5. Plan Management:** How effectively are the plans being managed?
- 6. Participant Communication:** How well are participants informed about their benefits?
- 7. Recordkeeping:** Are records meticulously maintained?
- 8. Plan Decisions:** What criteria did you use to select the pharmacy/medication options available to plan participants, and how do you monitor their performance to ensure they remain in the best interests of the participants?
- 9. Participant Education:** What educational resources and tools have you provided to pharmacy benefit plan participants to help them understand their medication choices and the fees associated with their pharmacy benefit plan?
- 10. Response to Participant Inquiries:** How promptly and effectively do you respond to participant questions?



Greg also touched upon the administrative burden and suggested simplifying processes could alleviate some of these challenges. He pointed to innovative approaches like AlignedRX, a public benefit PBM, and noted Mark Cuban’s success with a cost-plus model, where prices are based on actual manufacturing costs. He highlighted a shift by CVS toward this model, as well.

Finally, Greg addressed a crucial aspect of the Consolidated Appropriations Act: rebate money. Under this law, companies must pass on rebate savings to avoid fines. This requirement underscores the importance of transparency and fairness in managing pharmacy benefits.

Greg’s presentation was a compelling call to action for employers to reassess their practices, embrace transparency, and ensure they are prepared to defend their decisions in court.

ERIN BROCKOVICH: CLOSING KEYNOTE

Erin Brockovich
Activist & Advocate



As the closing keynote speaker, Erin Brockovich captivated the audience with her deeply personal and inspiring story. True to her reputation, Erin stayed late to interact with attendees, answering questions and sharing her experiences in a heartfelt manner.

Erin began by reflecting on her upbringing, supported by two devoted parents who nurtured her confidence despite her struggles with dyslexia. Her journey to success was shaped by their encouragement and the innovative approach of her psychology teacher, who administered her exams orally, helping her achieve straight A's. This early support laid the foundation for her belief that she could overcome any obstacle.

Her path took a dramatic turn after a severe car accident in Reno, which left her injured and in need of employment. Moving back to California's San Fernando Valley, Erin hired Masry & Vititoe to represent her.



Although they won a small settlement, Erin still needed work and took a job at the law firm as a file clerk. It was while organizing papers on a pro bono real estate case that Erin discovered medical records, which would ignite one of the largest lawsuits in U.S. history.

Erin's exhaustive investigation revealed Pacific Gas & Electric (PG&E) had been contaminating the small town of Hinkley's water supply with toxic Chromium 6 for more than 30 years. Her unwavering tenacity, walking the town of Hinkley in stilettos, led to the exposure of this environmental disaster, ultimately resulting in a landmark legal battle. In 1996, Erin, along with attorney Ed Masry, secured the largest toxic tort injury settlement in U.S. history—\$333 million in damages for more than 600 Hinkley residents.

Erin briefly mentioned that this case inspired the film "Erin Brockovich," which made her a household name. She joked this came about from her sharing her work with her chiropractor and the next thing she knew Julia Roberts was playing her. Over time, Erin realized she could leverage her newfound notoriety to promote messages of personal empowerment and encourage others, specifically empowering moms, to stand up and make a difference. Her journey from personal adversity to becoming a global advocate for environmental justice highlighted the profound impact of perseverance and community action.





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