

Advancing Inclusive Healthcare Benefit Design: Engaging Employees Through Participatory Decision Making

May 14, 2025

Speakers and Roadmap for Today's Session



Janet McNichol,
ASHA, Inside
Workplace Wellness



Joe Vandigo,
Applied Patient
Experience



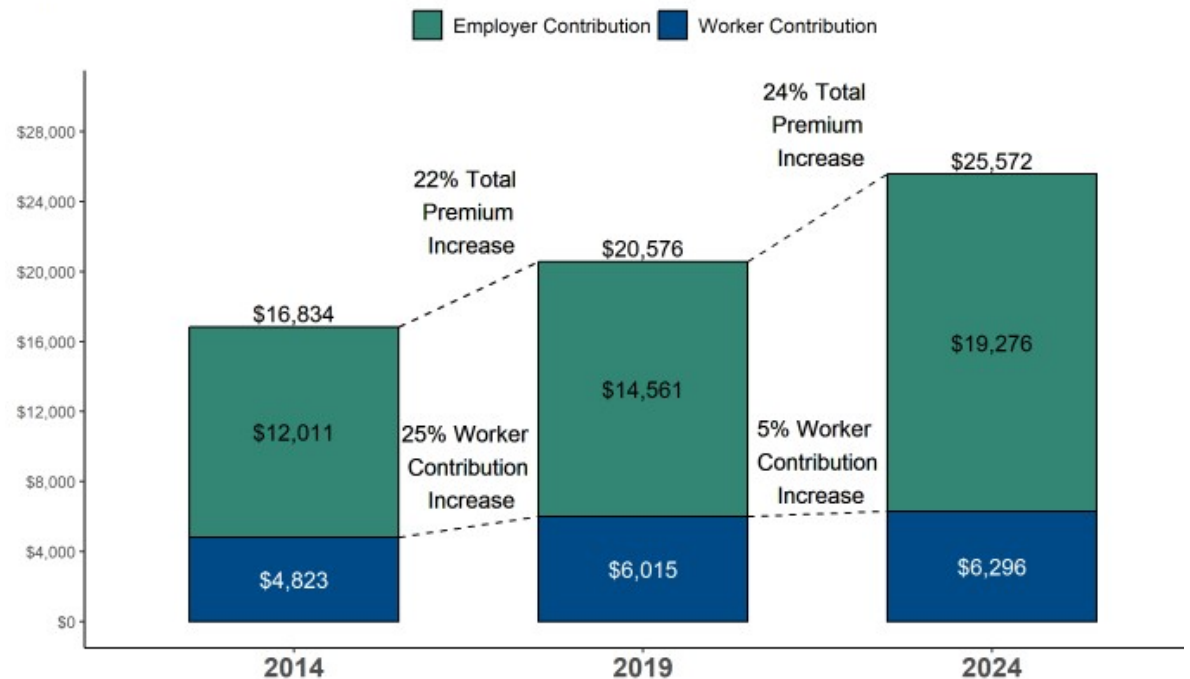
Kimberly Westrich,
National Pharmaceutical
Council

- Introduction to the decision-making landscape
- Employer case study
- Opportunities for patient-centered research
- Q&A/ Audience participation exercise

Healthcare costs are rising for US employers and employees

- **More than half of Americans** receive health insurance through their **employer**
- Healthcare costs are **rising**, crowding out wages and growth
- Employees' annual **premium contributions are rising**

Average Annual Worker and Employer Premium Contributions for Family Coverage, 2014, 2019, and 2024



Source: KFF Employer Health Benefits Survey, 2019 and 2024; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2014.

Employers make complex decisions that shape healthcare access, costs, and coverage options for millions of employees



Employers must weigh many considerations when designing health benefits

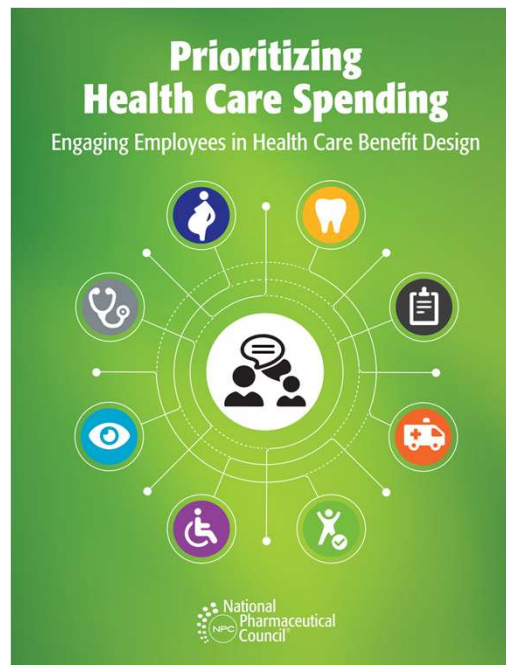
- Value to employer & employees
- Cost management and predictability
- Employer fiduciary responsibility
- Coverage options/employee access to care
- Employee health and productivity
- Employee satisfaction/retention

Ideally, these decisions should reflect the **diverse needs and preferences** of the workforce

Engaging employees in benefit design can be done!



How One Company Gamified Health Insurance



As concern about health spending grows, it is becoming increasingly clear that trade-offs cannot be avoided. In a previous [Health Affairs blog](#), Francois Dionne and Craig Mitton assert that trade-offs are needed in health care decision-making to compensate for shortcomings in the U.S. market-based health care system. The authors explain that there are two types of trade-offs. First, there are trade-offs between health care and other forms of spending (e.g., should a government devote more resources to health care and less to education?). Second, there can be trade-offs within the health care sector related to which products and services should be covered (e.g., if a new, high-cost therapy is to be covered, what existing products or services will no longer be covered?).

<https://tradeoffs.org/2024/09/05/game-health-insurance/>
<https://www.npcnow.org/resources/employer-resource-guide>



Janet McNichol







Chief Human Resources
Officer, American
Speech-Language-
Hearing Association

Why involve employees in the decision-making process?



When you're making
value laden decisions,
**how you decide
matters**

What are the tangible benefits of involving employees in these decisions?

-  People are willing to make **trade-offs**.
-  There's greater **acceptance of limits**.
-  People feel **heard**.
-  **Understanding** improves.
-  **Trust** grows.
-  The impact is **long lasting**.

Designing a deliberative process

Purpose

- Participants **challenge their own assumptions**, learn from one another, and **evolve their views** through discussion.
- Shifts people's thinking from "what's best for me" to "**what's best for all of us.**"

Model

- Public deliberation leads to more **informed stable positions**—helping participants **understand complex issues** and refine their views through dialogue.

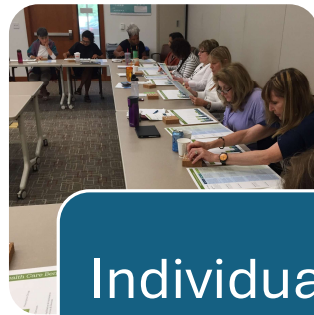
Process

- Participant selection
- Facilitate deliberative sessions
- Compile feedback
- Implement changes in health benefit design

What does the group dialogue experience look like?



Context
Setting



Individual
Plan
Design



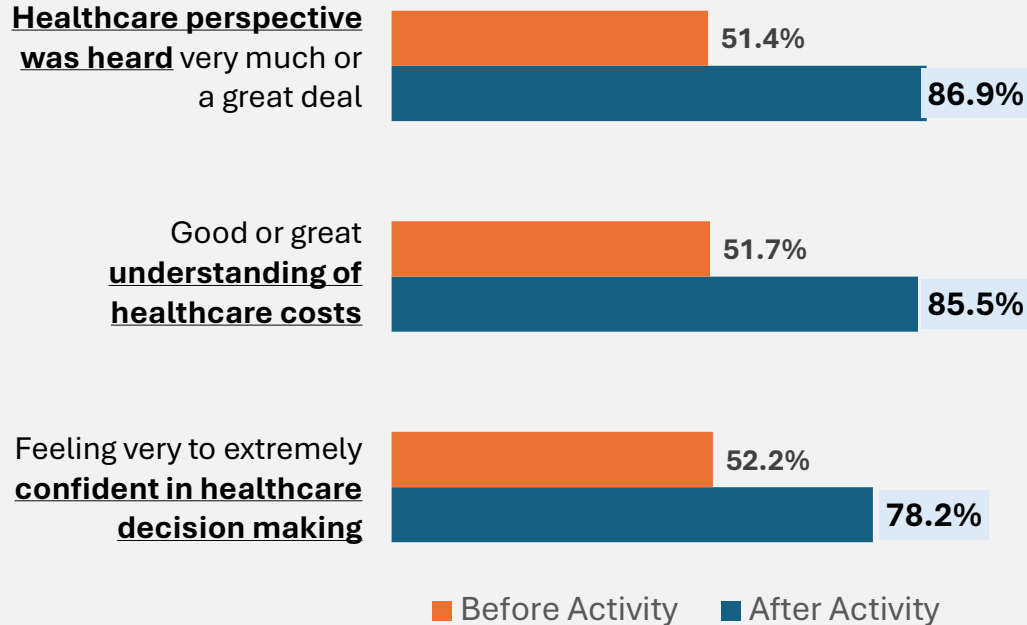
Life
Events



Group
Plan
Design

ASHA's efforts have delivered exceptional results

Respondent Survey Results



- ✓ Increased understanding of **health plan limitations and costs**
- ✓ Increased **acceptance of plan limits**
- ✓ **More strategic investment in healthcare**, focusing on services employees value most
- ✓ **Higher satisfaction** with the group health fund

How do you build support for trying an approach like this?



Make the business case & bring in outside evidence



Frame it as culture work



Recruit champions



Start small with a pilot



apx

JOE VANDIGO, MBA, PHD

Vice President, Market Access and Value Strategy
Applied Patient Experience
jvandigo@appliedpx.com

“[V]alue in the real world is often much more nuanced and difficult to measure than we would like to admit.”



Source: Abbot, R. What is this thing called value? Value & Outcomes Spotlight. Vol. 10 No. 6 November/December 2024. [\[Link\]](#)

Value-laden discussions are increasingly informing coverage and reimbursement

Drug Price Negotiation Program	Prescription Drug Affordability Boards	Patient Inclusion on P&T Committees	Medicare Beneficiary Councils (+ MACs!*)
Federal initiative under the Inflation Reduction Act that allows Medicare to negotiate directly with pharmaceutical companies to lower the prices of selected high-cost prescription drugs. [1]	State-established, independent body tasked with reviewing and addressing the cost of high-priced prescription drugs to make them more affordable for residents. [2]	CMS has introduced rules requiring patient representatives on P&T committees (by 2026) [3]	CMS has introduced rules requiring patient representatives on and Medicare Advisory Committees (MACs) and created Beneficiary Advisory Councils (BACs) [4]

Sources: [1] CMS. Revised Guidance, Implementation of Sections 1191 – 1198 of the Social Security Act for Initial Price Applicability Year 2026. [\[Link\]](#) [2] Patterson J et al. Unanswered Questions And Unintended Consequences of State Prescription Drug Affordability Boards. Health Affairs Forefront. 2024. [\[Link\]](#); [3] Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Final Rule. [\[Link\]](#); [3] Medicaid Program; Ensuring Access to Medicaid Services; Final Rule (40862) [\[Link\]](#) and [4] CMS. Modernizing Medicaid Advisory Committees: An Introduction. January 2025. [\[Link\]](#)

Is there a consistent definition of value? (Not really.)

Core	Common	Novel
<ul style="list-style-type: none"> ▪ Net costs ▪ QALYs gained 	<ul style="list-style-type: none"> ▪ Productivity ▪ Adherence-improving factors ▪ Risk of contagion 	<ul style="list-style-type: none"> ▪ Reduction of uncertainty ▪ Fear of contagion ▪ Insurance value ▪ Severity of disease ▪ Hope ▪ Real option value ▪ Equity ▪ Scientific spillovers
<ul style="list-style-type: none"> ▪ Knowledgeable and competent practitioners ▪ Clear treatment plan ▪ Timely access to care ▪ Financial affordability ▪ Treatment based on recommendations by a scientific organization 		



Sources: [1] Lakdawalla D et al. Defining Elements of Value in Health. Care – A Health Economics Approach: An IPSOR Special Task Force Report. Value in Health, 2018. [\[Link\]](#); [2] Huang et al. Cardiovascular Patient Perspectives on Value in the Healthcare Experience. Circulation: Cardiovascular Quality and Outcomes. 2020. [\[Link\]](#)

Do we consistently assess value in the US? (Not really.)

- **What do we assess?**
- **Who applies (and how)?**
 - Individual commercial plans
 - Federal programs
 - State programs
- **Who conducts the assessments?**
 - Independent third-parties
 - Academic institutions
 - Healthcare manufacturers
 - Healthcare payers
 - State governments (PDABs)
 - Federal Government (IRA)



Source: Neumann and Ollendorf. Why So Few Value Assessments On Health Services And Procedures, And What Should Be Done? Health Affairs Forefront. 2022. [\[Link\]](#)

Contributing to Value Discussions: Patient Input

Topic	Example Questions from Canada's Drug Agency (CDA-AMC) Patient Input Template [1]
Disease experience	<ul style="list-style-type: none"> How does the disease impact the daily lives and quality of life of patients and caregivers? Are there specific aspects of the illness that are particularly important to manage or control?
Experiences with currently available treatments	<ul style="list-style-type: none"> Describe how well patients and caregivers are managing their illnesses with currently available treatments (please specify treatments). Consider benefits seen, and side effects experienced and their management. What difficulties do patients experience accessing treatment (cost, travel to clinic, time off work)? Receiving treatment (swallowing pills, infusion lines)?
Meaningful treatment benefits	<ul style="list-style-type: none"> What improvements would patients and caregivers like to see in a new treatment that is not achieved in currently available treatments? How might daily life and quality of life for patients, caregivers, and families be different if the new treatment provided those desired improvements? What trade-offs do patients, families, and caregivers consider when choosing therapy?
Experience with drug under review	<ul style="list-style-type: none"> Compared to any previous therapies patients have used, what were the benefits experienced? What were the disadvantages? How did the benefits and disadvantages impact the lives of patients, caregivers, and families? Are there subgroups of patients within this disease state for whom this drug is particularly helpful? In what ways?
Companion diagnostic test	<ul style="list-style-type: none"> Access to testing: for example, proximity to testing facility, availability of appointment. Cost of testing: Who paid for testing? If the cost was out of pocket, what was the impact of having to pay? Were there travel costs involved?



Source: CDA-AMC Patient Input Template for CDA-AMC Reimbursement Reviews. [\[Link\]](#)

Who is responsible for ensuring value?

- When patients, physicians, and employers were asked if they thought high-quality health care could also be inexpensive, an overwhelming majority agreed.
- When asked if they would like physicians to discuss the cost of care, 60 percent of patients and 71 percent of employers were in favor.

When asked who was primarily responsible for a patient's "health improving."

- **Physicians** overwhelmingly assigned themselves responsibility (75%)
- **Patients** assigned responsibility equally to themselves (45%) and physicians (44%)
- **Employers** split widely in assigning responsibility: patient (39%), physician (25%), health system (23%), the insurer (4%), and themselves (9%)



Source: Pendleton, R. We Won't Get Value-Based Health. Care Until We Agree on What "Value" Means (Utah Health's The State of Value in U.S. Health Care survey [Link](#)). Harvard Business Review. 2018. [Link](#)

Q&A

Audience Participation Exercise

Q1

What are examples of current value-laden decisions in healthcare? *e.g., decisions where individual beliefs, preferences, or ethical considerations play a significant role.*

Q2

What makes these decisions value-laden? *e.g., What values are driving healthcare decisions? What perspectives are involved, and why might they differ?*

Q3

Why don't we involve employees in healthcare benefits and coverage decision-making? *What are some solutions for improving employee engagement in these decisions?*

Connect with us!



Janet McNichol

ASHA, Inside Workplace Wellness

inworkwell@gmail.com



Joe Vandigo,

Applied Patient Experience

jvandigo@appliedpx.com



Kimberly Westrich,

National Pharmaceutical Council

kwestrich@npcnow.org