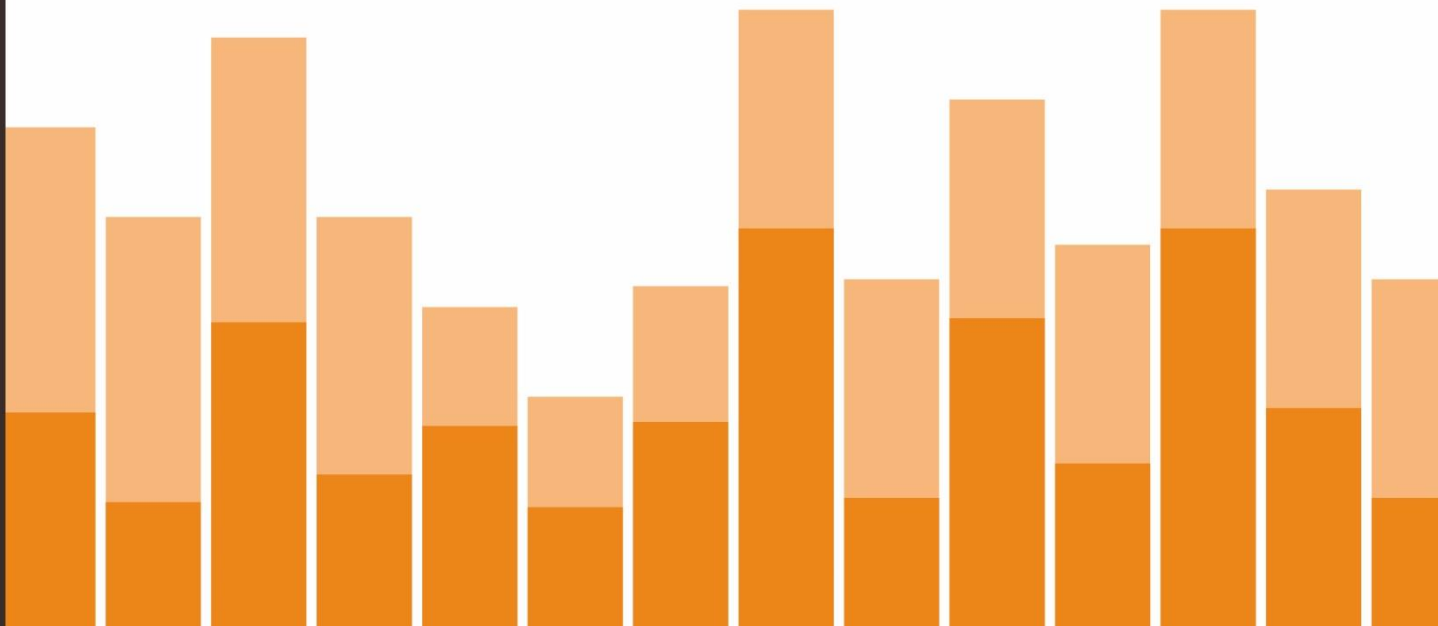


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The Future of Employer-Sponsored Health Care: A Call to Action

2015



American Health Policy Institute (AHPI) is a non-partisan 501(c)(3) think tank, established to examine the impact of health policy on large employers, and to explore and propose policies that will help bolster the ability of large employers to provide quality, affordable health care to employees and their dependents. The Affordable Care Act has catalyzed a national debate about the future of health care in the United States, and the Institute serves to provide thought leadership grounded in the practical experience of America's largest employers. To learn more, visit americanhealthpolicy.org.

The Future of Employer-Sponsored Health Care

A Call to Action

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The Future of Employer-Sponsored Health Care: A Call to Action

At HR Policy Association's 2015 CHRO Summit, the membership agreed that the large employer community should consider taking a fundamentally different approach to ensuring that employees and their dependents had access to affordable quality care. That decision was made following presentations by the authors of this paper at that meeting and discussion regarding the issues raised. This paper summarizes the presentations the authors made.

HR Policy Association is the lead public policy organization of Chief Human Resource Officers representing more than 360 of the largest employers doing business in the United States and globally. In most of these companies, the Chief Human Resource Officer is accountable to the company's Board of Directors and CEO to create the organization's long-term health care strategy. Collectively, the companies who make up the Association provide health care benefits to more than 20 million people in the United States and spend more than \$100 billion annually on health care for employees, their dependents, and retirees.

Regarding its membership, the Association is a microcosm of the Fortune 1000 with virtually every industry sector represented. Significantly, more than 15 percent of HR Policy members derive a substantial portion of their revenue from the sale of health care products and services. The industry sectors they represent include providers, health insurance companies, medical device manufacturers, pharmaceutical manufacturers, drug wholesalers, pharmacy benefit managers, and medical services and testing companies, among others. The Association, therefore, is uniquely qualified to bring together all the various constituencies affected by health care policy to collaborate on developing a sustainable system of care.

The American Health Policy Institute (AHPI) is a 501(c)(3) think tank dedicated to studying the issue of employer sponsored health insurance and highlighting the challenges employers face in offering care to their employees and their dependents. In addition to publishing a variety of studies on employer sponsored health insurance, AHPI also examines employer responses to these challenges and shares best practices from the most successful of these responses. This mission gives AHPI a unique perspective on different aspects of employer sponsored health insurance, which will enable AHPI to develop and make recommendations to both policymakers and business leaders regarding the future state of health care.

Building the Health Care Future State: The Call to Action

Employer provided health care in the United States is in critical condition and will not survive without major transformation. In fact, by the end of the decade it will become unaffordable to a large segment of the working population.

For the past three decades, the employer community has sought to incrementally improve the existing system, but these efforts have fallen short of their goal, such that a tipping point may soon be reached that could result in government takeover of health care which we believe would not be in anyone's best interests. The large employer community, therefore, must come together to create a fundamentally different system, a Health Care Future State in which the health of all employees, their dependents, and retirees is fostered and maintained on a cost-effective, sustainable basis.

To accomplish this, it is imperative that large employers provide guidance and clarity to the marketplace regarding the system large employers need. At the same time, large employers must recognize that the constituency best equipped to provide sound solutions to building the desired Future State is the health care supply chain itself. Accordingly, we propose that the large employer community collaborate with the health care supply chain to achieve the objective of a Health Care Future State which includes not only high quality outcomes and access to care at affordable prices, but also a rethinking of how best to care for the health of our employees.

The following explains why this conclusion has been reached and describes how this vision can be realized.

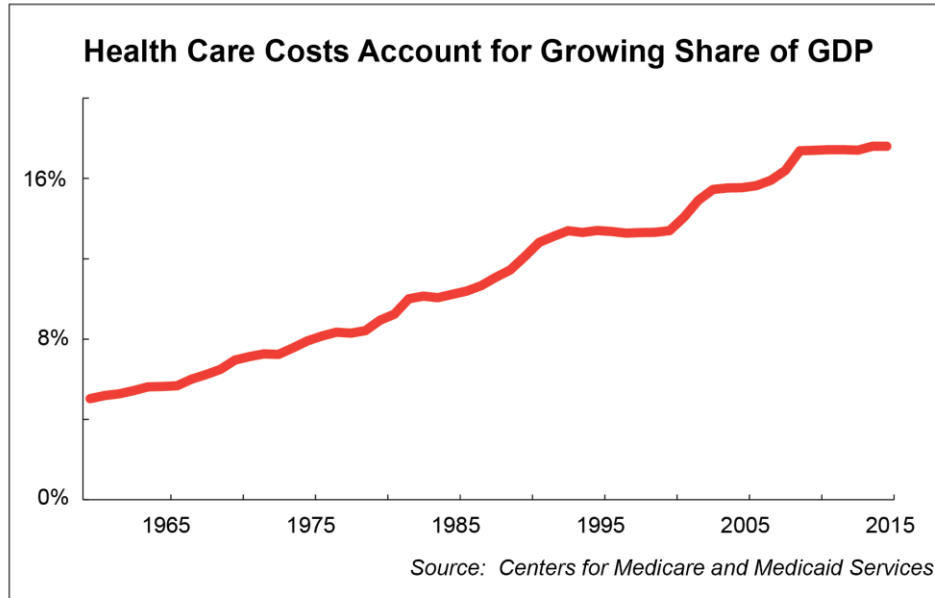
Employer Provided Care is in Critical Condition—It Must Be Transformed into a More Sustainable and Responsible Future State

Employer provided healthcare provided by large employers as we now know it in the United States is in critical condition. For that reason, many HR Policy member companies do not expect it to survive without a major transformation. We believe that the utility of the existing system is coming to an end and that the employer community needs to focus on its replacement instead of efforts to incrementally improve it, something we believe to be a futile exercise. Boards of Directors, CEOs, and front-line employees are counting on those who are members of the Association to create a more sustainable, and we would argue more responsible, system of care.

Today, large employers typically provide care for employees and their dependents on a self-insured basis. They do not purchase health insurance from a carrier; they assume the direct risk for the payment of benefits claims. While some large employers self-administer their self-funded group health plan, most contract with a third party administrator for assistance in claims adjudication and payment. Insurance carriers often serve as such third party administrators. Regardless of the funding model of employer health care, it is becoming increasingly unaffordable to and for larger portions of the American workforce. Further, the strong majority of large employers are not interested in dropping employer-sponsored coverage. Rather, they are interested in harnessing their purchasing power to improve the quality and affordability of health care in the United States.

Health Care Costs Are Accelerating at an Unsustainable Rate

Since 1960, health care costs in the United States have risen 250 percent as a relative share of GDP, going from 5 percent of GDP in 1960 to nearly 18 percent today.¹ Most experts predict that this trend will continue, and we do not see any initiative underway that would significantly alter it. We do see commentary that the Affordable Care Act has increased coverage and reduced costs, yet the Congressional Budget Office estimates there will still be 27 million uninsured people in 2017,² and while medical inflation has come down, it is still running at twice the rate of overall inflation.³

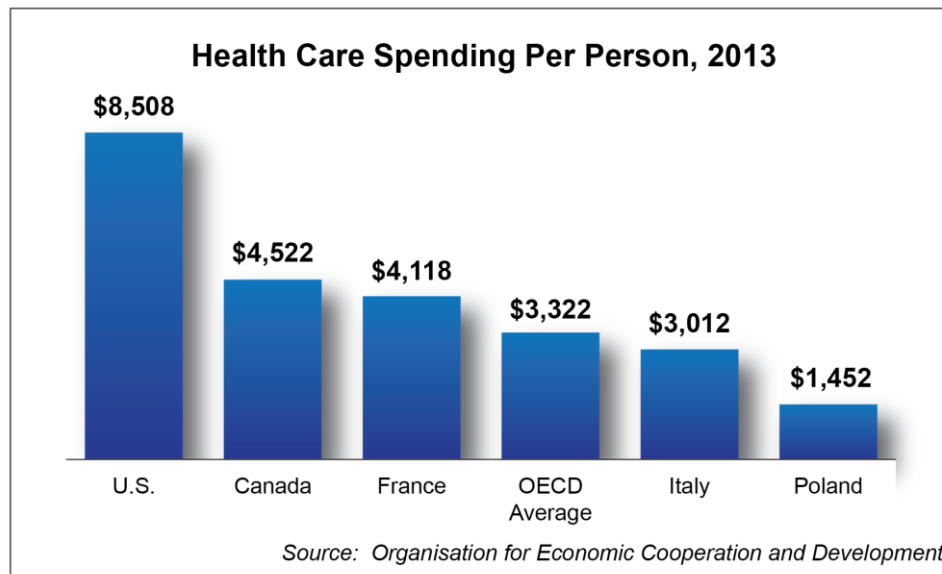


In addition, as demonstrated by a 2014 study published by the Kaiser Family Foundation and the Health Research & Educational Trust, since 1999 health care premiums for employer sponsored coverage rose 191 percent, and employee contributions to premiums increased 213 percent without including either co-pays or deductibles.⁴ Yet during the same period, employee earnings increased 53 percent and the price of everything except health care rose by 40 percent.⁵ This delta is squeezing out other critical investments in infrastructure and education, and for some families it requires choosing among what many consider essential to a reasonable standard of living.

The Issue Is Not Whether Employers and Employees Are Spending Enough For Health Care; The Issue Is Whether What They Do Spend Is Used Wisely

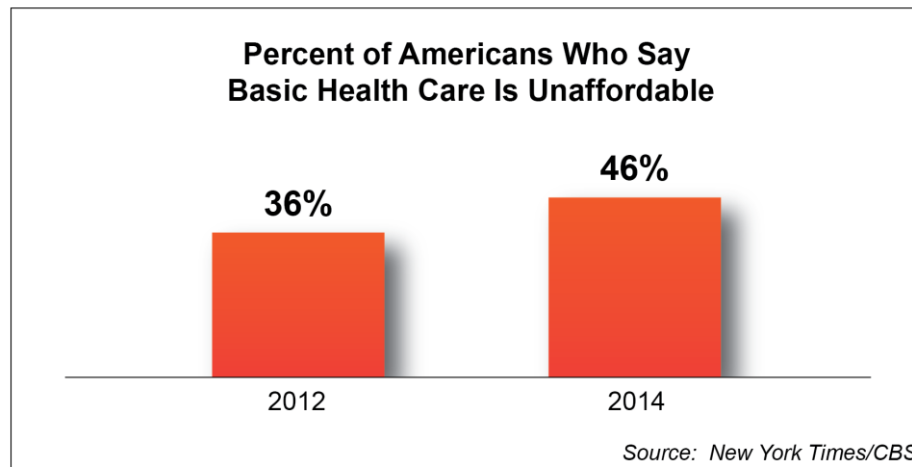
According to a number of studies, the United States spends more on health care than other industrialized countries yet does not provide notably superior health outcomes.⁶ In 2013, the U.S. spent \$8,508 per person on health care, 156 percent more than the OECD average (\$3,322),⁷ and yet life expectancy in the U.S. was more than a year below the OECD average.⁸ The U.S. also compares relatively poorly to other developed countries on infant mortality and other health indicators.⁹ Moreover, according to the benchmark study by the National Academy of Science's Institute of

Medicine, the U.S. health care system wastes roughly 30 percent of every medical dollar on the unnecessary use of higher-cost services, inefficiently delivered services, missed prevention opportunities, and excess administrative costs.¹⁰ For example, the U.S. has three times the OECD average rate of avoidable hospital admissions for asthma.¹¹ Clearly, there is room for health care to operate more efficiently and effectively, without degrading health outcomes, as most anyone who has experienced a major episode in the health care system knows.



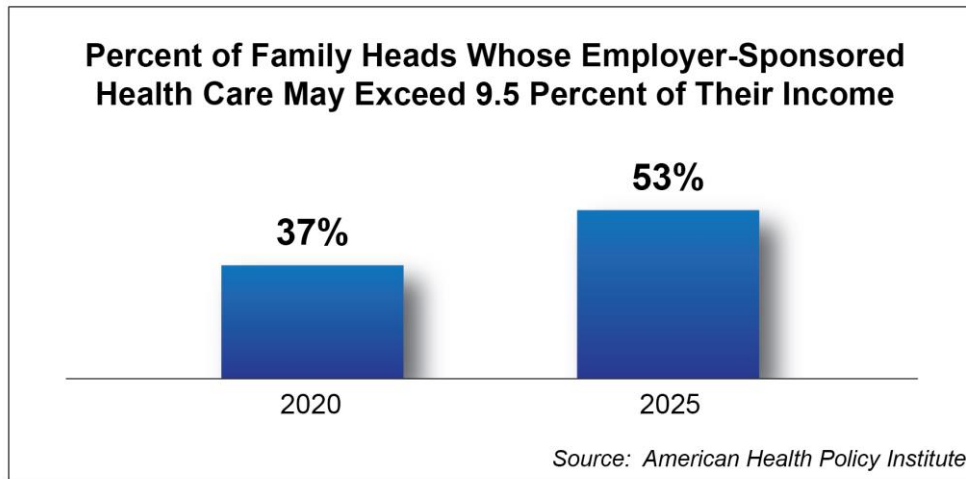
Americans Today Are Dissatisfied With the Cost of Their Health Care

There is no dispute that Americans are deeply concerned about the cost of health care, a concern which is growing larger with each passing year. For example, a recent *New York Times/CBS* poll found that 46 percent of respondents describe the affordability of basic health care as a hardship for them and their family, up from 36 percent just two years ago.¹² Another recent Gallup poll found that 41 percent of Americans are dissatisfied with the cost of their health care right now.¹³



By the End of the Decade, Employer Provided Health Care Is Likely to be No Longer Affordable to Millions of Americans

The Affordable Care Act defines health care affordability as not costing a household more than 9.5 percent of its income. Despite the fact that few Americans would consider having to spend nearly ten percent of their household's take home pay for health care as something they could afford, projections by the American Health Policy Institute show that by 2020 over 37 percent of private sector employees who are heads of families will face an average family premium and deductible that will consume at least 9.5 percent of their family's income.¹⁴ By 2025, that 37 percent becomes 53 percent, creating a significant problem for employers and employees alike.¹⁵ This affordability problem will put enormous pressure on wages, on the health care supply chain to lower its costs, on employers to cover the costs, and on government to do something about it beginning in 2020, if not before.



Employers Acting Individually Have Very Limited Ability to Control Health Care Costs

Employers are largely out of bullets in trying to bring down health care costs. Take High Deductible Consumer Directed Plans, or CDHPs, for example. Most large employers have either moved to CDHPs or plan to do so in the near future. However, there is mixed evidence that CDHP adoption is powerful enough to offset a substantial portion of the increasing cost of health care to employees. One recent study of CDHPs determined that the empirical evidence on the long term impact on spending is limited and mixed, with some studies finding multi-year cost reductions and others finding some health care costs increase after the first year.¹⁶ Further, there have been significant strides made in creating new drug therapies, but some of these advances are coming at an incredibly high price which is seriously jeopardizing the affordability agenda. Wellness programs are also a concern. They are an important part of the culture of many American companies and may have intrinsic value in encouraging healthy lifestyles, but they are not bending the cost curve enough by themselves to make a difference. According to RAND research on wellness programs, for example, while program participation is associated with statistically significant improvements in biometric markers, such as BMI, and health-related behavior, such as smoking and exercise, those changes are not large enough, and the relationship

between health risks and spending too weak, to result in significant reduction in health care costs.¹⁷ In addition, there is considerable debate over their return on investment. Wellness programs must be an essential element of any future health care delivery system, but standing alone, they are not powerful enough to radically reduce costs.

Even where a large employer has a sophisticated benefits department, there are limits on the extent to which a company can control its health spending over the long term. In studying the spending patterns inside typical large employer health care plans, Milliman, one of the world's largest providers of actuarial services, found that a well-managed employer plan costs about 13 percent less than a typical plan, a noteworthy but relatively small gap in light of the enormous costs involved.¹⁸ It also found that moving from the typical plan category to the well-managed is problematic, the reality being that few companies can justify the expense for the infrastructure needed to become a well-managed plan.¹⁹ If a company does not have a very large employee population with a very large health care spend, it will have difficulty justifying the expense of maintaining a top-drawer, fully staffed benefits department, nor will it be able to exert sufficient marketplace leverage. For that reason, few large employers fit Milliman's definition of well managed.

Employers and Employees Lack the Information They Need to Make Effective Health Care Decisions

Unlike other sectors of the economy, health care costs and information about the quality of care provided seem to reside within a black box. Those asked to pay the bill for health care, as well as those making the decisions about who and where services should be performed, typically do not have the critical information they need to make the best choices. Nor do employees have sufficient information to make wise decisions about their own health care services. Because of that, normal market forces have limited application in America's health care delivery system.

There Is a Limit to What Employees Can and Should Bear For the Cost of Health Care

Over the past 13 years, employers have sought to control their health care costs in part by increasing the contribution of employees toward their care. It is well accepted that having employees more involved in the financial decisions around health care can act as a brake to cost increases. However, with those costs continuing to increase every year, even with the brakes applied, there is an upper limit to what employees can bear, are willing to bear, and should bear. Furthermore, the issue is not whether employers or employees are paying their fair share; the issue is the way Americans access the health care system and its underlying cost structure and inefficiency. Regardless of which party is paying which share of the costs, the overall economy suffers when those costs are out of line with the benefits being provided.

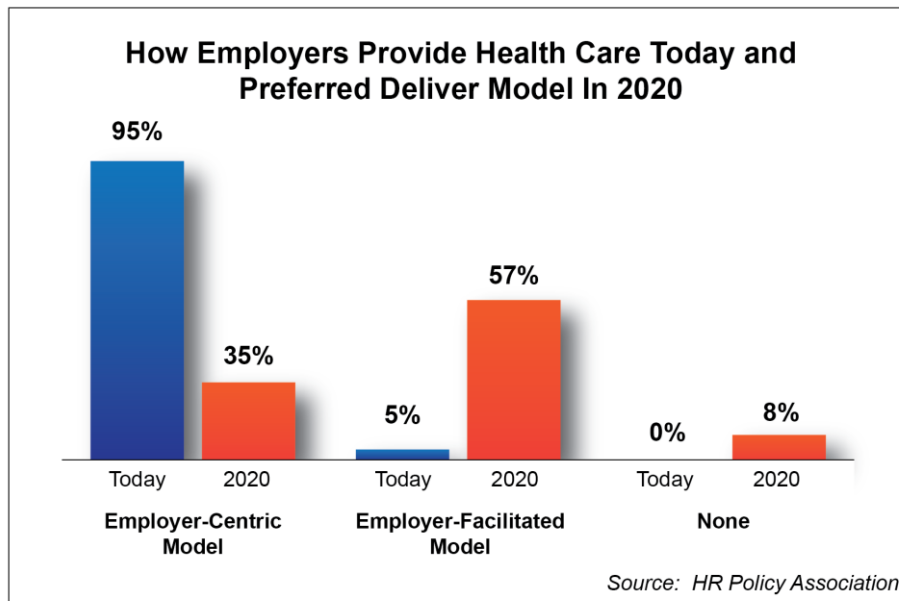
Large Employers Want to Shift From the Employer-Centric Model of Health Care to the Employer-Facilitated

In December 2014, HR Policy Association asked its members how they were delivering health care to their employees. Were they using the Employer-Centric approach which utilizes the traditional self-insured model and heavy employer influence over the plan choices of employees? Were they using the Employer-Facilitated approach which gives employees greater choice and places health care on a platform outside the four walls of the company? Or were they not involved at all in the delivery of health care to employees?

Not surprisingly, 95 percent of the membership put themselves in the Employer-Centric category while only 5 percent said they were using the Employer-Facilitated approach. None of the respondents said that they were not involved in delivering health care to employees.

Next, the Association asked—setting aside differences in tax treatment or other regulatory hurdles currently in place, which of those three delivery models would you prefer your company be utilizing five years from now?

Very surprisingly, the 95 percent Employer-Centric approach fell all the way to 35 percent. The No Employer Involvement moved from zero to 8 percent. Most significantly, the 5 percent Employer-Facilitated jumped to 57 percent. In other words, a clear majority of the Association's large employers now want to be in the Employer-Facilitated model by 2020.



The Interest in the Employer-Facilitated Model Is Driven By a Desire for Greater Flexibility in Providing Health Care to Employees, Greater Efficiency Among Those Providing Care, and Economies of Scale in Purchasing, Compliance, and Administration

In the war for talent, companies must provide access to health care in ways that reflect the attitudes and values of a rapidly changing workforce. It is well understood that employees are generally satisfied with the health benefits they are receiving through their employers. However, a recent opinion survey by the Employee Benefit Research Institute found that while 40 percent of employees prefer the coverage they have today, 60 percent would prefer a different way.²⁰ Approximately 40 percent want to choose their plan, have their company pay the same amount to all employees, and then if more money is required to pay for the plan they chose, pay for it themselves.²¹ Twenty percent say they prefer the employer simply give them the money and let them decide whether to purchase coverage and how much to pay for it.²²

Companies, therefore, are seeking new approaches to providing and financing health care benefits in ways that put the employee more in control. They recognize that future generations of workers expect companies to give them more choice, more information, and more control. At the same time, public and private exchanges are creating an environment which is more consumer based, rather than purchaser based. The move to the exchange concept is giving employees greater understanding about the services and costs of health care, and the common language and experience is empowering a new health care consumerism.

At the same time, large employers are looking for opportunities to pool both their health utilization data in a way they can freely access it and combine their purchasing power to achieve economies of scale. The same is true in the areas of compliance and administration. While most companies are not in business to administer complex health benefit platforms, that burden is a significant part of the business model of nearly every large employer today.

Employers Have a Clear Idea of What They Are Seeking in an Employer-Facilitated Model

Based on surveys of the HR Policy membership over the past seven years and many discussions with them during that period, it is clear what large employers are searching for in a health care Future State that provides quality, affordable care. They are seeking:

- Stability and predictability in health care costs for both employers and their employees, including stability in pricing for time frames longer than a year. Medical inflation has consistently outpaced general inflation over the past 30 years by more than 80 percent *per year*. Employers believe not only that medical inflation should be no greater than inflation generally, its overall cost could be and should be substantially reduced if the health care system were to operate more efficiently.
- Full transparency of the cost and quality of health care services available to employees and employers.

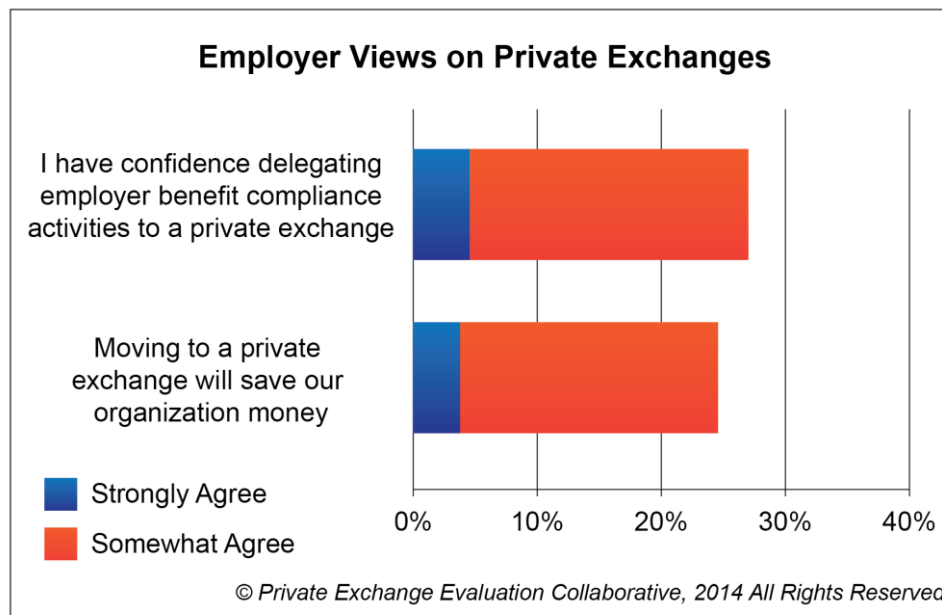
- A health care system that emphasizes wellness, keeping people out of the system (prevention) instead of a fee for service system focused on transactions for fixing those in the system (the highest cost way to provide care). The current system incentivizes transactions involving pieces of care rather than bundles of care and payments based on quality outcomes. The successful Future State would shift from volume to quality and be one dedicated to wellness, not fixing the sick.
- Tax-preferred funding vehicles to support and enable defined contribution approaches to give employees greater flexibility in tailoring benefit programs to fit their needs.
- Administrative, fiduciary and compliance responsibilities shifted to those skilled and resourced to deal with these increasingly complex fields.
- More choices in plans and providers for beneficiaries.
- Systems capable of delivering Amazon-like customer experiences beyond what is available in the marketplace today with concierge and advocacy services housed in third parties.

Private Exchanges Currently Available in the Marketplace Fall Short of Meeting the Needs of Most Large Employers

Membership surveys demonstrate that more than 80 percent of HR Policy members are interested in the exchange concept, and most have conducted evaluations of existing offerings. While private exchanges have been selected by a small portion of the membership, most companies have found them to be still evolving.

There are two primary types of private exchanges—self-insured and fully-insured—and each type appeals to companies depending on their different circumstances. Currently, most of the exchanges show modest savings improvement, some show no improvement, and some require an increase in cost based on circumstances.

Among the factors weighing against employers choosing the private exchange are the immaturity of the private exchange market, stability of costs over time, stability or track record of the exchange administrator, employer/employee readiness, and the fact that employers need to reduce costs and increase quality of health care for their employees and dependents without adding layers into the mix. There is relatively low employer confidence at this time in both the savings proposition and in delegating compliance, the latter being a key factor for employers considering moving to a private exchange, as shown below from a study by the Private Exchange Evaluation Collaborative.



Employers Are Not Seeking a Better Private Exchange; They Are Seeking an Affordable System Dedicated to Promoting and Sustaining Health

It would be easy to characterize what is being proposed in this paper as nothing more than a private exchange wish list. There is no question that if there were a private exchange that had all the elements desired by employers listed above, we would expect a large number of employers to quickly embrace it. Unfortunately, there is no such exchange nor do we see one on the horizon. Nor are we sure that what employers are searching for can be found in today's exchange concept.

Private exchanges are essentially a business transaction between employers and carriers on one side of the equation and carriers and providers on the other to build another form of the traditional fee for service payment system. We believe there should be a fundamentally different kind of transaction, one involving strong collaboration among employers, employees, health care services companies, and social institutions to create a system that promotes and sustains health. Employers and consumers want a lower priced health care system, but an inexpensive health insurance arrangement is not going to correct an unhealthy lifestyle, and unhealthy lifestyles result in unhealthy, unproductive employees. In fact, inexpensive access to the health care system may only exacerbate unhealthy lifestyles, and unhealthy lifestyles are a major factor in driving health care costs in negative directions. What we are seeking is a fundamental rethinking of what is considered as caring for the health of our employees and their dependents.

A Sustainable System Requires a Holistic View of the Way Americans Interact with the Health Care Supply Chain

As this Future State is built, it will be important to look at the broader health care eco-system. That eco-system extends beyond the supply chain to include other forces that influence the design and direction of health care. Forces such as regulations, both federal and state; public policy, including tax policy; human factors, such as the options and choices we make about our health; and physical and social environments, such as communities, schools, workplaces, all play a role in influencing our health. Access and affordability cannot be solved if the forces that shape when, why and how people interact with the health care system are not considered. No single element of the supply chain or the eco-system will provide a simple fix. A systems-wide approach must be taken.

Creating a Sustainable Health Care System Depends on the Health Care Supply Chain Collaborating with Employers and Consumers To Build It

There have been hundreds of attempts by employers and policy makers over the past four decades to develop more effective and efficient health care systems. In virtually all cases, those attempts either could not get off the ground or, if initially successful, eventually withered away. There are many reasons for this reality, but a key one is that all affected constituencies impacted by those prior efforts did not accept that it was in their common self-interest to build and maintain a more sustainable system. Today, in contrast, it is clear that the current system will soon reach a tipping point. When it does, the change it will produce will likely be towards government takeover of the health care industry, a shift that we do not believe is in anyone's best interests.

The constituency best equipped to provide sound solutions to building a sustainable system is the supply chain itself. Therefore, large employers and consumers must look to it and work with it to create real change. We understand that some in the supply chain may see large employers collaborating to pursue change as a threat to their financial wellbeing. What we hope everyone sees is that an organization with twenty million lives and a health spend in excess of \$100 billion sincerely interested in moving in a new direction is an exciting opportunity.

The Positive Developments Already Underway Within the Supply Chain Need to be Accelerated

The health care industry is already responding to the changing environment, and we see it adopting, among other things, new administrative configurations, specialized treatment centers and systems, and technologies to improve outcomes and productivity. The employer community must continue to help define the direction and drive the pace of that change.

In particular, we see great advances in technology and pharmacology leading to improved diagnosis, treatments and cures. We see innovations enabling care to be provided in the right amount, at the right times, in the right place, by the right professional. We see amazing new drug therapies being invented that can control and in some cases cure some of our most debilitating conditions. We see common definitions and standards enabling greater exposure of quality and patient safety measures which is opening the doors to evidence and value based care. Our intent is to be a full partner in these positive developments such that the employer community and consumers can change alongside the supplier community in order to achieve the desired Future State.

As the Persons Responsible for Health Care Delivery Systems Affecting More Than 20 Million Americans, We Cannot Wait for Someone Else To Develop a Sustainable System

Thus far, the options presented by either the government and the marketplace have not led to a sustainable health care system in America. In addition, in looking at the future direction of health care policy, health care laws are unlikely to change for the remainder of the Obama Administration. Rather, it is far more likely that changes in health care policy will be pursued and implemented by the next President. If a Democrat is elected, she or he will attempt to improve and fix the Affordable Care Act. If a Republican is elected, she or he will attempt to repeal or replace the ACA. Whatever Congress eventually does, it will profoundly shape the health care of every American.

Moreover, we believe that without significant new thinking regarding what type of health care delivery systems would be conducive to maintaining the employer based system of care, it is highly unlikely that the political process will be able to resolve this complex issue. At the same time, we do not believe policymakers want a world in which employers play little or no role in ensuring appropriate health care for their employees. Therefore, the large employer community needs to coalesce around an agenda to ensure that whatever system emerges is both sound and workable. We are emphatically not proposing to inject ourselves into partisan politics as a result of this Call for Action. To the contrary, we are calling for practical actions within existing law to accomplish the goals articulated by business leaders and employees.

The Association Is Uniquely Qualified to Pursue This Initiative

One reason employer provided health care is not sustainable is that virtually none of the systems in place today have been designed with sufficient consumer input. Rather, they were designed by the marketplace in large part for the benefit of the marketplace. With this initiative, our intent is to provide guidance and clarity to the marketplace regarding the system we need, and we are going to work with everyone, including the health care supply chain, to meet that objective. As the employers who provide the majority of coverage in this country, there is tremendous collective knowledge and experience within the membership of the HR Policy Association to accomplish this objective. The time has come to commit to both formulating a plan of action and ensuring that a health care Future State is built which will provide affordable, quality care to all Americans.

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