

Projected Benefits Landscape Recommendations for Health Care Leaders

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Vision

By joining together, by raising our skills and by speaking with one voice, we, as ASHHRA members will enhance the well-being of our employees, our health care organizations, and the communities we serve.

- ◆ ***Our purpose:*** To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- ◆ ***Our power:*** To influence and impact the future of the health care workforce and those they serve.
- ◆ ***Our promise:*** To keep in our minds and hearts the passion and commitment we have for our profession.

Mission

ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration.

Guiding Principles

Collaboration * Service Excellence
Integrity * Innovation * Passion

Value Proposition

We offer high quality and effective resources, educational programs, and networking opportunities to human resources professionals in the health care industry.

The American Society for Healthcare Human Resources Administration (ASHHRA), a personal membership group of the American Hospital Association (AHA), held its ninth Thought Leader Forum on Saturday, September 28, in Washington, D.C.

Kevin Nazworth, vice president, health care market, TIAA-CREF, welcomed thought leader participants to the forum, which was chaired by Irma Babiak Pye. The discussion was moderated by Larry Walker, president, The Walker Company Healthcare Consulting.

A select group of health care executives and employee benefits experts participated in the forum, entitled, "Projected Benefits Landscape: Recommendations for Health Care Leaders."

ASHHRA identified a need to better understand the future employee benefits landscape, with an emphasis in two primary areas: benefits literacy and financial literacy. The Thought Leader Forum began with a discussion of the changing benefits landscape, as health care organizations' budgets tighten and the type and nature of benefits evolve, with an increased reliance on employee financial responsibility.

Thought leaders explored various strategies for employee engagement and ideas for boosting employee participation in benefit plans. Changes in employee preferences for communications and benefits were also discussed, as well as shifts in the health care environment related to consolidation, affiliations, and mergers. Participants agreed that the role of hospitals and health systems in the community is expanding, and there are opportunities to apply lessons learned from employee benefits programs to the community as a whole.

This Thought Leader Forum executive summary is a strategic overview of the dialogue, discussion, and projections for the future of the benefit landscape in health care organizations across America.

Projected Benefits Landscape: Recommendations for Health Care Leaders

Americans are increasingly responsible for a greater portion of their health care costs and for managing their own retirement and benefits. Despite this increase in responsibility, studies show there is significant room for improvement in how employees understand their benefit plans and the basic financial literacy and understanding necessary for daily financial planning as well as retirement planning. An ADP® survey (December 2011) demonstrated a wide gap between the goals and reality of how employees understand their benefit plans. The study reported that 80 percent of human resources (HR) decision makers believe it's important for employees to fully understand their benefit options, yet they estimate that only about 60 percent of their own employees understand their benefit options. This benefit and literacy gap has serious implications for how companies communicate one of the most important aspects of their employees' total compensation.

In addition, a study by the Pension Research Council in October 2010 on Financial Counseling, Financial Literacy, and Household Decision Making found that many consumers lack basic financial literacy and are ill prepared to meet their financial goals. There is considerable evidence that a large segment of the United States population is not financially literate, and that many people do not understand basic financial concepts and products well enough to make sound short-term and long-term financial decisions.

A panel of ten health care human resources leaders and health care financial benefit experts explored the changing benefits landscape, considering the implications of these studies, and changes in the benefit landscape for health care organizations. The thought leaders suggested ideas for communicating with and engaging employees in the benefits decision-making process, potential employer actions to encourage positive employee benefit choices, and ways to measure the effectiveness of benefits programs. At the close of the session each thought leader shared his or her advice as health care leaders prepare for and respond to the future benefits landscape.

The Changing Benefits Landscape

Today's economic realities, combined with escalating health care costs, the aging population, changes in employee demographics, and preferences make it increasingly difficult for

health care organizations to continue to provide employee benefits at the level they have in the past, or at the level that employees are accustomed to. Hospitals are operating in a value-based world, and employees have "more skin in the game" when it comes to financial and health-related benefits. Opportunities abound for health care human resources leaders and their partners to help employees understand how to best maximize their opportunity for a successful retirement and maximize the benefits they offer, and to use those as a way to continue to attract and retain a workforce that employers want and need.

Benefit Programs are Being Reduced, Cost-Sharing is Increasing

Many organizations that have had extremely generous benefits for both health care and retirement can no longer continue offering the same level of comprehensive benefits. Employees increasingly have a greater financial responsibility in both retirement and health-related benefits, which is a challenge for some employees. Despite employee pushback, as reimbursement changes, hospitals must change the way that they look at the benefits they provide for their employees and keep employees engaged and educated about their options. Several thought leaders described a general approach focused on cost sharing and educating employees about how to take advantage of programs such as health savings accounts (HSAs) and flexible spending accounts (FSAs).

The Shift from Defined Benefit to Defined Contribution

As a cost savings measure, many organizations have shifted from defined benefit to defined contribution retirement plans,



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as a result, there is more of an urgency to ensure employees understand their options so they can better prepare for retirement. A few thought leaders mentioned that they still offer a defined benefit retirement plan; however, one organization anticipates the need to change soon while another expects greater employee contributions into their plan.

Employers are Directing Care Internally for Employees and their Dependents

Several thought leaders mentioned incentivizing employees to use their facility first for health care services, an approach that has not been emphasized in the past. While there is sometimes pushback from employees, the approach encourages money to be reinvested into the organization, rather than with a competitor.

Actively Encouraging Healthy Choices and Lifestyle Behaviors

Organizations are redefining their role from being passive employers to actively encouraging and financially rewarding employees for healthy choices. At Thomas Jefferson University and Hospitals, Joe Micucci transitioned from the HR generalist program to a newly formed department focused on health improvement strategies, allowing a targeted focus on employee wellness and signaling an organizational commitment to wellness programs. Thomas Jefferson University and Hospitals implemented biometric testing with a financial reward for employee participation. The organization implemented health risk assessment goals and challenges for employees to



encourage them to remain active. The voluntary program allows employees to earn points; if they earn enough points, they qualify for a 15 percent reduction in their health insurance premium the following year.

University of Louisville Hospital has implemented a similar approach that provides reduced monthly premium costs in exchange for participating in health and wellness screenings and activities. The hospital has utilized the approach for the past five years and averages 80-83 percent participation. In addition, employees may receive deeper discounts depending on their biometric results or if they don't smoke.

Feelings are Mixed About Health Risk Assessments and Biometric Screenings

There is some concern that while health risk assessments and biometric screenings are important, organizations must ensure that discrimination isn't occurring, either through rewards or penalties. There was a general sense that some employees like the screenings and are encouraged and motivated by the financial incentives, while others feel the approach is intrusive. Thought leaders talked about selecting an independent third party as a database coordinator, allowing organizations to view population health results but shielding them from seeing actual individual health results or scores. One thought leader also emphasized the importance of understanding the best approach for each organization's culture. Some organizations



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respond better to incentives, while others see more results from disincentives (carrot vs. stick).

Employee Communication and Engagement

Thought leaders began their discussion about employee communication and engagement with a reminder of the ADP® survey that reported only about 60 percent of employees nationwide understand their benefit options. The experts explored communication and engagement strategies to overcome the gap to help employees gain a deeper understanding of their benefits and increase their engagement in the enrollment and participation process.

Thought Leaders Believe Employee Understanding is Less Than Surveys Predict

Several thought leaders mentioned that they believe the percentage of employees that understand the benefits at their organizations is lower than predicted by the survey. One thought leader estimated that closer to 40-50 percent of employees understand their benefits. The lack of understanding and knowledge does not appear to be limited to any one type of employee profession or socioeconomic group.

One of the primary challenges is that employees are simply very busy. With the typical requirements for mandatory training, education, and other responsibilities that fall within each role at the organization, many employees do not have time to learn about their benefits unless the information is on hand when they need it. For example, if a child is in the emergency department for treatment, the employee will be concerned about the medical plan's coverage; but if the benefit is not

immediately in need, employee priorities focus on other pressing job and life responsibilities.

Leveraging Social Media and Online Forms of Communication

Thought leaders noted that printed communication is often not read. While Baby Boomers typically prefer printed materials, an increasingly large segment of the workforce prefers information online, via email, or through social media. Facebook and Twitter are increasingly common forms of providing information, but bring caveats as well. If communication isn't simple and fun, people may not want to attach themselves to it (for example, they may not want it in their "news feed"). At the same time, HR leaders must remember that their message is not the only message available online or through social media. People receive multiple messages about the same topic from others, and the information provided by a co-worker may conflict with the message from the HR department. In addition, organizations must stay on top of the current popular trends in communication. While Facebook, Twitter and Instagram may be common methodologies for communicating today, they may soon become passé and replaced with different programs or communication platforms.

Providing Information in "Digestible Chunks"

People increasingly have short attention spans, and long epistles, summary plan descriptions, and benefit guides are not well-received. Communication must be short and continuous, without overwhelming employees.

Moving from Education to "Activation"

Communication and engagement must help employees move from education to activation. The goal is not only for employees to learn about a topic, but to take specific action based on the information learned. For example, games may include an element around activity or a reward that drives activation.

Creating Individualized Messages

There was general agreement that there is a desire and need for information that is more customized for individual needs and interests. At the same time, thought leaders expressed concerns about privacy and legal challenges. The information provided to employees needs to be relevant, but at the same time employees may not necessarily want a Flash advertisement or pop-up for a health-related condition they have appearing on their computer, although it may be exactly the right

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information that the individual needs. This could be a HIPAA violation and could also damage employee trust.

While creating individualized messages raised some concerns, thought leaders discussed developing information that may be useful to everyone, although not

specifically targeted for an individual. For example, people typically tend to pay attention to the part of the benefit plan that affects them at the time, but oftentimes know little about the remainder of their benefits. The complexity of the plans makes it very difficult to communicate. It was suggested that data mining tools similar to those used by marketers could provide an overview of aspects that people are commonly interested in, such as prices for common medical procedures. Communication about issues commonly inquired about could also build trust with employees.

Understanding Learning Styles

The Advisory Board Company is investing time and energy into understanding how people learn. It was described that the first place to start is often the recognition that almost every adult learner begins in a point of “unconscious incompetence”—they don’t know what they don’t know. If there is little understanding of what employees don’t know, there is no desire to actually learn. Employers must spend time educating the workforce, creating a desire to learn, and helping employees to recognize why understanding benefits is important.

In addition, learning styles vary between generations and backgrounds. More senior employees have generally accessed their health benefits and recognize that it is best to know about them in advance. In contrast, younger employees often haven’t used their benefits so they may be blindly unaware of what they have or don’t have.

Using Incentives

One of the tenets of behavioral economics is that incentives work to drive behavior. For example, at Jefferson University and Hospitals a financial IQ quiz has sparked competition between departments. Using the “power of peers” to encourage others

to participate is a profound leverage point and motivator. By posting a leader board comparing department scores and awarding prizes to top winners, Jefferson University and Hospitals has increased employee financial literacy, and employees are having fun at the same time.

Providing Information of Interest to Employees

When talking about retirement planning, thought leaders noted that long-term planning may actually be a disservice for employees that are living paycheck-to-paycheck. Some employees may have significant college debt, or be struggling to meet day-to-day bills, and need assistance with basic budgeting and debt management. Rather than talking with employees about something that is far off and providing a number that appears obscure to them, employers and financial advisors should start with basic information that employees are interested in and build from there.

Employers Are a Trusted Source

Thought leaders discussed whether employees believe that it is their employer’s responsibility to provide information about health benefits, wellness, retirement, and financial stability—and if so, whether employees view their employer as a trusted source of information. It was generally agreed that employees do rely heavily on human resources, in part because HR designs the plans and works with the vendors. The discussion confirmed studies that show employers are highly trusted, with



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trust for financial institutions close behind employers. This trust is important to the overall success of benefit programs because service providers are an extension of employers' benefit offices.

Financial Guidance vs. Advice

A recent TIAA-CREF study entitled *The Value of Advice in a Retirement Plan* reported that providing employees with advice about retirement rather than offering simple guidance can lead to better financial choices and outcomes. The study found that advice results in five times greater understanding of participation, and employees receiving advice are five times more confident about their retirement than the average worker. According to the study, when employees avail themselves of advice, about two-thirds take action in the form of increasing their contributions and/or rebalancing their portfolio or revisiting their portfolio. As a result, objective, unbiased advice can result in up to \$200,000 in additional retirement savings over a 30-year career. On average, that amounts to \$1,100 in income replacement per month.

While human resources can provide some guidance and education, employees have the potential to benefit from and are often seeking financial expertise about budgeting, debt management, retirement planning, and fund-specific recommendations.



JEFF LEVY

Counsel, but Not Direct Advice

There is concern that if organizations provide financial advice and something goes wrong, it may be perceived as the employer's fault. Several thought leaders noted that they have steered away from providing financial advice themselves for that very reason. Human resources directs employees to their options, and then refers employees to consultants and counselors that can provide financial advice.

Human resources representatives do provide advice in the sense that employers tell employees they should save and participate in benefit programs but not how much to save or how to invest. Health care organizations can educate employees with studies and statistics and provide general guidance about the benefit of participation in benefit programs. Organizations also encourage behavior by providing financial incentives such as retirement matching, by encouraging employee participation through one-on-one conversations, and through shared co-worker stories. Thought leaders discussed the importance of peer pressure, reiterating that co-workers sharing the impact of their retirement savings plan is often what causes others to begin saving for retirement.

Third-Party Vendors Offer Direct Advice

There is a point beyond counsel and general guidance that employees need, but employers are not comfortable providing, in part because of liability concerns and in part because HR representatives typically are not trained financial experts. Health care organizations partner with organizations like TIAA-CREF to help employees understand what their choices are and provide more detailed guidance and advice that is beyond the scope of what HR can provide.

Legal Distinctions for Guidance vs. Advice

The definition of advice as it is defined by the Department of Labor (DOL) for purposes of ERISA is very specific. There are requirements that constitute advice, including fiduciary responsibility for investment recommendations. While advice is a critically important component of the support of an organization's retirement program, the distinguishing characteristic is that the employer isn't providing the advice, a third-party service provider is.

Organizations Already Have a Fiduciary Responsibility Without Giving Advice

Employers do have a fiduciary responsibility around the investment menu selection and have a responsibility to hire or

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select trusted partners. In human resources, this emerges in many areas. For example, wellness programs like health risk assessments are contracted with third parties who are trusted to keep the data confidential. If an organization selects a partner for retirement or for health insurance, it also is a trusted partner. It is HR's job to vet the partner, and then encourage employees to trust them.

The Future Will Increasingly Focus on Individual Accountability and Decision Making

Thought leaders believe that in the next decade health care will focus heavily around individual accountability and decision-making. Although the discussion focused on benefits literacy, there also must be a discussion about health management literacy, as employees are increasingly responsible for the health and lifestyle choices they make. Like financial advice, HR employees will play a role in guidance and education, but not direct medical expertise or advice.

Engaging Employees

Thought leaders agreed that today's workforce tends to be more transient. Organizations cannot anticipate that employees will stay at the organization from start of hire until retirement, and this shift changes the type of benefits that may be desirable to employees. There was a sense among the thought leaders that the mobile nature of employees is particularly common, especially where many hospitals are in a small area. When employees are considering positions elsewhere, they often compare benefits between organizations.

Younger, more mobile employees may not stay as long at an organization, but they have the potential to bring in fresh ideas and perspectives, which can help organizations grow. If hospitals are interested in recruiting this demographic, it may require a shift in benefits or a variety of benefit options that incentivize short-term employees as well as long-term employees.

A Changing Benefit Landscape During Consolidation, Affiliations, and Mergers

Mergers, consolidations, affiliations, and other forms of partnerships are highly prevalent in today's health care environment. These circumstances can create unique employee benefit situations. One thought leader expressed concern that employees anticipate that benefits will be better after a merger if the organization is merging with a larger organization, but that doesn't always hold true. Unmet expectations may cause employee frustration.

Thought leaders also described scenarios in which staff are working together but have different benefit options. This leads to employees comparing benefits with one another and questioning why they don't have the same options. For example, at Upper Chesapeake Health the organization is currently comprised of 12 hospitals with 29 different pension plans across the 12 hospitals. Although the organization's finance department would prefer the plans consolidate to save money, the issue is complex. Each hospital has its own health plan because the employees are geographically dispersed in different economic markets with different driving factors.



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A similar scenario has emerged at Johns Hopkins Health System, where university employees and health system employees are working together but with separate benefit plans. Employee comparisons tend to lead to a feeling that “the grass is always greener over there.”

But while industry consolidation can make merging benefits plans complex, it also provides opportunities. When organizations come together, there is a potential benefit to compare notes about what’s working and what isn’t, and combine the “best of” approaches together to strengthen the overall benefit program.

Measuring the Effectiveness of Benefits Programs

Several thought leaders had suggestions for measuring the effectiveness of benefit programs, while others indicated they struggle to define and measure metrics that are meaningful for understanding what is working well and where resources need to be applied.

Wellness Program Metrics and Health Statistics

Thought leaders discussed indicators to measure the success and impact of wellness programs, including overall reductions in care gaps, utilization of preventive care, and results from health risk assessments or biometric screenings. One organization’s comprehensive approach has reduced costs by \$12 million over the past five years. The organization focused on reducing care gaps and reducing unnecessary emergency department visits, which corresponded with a 30 percent increase in physician visits. This positive trend indicates that employees are seeking treatment before health issues escalate and overall are spending less money and receiving shorter treatments. An emphasis was also placed on chronic disease compliance, tracking care compliance in areas such as obesity, hypertension, and diabetes.

Another thought leader suggested analyzing claims data and projections, focusing on major risk factors, and measuring those indicators year-over-year to show if the organization is improving as a whole.

Communicating the Importance of “Soft Dollars”

Thought leaders discussed the challenge of “soft dollars,” which are cost savings that may be difficult to measure but are the “ice under the iceberg.” Savings in these areas may be improved



health that leads to reduced utilization of paid time off, changes in Family Medical Leave Act (FMLA) utilization, or a reduction in overall health care costs. One of the challenges associated with soft dollars is that it can be difficult to isolate what causes them to occur or disappear. For example, was it a change in policy, a wellness initiative, or was it because no one knew about a particular benefit so they didn’t file a claim? While HR attempts to tie metrics to cause and effect, sometimes it can be difficult when there are multiple moving pieces at any given time.

TIAA-CREF Plan Outcome Assessment

Jack Florea briefly discussed the TIAA-CREF “Plan Outcome Assessment,” which is an indication of overall retirement readiness at a plan level and a sub-segment employee level. It is essentially an indication of an individual or collective group’s income replacement ratio. According to Florea, it is commonly accepted that an individual should be replacing 70 to 90 percent of his or her annual income. The Plan Outcome Assessment takes into account an individual employee’s data including savings rate, account balance, etc. It incorporates social security and provides a plan-level view of an organization’s overall plan health as relayed by income replacement ratio.

If a salary is provided, TIAA-CREF can then calculate a sub-segment level, dividing up employees into different categories. For example, there is a “dollar stretcher” category providing

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“Health care is focused on reducing costs more than ever in my 25 years of experience. I think that is really pushing those of us in HR to be more deliberate in what we recommend. You simply can’t throw stuff on the wall and see what sticks anymore. You’ve got to be strategic and you’ve got to have a good business case for it in order to be heard and listened to.”

-Toni Shivery, VP, HR, Upper Chesapeake Health, Bel Air, Md.

information for employees that are typically living paycheck-to-paycheck. Sub-segment views relay income replacement at a level of a participant group of employees.

The Plan Outcome Assessment is a measure of the overall performance of an organization’s retirement plan. The retirement assessment also develops comparable metrics around overall retirement readiness from a benchmarking perspective.

Although the tool is very useful, it should be implemented as a building block approach. Simply rolling out the Plan Outcome Assessment in full may scare away some employees. Instead, the information should be used to conduct targeted, building block approaches that help employees ultimately understand what they need to do to achieve their targets.

Advice for Human Resource Leaders

In addition to the areas already discussed, the Thought Leader Forum participants offered advice for their health care human resources colleagues around the country as they strive to understand and adapt to the changing benefits landscape:

- While there is a lot of discussion surrounding the younger generations and their differences in communication preferences, needs, and interests, hospitals cannot ignore the older generation. The generation that is 10-15 years away from retirement needs help as they plan for the transition to retirement and the potential costs associated with the transition, such as Medicare payments.
- Ultimately, the end goal is “demand destruction,” which will also drive consolidation and mergers in the health care marketplace. Providers will increasingly do more with less, which includes human resources.
- Human resources will increasingly focus on getting employees to make the right decisions and take more responsibility for their health choices and decisions. Many are focusing on wellness programs and investments in preventive medicine to encourage demand destruction.
- It is critical to understand how employees get their information so that communication and information can be targeted in the ways most beneficial and impactful for employees. Once organizations understand where employees get their information, HR can work on making it simple, using social media, and making it fun. In addition, organizations can segment the communication and information preferences and style—for example, employees over 50, young employees, etc.
- Health care is in a constant state of change. One part of this is changes in the way in which people want to be communicated with or engaged in communication. Another component of change may be an increasing HR role in physician employment. Many physicians want to be employed rather than manage their own organizations, which has significant implications for HR.
- Health care is focused on reducing costs, which is pushing HR leaders to be more deliberate in what they recommend. Resources to test potential options or theories are often unavailable; human resources must be strategic and have a good business case for an idea in order to be heard and listened to.
- Education must be simple, relevant, and focused on outcomes. HR can combine science and the art of communication strategically, using data and behavioral economics to help move behavior. Don’t underestimate the power of peers and how people compare themselves to others—peer comparisons are a powerful motivator.

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- Organizations are only as healthy as their employees. Health care organizations must ensure that they are strategizing and continually implementing new approaches based on what they have learned. Organizations must also leverage networking opportunities and share ideas for navigating in the ever-changing environment.
- Understanding the organization's culture is essential. HR representatives must get out in the community and understand who their employees are and who they work with. It is not possible to move the organization forward in the areas of health, finance, culture, or any other arena if the organization doesn't first understand employees' perspectives and experiences.
- The definition of health must be broadened to include all the physical things, mental health and financial health.
- Human resource leaders must be open to engage with one another, sharing expertise so that others don't have to reinvent the wheel.

Conclusion

Health care is immersed in multiple dimensions of change, including evolving workforce demographics and preferences, industry consolidation, and changes in reimbursement and finances resulting in a continual focus on reducing costs. All of these factors are shaping the current and future benefits landscape for health care organizations.

Organizations must get ahead of the change curve related to health care benefits, which may include new benefit plans, varying incentive plans, contracting with third party vendors for wellness screenings and financial advice, and more individual, targeted approaches for employees or groups of employees. As the landscape continues to change, human resource leaders must be proactive in developing solutions and sharing best practices with one another that maximize employee and employer benefit while minimizing costs.



Thought Leader Action Ideas

Recommendations for the Future Benefit Landscape

Make it easy for employees to do the things you want them to do. People are busy. Organizations must make the things they want the employees to do easy and the things they don't want them to do more difficult.

Understand what motivates employees. Organizations aren't necessarily aware of the barriers their employees perceive or how their employees are motivated. Understanding what employees want and what motivates them can help organizations provide the information, education and training, and motivation necessary to encourage positive decision-making.

Focus on overall employee health and wellness. Focusing on physical, mental, and financial health can have a significant impact on long-term benefit costs, employee attendance at work, and overall employee satisfaction. Improved employee satisfaction leads to strengthened patient satisfaction. Several ideas discussed by thought leaders included implementing biometrics and health risk assessments with incentives and rewards, voluntary programs that provide points in exchange for reduced health insurance premiums, and contracting with external vendors to provide financial planning, budgeting, and advice.

Provide employees with out-of-pocket costs for common medical interactions and procedures. While employees may understand what they are paying in their monthly premium and what their co-payments and deductibles are, it is helpful to have the information in the context of how it will be used on an individual basis. Organizations can create information that people want by providing a standard list of common procedures that includes the total cost and actual out-of-pocket cost an employee would be responsible for.

Encourage employees to seek health care within the organization. By providing incentives for employees and their dependents to seek care within the hospital or health system, organizations are investing in themselves rather than paying a competitor.

Consider automatic enrollment and automatic escalation. Auto enrollment automatically enrolls employees in a retirement plan. When employees are required to re-enroll each year people may opt out. Using auto escalation is also encouraged, automatically increasing the employee contribution amount yearly at a pre-determined amount.

Offer communication through a wide range of avenues, including social media. While older generations tend to prefer benefit information in print, employees today increasingly prefer access to information at their convenience, through online access as well as social media such as Facebook and Twitter. Employees would rather receive smaller chunks of information at a time, and on their terms. Making the information fun and inviting also increases success.

Create an awareness of the need to learn. Often employees don't know what they don't know. Social media and other communication avenues pique employee interest in benefit programs and create a desire to learn more.

Use games to engage employees. Games and incentives encourage employees to learn more and participate. Creating a competition, such as a financial IQ quiz between departments or earning wellness points for incentives encourages education as well as healthy choices.

Consider using data mining to target individualized messages. While there is a fine line between providing individualized information and the potential for invading privacy, organizations may carefully review data to implement targeted employee communication and education.

Combine data from multiple benefit sources to secure a comprehensive picture of employee choices and needs. Organizations often have data about employee choices and needs that exist in "silos." Bringing together information about employee retirement planning choices, worker's compensation and disability claims, and medical plan and health indicators can provide a clearer picture of the population.

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Understand that retirement planning isn't the biggest financial concern for some employees. Some employees may have significant college debt or trouble budgeting and need assistance with monthly budgets and debt management before progressing to retirement planning.

Consider contracting with a third party to provide financial advice. While studies show that offering employees advice about retirement planning (rather than guidance) encourages positive behaviors, organizations' human resource departments are not best-suited for providing financial advice. Contracting with a third party that provides objective, unbiased advice can help employees make positive financial choices without placing increased liability risk on the organization.

Develop metrics to demonstrate the financial impact of benefit programs. For wellness programs, organizations can measure reductions in care gaps, utilization of preventive care, trends in emergency department utilization, and population results from biometric tests or health risk assessments. Organizations can also measure the reduced utilization of paid time off, FMLA utilization, and employee satisfaction. Although these metrics have financial implications, the challenge remains

that they cannot always be tied to one particular program or initiative because multiple pieces are being moved at one time.

Continue to network and share ideas. Human resource leaders must be open to engage with one another. There is a lot of expertise that can be shared between and among organizations to prevent reinventing the wheel.

Apply learning from employee benefit programs to the community as a whole. As organizations move into an accountable care environment, hospitals and health systems' role in the community is expanding. Hospitals have a greater responsibility for reaching out into the community and managing population health and education. Organizations can take best practices learned from their benefits programs and apply them in the community. This may extend from human resources or from another area within the organization, but will likely be a large part of what hospitals and health systems do in the future. Hospitals that have their own health insurance plans are using their employee base as a test population to take into the market to demonstrate the impact of wellness initiatives on reducing cost and utilization. Successful employee wellness programs can also be implemented in the community.



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