



# TRANSFORMING HEALTH CARE

**FOR BUSINESS SUCCESS**

**May 21, 2026**

# Welcome!

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## **Proposed Healthcare Legislation in Wisconsin: Potential Employer Impacts**

*Rachel Ver Velde, Associate Vice President of Government Relations & Senior Political Advisor, Wisconsin Manufacturers & Commerce (WMC)*

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## **Good Care Costs Less: Understanding the Quality-Safety-Savings Connection**

*Dr. Chintan Desai, Market Chief Medical Officer, Ascension Wisconsin*

3

## **Keynote Address: Managing Healthcare for Business Success**

*Mike Critelli, Former Chairman & CEO, Pitney Bowes  
Ray Fabius, MD, Co-Founder, President, and Chief Medical Officer, HealthNEXT*

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**Jennifer Lamere**

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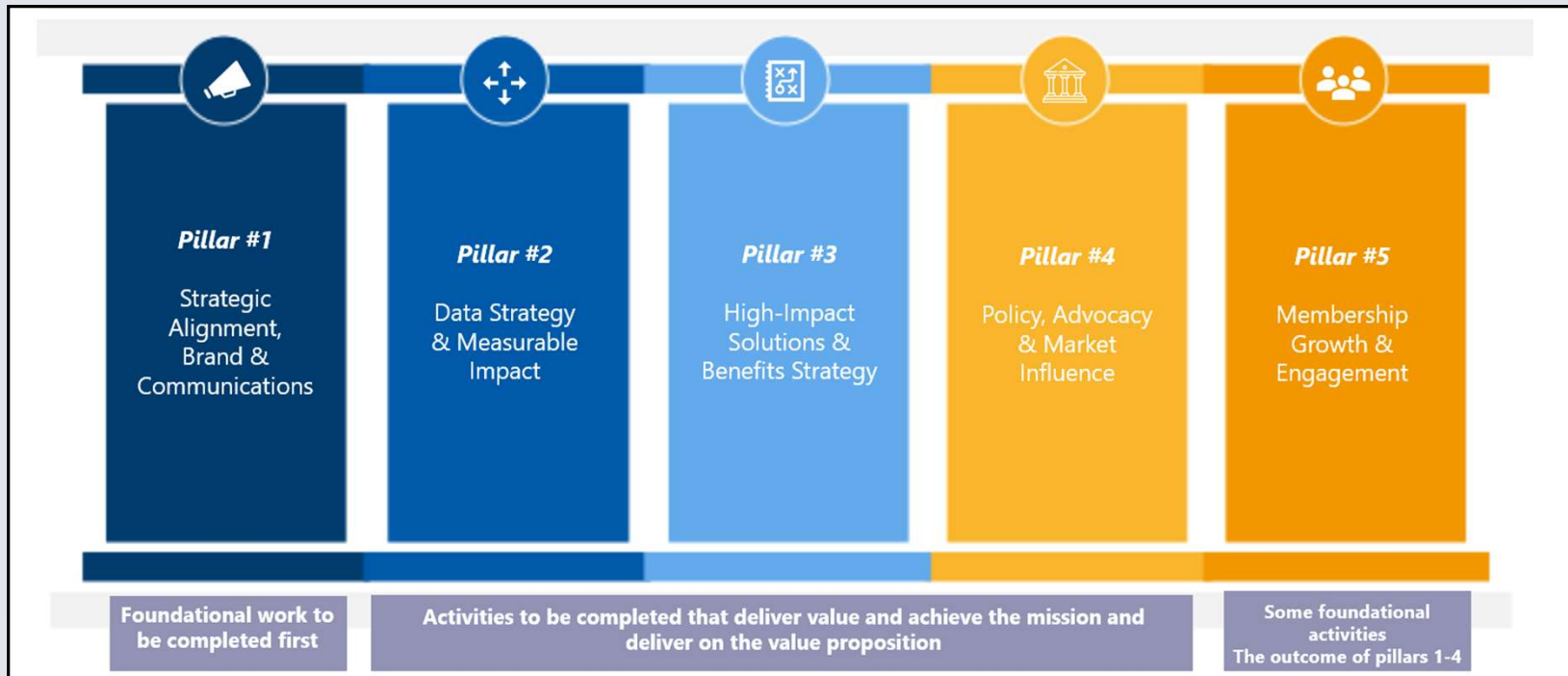
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# Strategic Planning



# Mission

The Business Health Care Group unites Wisconsin employers to leverage their collective voice and purchasing power driving higher-quality, cost-effective, and transparent health care for the communities they serve.

## Next Steps



Finalize collateral with employer messaging

# High Impact Solutions and Benefits Strategy

## GOALS

1. Higher quality
2. Transparency
3. Smarter consumption patterns
4. Improved employee experience

Shared  
Clinics

Episodes of  
Care / COEs

High  
Performance  
Plan



**BHCG**  
**TRANSFORMING**  
**HEALTH CARE**  
**FOR BUSINESS SUCCESS**

## **Proposed Healthcare Legislation in Wisconsin:**

### **Potential Employer Impacts**

**Rachel Ver Velde**

*Associate Vice President of Government Relations &  
Senior Political Advisor*



# **Proposed Healthcare Legislation in Wisconsin: Potential Employer Impacts**

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Rachel Ver Velde, Associate Vice President of Government Relations

What is the **one thing** state government could do to help your business?

MAKE HEALTHCARE MORE AFFORDABLE	43%
REDUCE / REFORM REGULATIONS	24%
REDUCE TAXES	16%
REDUCE SPENDING	6%
EDUCATION REFORM	5%
TORT / LEGAL REFORM	5%
OTHER	1%

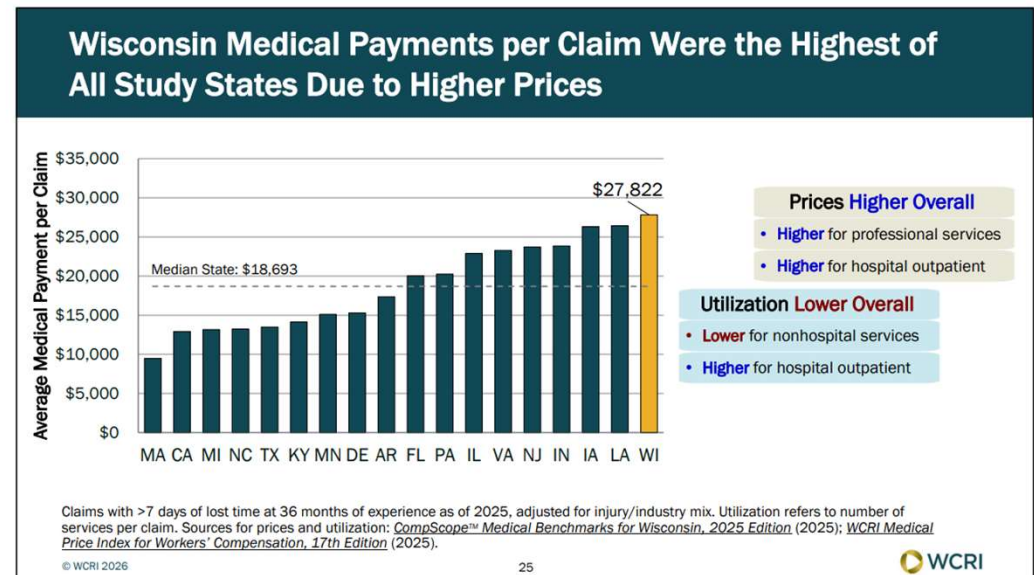
## Price Transparency & Access to Data

- **Hospital Price Transparency**  
(SB 383/AB 353)
  - Amendment to AB 598
- **WHIO – All-Payers Claims Database**  
(SB 796/AB 801 & SB 797 & AB 802)
  - Require insurer participation
  - Employer dashboard
  - Appropriate additional dollars



# Workers Compensation Medical Fee Schedule – Hospital Facility Charges

- 2025-2027 State Budget:
  - Due to historic increases in the amount hospitals receive in access payments
  - Only applies to hospital facility charges
  - **Structure:**
    - State divided into 5 geographic regions
    - Based on discounted in-network group health charges
    - Max charge set at 75<sup>th</sup> percentile plus 20%
    - Payments must be made within 60 days
- Expansion is next step



## Health Insurance Mandates

- **PBM Legislation**  
(SB 203/AB 173)
  - Restricting mail order
  - Frozen formulary
  - Drug assistance programs/manufacturing coupons
- **Prior Authorization**
  - AB 432/SB 434: Restrict prior authorization
  - AB 368/SB 373: Prohibit insurers from requiring prior authorization for the first 12 visits of PT, OT, speech therapy or chiropractic care
- **White Bagging Ban**



## Employer Advocacy Matters

- **Legislators need to hear from employers!**
  - Handle 100s of issues.
    - Very low knowledge of healthcare, particularly from the employer perspective.
  - Real stories matter.
  - Business leaders are just as important as lobbyists.
- **If you are not at the table, you are on the menu!**

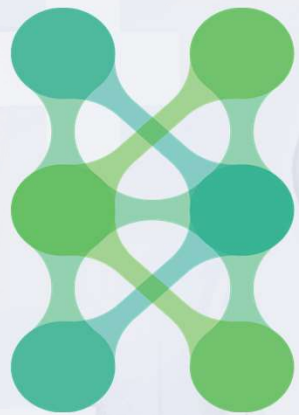


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## Questions & Comments

Rachel Ver Velde  
Associate Vice President of Government Relations  
[rvervelde@wmc.org](mailto:rvervelde@wmc.org)  
X: @ravervelde

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**TRANSFORMING  
HEALTH CARE**

**FOR BUSINESS SUCCESS**

## **Good Care Costs Less**

**Chintan Desai, MD, MHA, MSHI, CPE**  
Market Chief Medical Officer • Ascension  
Wisconsin

BHCG ANNUAL MEETING

# Good Care Costs Less

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**Chintan Desai, MD, MHA, MSHI, CPE**

Market Chief Medical Officer • Ascension Wisconsin

# The **best** care is the care you don't have to repeat.

*Traditionally, we equate quality with premium pricing, and view cost optimization as a risk to care delivery integrity.*

## **In healthcare, the opposite is true.**

The most expensive care isn't the comprehensive evaluation; it's the missed diagnosis.

It isn't the overnight stay; it's the readmission.

It isn't the preventive screening; it's the late-stage cancer.

WHAT YOU'RE ACTUALLY PAYING FOR

# The Defect Economy


*Most of what makes US healthcare expensive isn't first-pass care — it's rework.*

 ~\$31K+

average cost per hospital-acquired infection

 \$15–25K

typical cost of a 30-day readmission

 105–115%

added cost per case from surgical complications

 ~\$100B

annual US cost attributed to diagnostic error

*Sources: AHRQ, CMS, JAMA / BMJ Quality & Safety. Figures are illustrative national ranges.*

WHY THE CONNECTION IS HARD TO SEE

# The Latency Problem

*Quality investments and the savings they create show up in different ledgers, on different timelines.*

## What gets seen now

- Care-management staffing
- Standardized order sets and protocols
- Patient-safety infrastructure
- EHR build, decision support, registries
- Time to train, time to spread



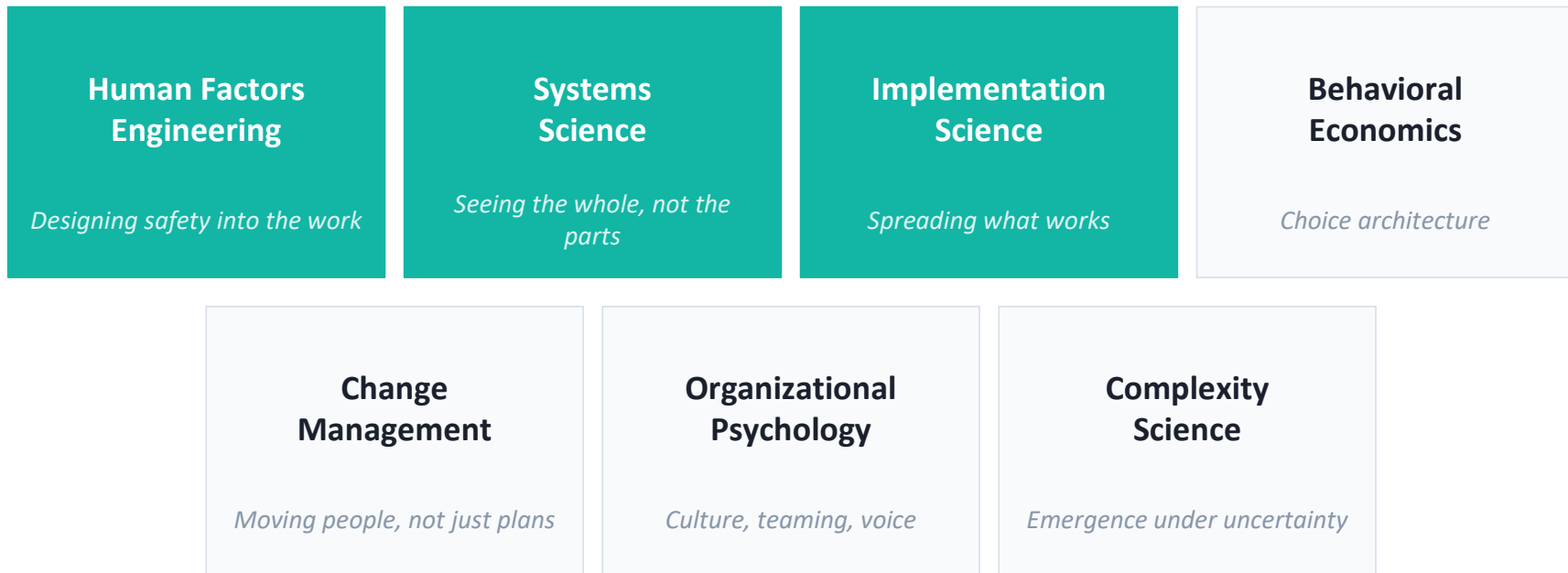
## What it actually prevents

- The infection that didn't happen
- The readmission that didn't occur
- The complication you never saw (or were penalized for)
- The ED visit avoided by a same-day appointment
- The cancer caught in stage 1, not stage 3

*The market sees the invoice; it doesn't see the event that never happened.*

# A Latticework of Disciplines

*Complex problems don't yield to a single discipline.*



# Designing the Defect Out

## The principle

*Most errors aren't from bad clinicians; they're from systems that make the right action hard and the wrong action easy.*

Standardized order sets, forcing functions, checklists, and decision support don't replace clinical judgment — they protect it. They make the **safe path the easy path**.

## CASE-IN-POINT • SEPSIS ORDER SET

# \$18,000

less cost per encounter when the standardized sepsis order set is used.

*Same physicians. Same patients. A better-designed pathway.*

*Ascension Wisconsin internal performance data*

# Every Day Matters

## The principle

*Length of stay isn't one variable; it's an emergent property of dozens of decisions, each made by a different team on a different timeline.*

Every additional hospital day is exposure to: infection, deconditioning, delirium, medication error, and to cost. Shortening LOS safely is a **quality win and a cost win** at the same time.

ASCENSION WISCONSIN • TRAILING 12 MONTHS

**3.37%**

below benchmark length of stay for home-discharge patients

**>2600**

fewer days in the hospital

# Closing the 17-Year Gap

## The principle

*Healthcare doesn't have a knowledge problem; it has an adoption problem.*

That it takes on an average 17 years for evidence to reach routine practice. Implementation science is how we shorten that lag, and every year we shorten it is a year of better outcomes at lower cost.

DIABETIC A1C CONTROL (<8)

**72.89%**

vs. HEDIS 50th percentile of 63.7%

DIABETES + HYPERTENSION CONTROL

**77.5%**

in control vs. national benchmark of 68.1%

THE EVIDENCE

# What This Looks Like at Scale

Ascension Wisconsin • Trailing 12 months

**>12,000**

patients screened for Breast Cancer

**>23,000**

patients screened for CRC

**>2600**

fewer days in the hospital

**383**

fewer readmissions

**\$18K**

lower cost per sepsis case

**14%**

below market average pricing

*BHCG / RAND 3.0 study*

# Three Questions for Every Health System

01

## What's your total cost of care — not your unit price?

Unit prices are easy to compare; total cost of care is what your employees actually consume. Ask for risk-adjusted episode-of-care data, not chargemasters.

02

## What's your performance on the events you'd most want to avoid?

Readmission O/E. Hospital-acquired infections. Complication rates. Screening rates. These predict your total cost better than any line-item negotiation.

03

## How do you spread what works across your system?

A single high-performing site is a story. A system that closes its own variance is an answer. Ask about standardization, registries, and the cadence of improvement.

IN CLOSING

*Healthcare value, properly defined:*

$$\begin{array}{c} \mathbf{V} \\ \text{(VALUE)} \end{array} = \frac{\begin{array}{c} \mathbf{Q} \\ \text{(QUALITY)} \end{array} + \begin{array}{c} \mathbf{S} \\ \text{(SERVICE)} \end{array}}{\begin{array}{c} \mathbf{\$} \\ \text{(COST)} \end{array}}$$

*Quality and safety in the numerator are how you shrink the denominator.*

**Good Care Costs Less.**

THANK YOU

# Questions & Discussion

*Good care costs less.*

Chintan Desai, MD, MHA, MSHI, CPE

Market Chief Medical Officer  
Ascension Wisconsin

*Connected and Comprehensive Care Across  
the Continuum.*

# Platinum Sponsor Remarks



# CENTIVO.

## HIGHLIGHTS & OVERVIEW

# Improving outcomes and healthcare affordability together

### BHCG's Mission

The Business Health Care Group unites Wisconsin employers to leverage their collective voice and purchasing power driving higher-quality, cost effective, and transparent health care for the communities they serve.



### Centivo's Mission

Centivo was founded to bring a new, more affordable healthcare model to employers and their workforces through a primary care-centered model powered by redefined networks.



### Results in Wisconsin

**50**

EMPLOYERS SERVED

**30,000**

MEMBERS COVERED

**15,000**

PROVIDERS IN NETWORK

CONTINUOUSLY ENROLLED CLIENTS: FINANCIAL METRICS

# Continuously enrolled clients show strong YoY results

	2024 Benchmark	2024 High-Performance Plans	2024 vs Benchmark	2025 Benchmark	2025 High-Performance Plans	2025 vs Benchmark	2025 vs 2024
<b>Demographics</b>							
# Employees		5,641			6,761		19.9%
Average Employee Age							
# Total Members		12,481			14,924		19.6%
Average Member Age		31.4			32.3		
<b>Medical + Pharmacy Spend</b>							
Allowed PMPM	\$703	\$579.00	-18%	\$726	\$528.00	-24.9%	-8.8%
Employer Paid PMPM	\$623	\$503.00	-19%	\$649	\$448.00	-28.1%	-10.9%
Member Paid PMPM	\$80	\$74.15	-7%	\$77	\$73.25	-8.4%	-1.2%
<b>Medical Spend</b>							
<b>Allowed PMPM</b>	<b>\$578</b>	<b>\$493.00</b>	<b>-15%</b>	<b>\$542</b>	<b>\$439.00</b>	<b>-24.0%</b>	<b>-11.0%</b>
Employer Paid PMPM	\$512	\$434.00	-15%	\$483	\$377.00	-26.4%	-13.1%
Member Paid PMPM	\$66	\$56.59	-14%	\$59	\$55.21	-16.3%	-2.4%
# Members > \$100K		72			76		5.6%
% Medical Spend > \$100K		11.5%			12.8%		
<b>Pharmacy Spend<sup>1</sup></b>							
Allowed PMPM	\$124	\$85.72	-31%	\$185	\$88.72	-28.5%	3.5%
Employer Paid PMPM	\$111	\$68.16	-39%	\$165	\$70.67	-36.3%	3.7%
Member Paid PMPM	\$14	\$17.56	25%	\$20	\$18.05	28.9%	2.8%



Excludes any rebates/savings from PBM | Analysis includes only clients who were continuously enrolled Jan-Dec 2024 and 2025

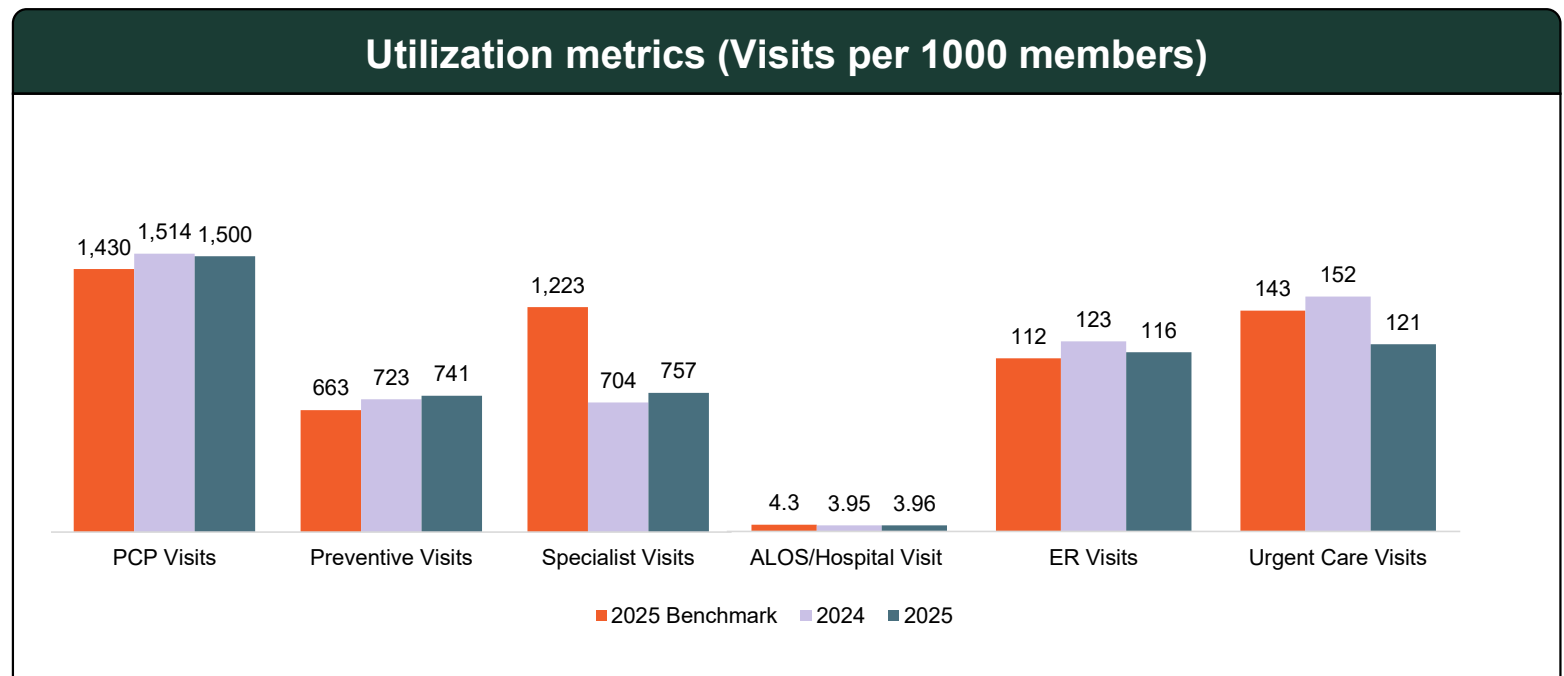
CONTINUOUSLY ENROLLED CLIENTS: UTILIZATION METRICS

# Utilization metrics - continuous enrollment 2024 vs 2025

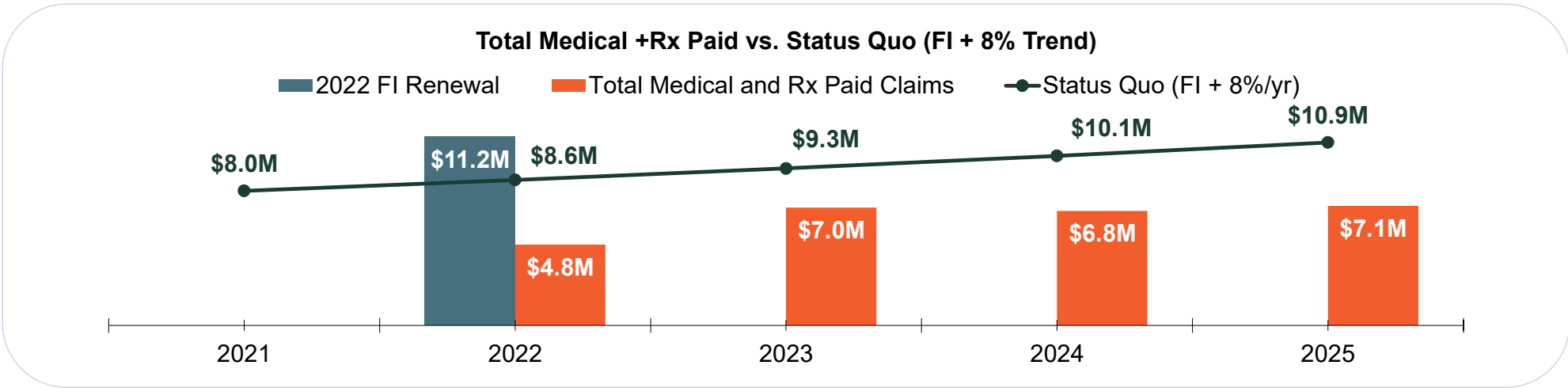
Members were above benchmark for PCP and preventive visits in 2024 and 2025

### Favorable Patient Management Outcomes

- Specialist visits were below benchmark in both 2024 and 2025
- ER visits below benchmark in both 2024 and 2025
- Members used lower cost Urgent care over visits to the ER



# Status Quo vs. Total Medical and Rx Paid Claims



**Pre-Centivo - 2021**

- Members enrolled in high-deductible plans with unaffordable OOP costs
- Numerous HCC on plan & members with manageable chronic conditions
- 2021 FI premium: \$8M
- 2022 FI proposal: +40%

**Joining Centivo – 2022**

- Boucher joined Centivo's BHCG program
  - Implemented several plans, including a \$0 deductible plan
  - 2022 actual allowed amount: \$5.8M
  - Claims cost increased over 2022, but still below 2021 FI premium
  - Member OOP dropped from a projected \$3.7M (2022 Status Quo) to \$1M actual

**Today with Centivo**

- While overall program costs fluctuate based on high-cost claimant spend, total allowed claims are still below 2021 levels 4 years into the program

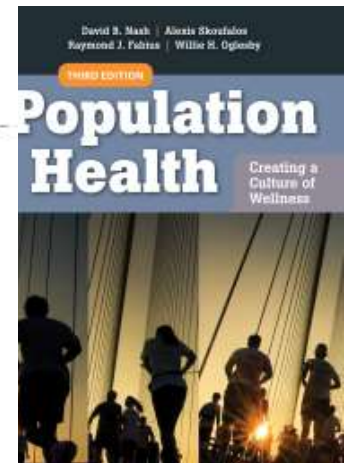
**Thank You**



## Keynote Address: Managing Healthcare for Business Success

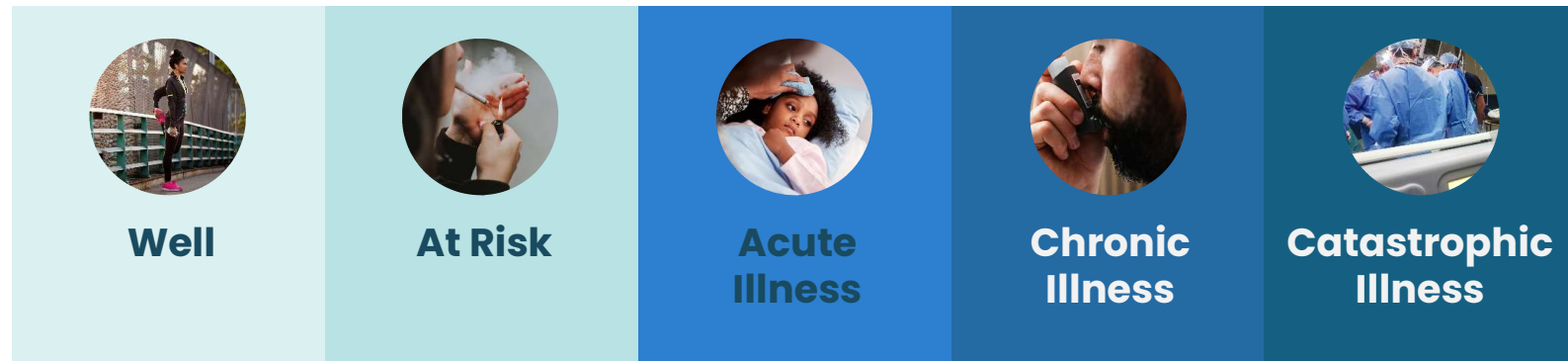
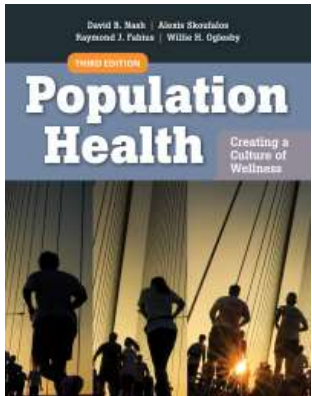
*Mike Critelli, Former Chairman & CEO, Pitney Bowes  
Ray Fabius, MD, Co-Founder, President, and Chief  
Medical Officer, HealthNEXT*

# My Journey Through The Evolution of Medical Management To Sustainably Touch a Population, You Need Cultural Transformation



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# The Science of Population Health: Focus on the Continuum



**Moving the population towards wellness**

# The Impact of Health on Organizational Performance

Remember for every dollar you spend on healthcare, you lose \$2-3 of performance or productivity



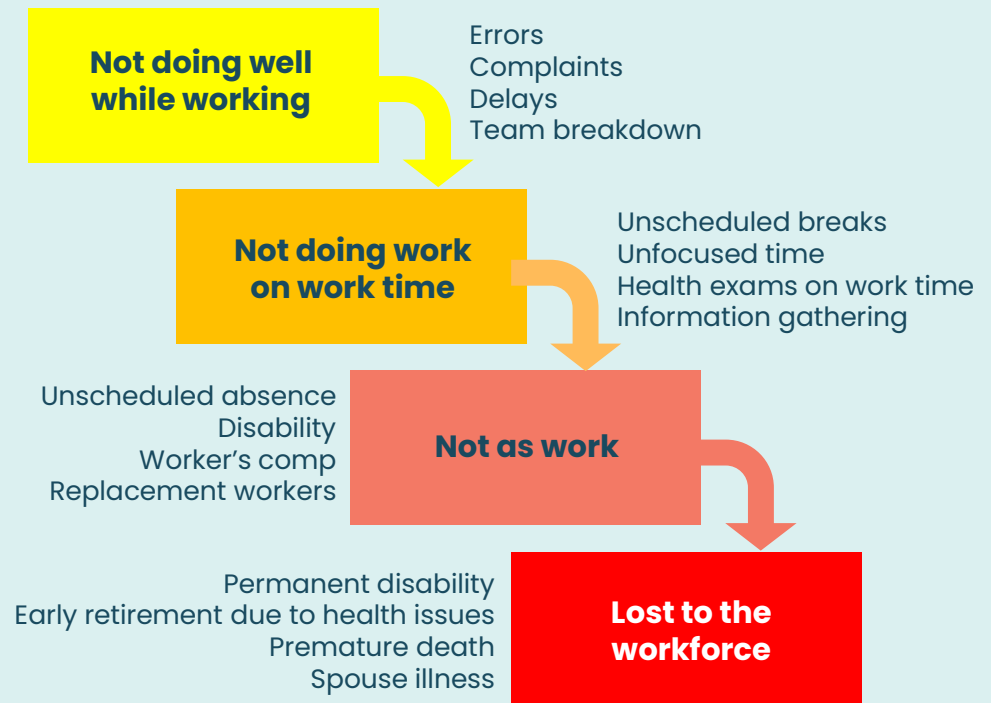
## 30% Personal Health Costs

Medical Care  
Pharmaceutical costs

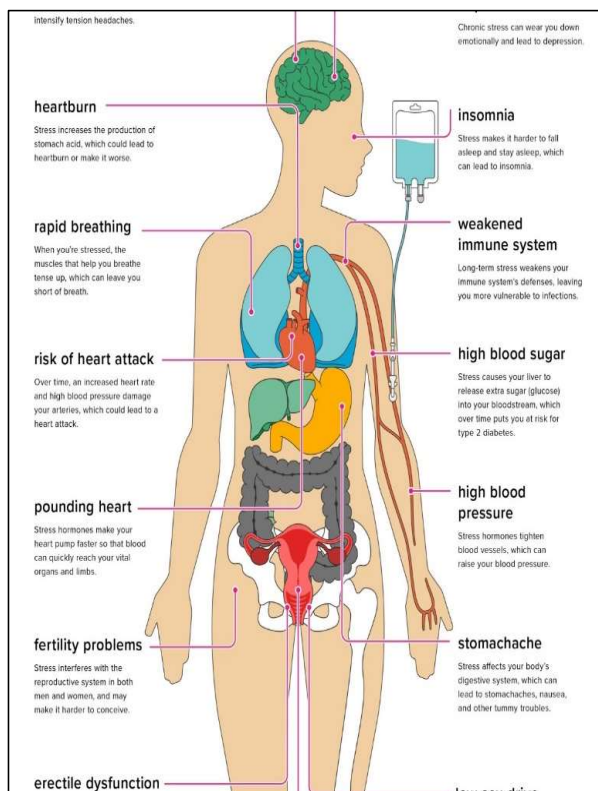
## 70% Performance Costs

- Absenteeism
- Short-term Disability
  - Long-term Disability
- Presenteeism
- Overtime
  - Turnover
  - Temporary Staffing
  - Administrative Costs
  - Replacement Training
  - Off-Site Travel for Care
  - Customer Dissatisfaction
  - Variable Product Quality

Source: Loeppke, R., et al. Health and Productivity as a Business Strategy: A Multiemployer Study. Journal of Occupational and Environmental Medicine 51(4):p 411-428, April 2009. | DOI: 10.1097/JOM.0b013e3181a39180



# The Connection of Health & Wellbeing: And the Need to Focus on All of the Components

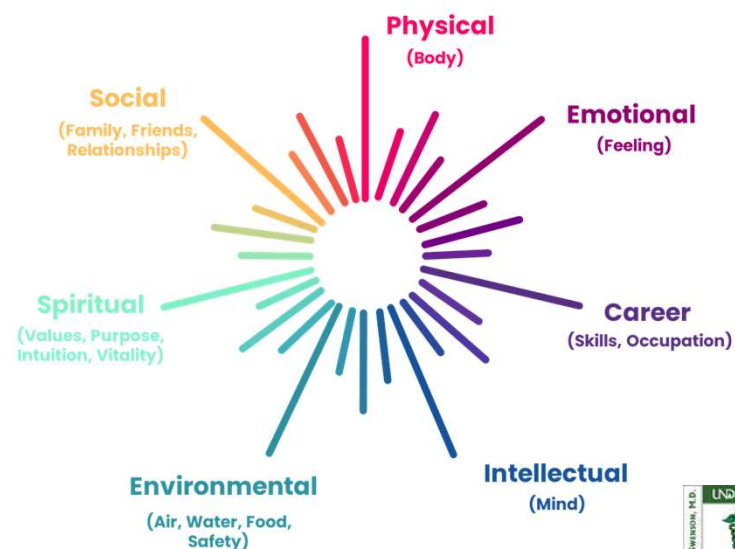


***“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”***



**World Health Organization**

## S.P.E.C.I.E.S



## Stress Related Conditions

# The Importance of Culture

## *Behaviors, Health Risks & Conditions Are Contagious*

“Culture eats strategy for breakfast.” – Peter Drucker



### **Why Organizations Need a Culture of Health, Safety, & Wellbeing**

- People have a tendency to conform – social pressure to meet normative behavior
- The organization’s environment, policies, and cues all lead to healthy choices and sustainable behaviors
- Employees/covered lives achieve higher levels of health and wellness than the general population with better quality of life and reduced incidence of morbidity

# 10 Reasons Why Organizations Should Cultivate Their Workforce Health & Wellbeing

1. Controlling healthcare costs
2. Improving performance
3. Reducing waste
4. Improving engagement
5. Attracting & retaining the best talent
6. Enhancing workplace safety
7. Improving sales
8. Improving shareholders' returns
9. Stemming the tide of obesity
10. Stemming the tide of chronic illness

When employees believe that you care about their health and wellbeing, there are remarkable enterprise performance gains

## GALLUP®

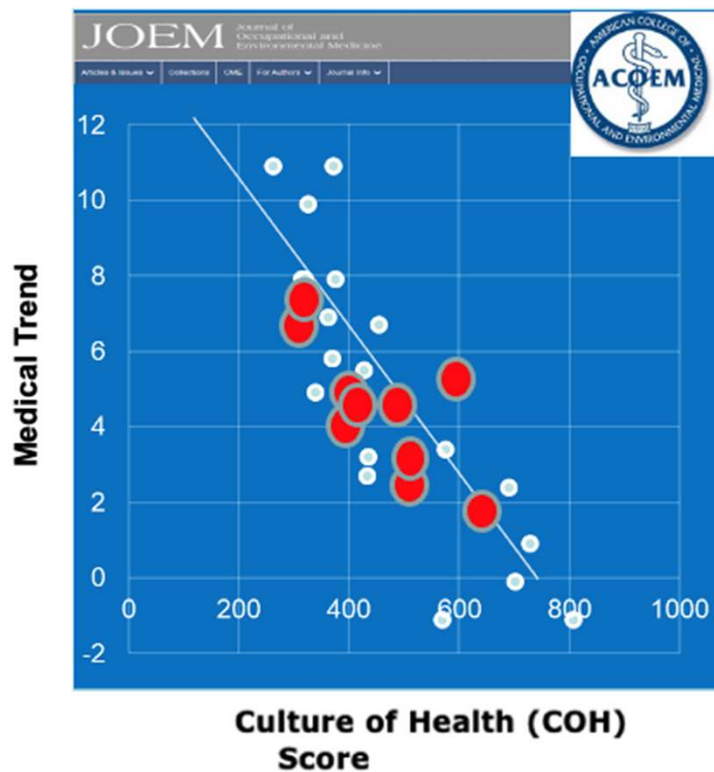
This finding is critical for organizations because employees who strongly agree that their employer cares about their overall wellbeing, in comparison to others, are:

- 69% less likely to actively search for a new job
- 71% less likely to report experiencing a lot of burnout
- five times more likely to strongly advocate for their company as a place to work and to strongly agree they trust the leadership of their organization
- three times more likely to be engaged at work
- 36% more likely to be thriving in their overall lives

Gallup's research has also found that teams who are most likely to feel the organization cares about their wellbeing achieve higher customer engagement, profitability, productivity, lower turnover, and have fewer safety incidents.

<https://www.gallup.com/workplace/390776/percent-feel-employer-cares-wellbeing-plummet.aspx>

# Correlation Between CHAS Assessment Scores & Reduction in Medical Trend



FAST TRACK ARTICLE

OPEN

## The Correlation of a Corporate Culture of Health Assessment Score and Health Care Cost Trend

*Raymond Fabius, MD, Sharon Glave Frisze, PhD, MPH, Dixon Thayer, BS, David Kirshbaum, MBA, and Jim Reynolds, MD*

**Objective:** Employers that strive to create a corporate environment that fosters a culture of health often face challenges when trying to determine the impact of improvements on health care cost trends. This study aims to test the stability of the correlation between health care cost trend and corporate health assessment scores (CHAS) using a culture of health measurement tool. **Methods:** Correlation analysis of annual health care cost trend and CHAS on a small group of employers using a proprietary CHAS tool. **Results:** Higher CHAS scores are generally correlated with lower health care cost trend. For employers with several years of CHAS measurement, this correlation remains, although imperfectly. **Conclusion:** As culture of health scores improve, health care costs trend moderate. These findings provide further evidence of the inverse relationship between organizational CHAS performance and health care cost trend.

**Keywords:** corporate health assessment, culture of health, health scores, health care trend, risk reduction.

Many occupational health professionals' roles have evolved or expanded to address the strong connection between workplace health, wellbeing, and safety, and their impact on occupational health.<sup>1</sup> In addition, these professionals must establish ways to measure progress over time and to justify investments in workplace health in an environment where up to 60% of the full-time workforce has at least one chronic disease or is overweight.<sup>2</sup> This paper aims to contribute to these efforts, and in particular, to assist corporate physicians and wellness leaders in meeting these demands.

Over the last few decades, corporate health has become much more comprehensive. Traditional occupational health and safety efforts have incorporated workers' compensation and occupation-related disability management. More recently, occupational health professionals have also been asked to establish efforts to apply primary, secondary, and tertiary preventive services to the workforce and their dependents. Health executives are expected to keep workplaces healthy and productive with sustainable and cost-effective programs. Yet, to be successful, companies must build health and safety into the mission, vision, and values of the organization. Adding programs is not enough. The famous quote attributed to Peter Drucker – "culture eats strategy for breakfast"<sup>3</sup> – emphasizes the need to create a work environment where employees and their family members are more likely to make the healthy choice on both a conscious and unconscious basis. Companies have achieved cultures of safety. Now it is time to achieve cultures of health.

From the HEALTHNET, Philadelphia, PA (Dr Fabius, Thayer, Kirshbaum, Dr Reynolds); Prime Research & Consulting, LLC, Boulder, CO (Dr Glave Frisze).

No funding involved for this work (self-funded). The authors have no conflict of interest. Address correspondence to: Sharon Glave Frisze, PhD, MPH, 403 Inland Drive, Boulder, CO 80504 (P:303.440.9100).

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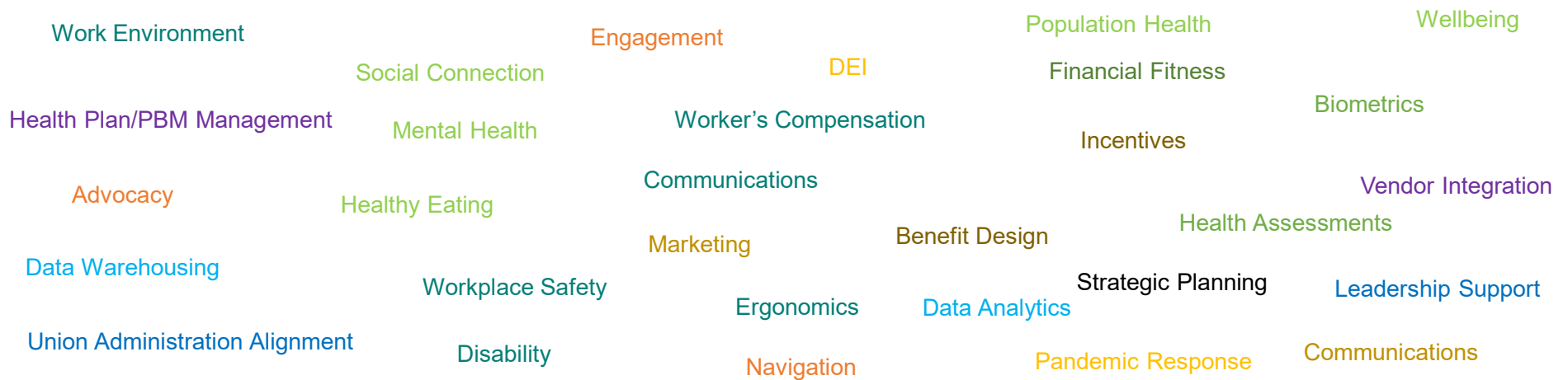
**CORPORATE HEALTH ASSESSMENT USING THE EHOA/EASO**

Corporate health assessment vary in design, but all have the ultimate intention of scoring how an organization is doing in terms of their population's health, their corporate health policies, and



# THE HOW – Culture of Health & Wellbeing Comprehensive Management System Research

**To achieve a culture of health you need to implement a critical mass  
of programs & services with operational excellence.**



**Building toward cultural transformation to achieve optimal results faster, avoiding uncertainty and mis-steps**

# How Organizations Should Cultivate Their Workforce Health & Wellbeing

Research  
Established and  
Sequenced 10 Best  
Practice Pillars



## Culture of Health & Wellbeing Pillars

- Leadership Support & Management Alignment
- Wellbeing Strategic Plan
- Workplace Environment
- On-site Wellbeing Activities (Holistic Approach)
- Health & Wellbeing Programs & Activities (Additional Health Activities)
- Data-Driven Approach: Warehousing & Analytics
- Marketing & Communications
- Incentive & Benefit Design
- Engagement & Navigation
- Vendor Management: Oversight & Integration



## Cultural Transformational Methodology Built Upon:

- The Science of Operational Excellence
- The Science of Change Management
- The Science of Population Health
- The Science of Wellbeing
- The Science of Data Capture & Analytics
- The Science of Marketing & Communications
- The Science of Evidence-based Benefit Design
- The Science of Behavioral Economics
- The Science of Advocacy & Navigation

# The Importance of Sequencing and Operational Excellence

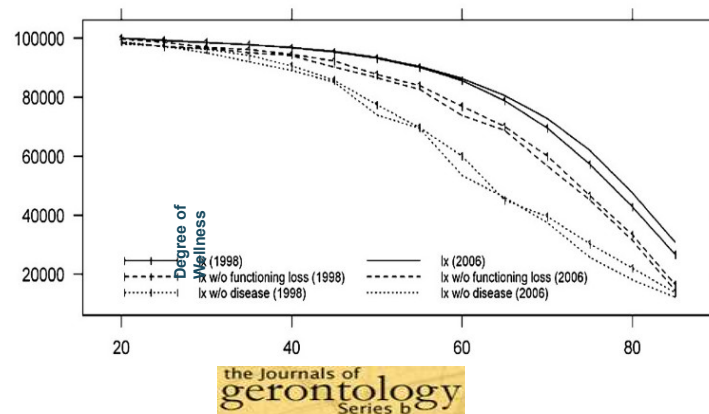


- It is not enough to identify the problem and have a plan – **optimization happens when actions are completed in the correct sequence**
- Each action must involve **triple aim metrics**:
  - **Effectiveness** – better health
  - **Efficiency** – lower costs
  - **Experience** – satisfied employees
- Systematic process improvement based on **Six Sigma, LEAN, AGILE.....**

# Benchmark Companies Utilize Physician Executive Guidance

- ❑ Develop an evidence-based population health and wellbeing strategy
- ❑ Share how benchmark employers create an enduring culture of health and well-being
- ❑ Analyze & reduce the illness burden of a workforce to control healthcare costs
- ❑ Address prevalent chronic conditions and better manage high-cost claimants
- ❑ Troubleshoot a particular healthcare issue such as Covid-19, flu, RSV, etc.
- ❑ Help establish support for employees to best navigate the healthcare system
- ❑ Enhance your evaluation, selection and management of specific healthcare product and service vendors
- ❑ Support the implementation and oversight of direct provider relationships and workplace health centers
- ❑ Implement evidence-based benefit design & leverage behavioral economics

# THE ULTIMATE GIFT OF HEALTH: *Compression Of Morbidity*



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Crimmins E M , Beltrán-Sánchez H J Gerontol B Psychol Sci Soc Sci 2011;66B:75-86



***The Goal Should Be  
Sudden Death in Overtime***

**The longer you stay healthy and vital,  
the shorter your period of morbidity before life ends.**

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# My Journey To A Strong Culture Of Health

Presented by **Mike Critelli**



# The CEO's Challenge to Me

## Current State

trending\_up **Healthcare costs** had doubled in previous five years

report\_problem Healthcare access and quality were **substandard**

money\_off Employees were paying **almost nothing** for health insurance

sentiment\_very\_dissatisfied Free insurance treated as an **entitlement**; unhappy with administration

## The Mandate

"Fix all these problems and get employees to accept paying up to **20%** for their healthcare."

# Response from the Benefits Department and Our Brokers and Consultants

## The Assessment

*"Solving all these problems  
is **not achievable**."*

## My Position

I did **not accept** their  
assessment.

# The Transformational Insight

MoveFlux

## THE RESEARCH

Dr. John Wennberg of the **Dartmouth Atlas Project** found that higher healthcare spending for complex conditions did not correlate with better health outcomes

*In fact, some low-spend areas produced better outcomes*

## THE AUDACIOUS GOAL

"Spend **less** on health-related conditions, but get **better** health outcomes and increased employee work performance."

# Insights from Lower Spend Areas

## Strategic Value Drivers

- Investing in prevention produced a **high ROI**
- Navigation services were highly valuable
- Better providers produce more **cost-efficient care**
- Some treatment options were superior, even if they cost less



# Expanded Return on Investment Needed

## EXPANDED HEALTH-RELATED INVESTMENT OPPORTUNITY

- Disability, workers compensation, absenteeism

## FINDING OPERATIONAL, PROCESS AND PRACTICE OPPORTUNITIES THAT REDUCE HEALTH-RELATED COSTS

- Reduced overtime: improves sleep and reduces labor costs
- Reduced driving times saves gasoline, improves productivity and reduces musculoskeletal injuries and stress.
- New policies reducing alcohol consumption and travel and entertainment expenses save money and improve health

# Phase 1: Prevention & Primary Care

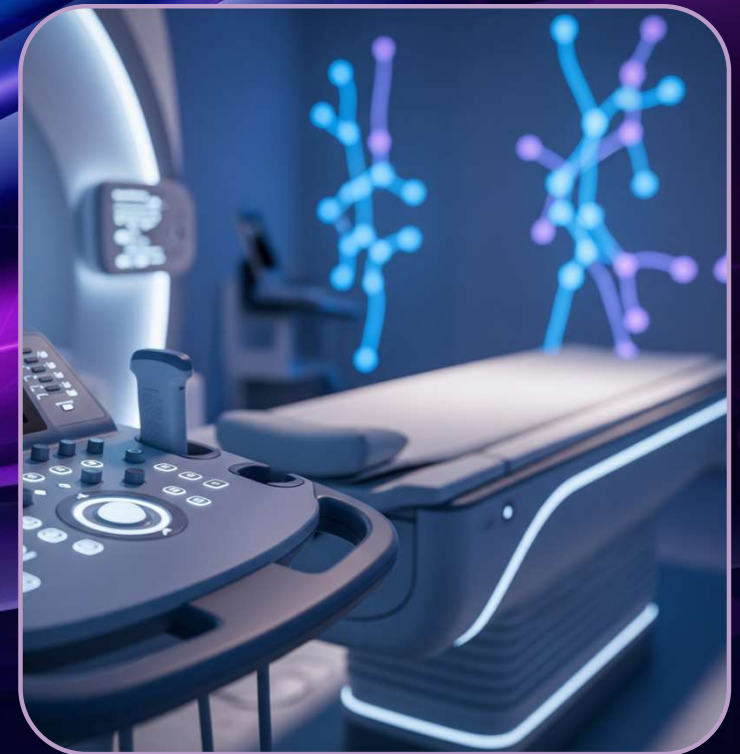
## STRATEGIC INITIATIVES

### **Preventive Screenings**

Provide coverage and on-site accessibility for screenings and immunizations

### **Onsite Care Centers**

Build and staff onsite primary and urgent care centers for immediate access



# Phase 2: Better health plan design

## STRATEGIC INITIATIVES

- Use health plan incentives to help employees use EAP to navigate through complex mental health and substance abuse issues
- Use education and coaching to steer employees away from notion that more intensive healthcare is always better
- Provide incentives for employees to access centers of excellence for complex acute and chronic conditions
- Reward employees for healthy behaviors (e.g. prenatal care)
- Provide free branded chronic disease medications to increase adherence

## Phase 3: Make workplace environment more conducive to healthy behaviors

### STRATEGIC INITIATIVES

- Make healthier food choices easier, less expensive, and more inviting
- Redesign facilities to induce more physical activity
- Making facilities more sanitary to reduce infectious disease transmission
- Making public transportation more convenient (e.g. shuttles)

# Phase 4: Optimize processes and policies to improve health

## STRATEGIC INITIATIVES

- Reduced evening and weekend overtime work by policies that reduced special promotions
- Reduced excess alcohol and food consumption at company-sponsored or paid events



# Phase 5: Stress is foundational to virtually all other health problems

## STRATEGIC INITIATIVES

- Be transparent and accessible: everyone is more afraid of the unknown
- Allay fear, especially relative to terrifying external events (e.g. 9/11)
- Drive a growth mindset: focus on optimism and future potential
- Be kind, make everyone feel valued, and reject divisive behaviors
- Focus on employability, not just job security

## What's most important today in a culture of health:

---

### Focus on:

- Work purpose and meaning
- AI & robotics opportunities
- Employability vs. job security

### Elevate “inclusivity”

Kindness maximizes mental health  
Reducing 7x24 interaction culture

### Health plans need to:

- Keep healthy people healthy
- Incent best healthcare
- Find best treatment solutions

### Drive healthy environments through policy

# Thank you.

## Contact Information

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**FOR BUSINESS SUCCESS**

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Health and Wellbeing Award

**Gold Level**

# Key Takeaways

- 1 Invest in employee health — better outcomes drive stronger business results and improve health care for our communities
- 2 Demand Total Cost of Care transparency — our collective purchasing power shifts the conversation beyond unit price
- 3 Show up and shape the agenda — employers who engage with the coalition drive policy that protects their workforce

## Mark your calendars

**23**  
**June 2026**

**Legal  
Updates**

11:00 a.m. - 12:30 pm

**20**  
**August 2026**

**BHCG Annual  
Golf Outing**

11:00 a.m. Shotgun Start