



## **Designing Affordable Health Insurance Products: The Role of Purchasers, Payers, Providers and Policy**

**October 31, 2013**

**The Westin Georgetown, 2350 M Street, NW, Washington, DC**

**8:30 a.m. Breakfast**

**9:00 a.m. Will Private Markets Control Costs More Effectively Under National Health Reform**

Over the past five decades, US health policy makers have debated the reliance on market forces versus regulation to control health spending. This has resulted in “halfway” market forces and halfway regulation that has failed to keep costs under control. America has passed national health reform as health spending approaches 20 percent of GDP and lawmakers call for Medicare and Medicaid cuts to stabilize the federal budget deficit. Is America ready to embrace real market forces or real health care spending regulation?

Presenter: Stuart Altman, Ph.D., Professor of National Health Policy, Brandeis University

**9:30 a.m. Leaders, Followers or on the Sidelines: Large Employer Strategies for Controlling Health Spending in a Post-Reform Marketplace**

Large employers have substantial purchasing clout but their role in controlling health spending has become less visible over the past decade. Self-insured large employers are exempt from state health insurance regulation and most are likely to continue providing benefits independent of new state health insurance exchanges. Yet a key issue is whether large employers will use their economic clout to accelerate and shape changes that health reform is now creating in local health insurance markets including the establishment of new health insurance products (including narrow networks), new consumer financial incentive models and new provider payment models.

Moderator: Robert Galvin, M.D., Chief Executive Officer, Equity Healthcare, The Blackstone Group  
Panelists: Matthew W. Schuyler, Chief Human Resources Officer, Hilton Worldwide  
Brian Marcotte, Vice President of Compensation and Benefits, Honeywell International

**10:45 a.m. Break**

**11:15 a.m. Product and Network Innovation: From Exchanges to Large Group Markets**

New health insurance exchanges are intended to provide consumers with good comparative information on price differences, benefits, and health plan features. This transparency will likely incent consumers – particularly those spending their own money – more affordable options. Given essential benefits limitations, health plans are adopting new approaches to control spending including tiered and narrow network products, payment reform, reference pricing. This session will examine the outlook for different product and network strategies – not only in exchanges but also in small and large group segments.

Moderator: Robert Mechanic, Senior Fellow, Brandeis University

Panelists: Alan Muney, M.D., Chief Medical Officer, Cigna  
Patrick Courneya, M.D., Health Plan Medical Director, HealthPartners  
Richard Weisblatt, Ph.D., Senior VP, Provider Network and Product Development,  
Harvard-Pilgrim Healthcare

**12:30 p.m. Lunch**

**12:45 p.m. Facilitators and Inhibitors of Local Health Care Market Evolution**

The pace of insurance market and health care delivery system change varies widely across the country. This session will examine markets that have evolved rapidly and discuss factors that are likely to influence the rate of health system change (e.g., provider market concentration or competition, insurer market concentration or competition, state health policy, characteristics of local purchasers, attributes of market leading organizations). It will also examine prospects for future market evolution and under what conditions evolution may result in higher versus lower health care spending?

Moderator: Stuart Altman, Ph.D., Professor of National Health Policy, Brandeis University

Speaker: Paul Ginsburg Ph.D., President, Center for Studying Health System Change

**2:00 p.m. Meeting adjourns**