

# How utilizing data can impact health costs, improve employee health

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WASHINGTON — Forget tweaking healthcare plans. Analyzing data might be the key for how employers can really start to save money on healthcare.

Companies need to look beyond just the financial numbers, experts say. Instead, look at the bigger picture, from health risk and claims data to how new treatments and therapies can impact employee productivity and presenteeism, as a way to improve customer service and save on health costs.

"What more companies are realizing is investing in employee health can translate to shareholder value," Wayne Burton, former chief medical officer at American Express said. "[For] companies that invest in employee health, stock prices go up."

Getting senior management on board is crucial. But CEOs and CFOs don't have the luxury of waiting on a clinical trial to come to conclusion and implement change.



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"Some of our research looked at the health of our employees and how it translated to customer service," he said. "There's no surprise: If you're healthier, you're able to deliver better customer service. Senior leaders get that."

The data that drug companies and device makers gather from trials on treatment efficacy provides the basic clinical evidence, but there also is a host of data from other sources that helps indicate what is happening to an employer's population, he said, speaking at the Integrated Benefits Institute/Patient-Centered Outcomes Research Institute regional forum Tuesday.

From health risk assessments to claims data, employers can get a robust amount of information when crafting health programs.

"Focusing on improved health is how to bring costs down, rather than manipulating the health plan," said Brian Davey, director of health and safety at the World Bank.

Cookie cutter health plans won't be what works, but instead, a developed plan based on the needs of your employee group.

The key is looking beyond the silo of clinical effectiveness, added Burton, to how different treatment options impact employee health and productivity.

Burton noted that there are two key questions being asked when using evidence-based data: What is the effectiveness, and what is the cost offset?

"The [treatment] cost might be high, but the price of in-patients [to the ER] dramatically dropped," he said. That's the importance of translating comparative effectiveness research.

Rheumatoid arthritis is one example, Burton said. Even though employees who suffer from the autoimmune disease might be utilizing expensive biologic drugs, these employees also are still on the job, remaining productive and not moving toward long-term disability. Over time, by avoiding lost productivity and the cost of disability insurance, the cost-benefit of the biologics will be seen.

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