Our current approach to healthcare benefits is disjointed, leading to reduced productivity, inefficiency, and poor utilization among employees while increasing healthcare costs and hurting outcomes. When an issue arises, employees are often confused about whom to call or where to go for help, leading to frustration. Dealing with the healthcare system can mean spending hours on the phone during the work day, reducing productivity and costing employers time and money. Employees often have multiple, overlapping benefit vendors, each with a different phone number. Further, it's not uncommon for employers to pay redundant administrative costs.

Healthcare is complex and confusing for many people. At the same time, as consumer-driven healthcare continues to grow, employees are taking on more responsibility for their health. Only 14% of consumers with health insurance could identify key concepts related to their plan, according to a 2013 study from Carnegie Mellon Univ. Fragmentation of benefits is a major contributor to this confusion.

By simplifying access, employees can maximize their use of benefits, which can increase productivity. Integrating healthcare with other employee benefits can address the growing demand for convenient and effective services while improving communications and efficiency. An integrated model allows employees to use benefits more efficiently, which improves health outcomes and lowers costs for themselves and their employers.

An increasing number of employers are using health advocacy as a fully-paid employee benefit to help address the issue of fragmentation. Plan sponsors get a flexible array of services to help the employer and their employees navigate the healthcare and insurance systems. These programs often assign a personal health advocate to assist each enrolled member. The health advocate is usually a person experienced in benefits and coverage or a registered nurse backed up by a staff of physicians. A customized portfolio of advocacy and related support services can be created for each employer's workforce to provide employees with access to an array of valuable services that connect and simplify benefits.

Integrating employee benefits can make the process more seamless for the employee, and ensure that they use their benefits more effectively, saving time and money for the employer. For example, regular screenings with a healthcare provider, good nutrition and exercise, and appropriate medical treatment are critical to effective care for an employee with a chronic condition like high cholesterol. However, many people do not cover all the bases to care for their chronic conditions on their own. Integrating benefits enables employers to identify at-risk employees and provide interventions, such as personalized reminders, access to coaching, periodic health screenings, and other strategies to address gaps in care and engage people in their healthcare.

In addition to improving outcomes, employees are more productive when they aren't spending hours on the phone addressing personal problems. A Prudential survey reveals that 49% of employers say that improving productivity is a key benefit objective. Fifty-two percent of employers with an integrated benefit program say that it has saved money and increased productivity.

Brokers can help clients implement an integrated benefit strategy and drive employee engagement in their health and benefits. Leveraging data is the first step toward an integrated strategy. Brokers who work with benefit providers to design a package that connects key components on the back-end while creating a seamless experience for employers and employees on the front-end, can make a significant impact on satisfaction, costs, outcomes, and engagement.
Employers can use data to identify and support at-risk employees and create an integrated benefit design. A one-size-fits-all approach does not work for everyone. Each workforce has unique needs. Analyzing utilization, claims, and other data to determine the best approach for employees will help ensure improved engagement.

Data can also be used to measure the effect of integration. Taking a holistic view of an employer’s health and benefit utilization is more effective than trying to analyze multiple reports from different benefit programs.

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