

What employers want from health insurers in 2010:

Better information, more value



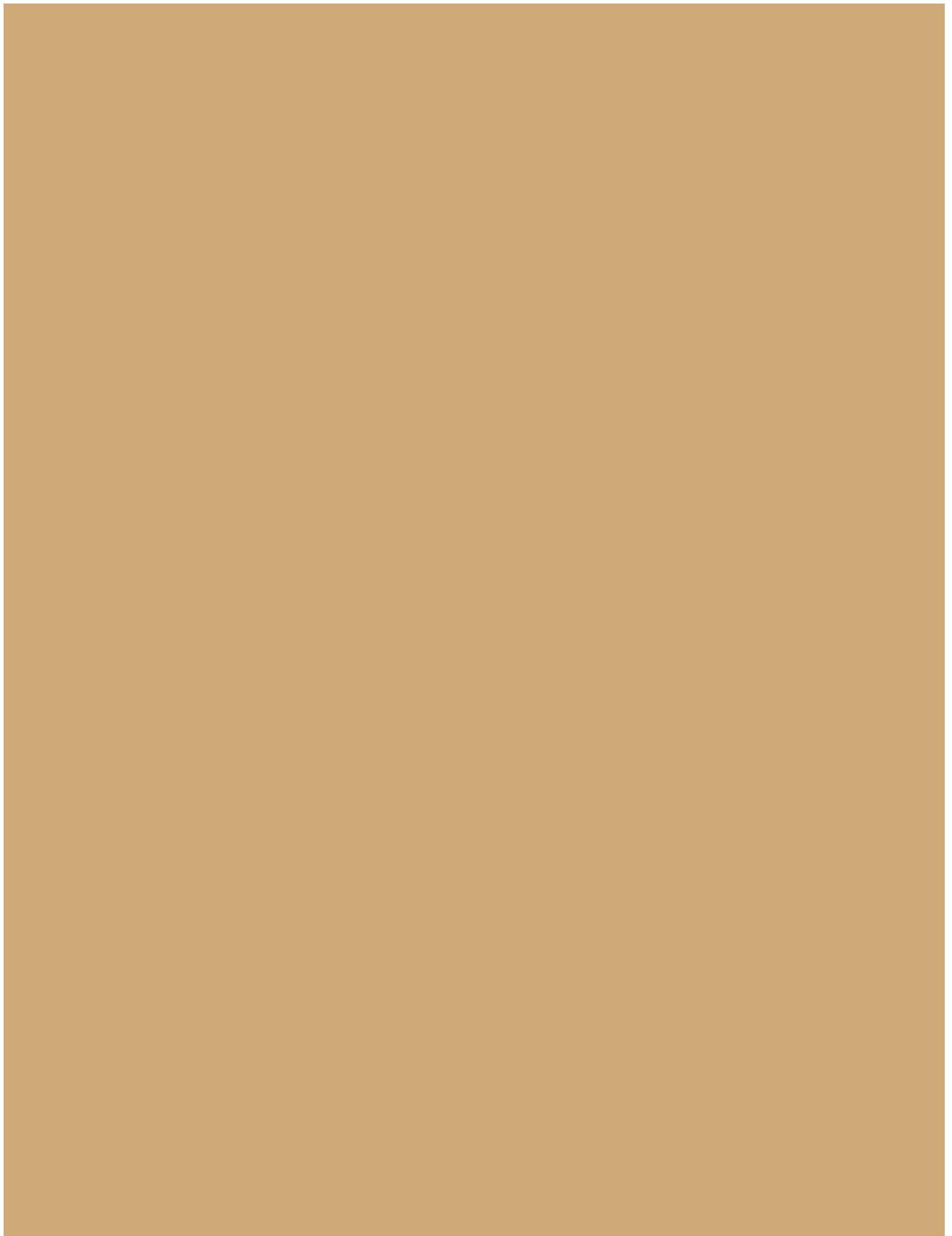


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The heart of the matter

Employers' satisfaction with their health insurers eroded during the past year. But health insurers can respond by providing more value through better information.

Employers' satisfaction with their health insurers eroded during the past year. Hit by a major recession and thrust into the teeth of a national debate on health reform, employers are taking a critical look at their health benefits strategy and the value they derive from it. One-third of employers surveyed rated health reform as a top concern, along with energy and climate change. For the overwhelming majority of large employers, health benefits remain an important link to their workers. For small employers, the connection is weaker as more drop insurance coverage. In 2008, research by PricewaterhouseCoopers (PwC) discovered one of the major reasons small employers were dropping health insurance coverage: They were less satisfied with health insurers on a range of service issues. In that edition of *What employers want from health insurers*, PwC looked at how employers viewed health plans in 12 key service areas across four main categories: financial, customer service and claims administration, use of technology, and population health management.

What employers want from health insurers in 2010 looks at the same issues and finds that employers are looking for better information and more value from their health insurers.

An in-depth discussion

A survey of large and small employers show they value technology and wellness but want better ways to engage their employees and manage costs.

Key findings

- Satisfaction by large employers decreased by an average of five percentage points, from 64% in 2008 to 59% in 2009, while satisfaction among small employers held steady.
- Overall, small companies continue to be less satisfied with insurers than large companies. Among small companies, the smaller the company, the less satisfied it is with insurer services. Small employers are less satisfied than large employers by an average of seven percentage points.
- Employers continue to want more meaningful and higher-quality data to help them control costs and keep their employees healthy. Employers would like insurers to take an active role in waste reduction and are looking for consistency and transparency in their health benefit plans.
- Interest in personal technology tools is surging. Nearly half of all employers now say it is important for insurers to offer them; however, less than half are satisfied. Satisfaction with personal health records and online comparison tools has dropped 10 percentage points for large employers.
- With participation hovering around 50% for the past two years, employers need to look beyond the same financial incentives to engage employees in completing health risk assessments and biometric screening. Biometric screening participation decreased in all the incentive categories except the \$500 premium reduction and no-incentives categories. Completion of health risk assessments (HRA) jumped eight percentage points in the no-incentives category, but dropped slightly in overall participation.
- Despite or possibly because of the recession, 60% of employers said they would increase cost-sharing for healthcare with their employees. Of the employers surveyed, it was the most prevalent cost-control strategy.

Key recommendations for insurers

Look beyond the provider discount strategy.

Employers want their insurers to address waste in the system, and the singular focus on provider discounts doesn't do that.

Evolve the consultative relationship with the employer.

Employers say they want to partner with insurers that can improve the health of their workforce. Insurers need to become an advocate for employers and their health strategies.

Refresh engagement techniques and re-look at how incentives are being used.

Some employers are moving from rewarding HRA completion to rewarding healthy action. Activities that require more effort, such as prevention screenings or chronic disease management, may need new engagement methods such as instant and constant feedback and relatable stories in order to "move" people.

Assist in the coordination of care.

Employers are starting to see that collaboration improves the quality of care to their employees while saving money. Health insurers are well-positioned to facilitate more effective information exchange among health industry organizations and the patient.

Increase consistency and transparency.

Employers want a comprehensive view of the health of their workforce. Insurers can provide clear and actionable information that shows employers how to improve health and increase participation in wellness.

Help employers know their employees.

Insurers can use their member data to build workforce profiles that enable employers to create targeted outreach and engagement campaigns. With the proper privacy protocols, each touchpoint of communication is an opportunity to learn more about the employee and find intervention points for better outcomes.

Use technology to provide useful information to support the employer's strategy.

Health insurers that are strongest in data collection can help their employer customers turn that data into useful information. Insurers have not yet achieved customer targeting that enables people to successfully take accountability for their health. They have an opportunity to stay one step ahead of their customers.

Educate the employee and the employer.

Insurers can help employers simplify health plans and benefits, engage their workers in real behavior change, and translate benefit information into action.

About this research

PricewaterhouseCoopers' Health Research Institute (HRI) provided research-based insight by evaluating results of surveys conducted by the firm's Barometer team that included executives at approximately 100 large US-based multinational companies (Management Barometer survey) and 130 privately held small companies (Trendsetter survey). Large companies had an average of 11,000 employees and revenues of about \$4 billion, and small employers had a workforce of less than 200 employees and average revenues of \$24.3 million. Results of the survey are categorized into four main categories that include 12 insurer services (see Figure 1). In addition, PwC surveyed more than 650 human resources executives as part of its annual Health and Well-Being Touchstone Survey, which provides detailed benefits information and future healthcare strategies from US companies in 30 industries.

HRI's research also included in-depth interviews with thought leaders and executives of employers, insurers, and other businesses. Additionally, HRI conducted a literature review of reports and guidance from associations, regulators, and academia to gather insights on current challenges and leading practices.

Figure 1: Insurer services across four major categories

Financial

- Administrative fees
- Performance guarantees
- Provider discounts

Customer service and claims administration

- Claims accuracy/timeliness
- Online payments/eligibility

Use of technology

- Personal health records
- Online comparison tools
- Debit card interfaces

Population health management

- Disease management
- Wellness programs
- Reporting capabilities
- Health risk profiles

Large employers' satisfaction erodes

Large employers surveyed in 2008 were generally more satisfied with insurer services than small employers. Looking at the overall average in 2009, large employers became less satisfied and small employers generally held their ground, halving the gap to an average of seven percentage points. The distance between large and small employers nearly disappeared on all services except provider discounts, wellness programs, and disease management.

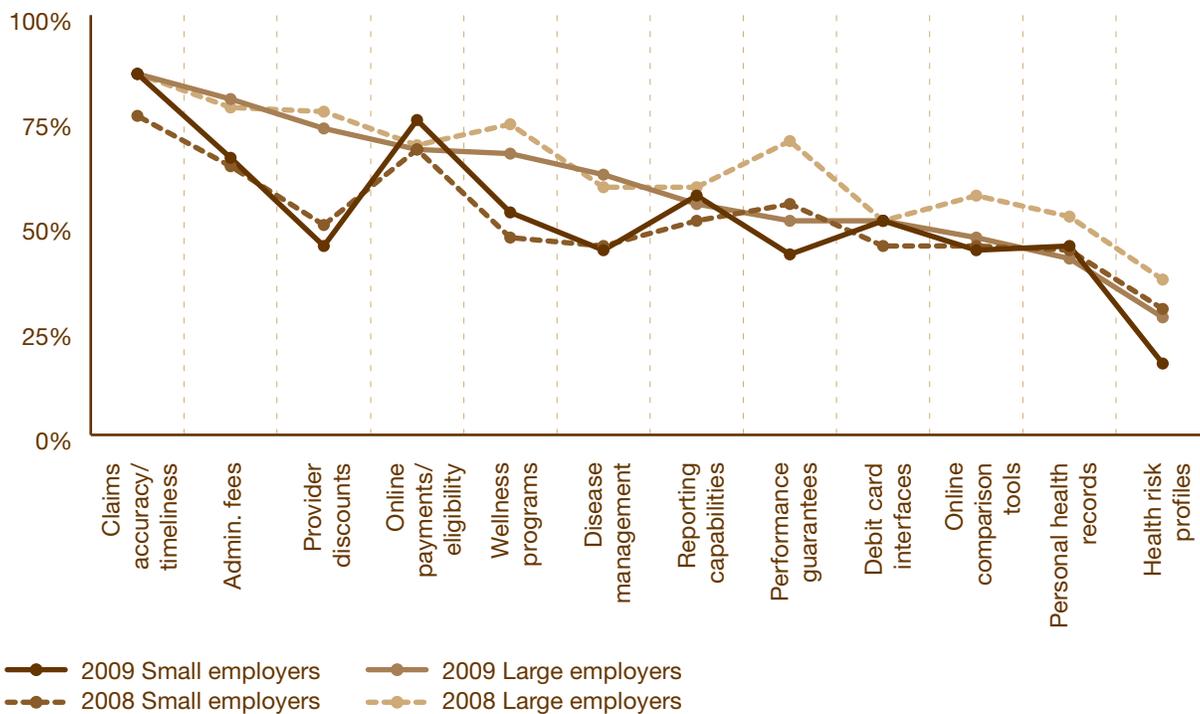
Overall satisfaction dropped from 64% to 59% for large employers. Only two of the 12 service areas experienced an increase in satisfaction, according to the survey (see Figure 2). In comparison, satisfaction increased in seven of the 12 service categories for small employers. Helen Darling, president of the National Business Group on Health, explained that large employers are increasingly frustrated:

“While large employers recognize that health plans provide a number of important services, they want more value for what they are paying for. Large employers want much more investment in taking waste and cost out of the system, not just bending the curve and controlling trend.”

The smaller companies are catching up to the larger companies on placing importance on all insurer services, on average. The gap this year is 10 percentage points compared with 17 percentage points last year. Claims accuracy/timeliness, performance guarantees, and personal health records are viewed similarly in importance between small and large employers.

Administrative fees are the only financial service offering to increase in satisfaction, with a two percentage point increase for both small employers (to 66%) and large employers (to 80%) (see Figure 3). Administrative fees also ranked high in importance among all employers. For small employers, the importance of these fees

Figure 2: Percent of companies that rank services as extremely satisfied or satisfied



Source: 2008 and 2009 Trendsetter and Management Barometer Surveys

increased to 60%, putting them in line with provider discounts. Large employers, which ranked provider discounts as the most important in 2008, report administrative fees as the most important financial service offering in 2009 at 78% (see Figure 4).

Performance guarantees continue to be rated the least important financial service offering among large employers,

dropping almost 20 percentage points in importance and satisfaction from 2008 to 2009. This could indicate that employers are not getting clear value from existing performance guarantees. Employers will need to gain better information on their employee population to determine how to structure performance guarantees to meet their expectations for health and financial outcomes.

Figure 3: Percentage point change of companies ranking financial services as extremely satisfied/satisfied (2008 to 2009)

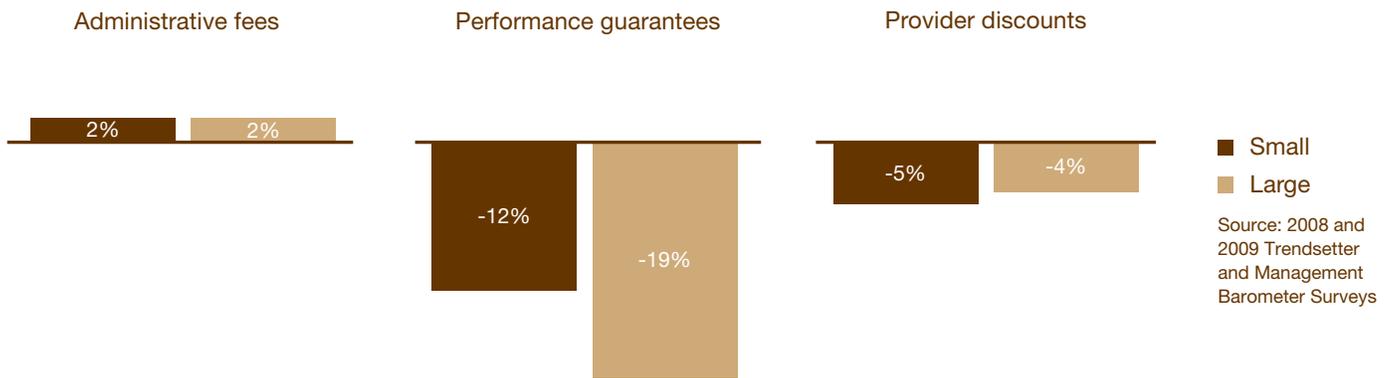


Figure 4: Companies ranking financial services as critical or important; extremely satisfied or satisfied

Critical or important	Large Employers			Small Employers		
	2009	2008	% Point Change	2009	2008	% Point Change
Administrative fees	78%	77%	1%	60%	54%	6%
Performance guarantees	46%	64%	-18%	45%	43%	2%
Provider discounts	74%	82%	-8%	60%	71%	-11%

Extremely satisfied or satisfied	Large Employers			Small Employers		
	2009	2008	% Point Change	2009	2008	% Point Change
Administrative fees	80%	78%	2%	66%	64%	2%
Performance guarantees	51%	70%	-19%	43%	55%	-12%
Provider discounts	73%	77%	-4%	45%	50%	-5%

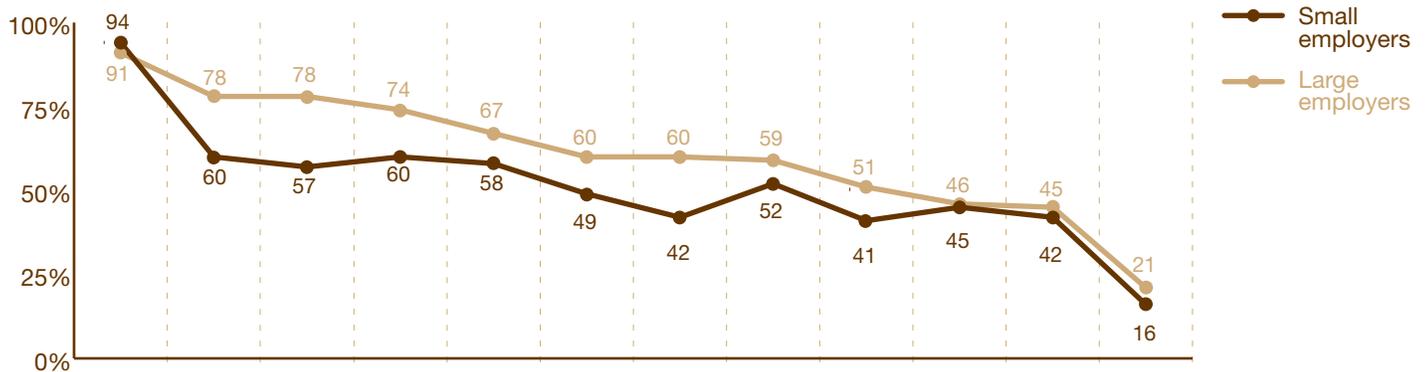
Source: 2008 and 2009 Trendsetter and Management Barometer Surveys

Claims administration continues to be ranked as the most important service insurers provide, with an average of 93% of both small and large employers ranking the service as critical or important. Administrative fees and wellness programs followed for large employers, while provider discounts came in second for small employers (see Figure 5). With the exception of provider discounts and online comparison tools, the number of small employers ranking insurer services

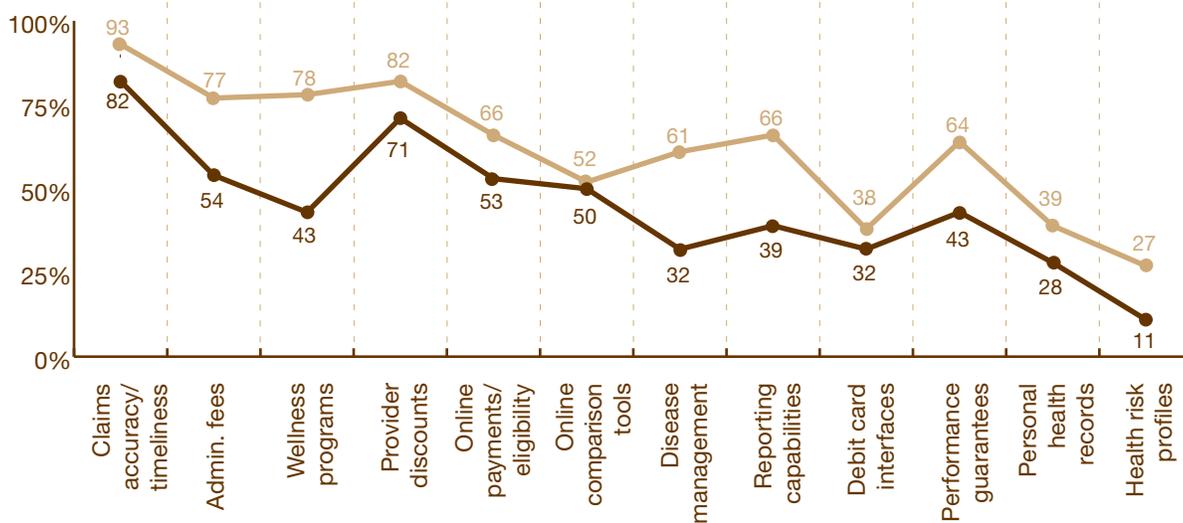
as important increased in every service category, with personal health records and wellness programs experiencing the largest increase of 14 percentage points. Most services are now being viewed with similar or equal importance between small and large employer groups. Wellness programs continue to show the greatest difference, with nearly 80% of large employers indicating the service is important, compared with 57% of small employers.

Figure 5: Percent of companies that rank insurer services as critical or important in 2008 and 2009

2009 Survey Results



2008 Survey Results



Source: 2008 and 2009 Trendsetter and Management Barometer Surveys

Small employers are still less satisfied with insurer services

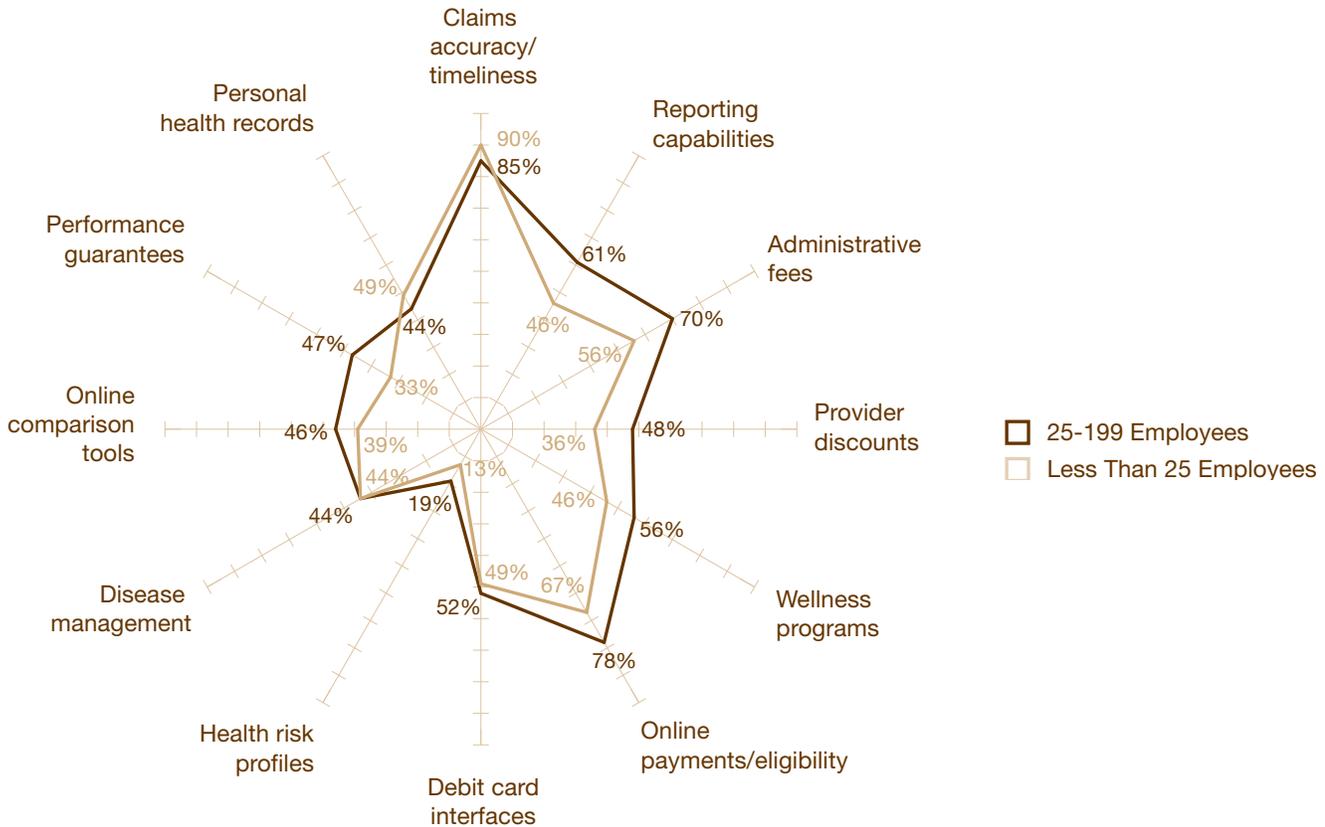
Small employers continue to be less satisfied with insurers than large employers. Their satisfaction overall was about seven percentage points lower than that of large employers. Less than half of small employers surveyed said they were satisfied with insurers' services on health risk profiles, performance guarantees, provider discounts, personal health records, disease management, and online comparison tools.

As in 2008, satisfaction dropped with employer size (see Figure 6). The biggest increases in satisfaction for employers with less than 25 employees were in claims accuracy and timeliness, which increased

from 77% to 90%, and in personal health records, which increased from 32% to 49%. For employers with 25 to 199 employees, there was an improvement in claims accuracy and timeliness, with an increase of eight percentage points from last year. Jeffrey Hogan, Northeast regional manager for the broker Rogers Benefit Group, suggested "Employers are seeking more transparency and consistency in plan design. This is particularly true with middle-market employers that seem increasingly inclined and motivated to create behavior change."

Population health is gaining momentum. Small employers are catching up to large employers in their emphasis on health management programs. Forty-two percent

Figure 6: Percent of small employers extremely satisfied/satisfied with insurer services



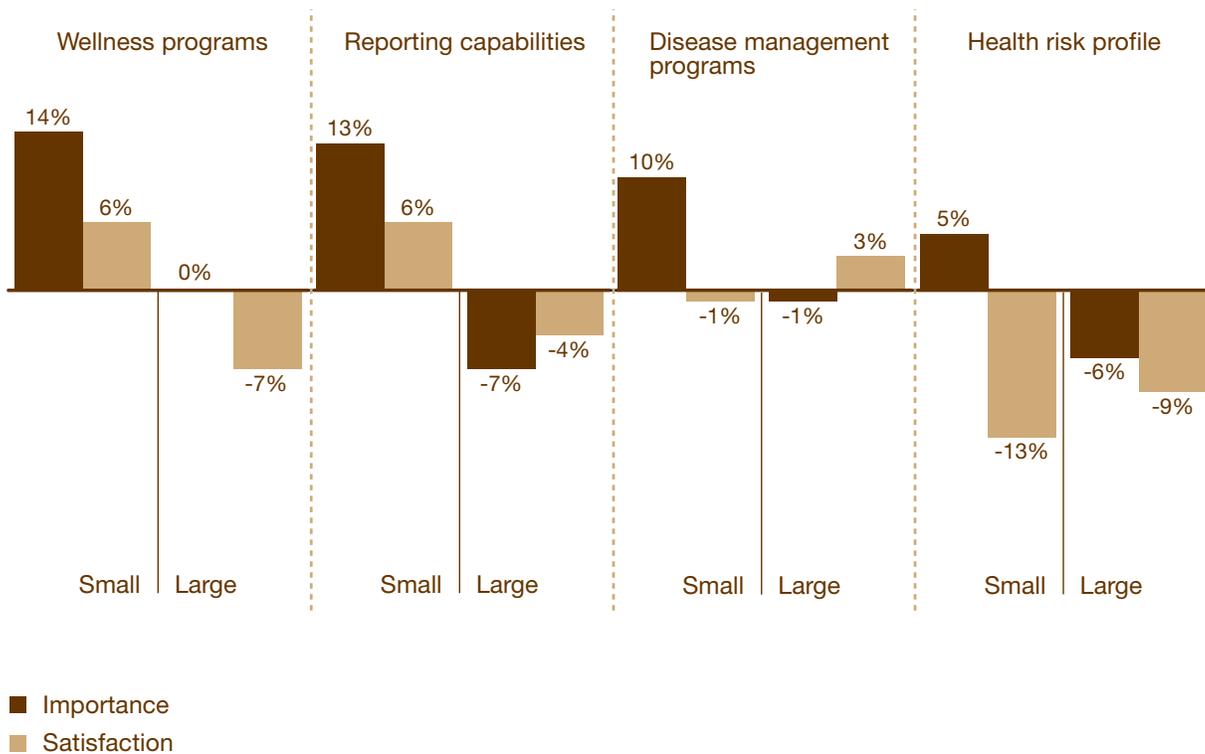
Source: 2009 Trendsetter and Management Barometer Survey

of small employers ranked these programs as important compared with 55% of large employers. Wellness programs had the most notable change within the population health management category, with a 14 percentage point increase from 2008 in the number of companies ranking wellness programs as critical or important and 13 percentage points for reporting capabilities (see Figure 7). The increasing emphasis on these services will likely persist as the health industry continues to shift its focus from acute care models to more wellness and prevention. Pitney Bowes' Gold noted, "Insurers are in an excellent position to be involved in care and case management, and to do it well. If they aren't involved in

the process, the employer may have to bring in a third party, which could cause a delay in receiving information."

Looking at data from a variety of angles to understand behavior economics will help employers better understand the factors that drive choice. "We recognize that the decision maker in the family may not be the employee, so getting information to the husband, for example, may not be as effective as getting information to his spouse, who may be the 'CEO of the home,'" Gold added. "If employers understood that, they could begin communicating with that 'CEO of the home.'"

Figure 7: Percentage point change of companies ranking health management services as critical/important and extremely satisfied/satisfied (2008 to 2009)



Source: 2008 and 2009 Trendsetter and Management Barometer Surveys

Online consumer tools and health records are catching employers' attention

Nearly half (48%) of employers in 2009 said technology tools were important, up from 40% in 2008. Personal health records had the most significant increase among small employers rating the service as important compared with debit card interfaces, which experienced the most significant increase among large employers. Despite an increase in importance, there was a 10 percentage point decline in large employer satisfaction with personal health records and consumer online tools (see Figure 8). “Insurers can help employers with technology solutions

by providing tools that give cost and quality information to their members—tools that help members live healthier lives and promote wellness. By sharing information with both the member and their doctor, we create a smarter patient and a more informed physician,” said Tammy Tucker, vice president of California Large Account Management for WellPoint. Andrew Gold, executive director of global benefits planning, Pitney Bowes, agreed that insurers can play a bigger role in technology: “Health plans, regularly focused in data collection, have an opportunity to gather more valuable information [other than claims] for personal health records.”

Figure 8: Employers' ranking of satisfaction and importance with insurers' use of technology

Critical or important	Large Employers			Small Employers		
	2009	2008	% Point Change	2009	2008	% Point Change
Offering personal health records	45%	39%	6%	42%	28%	14%
Consumer online tools	60%	52%	8%	49%	50%	-1%
Debit card interfaces at point of sale	51%	38%	13%	41%	32%	9%

Extremely satisfied or satisfied	Large Employers			Small Employers		
	2009	2008	% Point Change	2009	2008	% Point Change
Offering personal health records	42%	52%	-10%	45%	44%	1%
Consumer online tools	47%	57%	-10%	44%	45%	-1%
Debit card interfaces at point of sale	51%	51%	0%	51%	45%	6%

Source: 2008 and 2009 Trendsetter and Management Barometer Surveys

Are financial incentives losing their luster?

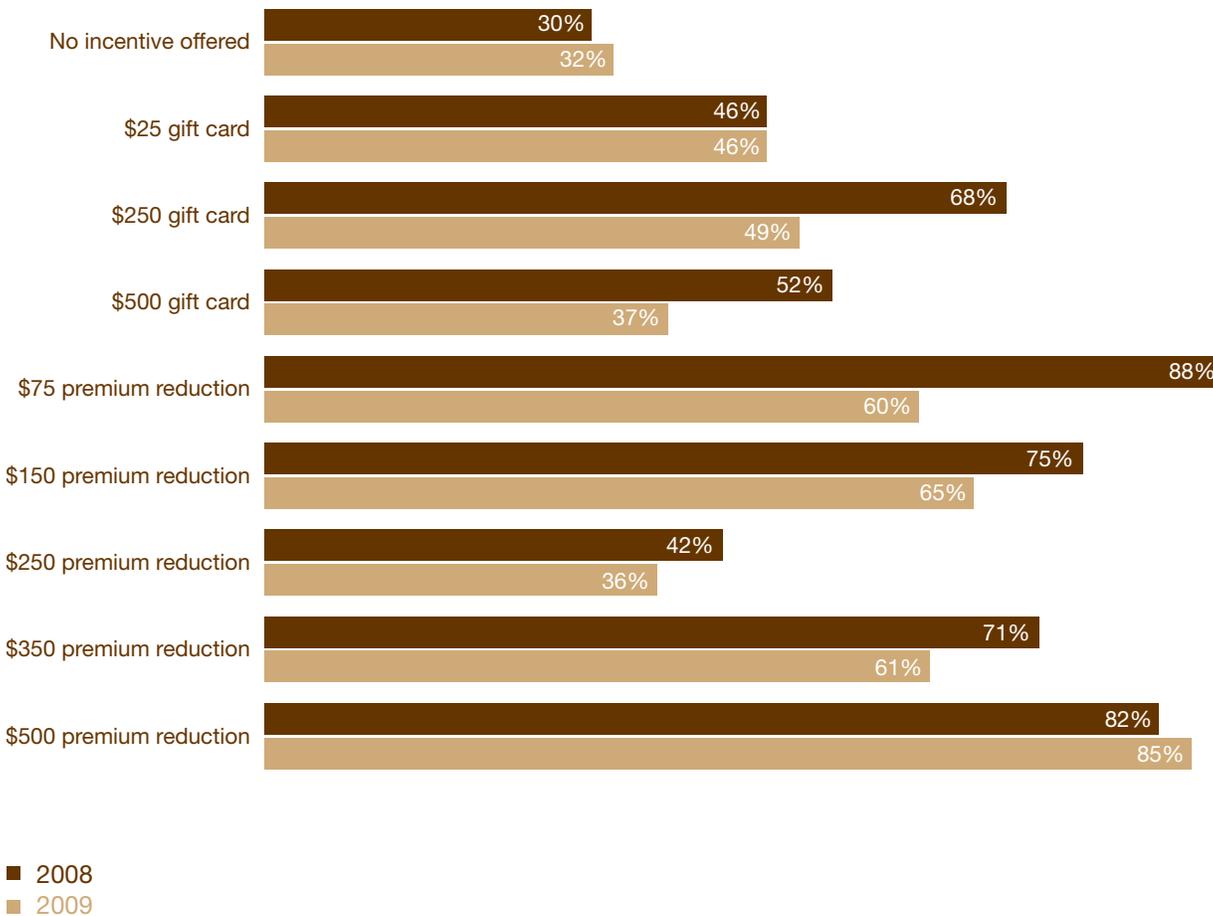
Wellness and disease management programs are popular among employers, but employers remain frustrated with the level of employee engagement. The number of companies offering wellness programs to individuals increased from 69% in 2008 to 71% in 2009, and for disease management programs from 62% to 67%, according to PwC's Health and Well-Being Touchstone Survey.

In 2008, employers said incentives such as cash, gift cards, or annual premium savings significantly increased participation in wellness programs. However, those incentives may be wearing off. In 2009,

an average of 55% of employees participated in biometric screening (blood pressure, body mass index, cholesterol) compared with 59% in 2008. Participation increased two percentage points from 30% to 32% when no incentives were offered. Gift cards generally stalled or decreased participation. For example, 68% of employees participated in biometric screening when offered a \$250 gift card in 2008 compared with 49% in 2009 (see Figure 9). Premium reductions had similar drops. The \$500 premium reduction was the exception, with a three percentage point increase in participation from 82% to 85%.

More employees completed health risk questionnaires with no incentive—30% in 2009 compared with 22% in 2008.

Figure 9: Percent of employees who participate in biometric screening by type of incentive



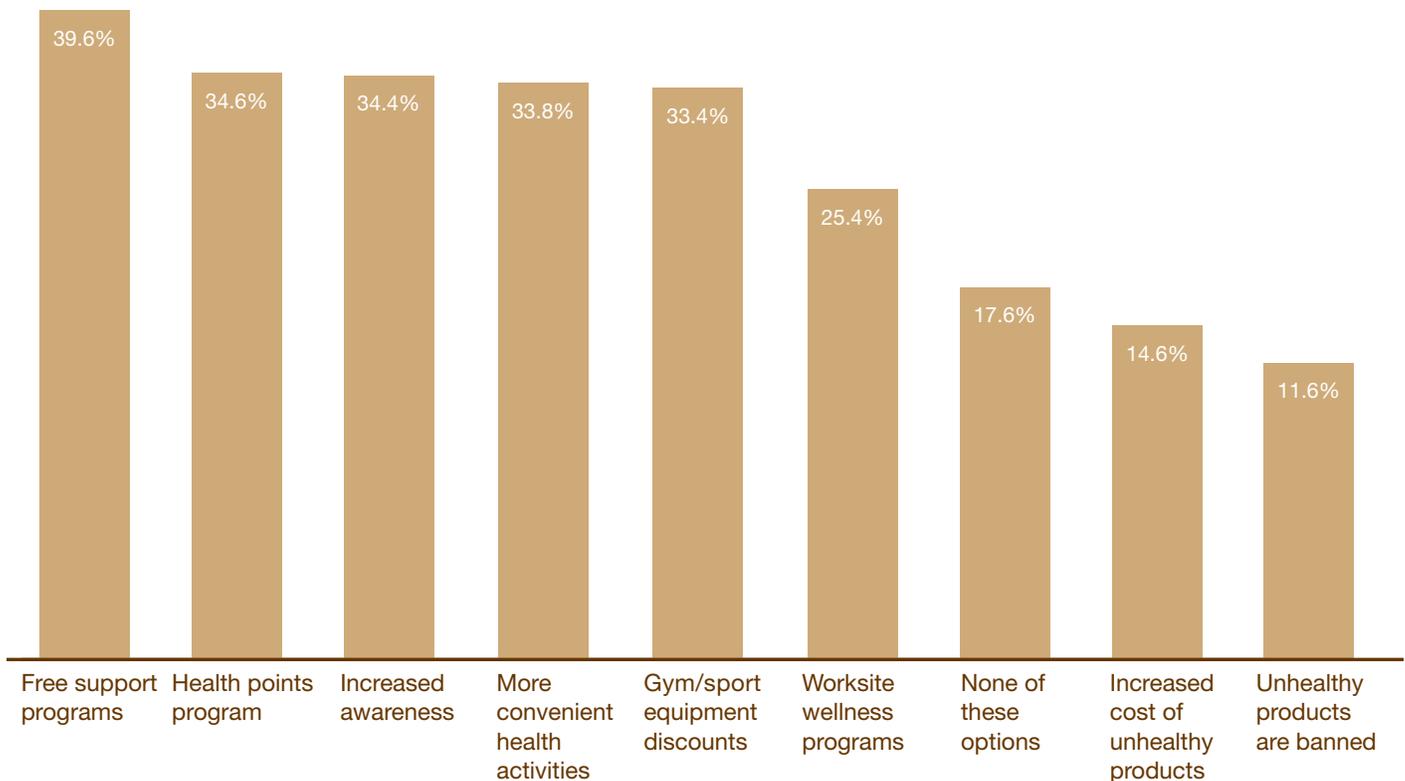
Source: 2008 and 2009 PwC Touchstone Surveys

While it is too early to determine a long-term pattern to incentives, employers and insurers may want to rethink strategies for engaging consumers. “Employers will not likely drop wellness programs going forward,” said Phil Litos, president and COO, The Bostonian Group. “The question is whether or not they are going to expand them and take them to the next level, which includes incorporating real incentives for securing preventative care and complying with prescribed therapies.”

When asked what would motivate them to change their health behavior, one-fourth of US consumers surveyed by PwC said workplace wellness programs. While other motivators ranked higher with consumers, consumers likely need support from a number of sources (see Figure 10).

“People are looking for someone they can relate to and identify with,” said Brent Pawlecki, MD, corporate medical director, Pitney Bowes, who stressed the importance of outreach with success stories. “If you communicate it the right way, and the incentive is built correctly, you can move people.” For example, Pitney Bowes offers employees looking for sustainable weight loss the opportunity to use short-term leave for a four-week residential program. When they return, they are supported by biweekly calls to maintain healthier new habits. Stories of fellow employees encourage others to engage in their health, as evidenced by employees encouraging each other to choose healthier food in the cafeteria or walking the stairs together.

Figure 10: What would motivate you to lead a healthier life?



Source: PricewaterhouseCoopers' Health Research Institute 2009 Global Consumer Survey, US data

Tapping into the well of worksite clinics

The number of employers providing on-site health clinics increased tenfold from 1% in 2008 to 10% in 2009. For years, some large employers have hired or contracted for on-site primary care to reduce absenteeism and increase productivity. However, new reasons are prompting employers to start these clinics, which now number approximately 2,000. This presents an untapped opportunity for insurers to provide value to employers.

- In many areas, shortages of primary care create access problems for workers. Pitney Bowes has instituted creative measures such as bringing healthcare on site and removing financial barriers in its on-site pharmacy model. These efforts have decreased emergency visits and increased medication compliance, which have resulted in reduced costs for the company. “The nurses and nurse practitioners at the worksite clinics help the employee fight the fight to get in with primary care doctors and specialists—it feels like a concierge service,” said Brent Pawlecki, MD, corporate medical director, Pitney Bowes. “In an increasingly complex health system, patients are looking for navigators.”
- Rising obesity is driving up employer health costs, and clinics can offer nutrition counseling. Jim Greenwood, chief executive officer, Concentra Inc., agrees: “As an employer who has a worksite clinic, you don’t necessarily need to treat your people; you can educate and coach your people. You can do that with staff that has a strong background in education and nutrition.”
- New studies show that influencers can have an effect on patient adherence. According to a study published in the American Journal of Managed Care, patient adherence to medication is nearly 10% higher in patients who use worksite clinics rather than community clinics. The increased adherence can lead to a healthier workforce—and at a lower cost.¹

Models of care

The characteristics of a worksite clinic vary, depending on workforce size, work locations, level of investment and services desired. Most worksite clinics fall into one of the following models:

Contracted Provider Model	Self-Managed Model	Third-Party Vendor Model	Shared Resource Model
Employer manages the clinic, but contracts with medical group or health system for staffing. This may also help reduce an employer's liability exposure.	Employer owns the clinic and hires the staff to provide medical services. Employers typically own the clinic through a subsidiary to avoid issues with medical liability and privacy of employee information.	Employer contracts with independent company to set up, run, and manage clinic. Vendors are responsible for hiring or providing clinical staff, ensuring compliance, obtaining medical liability coverage, and managing day-to-day operations.	Two or more employers share clinic resources at one company's location, or at an off-site clinic located near the workplace. Some third-party companies provide a shared resource model allowing employers to purchase units of an operating clinic, inclusive of equipment and staffing. ²

Sources: Jim Greenwood, Concentra; and Hewitt and Associates, 2008³

All worksite clinic models can benefit from the insurer's involvement, whether it is collecting data for tracking and predictive modeling or taking advantage of member touchpoints for education outreach and intervention.

Insurers can benefit from worksite clinic data

Care offered in these worksite clinics can be valuable to insurers because it opens up another avenue to build a more complete picture of an employee population. It can also inform insurers of more cost-effective practices and help them understand employee motivations related to health. The insurer can play a significant role in connecting the doctors, nurses, pharmacists, and employees through sharing of knowledge and data.

¹ "Impact of Workplace Health Services on Adherence to Chronic Medications," Bruce W. Sherman, MD, Sharon Glave Frazee, PhD, Raymond J. Fabius, MD, CPE, Rochelle A. Broome, MD, James R. Manfred, RPh, and Jeffery C. Davis, MBA, American Journal of Managed Care, Vol. 15 No. 07, July 2009.

² MediWel, MediWel Clinic Model, www.mediwel.com.

³ "Trends in HR and Employee Benefits: Employers Implement On-Site Health Clinics to Manage Costs," Hewitt, August 2008.

What this means for your business

Health insurers have new opportunities to look beyond current financial incentives and get more aggressive about quality, costs and waste.

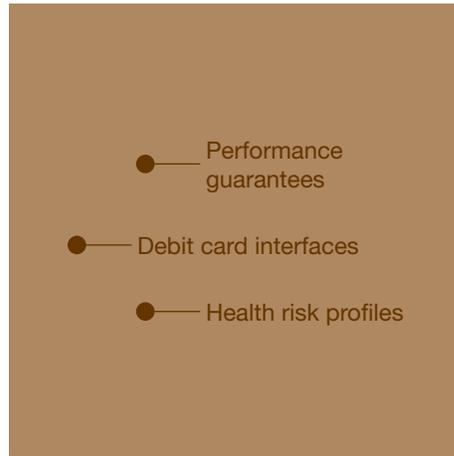
Recommendations for insurers

“Insurers have an opportunity to deliver more value to themselves as well as their large employer customers if they get more aggressive about quality, reducing costs, and eliminating waste,” said National Business Group on Health’s Darling. Based on HRI’s research, the 12 key service offerings were placed on a product management matrix to indicate where health insurers might focus their energies (see Figure 11).

Figure 11: Product management matrix

Demonstrate value

Programs/services that can be evaluated to determine clear, relevant outcomes to elevate importance and satisfaction.



Opportunity zone

Programs/services employers place high importance on that have room for increased satisfaction.



Maintain and monitor

Programs/services that require strong maintenance and consistent monitoring to maintain employer satisfaction.

Nearly 70% of employers viewed administrative fees as critical/important, but about one-fourth remain unsatisfied.

Look beyond the provider discount strategy. Employers want their insurers to address waste in the system, and the singular focus on provider discounts doesn't do that. Insurers can help employers by demonstrating their knowledge of opportunities in the care delivery process. They need to educate employers that discounting isn't the best way to "bend the curve" on spending.

More than half of employers surveyed view reporting capabilities and online tools for price and quality information as important, but only half are satisfied.

Evolve the consultative relationship with the employer. Employers say they want to partner with insurers that can improve the health of their workforce. Insurers will find that developing the consultative relationship with employers through relevant information management will offer more than just a benefit to the employer. Providing plans that work consistently year over year can result in brand loyalty and long-term business benefits for insurers. Insurers have an opportunity to become an advocate for employers and their health strategies.

Participation in wellness assessments is hovering around 50%.

Refresh engagement techniques and re-look at how incentives are being used. Some employers are moving from rewarding HRA completion to rewarding healthy action. More workers are completing HRAs without financial incentives. However, activities that require more effort, such as prevention screenings or chronic disease management, may need new engagement methods. Possibilities include instant and constant feedback and relatable stories of co-workers overcoming similar health challenges.

More employers view wellness and disease management as critical/important to their business: an average of 68% for wellness and 51% for disease management compared with 61% and 47% last year.

Assist in the coordination of care. Employers are starting to see that collaboration improves the quality of care to their employees while saving money. Health insurers are well-positioned to facilitate more effective information exchange among health industry organizations and patients.

Less than 25% of employers are satisfied with insurers' ability to prepare risk profiles for certain populations. Nearly 60% view reporting capabilities as critical/important, yet a quarter of employers say insurers don't offer reporting capabilities.

Increase consistency and transparency. Employers want a comprehensive view of the health of their workforce. Insurers have an opportunity to provide clear and actionable information that shows the employer how to improve health and increase participation in wellness.

Help employers know their employees. Insurers can use their member data to build workforce profiles that enable employers to create targeted outreach and engagement. Each touchpoint of communication, such as a call to customer service on a claim inquiry, is an opportunity to learn more about the employee and intervene for better outcomes. With the proper privacy considerations, this information can be used to help employers create health management stories. In this way, employers could relate to more people with better tools and education that fit the lifestyle and decision-making process of different populations. Additionally, insurers could get better-quality outcomes more efficiently by finding intervention points early on.

The importance of technology-related services increased by an average of 8 percentage points, with personal health records having the largest increase for small employers and debit card interfaces having the largest increase for large employers (14 and 13 percentage points, respectively).

Use technology to provide useful information to support the employer's strategy. The health insurers that are strongest in data collection are positioned well to analyze data for their employer customers. They can analyze and triage this data for employers to prioritize areas for cost control. Insurers also have an opportunity to segment the member population in a useful way so that they can better reach out to different consumer types who have varying needs. If insurers can stay one step ahead of their employers and help them effectively communicate the benefits of personal health records to their employees, they will be able to increase the amount and quality of data collected and used in population targeting.

Less than 20% of employers surveyed focus on improving long-term health.

Educate the employee and the employer. Insurers can do more to help employers create strategic incentives that result in behavior change. The employer can, in turn, educate its employees on how to translate benefit information into action.

About PricewaterhouseCoopers

PricewaterhouseCoopers (www.pwc.com) provides industry-focused assurance, tax and advisory services to build public trust and enhance value for our clients and their stakeholders. More than 163,000 people in 151 countries across our network share their thinking, experience and solutions to develop fresh perspectives and practical advice.

Health Research Institute

PricewaterhouseCoopers' Health Research Institute provides new intelligence, perspectives, and analysis on trends affecting all health-related industries, including healthcare providers, pharmaceuticals, health and life sciences, and payers. The Institute helps executive decision-makers and stakeholders navigate change through a process of fact-based research and collaborative exchange that draws on a network of more than 3,000 professionals with day-to-day experience in the health industries. The Institute is part of PricewaterhouseCoopers' larger initiative for the health-related industries that brings together expertise and allows collaboration across all sectors in the health continuum.

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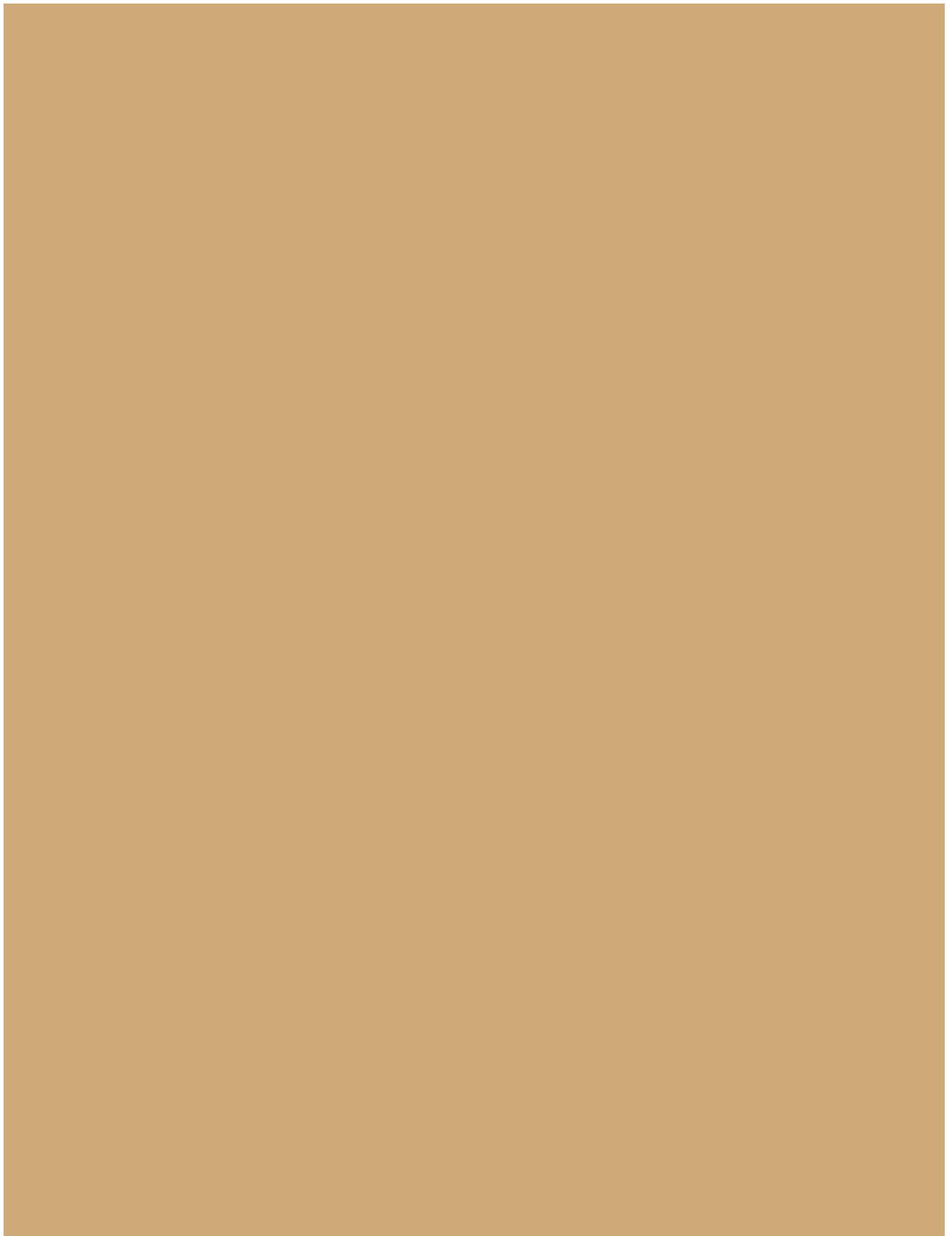
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