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Innovation, Quality & Leadership Conference

September 29 - October 1, 2022
Grapevine, Texas
amga.org/IQL22
Your Speakers

BRANDON MOUTON
Colorado Permanente Medical Group
Executive Director, Compensation & Benefits

TIM KELLY
The Partners Group
Managing Consultant, Group Physician Advisory Services
Unlocking Latent Potential in Your Total Rewards Program
Why Five Steps to Unlocking Latent Potential Within Total Rewards
Unlocking Latent Potential at CPMG
Key Takeaways
THE WHY
FINANCIAL PRESSURES

Deferred care

Labor shortages and resulting costs

Clinician Turnover

New regulations burdening health systems with additional cost

New delivery models

Forfeited patient care revenue

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THE WHY
ATTRACTION AND RETAINING PHYSICIAN TALENT

Competition for clinician talent is at an all-time high
534,000 Healthcare and Social Assistance workers who quit their jobs in August 2021. Highest total since 2000.¹

Predicted physician shortages
37k – 124k. The projected shortage of physicians by 2034, including up to 48,000 in primary care, according to the Association of American Medical Colleges¹

The recruiting landscape has hardened
Practices such as sizable signing bonuses, forgivable loans, and demands for more cash compensation are making it difficult to compete.

Replacement costs are astronomical
$500k to $1M. Estimate costs for replacing a single physician with the invaluable training and experience consequently lost.²

Benefits impact recruitment effectiveness
Companies that use benefits strategically experience above-average effectiveness in recruitment (19% vs. 8%)³

²https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8585922/
³https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/alter-benefits-attract-retain.aspx

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**THE WHY**

**THE QUADRUPLE AIM AND THE CLINICIAN EXPERIENCE**

- **Better Outcomes**
- **Improved Clinician Experience**
- **Lower Costs**
- **Improved Patient Experience**

---

**Clinician Well-being**

- **Physical Well-being**
- **Career Well-being**
- **Financial Well-being**
- **Community Well-being**
- **Social Well-being**

---

- H&W benefits are a significant component of total rewards and support improved wellbeing.
- Increases in physician job satisfaction have been correlated to material increases in physician professional work effort.
- Poorly maintained physical and emotional well-being can lead to decreased job satisfaction and burnout.
- Burnout can lead to reduced professional work effort, clinically significant medical errors, and clinician turnover.
- Improved Physician Health and Wellbeing translates to better outcomes, lower costs and an improved patient experience.

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*4https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6342603/

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THE WHY

THE IMPACT OF OPTIMIZING BENEFITS AND YOUR TOTAL REWARDS FRAMEWORK

1. Can put downward pressure on long-term cost models

2. Can impact clinician well-being and in-turn the clinician experience

3. Impacting the clinician experience impacts the patient experience, outcomes, and costs

4. Improves ability to attract and retain top physician talent

Optimizing Benefits and Total Rewards

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Unlocking Latent Potential Within Total Rewards
5 STEPS TO UNLOCKING LATENT POTENTIAL WITHIN TOTAL REWARDS

1. VISION
2. DECONSTRUCTION
3. MEASUREMENT
4. DELIBERATION
5. EXECUTION
VISION

1. Establish your “Why”
   - Connect your “why” for engaging in this work to your organization’s “why.”

2. Determine what “job you are hiring benefits to do” for your organization
   - What is your Total Rewards philosophy?

3. Develop any pertinent filters
   - Diversity, Equity, and Inclusion
   - Inurement
   - Budget neutrality
   - Flexibility
   - Administrative efficiency

4. Establish SMART objectives for your optimization initiative and key success metrics
   - These objectives should be measurable and time bound
   - Use a “X” to “Y” by “Z” format

5. Begin with the end in mind.
   - Stephen Covey

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Unlocking latent potential requires granular understanding of your current state attained through multi-layered benefit analysis.

**DECONSTRUCTION**

1. VISION
2. DECONSTRUCTION
3. MEASUREMENT
4. DELIBERATION
5. EXECUTION

**LEVEL 1**
Benefit Suite Analysis

**LEVEL 2**
Plan Design Analysis

**LEVEL 3**
Provision Analysis

**ANALYSIS OVERVIEW**

- **Level 1** analyses the make up of the entire benefit suite.
- **Level 2** analyses major program plan design elements.
- **Level 3** analyses other key contract provisions.
Compare current state to precise benchmark data at all three levels. Latent Potential likely exists at all three.

Where are your competitive advantages? Do they yield additional physician satisfaction or wellbeing? Should dollars reappropriated?

What about your benefits suite, program plan designs, and plan provisions creates competitive vulnerability?

Are budget dollars being appropriated to programs that create suboptimal value?

What programs would you like to offer or augment to align your suite with your strategic objectives?
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EXECUTION

Map
- Develop a three-year strategy map
- Rolling quarterly strategic plan
- Detailed project plans including key milestones

Communicate
- Tie targeted communication campaigns to clinician-impacting project milestones
- If your population doesn’t know about this work, you are reducing ROI

Listen
- Develop or refine methods used for soliciting input from your clinicians
  - Satisfaction Surveys
  - Key questions during recruiting process
  - Key questions on exit interviews

Measure
- Develop metrics to measure impact
- Continually monitor the data
- Iterate where needed

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Unlocking Latent Potential at CPMG
Background: After an external competitive analysis, CPMG had reason to believe their group term life and long-term disability benefits were not as competitive or administratively efficient as peer group norms.

UNLOCKING LATENT POTENTIAL
Solving for this competitive vulnerability was critically important to the organization but solutions had to be budget neutral.
“Begin with the end in mind.”

Stephen Covey

VISION
COLORADO PERMANENTE MEDICAL GROUP

Establish your “Why”

“Purposeful Difference”
- Connecting this to the why for your benefits work
- To make a purposeful difference in the lives of our clinicians, so they make a purposeful difference in the lives of their patients.

Determine what “job you are hiring benefits to do for your organization”

CPMG Total Rewards Philosophy:
- Our package includes market competitive compensation and a focus on a wide range of market-leading benefits that help our physicians accumulate money for retirement, help protect them and their families from personal or financial hardships, help them develop in their profession, and help balance their work and their life activities.

Develop any pertinent filters

- Budget neutrality
- Equity
- Administrative efficiency

Establish SMART objectives for your optimization initiative and key success metrics

- Identify competitive vulnerabilities in benefits package by 1/1/2019
- Redesign group term life offering to enhance coverage levels, create benefit equity across all physicians, and to simplify administration by 1/1/2020
- Redesign group long term disability coverage to enhance coverage levels and simplify administration by 1/1/2020
- Transition group term life and long-term disability coverages to a new carrier partner that will provide better data by 1/1/2020
- Implement Supplemental Individual Disability Insurance to provide enhance, more equitable income protection by 1/1/2021
LEVEL 1
Benefit Suite Analysis

LEVEL 2
Plan Design Analysis

LEVEL 3
Provision Analysis

ANALYSIS OVERVIEW

Level 1 analyses the make up of the entire benefit suite.

Level 2 analyses major program plan design elements.

Level 3 analyses other key contract provisions.
LEVEL ONE: BENEFIT SUITE ANALYSIS
COLORADO PERMANENTE MEDICAL GROUP

**HEALTH**
- Base Medical Insurance: 100%
- Dental Insurance: 98%
- Flexible Spending Accounts: 98%
- Health Savings Account: 80%
- Health Savings Account: 21%

**WELL-BEING**
- Employee Assistance Program: 88%
- Internal Well-Being Programs: 98%
- Paid Parental Leave: 35%
- Emergency Back Up Childcare: 10%

**INCOME PROTECTION**
- Short Term Disability/Sick Leave: 81%
- Long Term Disability: 76%
- Supplemental Individual Disability: 43%

**ASSET PROTECTION**
- Basic Life: 95%
- Optional Life: 95%
- Long-Term Care: 68%
- Voluntary Group Home & Auto: 13%
- Voluntary Group Excess/Umbrella: 37%

**LIFESTYLE**
- Pre-Paid Legal Insurance: 44%
- Student Loan Refinancing: 6%
- Student Loan Repayment: 5%
- Identity Theft Protection: 25%
- Pet Insurance: 24%

% Signifies percentages of employers offering the benefit

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LEVEL TWO: PLAN DESIGN ANALYSIS
COLORADO PERMANENTE MEDICAL GROUP

Own Occupation Period

- Full Duration: 24 cases, 4%
- 2 Years of Benefits: 13 cases, 8%
- 3 Years of Benefits: 2 cases, 20%
- 5 Years of Benefits: 1 case, 14%
- Totals: 40 cases, 100%

Maximum Benefit Amount

<table>
<thead>
<tr>
<th>Benefit Schedule</th>
<th># of Cases</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 to $9,999</td>
<td>9</td>
<td>22%</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>11</td>
<td>27%</td>
</tr>
<tr>
<td>$15,000 to $19,999</td>
<td>14</td>
<td>34%</td>
</tr>
<tr>
<td>$20,000 to $24,999</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>$25,000 to $29,999</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>$30,000 to $34,999</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>$35,000 or Greater</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>
- Totals: 41 cases, 100%

Elimination Period

- 2 Years of Benefits: 13 cases, 8%
- 3 Years of Benefits: 2 cases, 20%
- 5 Years of Benefits: 1 case, 14%
- Totals: 26 cases, 100%

Benefit Option

<table>
<thead>
<tr>
<th>Benefit Option</th>
<th># of Cases</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>180</td>
<td>24</td>
<td>58%</td>
</tr>
<tr>
<td>90</td>
<td>15</td>
<td>36%</td>
</tr>
<tr>
<td>120</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>150</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>360+</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>
- Totals: 42 cases, 100%

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## LEVEL TWO: PLAN DESIGN ANALYSIS

### COLORADO PERMANENTE MEDICAL GROUP

#### Contributory Basis

<table>
<thead>
<tr>
<th>Employee Contribution to Cost</th>
<th># of Cases</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributory</td>
<td>25</td>
<td>58%</td>
</tr>
<tr>
<td>Non-Contributory</td>
<td>18</td>
<td>42%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>43</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

#### Benefit Percentage

<table>
<thead>
<tr>
<th>Benefit Percentage</th>
<th># of Cases</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.0%</td>
<td>31</td>
<td>71%</td>
</tr>
<tr>
<td>50.0%</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>66.7%</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>40.0%</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>70.0%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>44</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

#### Maximum Benefit Duration

<table>
<thead>
<tr>
<th>Benefit Period</th>
<th># of Cases</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSNRA</td>
<td>23</td>
<td>55%</td>
</tr>
<tr>
<td>To Age 65</td>
<td>16</td>
<td>39%</td>
</tr>
<tr>
<td>5 Years</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>T65 / 5 Yr / T70</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>To Age 67</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>42</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

---

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### LEVEL THREE: PROGRAM PROVISION ANALYSIS

**COLORADO PERMANENTE MEDICAL GROUP**

<table>
<thead>
<tr>
<th>Provision</th>
<th>Current Language</th>
<th>Modifications</th>
<th>Rate Impact Factor</th>
<th>Annualized Savings Future State</th>
<th>Claimant Impact</th>
<th>8011 Prevalence(^1) (500 – 2,000 EEs)</th>
<th>Peer Prevalence(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Percentage</td>
<td>50% or 60%</td>
<td>50%</td>
<td>0.930</td>
<td>-$284,571</td>
<td></td>
<td>&lt;4%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60%</td>
<td>1.100</td>
<td>$406,531</td>
<td></td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Maximum Benefit Amount(^2)</td>
<td>$15,000+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20,000</td>
<td>1.200</td>
<td>$813,061</td>
<td></td>
<td>46%(^3)</td>
<td></td>
</tr>
<tr>
<td>Elimination Period</td>
<td>90 – Day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>61%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>180 – Day</td>
<td></td>
<td>0.910</td>
<td>-$365,878</td>
<td></td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>Maximum Benefit Amount(^2)</td>
<td>To SSNRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>To Age 65</td>
<td></td>
<td>0.900</td>
<td>-$406,531</td>
<td></td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Definition of Disability(^1,2)</td>
<td>Own-Specialty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Own-Occupation</td>
<td></td>
<td>0.930</td>
<td>-$284,571</td>
<td></td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>Own-Occupation Period(^2)</td>
<td>Full Duration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Five Year</td>
<td></td>
<td>0.990</td>
<td>-$40,653</td>
<td></td>
<td>3%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Two Year</td>
<td></td>
<td>0.880</td>
<td>-$487,837</td>
<td></td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

**Key: Claimant Impact**
- Material
- Moderate
- Low
- Little or No Impact

---

1 Percentages referenced are anecdotal based on industry experience.
2 \(n = 5\)
3 Only 46% of your peers have maximum benefits greater than $12,500
## PROGRAM PROVISION ANALYSIS

### COLORADO PERMANENTE MEDICAL GROUP

<table>
<thead>
<tr>
<th>Provision</th>
<th>Current Language</th>
<th>Modifications</th>
<th>Rate Impact Factor</th>
<th>Annualized Savings Future State</th>
<th>Claimant Impact</th>
<th>8011 Prevalence¹ (500 – 2,000 EEs)</th>
<th>Peer Prevalence²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial Disability Benefit Calculation¹,²</td>
<td>50% Offset Rule</td>
<td>Proportionate Loss</td>
<td>1.000</td>
<td>$0</td>
<td>37%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Better Of”</td>
<td>1.000</td>
<td>$0</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>Limitations¹,²</td>
<td>24 month combined, lifetime</td>
<td>24 month separate, per incidence</td>
<td>1.000</td>
<td>$0</td>
<td>43%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlimited</td>
<td>1.110</td>
<td>$447,184</td>
<td>55%</td>
<td></td>
<td>2%</td>
</tr>
<tr>
<td>Conversion¹,²</td>
<td>Included</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remove</td>
<td>0.980</td>
<td>-$81,306</td>
<td></td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>Pre-Existing Conditions¹,²</td>
<td>3/6/12</td>
<td>3/12</td>
<td>0.970</td>
<td>-$121,959</td>
<td>3%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6/12</td>
<td>0.920</td>
<td>-$325,225</td>
<td></td>
<td></td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6/12/24</td>
<td>0.880</td>
<td>-$487,837</td>
<td></td>
<td></td>
<td>&lt;1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6/24</td>
<td>0.840</td>
<td>-$650,449</td>
<td></td>
<td></td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Infectious &amp; Contagious Disease Rider¹,²</td>
<td>Included</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remove</td>
<td>0.960</td>
<td>-$162,612</td>
<td></td>
<td></td>
<td>40%</td>
</tr>
</tbody>
</table>

**Key:** Claimant Impact

- Material
- Moderate
- Low
- Little or No Impact

¹ Provision includes specific conditions or exclusions.
² Prevalence rates may vary based on different factors.
Where are your competitive advantages?
Do they yield additional physician satisfaction or wellbeing?
Should plan features be reconfigured and dollars reappropriated?

What about your benefits suite, program plan designs, and plan provisions creates competitive vulnerability?

Are budget dollars being appropriated to programs that create suboptimal value?

What programs would you like to offer or augment to align your suite with your strategic objectives?
Plan communication and administration were simplified dramatically. Plans were consolidated from having 17 classes to 4 classes.

Revised plan designs put CPMG in the top quartile within closest peer group and would allow clinicians to double their life insurance protection between CPMG-paid and supplemental benefits.

New plan mitigated benefit inequity considerations

Coverage levels were be enhanced by an average of roughly $60,000 for active employees

CPMG annual life insurance spend increased slightly by approximately 7%. This cost was offset by optimizing the disability programs and a corresponding reduction.
MEASUREMENT
IMPACTS OF GROUP LONG-TERM DISABILITY REDESIGN

Plan communication and administration would be simplified dramatically. Plans were consolidated from having 12 classes to 2 classes.

Revised plan designs put CPMG in the top quartile within closest peer group and allowed clinicians to increase their income protection between CPMG-paid and supplemental benefits by as much as 50%.

CPMG annual LTD spend decreased 10% which funded despite adding enhanced features. This optimization also funded the dramatically improved life insurance program.

Introducing supplemental individual disability insurance allowed clinicians more options to tailor CPMG benefits to their individual financial needs.

The supplemental individual disability insurance created more equitable coverage levels for CPMG’s higher wage earners.

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DELIBERATION

Determine viability & timing

Unlock Your Latent Potential

Engage Key Stakeholders

Evaluate Competitive Advantages, Vulnerabilities, and Opportunities

Measure analysis output against your vision

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EXECUTION
COLORADO PERMANENTE MEDICAL GROUP

Communicate Plan Changes
Oct 2019

Communicate Supplemental IDI
Oct 2020

Implement Supplemental IDI
Oct 2020

Listen for Feedback
Feb 2020

Introduce Total Absence Management
Jan 2021

Vet Identity Theft Solutions
Mar 2021

Jan 2020
Implement Life & LTD Changes

Listen For Feedback
Feb 2020

Feb 2021
Benchmark Other Physician Wellbeing Elements

Nov 2020
Listen For Feedback

Jun 2021
Review Plan Performance and Make Additional Recommendations

Jul 2020
Communicate Supplemental IDI

Jun 2022
Vet Additional Asset Protection Products and Leave Management

Jan 2022
Communicate Supplemental IDI

Feb 2021
Benchmark Other Physician Wellbeing Elements

Mar 2021
Vet Identity Theft Solutions

Oct 2020
Implement Supplemental IDI

Oct 2020
Communicate Plan Changes

Jan 2021
Introduce Total Absence Management

Mar 2021
Vet Identity Theft Solutions

Jul 2020
Communicate Supplemental IDI

Jan 2022
Review Plan Performance and Make Additional Recommendations

Jan 2021
Introduce Total Absence Management

Mar 2021
Vet Identity Theft Solutions

Oct 2020
Implement Supplemental IDI

Oct 2020
Communicate Plan Changes

Jan 2021
Introduce Total Absence Management

Mar 2021
Vet Identity Theft Solutions

Jun 2021
Review Plan Performance and Make Additional Recommendations

Jun 2022
Vet Additional Asset Protection Products and Leave Management

Jan 2022
Communicate Supplemental IDI

Feb 2021
Benchmark Other Physician Wellbeing Elements

March 2021
Vet Identity Theft Solutions

Oct 2020
Implement Supplemental IDI

Oct 2020
Communicate Plan Changes

Jan 2021
Introduce Total Absence Management

Mar 2021
Vet Identity Theft Solutions

Jul 2020
Communicate Supplemental IDI

Jan 2022
Communicate Supplemental IDI

Feb 2021
Benchmark Other Physician Wellbeing Elements

Mar 2021
Vet Identity Theft Solutions

Oct 2020
Implement Supplemental IDI

Oct 2020
Communicate Plan Changes

Jan 2021
Introduce Total Absence Management

Mar 2021
Vet Identity Theft Solutions

Jun 2021
Review Plan Performance and Make Additional Recommendations

Jun 2022
Vet Additional Asset Protection Products and Leave Management

Jan 2022
Communicate Supplemental IDI

Feb 2021
Benchmark Other Physician Wellbeing Elements

Mar 2021
Vet Identity Theft Solutions

Year One

Year Two

Year Three
RESULTS
COLORADO PERMANENTE MEDICAL GROUP

By unlocking latent potential within their total rewards construct, CPMG was able to:

Put downward pressure on long term benefit cost models
• Reconfiguring plan designs and optimizing spend on particular features created a minor savings that will impact long term models favorably or make budgetary room for new programs

Turn a competitive vulnerability into a competitive advantage
• Top quartile income protection/asset protection benefits allows CPMG to more easily attract top physician talent in their market
• Reconfiguring existing programs allowed CPMG to provide richer and more equitable benefits to their physicians which impacts retention

Impact their clinician experience by contributing to overall well being
• Improved financial well-being improves overall clinician well-being and the clinician experience.
• This also better aligned their programs with their Total Rewards Philosophy
• This puts upward pressure on professional work effort and impacts the patient experience, outcomes, and costs
Bringing it All Together
KEY TAKEAWAYS

Health and welfare benefits play a key role in attracting and retaining top physician talent and improving the clinician experience.

Improving the clinician experience supports lowering healthcare costs, improving outcomes, and improving the patient experience.

Latent potential exists within most total rewards constructs and can be unlocked with five steps and detailed analysis.

Unlocking that latent potential can impact many challenges faced by medical groups today including improving the clinician experience.

Impacting the health of our caregivers impacts the health of our communities.
THANK YOU

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