

# Outlook for Consumer/Patient Engagement in Health Care – 30 Years Into the Experiment

*EBRI-ERF Policy Forum #63*

Henry J. Kaiser Family Foundation  
1330 G Street NW, Washington, DC 20005  
Thursday, December 4, 2008  
9:00 a.m. – 12:30 p.m.

## *Speakers*

### **Donald R. Fischer, M.D.**

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Donald R. Fischer, M.D., is senior vice president of Integrated Clinical Services and chief medical officer at Highmark Blue Cross Blue Shield in Pittsburgh, PA. Among his responsibilities are quality management, pharmacy affairs, medical management, behavioral health management, preventive health services, medical policy, and clinical client relationships. His division is focused on seamless integration of proactive clinical services for Highmark's members. He is also actively involved in Highmark's regional strategy to address Childhood Obesity.

Dr. Fischer is a 1973 graduate of the University of Notre Dame and received his M.D. from the University of Illinois in 1977. After completing a pediatric residency and pediatric cardiology fellowship at the Children's Hospital of Pittsburgh in 1981, he joined the full-time faculty there in the division of Pediatric Cardiology at the University of Pittsburgh School of Medicine. He was promoted to the rank of Professor in 1995, and held the position of Medical Director at Children's Hospital of Pittsburgh from July 1996 through December 2000. Dr. Fischer also holds an MBA degree from the University of Pittsburgh's Katz Graduate School of Business. He continues to have an academic appointment as Clinical Professor of Pediatrics at the University of Pittsburgh School of Medicine.

Dr. Fischer is board certified in pediatrics and pediatric cardiology, and is a Fellow in both the American Academy of Pediatrics and the American College of Cardiology. He is a Certified Physician Executive in the American College of Physician Executives. He is a member of the Boards of Directors of the Pennsylvania Cancer Control Consortium (PAC3), the Western Pennsylvania Chapter of the American Heart Association, the Pittsburgh Regional Healthcare Initiative, and the DePaul School for Hearing and Speech. He was appointed a member of the Governor's Commission on Chronic Care in September 2007.

### **Paul Fronstin, Ph.D.**

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Paul Fronstin is a senior research associate with the Employee Benefit Research Institute, a private, nonprofit, nonpartisan organization committed to original public policy research and education on economic security and employee benefits. He is also director of the Institute's Health Research and Education Program. He has been with EBRI since 1993.

Dr. Fronstin's research interests include trends in employment-based health benefits, consumer-driven health benefits, the uninsured, retiree health benefits, employee benefits and taxation, and public opinion about health care. He currently serves on the steering committee for the Emeriti Retirement Health Program and on the Maryland State Planning Grant Health Care Coverage Workgroup. In 2001, Dr. Fronstin served on the Institute of Medicine Subcommittee on the Status of the Uninsured.

Dr. Fronstin has testified before various committees of the U.S. House of Representatives and U.S. Senate. He has appeared before over 100 groups to share his expertise on employee benefits. He has also made numerous presentations for congressional staff and the media.

Dr. Fronstin earned his Bachelor of Science degree from SUNY Binghamton and his Ph.D. in economics from the University of Miami.

## **David D. Guilmette**

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David Guilmette is the managing director of Towers Perrin's Global Health & Welfare line of business. He is responsible for leading the growth and profitability of the Health & Welfare business, and is also responsible for identifying trends in the marketplace relating to health care.

Mr. Guilmette has more than 25 years of experience with health care and employee benefit programs. He specializes in the development and implementation of health care strategies, total benefit strategies, and integrated disability management strategies and has directed numerous assignments on these issues for employers and health care providers.

He is a recognized expert on health care issues. He is often quoted in the national business media, including the *Wall Street Journal*, *New York Times*, *Forbes*, *USA Today*, CNBC, CNN, *Business Week TV*, the PBS Nightly Business Report, National Public Radio, and others along with leading industry publications on health care issues.

Mr. Guilmette is a graduate of the University of Chicago.

## **Amy J. Katzoff**

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Amy J. Katzoff is senior manager of benefits at Abbott. She manages U.S. health care strategy and vendor management, with a focus on using data and customized clinical and wellness programs to enhance employee health. She also won UnitedHealthcare's 2007 APEX Award for health care quality and innovation for its care management program success.

Previously, she was a strategic account executive at Uniprise, managing key Fortune 500 client relationships and assisting several customers in achieving over 50 percent penetration in consumer-directed health care programs. Ms. Katzoff was a Pinnacle Award winner, based on her ability to maintain and expand customer relationships. Prior to Uniprise, she was director, integrated health benefits for Kraft Foods, Inc. Previously, Ms. Katzoff led health and welfare consulting service development at McGladrey & Pullen and spent eight years focused on health, welfare, and disability product development at two national insurance carriers. She attained her CEBS designation in 1991, and is a former Chicago Chapter president of ISCEBS.

Ms. Katzoff graduated magna cum laude with honors from Brown University with degrees in business economics and organizational behavior and management. She is the lead author of two books on health care trends, *The Irwin Guide to Health Care Benefits Management* and *What Should Employers Do Now About Healthcare Reform? Return to Program Information*.

## **Jeffrey D. Munn**

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Jeff Munn is a principal in Hewitt's Washington, DC, consulting office and leads product development and innovation with Hewitt's Health Management Practice. In addition, he was a co-founder and leader of Hewitt's Health Care Policy Leadership Council, a group of senior health care consultants located throughout the country that focuses on the employer impact of national health policy issues. His recent areas of focus have included health and productivity, measurement of population health status, and the impact of diabetes and other chronic conditions on corporate business results.

Mr. Munn also has worked extensively in the area of consumer-driven health care; he has worked both with vendors as they develop their products and within Washington to influence the regulatory environment.

Mr. Munn is a frequent speaker and writer on health care issues and has been quoted in publications including the *Wall Street Journal*, the *New York Times*, and the *Washington Post* on a variety of employee benefit topics. His articles have appeared in *CDHC Solutions* and *Benefits Quarterly*.

Mr. Munn has over 20 years experience working with clients in the design and delivery of employee benefit and HR programs. He has been at Hewitt since 1995. Prior to working at Hewitt, he practiced in the areas of employee benefits and executive compensation at a large Chicago law firm. He was admitted to the Bar in Illinois and received his B.S. from the University of Illinois at Urbana-Champaign (with highest honors) and his J.D. from the Law School of the University of Chicago.

## **Duane Olson**

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Duane L. Olson is manager, Health & Welfare Plans for Deere & Company, a position he has held since November 2001. In this role, Mr. Olson has responsibility for Deere's medical, disability, and life insurance plans. He also supports Deere's UAW & IAM union negotiations. Mr. Olson joined Deere & Company in June 1993. Prior to his current assignment, Mr. Olson was manager, Network Contracting for John Deere Health.

Prior to coming to Deere, he was employed as a Physician Management Consultant and later as a Director of Fiscal and Administrative Affairs for a rural hospital. During his career, Mr. Olson has been involved in many key projects. They include:

- Implementing two HDHP/HSA plans as a full replacement plan offering.
- Developed and implemented an account-based retiree medical plan using a medicare coordinator approach for retiree health care.
- Served as chairman of the Coalition on HSA Coordination, which supported higher HSA limits.
- Development and implementation of a national managed care employee benefits program.
- And continues to work on legislative and plan changes to bring about a more effective consumer-driven health plan design for both employees and retirees.

## **Dallas L. Salisbury**

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Dallas Salisbury is chief executive officer of the Employee Benefit Research Institute (EBRI). EBRI provides objective information regarding the employee benefit system and related economic security issues. Mr. Salisbury joined EBRI at its founding in 1978.

He is a Fellow of the National Academy of Human Resources and a member of the Board of the NAHR Foundation, the Commission on a High Performance Health System, the Board of the NASD Investor Education Foundation, and the Board of Advisors to the Comptroller General of the United States. He has been honored with the Award for Professional Excellence from the Society for Human Resource Management, the Plan Sponsor Lifetime Achievement Award, and the Keystone Award of WorldatWork.

He has served on the Secretary of Labor's ERISA Advisory Council, the Presidential appointed PBGC Advisory Committee, and the boards and committees of numerous professional and private organizations.

Prior to joining EBRI, Mr. Salisbury held full-time positions with the Washington State Legislature, the U.S. Department of Justice, the Employee Benefits Security Administration (EBSA) of the U.S. Department of Labor, and the Pension Benefit Guaranty Corporation (PBGC).

In keeping with the EBRI mission, Mr. Salisbury has written and lectured extensively on health, savings, retirement, and work-force topics, and has appeared on major television and radio networks numerous times, and in all major print media.

## **Kenneth L. Sperling**

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Kenneth L. Sperling is senior vice president for Senior and Retiree Services CIGNA HealthCare. He is responsible for the development of products and services for CIGNA's employer clients and their retirees.

Mr. Sperling joined CIGNA in 2005, in the National Accounts segment with responsibility for strategy development, and consultant relationships, and was CIGNA's liaison to various national industry groups. Prior to CIGNA, he spent 17 years with Hewitt Associates, a global benefits consulting firm, as their Health Care Market Leader. He has advised many Fortune 500 companies on their health care strategies, is a respected resource to the Wall Street community, and currently co-chairs Care Focused Purchasing, a multi-stakeholder initiative aimed at improving quality and cost-efficiency in the nation's health care system.

Mr. Sperling has been published in numerous trade and finance journals and co-authored the textbook, *Fundamentals of Flexible Compensation*. He has often been quoted in the *New York Times*, *USA Today*, and *Wall Street Journal* and has appeared on CNN discussing benefit-related topics. He is a frequent speaker both in the United States and internationally, and has testified before the United States Senate Finance Committee. He chairs the advisory board of the University of Connecticut's Health Management Program, and has guest lectured at the Harvard Business School and the Yale School of Management.

He is a graduate of Duke University, and earned a Master's in business administration from New York University.

## **Steve Wetzell**

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Steve Wetzell is executive vice president, Health Care Initiatives for the HR Policy Association. The HR Policy Association is coalition of more than 250 chief human resource officers representing large employers. Mr. Wetzell works with the Association to develop and implement innovative benefit solutions to meet member needs. Mr. Wetzell also provides technical input to assist in the development and advancement of Association benefit policy positions and strategies.

Mr. Wetzell has more than 25 years of experience working with large employers on human resource management issues. Prior to join the HR Policy Association, Mr. Wetzell worked for Fortune 500 companies, specializing in the areas of compensation, benefits, and labor relations. Mr. Wetzell has also served as a consultant to large employers on a variety of industry leading benefit initiatives focused primarily on health care related efforts, including The Leapfrog Group, The Buyers Health Care Action Group, The Consumer-Purchaser Disclosure Project, and the Institute for Clinical Systems Improvement.

Mr. Wetzell is a graduate of the University of Minnesota and has served on several Boards of Directors for health care related institutions. He is currently a member of the Commonwealth Fund's Commission on a High Performance Health Care System. Mr. Wetzell has also worked as a U.S. Senate health care staff member and has provided testimony on numerous occasions before federal and state legislative bodies pertaining to the employer's perspective on health care and benefit related policy issues.