Midwest Business Group on Health

Catalysts for Change in Health Care & Benefits

MBGH Employer Roundtable Summary

Key Insights on Transparency, Trust, Psychological Safety & Quality

June 12, 2025

The June 12th employer-only roundtable explored how employees make healthcare decisions based on what they truly value: convenience, affordability, and trust in quality care. The session focused on extensive research, including employee interviews, employer surveys, and expert insights assembled by Andrew Gordon, a licensed social worker and healthcare transparency advocate.

During the session, benefits leaders from across the country shared their experiences, highlighting why price transparency without quality transparency falls short, how outdated cost structures and confusing benefits language erode trust, and why real affordability extends beyond just offering coverage. The discussion also emphasized that competition, not consolidation, is the path forward for better outcomes and cost control, providing attendees with ways to align their benefits strategy with employee expectations.

Key Insights and Discussions

Andrew set the stage by emphasizing the importance of curiosity and open dialogue in healthcare. He shared his personal journey, sparked by a surprise $700 MRI bill for a procedure that could have cost significantly less, which ignited his passion for transparency. Gordon highlighted the crucial role of self-insured employers, who cover 63% of workers, in driving value and better outcomes for all stakeholders.

Personal Healthcare Experiences: The Struggle for Transparency

Adam Malinoski, North American Global Benefits Leader at GE Healthcare, echoed Gordon's sentiments with his own frustrating experience. Despite taking all recommended steps as a benefits leader—using cost estimators, seeking second opinions, and choosing a freestanding facility—he was billed nearly three times the quoted price for an MRI due to complex billing codes. His arduous appeal process underscored the systemic challenges even industry insiders face and the critical need for better cost transparency tools and more collaborative insurance carriers. Pam Hannon, a recently retired benefits administration leader with over 40 years of experience, further illuminated the erosion of trust in benefits. She recounted how employees promised free preventive colonoscopies were unexpectedly billed when

polyps were found, turning the procedure "diagnostic." Her company's swift response to cover all initial colonoscopies at 100%, regardless of findings, successfully restored employee trust. Hannon also shared her personal battle to secure a preventive mammogram without an unexpected charge, emphasizing how such barriers discourage crucial preventive care.

Psychological Safety: Fostering Trust and Open Dialogue
Erin Penland, Benefits Manager at Designer Brands (DSW stores), introduced the concept of psychological safety in the workplace, particularly as it relates to benefits and healthcare. She explained how her team fosters an environment of empathy, openness, and confidentiality, supporting employees through major life events. Penland detailed strategies like in-house presentations on leave and ADA, "managers of mental health" sessions with their EAP provider, and "lunch with leaders" events to encourage candid conversations. These efforts have led to improved employee decision-making and trust, demonstrating that a safe space is foundational for effective benefits communication and employee well-being.

Measuring Quality: Beyond Just Cost
Gretchen Vermeulen, Director of Clinical Intelligence at Gallagher Benefits Services, provided a comprehensive perspective on measuring and improving healthcare quality, stressing that quality encompasses not only clinical outcomes but also the member experience, including ease of access and responsiveness of customer support. She highlighted that member experience and satisfaction are crucial because they directly influence future interactions with the healthcare system; a negative experience can deter engagement unless absolutely necessary. Therefore, to encourage members to actively participate—such as establishing a relationship with a primary care physician, undergoing early detection screenings, and proactively managing chronic conditions—high member satisfaction is essential. Vermeulen advocated for using meaningful metrics like engagement rates, adherence to evidence-based protocols, and generic substitution rates in pharmacy benefits. She underscored the importance of leveraging software and data analytics for objective insights, exploring innovative solutions like AI-driven diagnostics, and using multiple data sources (claims, feedback, focus groups) to gain a holistic view of quality. Her key message was for employers to demand transparency, data, and accountability from their health partners.

Conclusion
A rich exchange of personal stories and professional insights underscored the critical need for transparency, trust, psychological safety, and quality in healthcare benefits. The employers who shared their experiences collectively highlighted that while healthcare is complex, meaningful improvements are achievable through empathy, innovation, and persistent advocacy for value and clear communication.

Employer Action Steps
To enhance benefit offerings, foster trust, and empower employees in their use of healthcare and benefits, employers can draw inspiration from these action steps:

I. Personal Healthcare Experiences: Building Trust and Navigating Complexity

- **Enhance Transparency in Healthcare Costs and Processes:**
    - Provide employees with clear, accessible tools for estimating healthcare costs (e.g., cost estimator platforms, FAQs).
    - Regularly review and update these tools to ensure accuracy and user-friendliness.
    - Offer educational sessions or materials on how to use these tools and interpret medical bills.
- **Advocate for Employees in Complex Situations:**
    - Establish a dedicated benefits support team or advocate who can assist employees with appeals, billing disputes, and navigating insurance complexities.
    - Train HR and benefits staff to proactively intervene when employees encounter unexpected charges or denials.
- **Communicate Consistently and Clearly:**
    - Reinforce key messages about what is covered (e.g., preventive care) and clarify any exceptions or nuances.
    - Use multiple channels (emails, meetings, printed materials) and repeat important information regularly to ensure understanding.
- **Restore and Maintain Trust:**
    - When errors or misunderstandings occur, respond quickly and transparently, taking responsibility and explaining corrective actions.
    - Actively solicit feedback from employees about their experiences through trusted channels like HR or dedicated listening sessions.
    - This feedback - even when challenging - helps employees feel heard, can drive the right plan design, and can be used to improve processes and communication.

II. Psychological Safety: Creating a Supportive Benefits Culture

- **Foster a Safe and Empathetic Environment:**
    - Build a culture of psychological safety so that employees feel comfortable engaging with their benefits and discussing sensitive health matters.
    - Train benefits and HR teams in empathy, confidentiality, and active listening.

    - Encourage leaders to model vulnerability and openness about their own healthcare journeys.

- **Implement Supportive Programs and Forums:**
    - Offer regular sessions for managers on topics like mental health, leave of absence, and ADA accommodation.
    - Create open forums such as "lunch with leaders" or "benefits bites" where employees can ask questions and share experiences without fear of judgment or repercussion.
- **Normalize Conversations Around Health and Benefits:**
    - Integrate health and benefits discussions into regular team meetings and communications.
    - Highlight real employee stories (with permission) to demonstrate the value and accessibility of benefits.
- **Encourage Feedback and Continuous Improvement:**
    - Use anonymous surveys and focus groups to gather honest feedback about the benefits experience.
    - Act on feedback to address concerns and demonstrate responsiveness.

III. Measuring Quality: Data-Driven Improvement and Accountability
Moving beyond cost alone, employers should prioritize measuring and improving the quality of healthcare services within their plans.

- **Prioritize Measuring and Improving the Quality of Healthcare Services:**
    - Define and track meaningful metrics that go beyond cost.
    - Measure the member experience, engagement, clinical outcomes, and adherence to evidence-based protocols.
    - Require detailed reports & data from health plans and partners, including numerator/denominator data for transparency.
- **Leverage Technology and Innovation:**
    - Adopt software tools and analytics platforms to objectively assess performance at the individual provider level as well as patient outcomes.
    - Explore innovative solutions such as AI-driven diagnostics and digital health devices to enhance care quality and convenience.
- **Hold Partners Accountable:**
    - Set clear expectations with health plans, PBMs, and providers regarding quality, transparency, and service standards.
    - Use third-party or anonymous surveys to evaluate member experience and hold partners accountable for results.

- **Promote Best Practices and Continuous Learning:**
    - Stay informed about industry innovations and best practices in benefits design and healthcare delivery.
    - Encourage collaboration with partners who are open to feedback and committed to continuous improvement.

Conclusion: A Holistic Approach to Better Benefits

By prioritizing transparency, psychological safety, and quality measurement, employers can cultivate a benefits environment that truly empowers employees, builds trust, and ultimately drives better health outcomes. These action items, informed by real-world experiences and expert insights, provide a comprehensive roadmap for employers to enhance both their benefit plans and their relationships with employees in the ever-evolving landscape of healthcare consumption.