

As we look at employers they're pulled in two different competing directions. First they're pulled towards building benefit packages that make them competitive, so that they can attract and retain employee talent. In addition those same benefit packages help to assist those employers and their employees in staying healthy and productive. On the flip side, employers are also being forced to drive financial performance, which often is at odds with creating those competitive benefits packages.

If we look at the components that are causing that competition, we see a couple of trends that have emerged. First, looking at affordability and addressing that affordability as a cost share is starting to shift to more of a consumer burden, causing the consumers and the employees to take more accountability for their own health. In order to do that, they need to have insight available to them so that they can make educated decisions. Which is where the next piece comes in to play as we look at employers needing to navigate new approaches to managing clinical conditions. Whether it is digital health, health CMBM programs, wellness programs, and so on and so forth. Those programs help to support those consumers and employees as they are taking on this accountability. On the other side, if we look at the employers needing to coordinate actions around trending areas, such as speciality pharmacy, which we all know is a leading driver of trend and cost as we look at the market today. And being able to look across those trends and look at opportunity areas, in addition, being able to look at high-performance providers and provider performance, site of service, appropriateness, and being able to have the insights at the ready to create those competitive networks.