State Employee Health Plan Directors Roundtable

MEETING PROCEEDINGS

APRIL 5–6, 2023

SALGBA

Carl Vinson Institute of Government
UNIVERSITY OF GEORGIA

State Employee Health Plan Directors Roundtable

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Prepared by the State and Local Government Benefits Association (SALGBA),
in partnership with the University of Georgia Carl Vinson Institute of Government.

Acknowledgements

The roundtable and paper would not have been possible without the contributions of several organizations and individuals who deserve acknowledgement. Let's begin by thanking the State and Local Government Benefits Association (SALGBA) and its Executive Director Tina Bowling. SALGBA is a leading voice for a community of professionals doing vital work in their communities.

Also deserving of recognition are the state officials who participated in the roundtable, all of whom are listed in the appendix. During the roundtable, participants generously agreed to share opinions and anecdotes about successes and challenges in their states. They have contributed tremendously to an effort that will enable their peers in other states to help employees and their families lead healthier lives.

In addition, we would like to thank the University of Georgia Carl Vinson Institute of Government (the Institute of Government) for leading the roundtable, especially Macey Lane Smith who supported the roundtable and served as lead author of this white paper.

We would also like to thank Elevance Health and the participating Blue Cross Blue Shield plans for their sponsorship and support of the roundtable.

We hope this paper will spark more dialogue on the challenges and strategies for the dedicated officials who manage State Employee Health Plans (SEHPs).

Executive Summary

In April 2023, the State and Local Government Benefits Association (SALGBA), in partnership with the University of Georgia Carl Vinson Institute of Government, hosted a roundtable for various government benefits professionals to discuss the changing needs and challenges of managing health benefits. The roundtable was held in New Orleans, Louisiana, at the close of the SALGBA 2023 National Conference. State health benefits and Blue Cross Blue Shield representatives participated in the roundtable.

Participants identified organizational, technical, and political challenges in the government health benefits industry as part of a needs assessment. Major challenges identified included:

- Staff recruitment and training
- Complexity of vendor management
- Harnessing actionable data for decision making
- Communicating with members
- Effectiveness in legislative processes
- Lack of innovation in the public sector
- Using patient data while adhering to state regulations
- Navigating the complexity of managing health care in the political environment
- Gaining consensus on health benefit management strategies

Presenters addressed these needs, opportunities, and challenges in a series of presentations and discussions. Topics discussed included value-based care and the importance of primary physicians in improving patient outcomes, the challenges of innovation in the public sector, the political environment and how public leaders drive change, and the public leader's relationship with the Governor's office and strategies for influencing health benefits decisions.

Roundtable Takeaways:

1. SEHP leaders need to be aware of the changing health care and political environments. Professional development and education are critical to helping state leaders manage employee health benefits.
2. SEHP leaders need to sustain the long-term vision for their plans.
3. SEHP leaders are subject matter experts and can form coalitions to lead change efforts.
4. SEHP leaders are critical to the implementation of policy innovation and technical and process improvements in their plans.

At the conclusion of the roundtable, participants were challenged to develop a personal change plan related to being aware of change, developing a vision, building consensus, and delivering value.

Introduction

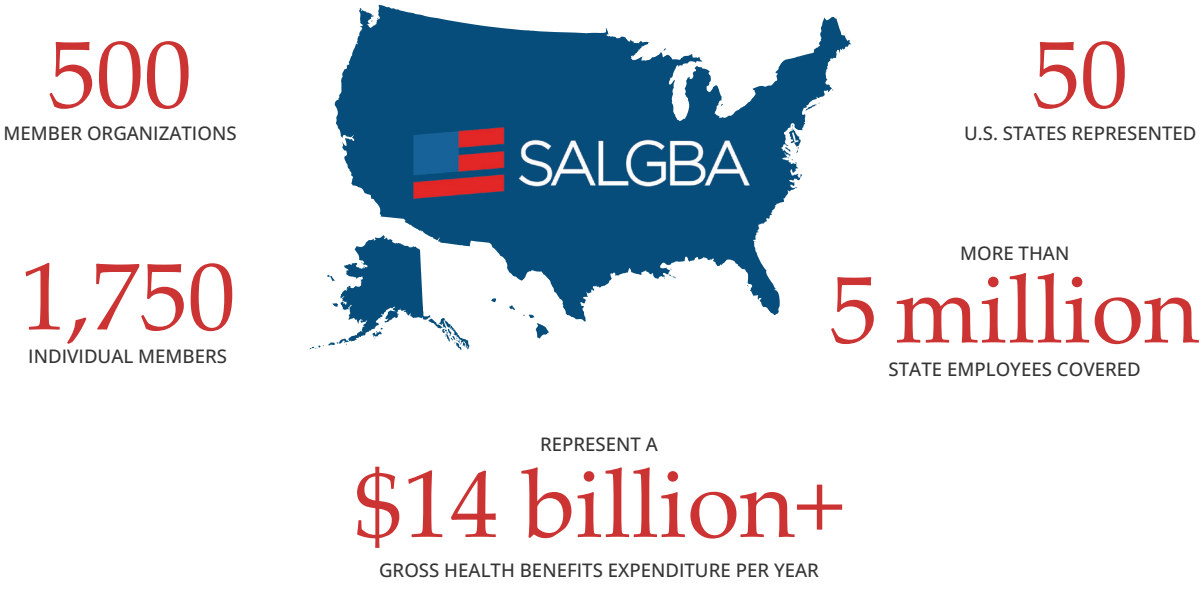
The benefits officials who manage SEHPs are responsible for some of the largest and most complex programs in state government. In fact, state benefits programs are often the largest commercial health care purchasers in their states, with many plans serving more than 10 percent of the entire commercial population. Given today's political, economic, and industry volatility, these public leaders face unprecedented challenges.

In April 2023, SALGBA hosted a roundtable to help benefits officials better understand the current environment and serve as a resource to those proposing and implementing changes that will improve quality and address the affordability of plans in their states. The Institute of Government designed and led the roundtable with a diverse team of professionals from the University of Georgia, The Ohio State University, Temple University, and Northwestern University who had once served as executive level government leaders. The Institute of Government also led the development of this white paper to document the proceedings of the roundtable and capture lessons learned from each session.

Description of SALGBA and its Membership

SALGBA is the premier organization for public sector benefits professionals. It has more than 500 member organizations representing 50 states and more than 1,750 individuals. Total membership includes both public sector and private sector business members who cover more than 5,000,000 employees and represent a gross health benefits expenditure of over $14 billion per year. Among the active membership are some of the largest self-funded health plans in the United States.

SALGBA is the only association focused solely on public sector benefits professionals. Among its many functions, SALGBA distributes information on the latest resources, news, conferences, education, and networking opportunities for municipal, county, school, and state government benefits administrators and health promotion professionals.



Roundtable Overview

The two-day SALGBA roundtable was held at the Hyatt Regency in New Orleans, Louisiana, on April 5 and April 6, 2023. Day 1 was from 1:00 p.m. to 5:00 p.m. and Day 2 from 7:30 a.m. to 1:15 pm.

Table 1 provides a brief description of roundtable sessions which will be detailed throughout this paper.

Table 1. Session Descriptions

DAY 1 Needs, Challenges, and Data	DAY 2 Leading Innovative Change in Healthcare
Welcome, Overview, and Introductions Paul Campbell made opening comments and Beverly Johnson facilitated participant introductions	**Leading Change in a Political Environment** Sid Johnson discussed the nature of politics and facilitated discussions around strategies to drive change in political environments
Organizational Needs and Challenges Participants listed their political, technical, and organizational needs and challenges	**Leading Up Workshop** David Thornburgh led a workshop on Leading Up, which gave tools for leading change from the middle of an organization
Health Benefits Trends Dr. Samrat V. Ambewadikar discussed the importance of a primary care physician in improving quality care and cost efficiency	**Role of the Governor's Office** A fireside-style chat between Greg Moody and Paul Campbell highlighted specific strategy for working with the governor's office
Innovation in the Public Sector Paul Campbell led a discussion on ideas for innovation in the public sector and participants shared creative solutions balancing government and business in their roles	**Participant Change Agenda** Participants identified and shared actionable items that they planned to accomplish when they returned to their respective states

DAY 1, SESSION 1

Welcome, Overview, and Introductions

Paul Campbell, clinical associate professor at the Kellogg School of Management at Northwestern University, began the inaugural roundtable characterizing the healthcare industry and the role of state health benefits directors with several key descriptors.

The healthcare ecosystem in the United States is an increasingly complex set of interconnected yet diverse entities, including health systems, technology firms, insurance companies, pharmaceuticals, startups, private equity, community-based organizations, and new disruptive entrants from outside of the sector—all operating within layers of government regulation. For example, SEHPs are subject to new regulatory requirements such as the Consolidated Appropriations Act (CAA) and the No Surprises Act (NSA). At the same time, provider consolidation is granting large health systems more leverage to influence rates. Understanding the market environment is critical to any SEHP strategy.

Like healthcare, state government in the United States is equally complex. Campbell believes that state government is filled with mission-driven individuals doing important work. State governments also operate in an ever-increasing, highly charged political environment and the inherent bureaucracy creates obstacles to change. Moreover, the complexity in each state changes with each legislative session and electoral cycle. Leading change in this environment requires a clear change management strategy.

The healthcare industry is unique in that its professionals routinely manage decisions related to life and death. To illustrate the point, Campbell related a story from John Nalbandian who at the time was a former professor from the University of Kansas and mayor of his hometown. The story concerns a group of senior citizens in subsidized housing who requested a traffic signal to mitigate the risks of an unsafe intersection adjacent to their residence. The city's engineers analyzed the situation to see if the intersection warranted a traffic light based on criteria in policy. These were technical considerations. Mayor Nalbandian understood the dignity and self-respect that came with mobility for senior citizens, as well as the opportunity for this potentially disenfranchised group to become more involved in the community and its government. These were political considerations. Nalbandian wrote, "As an elected official, I did not see [a] right answer. I saw a very complicated set of forces and a problem infused with choices about values symbolized by a decision about a traffic light. Once the issue is seen as a mobility-dignity issue rather than whether to install a traffic signal, there may be other alternatives to be considered."

Decisions about an individual's healthcare quality, access, and affordability must be balanced with the budgeting challenges that benefits administrators face from state policymakers. Professional decisions in healthcare are often moralized and thus intensely scrutinized. Balancing these issues requires significant leadership skills.

Recognizing that this is difficult work, the SALGBA roundtable was designed to give participants different perspectives, insights, and tools, as well as new relationships from which to learn. Roundtable sessions explored these issues and brought together people working in and for SEHPs across the country.

DAY 1, SESSION 2

Organizational Needs and Challenges

State health benefits directors constantly deal with complex issues, and many feel overwhelmed. Insights into how others manage such issues not only unveil national trends, they provide a sense of hope and direction.

With this in mind, Beverly Johnson, faculty at the Institute of Government, led an assessment of the problems and challenges state health benefits directors face. She began by inviting participants to think about their current systems and identify their roles as change makers within their systems. This proved to be a foundational assessment that informed other roundtable sessions.

Each table, consisting of state health benefits directors and industry members, recorded their needs and challenges using three domains: organizational, technical, and political. Participants were encouraged to first record their thoughts on a worksheet for their own organization's needs and challenges, then discuss and develop a single list as a group to share with the other groups. After all groups reported their findings, participants individually identified the top three needs and challenges in each domain. Results of this effort are presented in Table 2.

Table 2. Top Needs and Challenges

Organizational	Technical	Political
• Recruiting and Retaining Staff • Staff Training and Development • Navigating Complexity of Vendors	• Actionable Data for Decision Making • Integrated Systems vs. Information Silos • Communication with Members	• Lack of Understanding by Legislators • Navigating Provider and Lobbyist Power • Finding and Leveraging Subject Matter Experts in Decision Making

Priority Organizational Needs and Challenges

Recruiting and Retaining Staff

The most cited challenge experienced by participants was finding and keeping qualified and high performing staff in the public sector.

One participant shared that it was challenging to hire people in today's workforce, and especially challenging to hire someone into a public sector role. Government jobs tend to have less competitive salaries which makes it difficult to attract younger candidates who seem to be less interested in pensions.

Even when individuals are available and interested, participants shared that bureaucratic hiring practices cause delays. One participant discussed the length of time for acquiring approvals to hire a single employee (an average of over 140 days), which often results in losing candidates as they accept offers from other employers in the interim. Then the process must start again, extending the position vacancy and delaying the work assigned to the position.

Retaining a dynamic staff also poses a challenge as private sector salaries are a constant threat. Participants noted such situations were particularly discouraging when new employees left after they were trained and had begun contributing to the success of the organization.

Staff Training and Development

Participants suggested that staff need to be trained in a blend of at-home and in-office work. The COVID-19 pandemic required many, if not most, organizations to develop various hybrid models of both at-home and in-office work. The flexibility required to effectively execute such hybrid models has largely benefited state and local health employees. However, there is a continuous learning curve when transitioning a staff to this new model of work. Managing employees and working in a hybrid environment requires ever-evolving technical support and training. Efforts to maintain a collaborative culture across multiple organizational units in disparate locations can be challenging. However, these efforts are essential for organizational success. Roundtable participants agreed that project management software and other communication tools for project management would be beneficial additions to their standard management practices.

Participants also mentioned that staff training must include a blend of traditional communication, like phone calls and physical mail, and innovative communication, like SMS text messages and health data apps. However, some participants pointed out that the public sector is unique in its stringent requirement to be accessible to all. There are practices in the private sector that public sector organizations cannot adopt because of established policies regarding confidentiality, transparency, and accessibility. SEHPs shared that they would prefer a leaner model of communication by not having to send paper correspondence to their plan participants. However, some states require sending paper correspondence so that information is accessible to all plan participants. SEHPs pointed out that this means that sometimes antiquated processes must remain in place so all populations are treated equally.

Many roundtable participants cited the increasing number of retirements as a training and development challenge. In particular, they noted the loss of institutional knowledge. Further, the group noted the need for transition planning and/or development of exit strategies. Stronger handoffs and training would help reduce the loss of institutional knowledge.

Finally, further research on staffing and training within state benefits would be a welcome addition to the industry. Lean budgets allow just enough money for employee payroll and benefits but leave limited resources for studies on how to improve hiring practices or change the processes in place. Participants proposed that a portion of organizations' budgets be allocated to research to understand and improve the existing staffing and hiring practices.

Navigating the Complexity of Vendors

Maintaining relationships with multiple vendors is a challenge when there are dramatic variances in plans and many different plans to manage. Not only is it difficult to manage hundreds of clients, it is also difficult to track frequent changes across a myriad of plans. State health benefits directors often engage in conversations with all plan participants and would benefit from a tool that would help them stay abreast of each plan.

Priority Technical Needs and Challenges

Actionable Data for Decision Making

Many participants voiced frustrations related to leveraging technology to capture and use data. One participant said, "Having an actionable outcome from data is key. It will help our workforce adapt to the changing environment." Actionable data is critical in supporting whole health, a concept the National Institutes of Health defines as "physical, behavioral, spiritual, and socioeconomic well-being as defined by individuals, families, and communities"[1] that insurers are increasingly focusing on. Examples of data in the state health benefits sector include bio statistical data that plan participants opt to share, frequency of routine checkups, and healthy behavior data.

Integrated Systems vs. Information Silos

Often, divisions and agencies possess various types of data related to health benefits plans and their members. Independent data systems, governed separately by these organizations, prevent access to data that is important for analysis and program improvement. Participants cited integrated systems as an effective way to share and analyze data across organizational boundaries.

Communication with Members

With hundreds of clients who each had their own unique plan, communication with members was a key need across regions. Specifically, state health benefits directors wanted an effective way to organize and reference these diverse plans.

Priority Political Needs and Challenges

Lack of Understanding from Legislators

A major concern of roundtable participants was working in an ever-changing political landscape with diverse casts. When working with political leaders, term limits are a point of frustration. State health benefits directors said that as soon as they had established understanding and rapport with a politician or legislator, their term would end and the process would begin again. The support from lawmakers was especially cited as a challenge due to the many voices influencing their decision-making process. Campaign promises alter the priority of projects across electoral cycles, participants said.

Navigating Industry, Including Provider and Lobbyist Power

Working with lobbyists in political conversations was noted as a challenge for roundtable participants. Lobbyists often have funding and connections beyond what state health benefits directors possess. While state benefits providers engage with legislators on a regular basis, industry representatives do as well, and offer resources the state cannot always provide or match.

Finding and Utilizing Subject Matter Experts in Decisions

Participants stated that various stakeholders in the political environment will use subject matter experts to promote their interests. These subject matter experts often disagree and send out conflicting messages, which confuse politicians and the public. In addition to putting forth their own subject matter experts, state health benefits directors often must sort through the various messages others promote to develop a synthesized and more balanced version for decision makers.

In conclusion, this represents a summary of only the top three organizational, technical, and political challenges that state health benefits directors face every day. The discussion among all participants helped to frame the discussion for the remaining portions of the roundtable. Moreover, it appeared that relationships were formed across states that could help leaders address these challenges.

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[1] Marc Meisnere, Jeannette South-Paul, and Alex H. Krist, *Achieving Whole Health: A New Approach for Veterans and the Nation* (Washington (DC): National Academies Press (US); 2023).

DAY 1, SESSION 3

Health Benefits Trends

Healthcare benefits plans are increasingly incorporating a value-based care approach, which pays medical providers based on quality, efficiency, and effectiveness rather than on a fee-for-service basis. Dr. Samrat V. Ambewadikar, MD, shared with participants several factors to consider when identifying and implementing changes related to value-based care.

Opportunities for Incremental Change

Dr. Ambewadikar shared that Anthem conducted a data and visualization project for one of its clients to show how many of its beneficiaries did and did not have primary care physicians and what the impact would be. The study showed that having a primary care physician generally reduces medical costs. In addition, patients who have a regular physician are more likely to schedule regular health screening appointments. Patients also are more likely to catch serious health risks like cancer earlier because they attend regular checkups. Since data was already being collected, this project was a low-effort, high-impact change that saved providers money and opened a wider conversation about data innovation.

Using Actionable Data

Dr. Ambewadikar argued that data can help persuade governors and legislators to adopt money-saving practices proposed by health benefits directors. For example, emergency rooms have become a place for preventable care visits, driving up extra costs for care.[2] Dr. Ambewadikar said his research showed a correlation between ER visits and primary care physicians. Patients with established primary care physicians account for fewer ER visits. Visually displaying such data comparisons helps decision makers grasp the effectiveness of proposed solutions.

Integrating Consumer Data

Dr. Ambewadikar discussed the importance of integrating consumer data for several purposes. Integrated data his organization is utilizing is personal health data plan participants can see via mobile apps, allowing consumers to manage prescriptions, health screenings, appointments, and wellness activities. This functionality supports a whole health approach. In addition, integrated data helps state health benefits directors capture a more accurate picture of consumer practices and needs.

Healthcare benefits plans are increasingly incorporating a value-based care approach, which pays medical providers based on quality, efficiency, and effectiveness rather than on a fee-for-service basis.

[2] https://www.census.gov/library/stories/2022/01/who-makes-more-preventable-visits-to-emergency-rooms.html

DAY 1, SESSION 4

Innovation in the Public Sector

Campbell led a brief conversation about innovation in the public sector.

Innovation does not have to be a new complex undertaking that is not yet designed. Scott Berkun in *The Myths of Innovation* wrote, "Innovation is significant positive change." Moreover, as Tim Kastelle noted, "Innovation is not just having an idea, but executing it so that it creates value." Simply combining existing capabilities in a more effective and efficient manner can produce innovation.

Innovation in government can, however, be difficult given that the status quo tends to be king. For leaders coming from the private sector, the new environment can present significant challenges. As the late Roy Ash, former president of Litton Industries who went on to become director of the White House Office of Management and Budget, once observed, "Going from business to government is like going from the minor to the major leagues in professional sports."

Tom Shack, former state controller for the Commonwealth of Massachusetts, coined the term "innovocracy." Campbell describes "innovocracy" as the situation created when government creates an innovative idea and then "imposes a bureaucratic framework, thus crushing any entrepreneurial spirit associated with the idea." However, "innovocracy" didn't stop Shack from pushing for change.

Change in the public sector might come at a different pace than in the private sector. Rather than immediate action, incremental steps might take place over time, building up to major change. For example, the group discussed the slow but steady progress of value-based care initiatives dating back decades.

DAY 2, SESSION 1

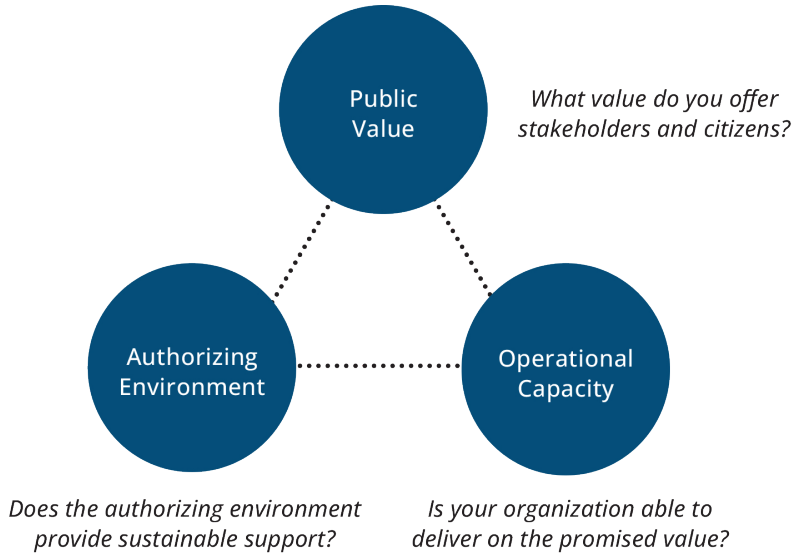
Leading Change in a Political Environment

Sessions during Day 1 established that employee health needs, provider services and agreements, laws and regulations, and other factors impacting health benefits plans are constantly changing. State health benefits directors work to ensure their health plans stay aligned with the changing environment. Their effectiveness in driving change often depends upon their ability to work within a political environment.

To build on the foundation set in Day 1, Sid Johnson, faculty member at the Institute of Government, led participants in a conversation on leading change in a political environment.

Harvard professor Mark Moore offers a particularly useful model regarding the three roles of public leaders which reflects the responsibilities of state health benefits directors. According to Moore, the first role of public leaders is to understand the value they bring to the external environment, and, more specifically, to understand the complex, conflicting, and situational needs of each stakeholder group in that external environment. Second, public leaders persuade the executive and legislative branches ("authorizing environment") to provide resources needed to create that value. Third, public leaders build organizations that can deliver the value promised.

Figure 1. Role of the Public Manager[3] — Mark Moore's Strategic Triangle



Johnson shared several points to help participants think about their roles regarding health benefits leadership and their effectiveness in political environments.

[3] Mark H. Moore, *Recognizing Public Value* (Cambridge: Harvard University Press, 2012), 103.

Public leaders operate in an environment of change, ambiguity, and conflict

The external environment is full of change, ambiguity, and conflict, which creates chaos and risk. Public leaders are asked to step into this chaos to bring about order, improvement, and value. While it is difficult to overcome fear, doubt, and confusion, public leaders must to encourage people to work together and act.

Public leaders engage the external environment

We all get lost in our day-to-day tasks and take comfort in the relative security of the known and somewhat predictable interactions of our organizations. However, public leaders must look up from their daily work and move outside of their organization to engage stakeholders within the external environment. As leaders begin to work with stakeholders, they develop a better understanding of others' needs, interests, and values. They also see the forces that impact their thinking, operations and performance, as well as their desires, dreams, and measures of success. Leaders also see common goals and how to work together to achieve them. Based on this knowledge, leaders can build consensus for change and develop partnerships for service delivery.

Public leaders develop political savvy

To be effective in the external environment, public leaders need to develop political savvy. Many new public leaders are reluctant to get into the political arena because of negative views of political behavior. While many government veterans can attest that politics can be ruthless at times, political savvy is simply a set of common-sense behaviors. Colin Dunn, in his video "Secrets of Politically Savvy People," suggests a number of these behaviors, including practicing situational awareness, focusing on relationships, networking, partnering with your boss, regulating impulse control, and anticipating change. Political savvy also involves understanding the intersection of needs, interests, and values among various stakeholders and building a consensus in support of those common interests.

Public leaders build technical and political competencies to effectively work between politicians and administrators

Public leaders stand between two very different groups: politicians and administrators. These groups have different languages, values, goals, and perspectives. John Nalbandian has provided some insight into the perspectives of these two groups which is provided below. To be effective, public leaders must provide a bridge between the two groups, act as an interpreter, and serve as a negotiator so that a meeting of the minds can occur between these groups.

Table 3. Dual Competence — Based on John Nalbandian's "Constellations of Logic"[4]

	Politicians	Administrators
Activity	Game	Problem-solving
Players	Representatives	Experts
Conversation	"What do you hear?"/"Who are you?"	"What do you know?"
Pieces	Interests/Symbols	Information, Money, People
Currency	Power	Knowledge
Dynamics	Conflict, Compromise, Change	Harmony, Cooperation, Continuity

[4] John Nalbandian, "Reflections of a 'Pracademic' on the Logic of Politics and Administration," *Public Administration Review* 54, no. 6 (November 1, 1994): 4–6.

While this is an academic framework and characterizes the extreme points across a spectrum of actors, understanding these differences will serve public leaders well as they navigate the differences and conflicts between these two groups to drive change in the political environment.

Public leaders understand and manage within expectations to minimize risk

Is a public leader expected to step out as an entrepreneur and create significant change, or is the expectation to sit tight and maintain the status quo? It is critical for public leaders to understand the expectations of others regarding their roles. These expectations can change depending on timing or subject matter. So, to manage personal risk and promote organizational success, public leaders test these expectations on a regular basis.

Leaders can build consensus for change and develop partnerships for service delivery.

DAY 2, SESSION 2

Leading Up Workshop

Across state governments, state health benefits directors can be located at various levels of their organizations. Some may serve as senior officials overseeing the SEHP, while others may be several layers deep within their organization. Based on their location in the organization's hierarchy, health benefits directors might need different strategies to drive change and innovation.

David Thornburgh, a professor of practice at Temple University, shared that leading from the middle is an effective way to influence change within organizations. He pointed out that everyone is in "the middle" because everyone has bosses, colleagues, and direct reports. When implementing a new idea, leaders must promote ideas to those above, beside, and below in the organization.

Thornburgh challenged participants to garner positive reactions from various places in the organization. He asked each table to pull from their own experiences and provide suggestions on how to persuade others. Suggestions include:

- **Explore all the facts, and don't proceed without consensus**
- **Take into consideration who will make the final decision and what factors they will consider**
- **Be inclusive**
- **Explain the "why" of what you are trying to do**
- **Get your whole team involved in the conversation**
- **Don't propose an incomplete idea**
- **Vet your idea with a few people before bringing it to your team**
- **Evaluate the timing of your idea and the perspective listeners are coming from**
- **Practice the delivery of your idea and customize it for your audience**
- **Communicate with peers in the medium they prefer**
- **Use information that will be most relevant to the decision-maker to whom you are speaking**
- **Differentiate between the technical details, which will be shared with those who will implement the idea and the impact, which will be shared with those who will make the decision**
- **Focus on your delivery**
- **Ask experts for backup**
- **Present your idea to a neutral audience**

Thornburgh summarized the session by saying that leading from the middle largely involves how you convey your message to people at all levels of your organization. When doing this, focus on communicating through a person's preferred method, anticipating their questions, and justifying the value of your idea.

DAY 2, SESSION 3

Role of the Governor's Office

Greg Moody, director of professional training at the John Glenn College of Public Affairs at The Ohio State University shared insights gained while working for Ohio Governor John Kasich. Moody served as the executive director of the Office of Health Transformation at the time. A number of points emerged during Moody's fireside chat with Campbell.

Understand the personality and motivations of the person with whom you are working
Moody discussed the importance of understanding the personality at the top of a government unit. Working for two different governors, Moody realized that their personalities set the tone for their time in the office and guided those who worked with them. Learning to anticipate the questions from and finding data that intrigues leaders was a key takeaway.

Identify and work with subject matter experts
When addressing a state-wide problem, there are many voices clamoring to be the expert. Moody emphasized the importance of becoming the subject matter expert within one's space. As one grows, they should map the current experts, rely on their expertise, and invest in their own.

Make your voice heard among lobbyists and other voices
It can be challenging to be heard among the voices of lobbyists and others. For this, Moody suggests two things: problem definition and resonance with the decision-maker. The agenda is set by problems and a governor is proactive in solving problems he sees as affecting the public. The power of a state health benefits director is in defining these problems and presenting a solution connected to the decision maker's priority.

Building coalitions for change
Educating legislators can be time consuming and difficult. Building coalitions helps sustain a level of understanding within the legislature as its members come and go.

Step into the political responsibilities of your role
Campbell noted that some state employees prefer to stay out of all things political. Moody suggested that leaders at all levels of public organizations need to understand and be involved with political processes. He suggested employees might need to understand the power of data analysis and presentation in politics. Sometimes data can be presented simply and in an informative manner; other times it must be refined and tailored into a digestible format for the governor's office.

DAY 2, SESSION 4

Participant Change Agenda

Campbell led a final exercise in which participants reflected on the actions they intend to implement upon return to their offices.

Participants discussed benefits design initiatives including value-based care and other insurance design related ideas. They considered provider payment and network design initiatives, including risk-based contracts and patient-centered medical homes. Ideas around utilization management were shared, including various disease management programs.

Conclusion

Key Takeaways

Four key takeaways emerged from the roundtable related to the state health benefits director's leadership role as it related to driving change in a political environment.

Awareness of Changing Environment

State health benefits directors need support to develop a deep understanding of the problems and challenges within the health benefits industry, as well as the forces that shape and influence those issues. To deal with an increasingly fast-moving industry, they need to understand the levers driving change. They must also assess their own organizational capabilities and regulatory environment.

Vision for Change

State health benefits directors will need to dedicate time to clarify their value proposition on behalf of the state. Every program wants to improve the quality of care and make healthcare more affordable for its members. Beyond those important goals, directors must remind others and reinforce the vision for the plan. Directors know the potential impact of the program. Does a disease management program save lives? Does saving taxpayer money mean more staff, programs, and services for the community? Are there stories that prove that point? If so, tell those stories to reinforce the need for these cost saving programs. Be a broken record about accomplishments.

Consensus for Change

Once directors have a vision for the plan, they need a guiding coalition to lead any change effort. The group must represent various stakeholders powerful enough to gain support for the new initiative. The Governor's office and legislators will need to be persuaded. Convincing and leveraging constituency groups will also be necessary and likely contentious. This is change management 101 and there are no shortcuts. Directors are the subject matter experts for SEHPs and should leverage the credibility inherent in their positions.

Implementation and Value Delivery

The blocking and tackling of any SEHP involves increasing organizational talent, improving processes, and implementing and leveraging technology and data to meet the needs of its members. These strategies will also be part of any new initiative. A vision for change is important, possibly expected. At the same time, "vision without execution is hallucination." Given the high-stakes nature of this business, state health benefits directors must deliver on the promise of any new initiative. Incremental change toward a larger goal is a key strategy in leveraging change for SEHPs. Remember, incremental change toward the larger goal may be the right approach. Directors are not alone and can leverage the SEHP community across the country.

Appendix

Roundtable Participants

Jane Cheshire Gilbert, Teachers' Retirement System of the State of Kentucky

Keith Cox, Alabama State Employees Insurance Board

Erica Sharp, Anthem

Doug Smith, Blue Cross Blue Shield Alabama

Marc Alcedo, Elevance Health Inc.

Christian Jesser, Blue Cross Blue Shield Association, National Labor Office

Katie Zito, Elevance Health

Shana Sullivan, UniCare

Chet Loftis, PEHP Health and Benefits

David Platt, Blue Cross Blue Shield of Alabama

Matthew Veno, Group Insurance Commission

David Hilmer, Alabama Local Government Health Insurance Board

Jami Rector, Anthem

Janalyn Kelly, Anthem Blue Cross and Blue Shield

Paul Evans, Carelon Behavioral Health

Crissa Randolph, State of Tennessee

Denise Chapel, Missouri Consolidated Health Co Plan

Louis Amis, State Health Benefit Plan of Georgia

Chrissy Crute, North Carolina State Health Plan

Katie Brennan, CarelonRx

Ashley Bledsoe, Blue Cross Blue Shield of North Carolina

Anne Pukstys, Blue Cross and Blue Shield of Alabama

Jason Graham, Local Government Health Insurance Board

Colm Brewer, State of Illinois, Department of Central Management Services

Shay Bierly, Elevance Health

Katie Damico, Blue Cross Blue Shield Association

Stefanie Boerner, Health Link

Melissa Wiseman, State of Tennessee

Roundtable Presenters

Paul Campbell, Clinical Associate Professor of Strategy, Executive Director of Healthcare at Kellogg, Kellogg School of Management at Northwestern University
Paul Campbell started his career as a federal agent before working as a prosecutor and then in private practice representing businesses as a partner at DLA Piper. To build on his business experience, he earned his MBA at Kellogg and then joined Central Management Services, a $12 billion state agency in Illinois. As the chief administrative officer of the state, he built many successful cross-sector partnerships and worked to institutionalize private-sector best practices into government operations.

In 2007, he returned to the private sector with UnitedHealthcare (UHC) in a government relations role and built a new business-to-government (B2G) capability to create cross-sector partnerships and achieve systemwide reforms. Campbell also worked as a senior fellow at the University of Pennsylvania, began teaching as an adjunct professor at Kellogg, and in 2019 became full-time faculty and executive director of Healthcare at.

The healthcare ecosystem is an increasingly complex set of interconnected yet diverse entities, including health systems, technology firms, insurance companies, pharmaceuticals, startups, private equity, community-based organizations, and new disruptive entrants from outside of the sector—all operating within layers of government regulation. As market forces disrupt and reshape healthcare, leaders must understand new business models built across industries and sectors designed to integrate the patient journey. Campbell's work as a federal agent, prosecutor, commercial litigator, state chief administrative officer, director with UHC, a senior fellow at UPenn, and now a clinical associate professor of strategy and executive director of Healthcare at Kellogg helps him see past the silos and apply ecosystem thinking to lead change in healthcare.

Campbell holds a bachelor's degree from Marquette University, an MBA from Kellogg Graduate School of Management at Northwestern University and a doctor of law from John Marshall Law School.

Beverly Johnson, Assistant Director, Carl Vinson Institute of Government, University of Georgia
Beverly Johnson serves as an assistant director at the University of Georgia Institute of Government. She leads a team of researchers and staff conducting applied research, providing technical assistance, and developing organizational development strategies for state agencies and other organizations. She has more than 15 years of experience in managing complex governmental operations at the local, regional and state levels. Johnson applies her expertise in adult education and human resources and organizational development (HROD) to collaborate with diverse stakeholders and conduct enterprise-wide assessments and develop strategies to build effective organizations. Her applied research and action research work have helped groups address complex issues related to professional development, workplace culture, and performance improvement.

Johnson also provides expertise to the Institute of Government's workforce development unit. She has significant experience in the workforce development field and contributes to national employment strategies and professional certification development. Previously, she served as Assistant Commissioner of the Georgia Department of Labor, where she directed the agency's statewide local One Stop system.

Johnson holds a doctorate in education from the University of Georgia, a master's degree in public administration from the University of Georgia and a bachelor's degree in business administration from Paine College.

Samrat V. Ambewadikar, RVP, Medical Director, Anthem Blue Cross Blue Shield
Samrat Ambewadikar, MD, has served as RVP Medical Director in Anthem National Accounts since 2018, where his responsibilities include support of national accounts new business development efforts. He serves as the dedicated medical director for several high-profile national accounts across the United States.

Known to his colleagues and Anthem clients as "Dr. Sam," his work traverses every area within the Anthem Enterprise including Anthem Digital, Product Development, Client Health Analytics, Network Operations, Client Account Management, Innovation, Utilization and Care Management.

Ambewadikar has been a board-certified pediatrician for more than 15 years. He has extensive subject matter expertise in Clinical Informatics and has previously served as VP Clinical Informatics at Verisk Health, now a wholly owned part of Cotiviti. He has worked with in both payer and provider verticals and served as the chief medical information officer for Humana's Care Delivery Organization as well as the medical director for healthcare informatics at DaVita Medical Group of Florida. The subject matter areas that his work focused on are expansive, and include custom population health analytics development, STARS score optimization, Medicare risk adjustment, payment mechanism design ranging from one sided to full capitated risk contracts, pharmacy, and medical economics.

Ambewadikar is passionate about improving health outcomes and providing medical care for underserved children. He began his career as a General Pediatrician working at Federally Qualified Health Centers in underserved communities. He holds a medical doctorate from Boston University School of Medicine and a master's degree in business administration from The Wharton School of the University of Pennsylvania

Sid Johnson, Public Service Faculty, Carl Vinson Institute of Government, University of Georgia
Sid Johnson is public service faculty at the University of Georgia Institute of Government. He recently received a gubernatorial appointment as chairman of the Georgia Access to Medical Cannabis Commission. Previously, Johnson has served in a variety of leadership roles in state government, including commissioner of the Georgia Department of Administrative Services where he provided leadership to the state's procurement, human resources, risk management, fleet management, and surplus property functions and served as an ex-officio member of the Employee Retirement System board of trustees and executive secretary for the State Personnel Board and Employee Benefit Council.

As part of Gov. Perdue's administration, he served as director of Stimulus Accountability and director of implementation for the Commission for a New Georgia. In addition to roles in the public sector, Johnson has worked in investment banking for SunTrust Bank and was a partner and general manager of The Leadership Center, an executive education company. He holds an undergraduate degree in business administration from the University of Tennessee and a master's degree in public administration from the University of Pennsylvania.

David Thornburgh, Professor of Practice, Temple University
David Thornburgh has served as president and CEO of the Committee of Seventy, the Philadelphia-based good government group, since 2014. Under his leadership, Seventy launched a major initiative to push back on partisan redistricting called Draw the Lines, a citizen mapping project which will give any Pennsylvanian the data and software they can use to draw Congressional and legislative maps. The project is expected to engage over 10,000 Pennsylvanians, bringing unprecedented transparency and civic engagement to what has been a secretive partisan exercise.

He is a nationally recognized "civic entrepreneur" who, in the course of his career, has launched innovative high impact initiatives to tackle tough community problems. As executive director of the University

of Pennsylvania's Fels Institute of Government, he created a national public policy challenge student competition that drew teams from 12 top universities to think through new ways to solve old problems. As executive director of the Economy League of Greater Philadelphia (a regional "think and do tank") from 1994 to 2006, he co-founded Graduate! Philadelphia, an innovative approach to encourage adults to return to college to complete their degrees; Campus Philly, an organization dedicated to increasing the magnetic pull of the Philadelphia region for college students and young college graduates; and, an annual leadership exchange that enables a group of Philadelphia leaders to travel to another region to learn about promising practices around critical community issues. From 1988 to 1994, he served as director of the Wharton Small Business Development Center, the consulting and training arm of The Wharton School's Entrepreneurial Center, where he founded The Enterprise Center, a nationally recognized business accelerator targeted to minority businesses, and cofounded the Philadelphia 100, an annual celebration of the region's fastest growing privately held companies. Thornburgh has received a number of awards for his professional and civic leadership. In 2006, he was recognized as one of the 101 most trusted and respected civic "connectors" in the Philadelphia area by LEADERSHIP Philadelphia. In 2000, he was awarded an Eisenhower Fellowship and traveled to Australia and New Zealand to learn about entrepreneurial development and public management in those countries. He has also taught master's level courses in public policy, public leadership, and economic development at Penn and Drexel.

Thornburgh holds a bachelor of arts in political science from Haverford College and a master's degree in public policy from Harvard University's Kennedy School of Government.

Greg Moody, Director, Professional Development, John Glenn College of Public Affairs

Greg Moody is director of professional development at the John Glenn College of Public Affairs at Ohio State University. He coordinates continuing education programs that are designed to serve public and nonprofit professionals across a lifetime of leadership in public service, including nonpartisan leadership training and education for current and future elected officials in state and local government. Greg joined the faculty after 24 years of public service in state and federal government.

Prior to his appointment, Moody served as the executive director of Ohio Governor John Kasich's Office of Health Transformation. His team gained national attention for its creativity in coordinating multiple state agencies to improve overall health system performance. Under Moody's leadership, Ohio launched nation-leading reforms that reduced the state's uninsured rate to the lowest level on record, improved care coordination for the most vulnerable Ohioans, integrated physical and behavioral health services, increased access to home- and community-based alternatives to institutions, created an online eligibility option for all of the state's income-tested programs, and replaced outdated fee-for-service payment systems that reward more care with value-based models that reward better care.

Moody began his public service career studying the impact of Medicaid on federal spending for the U.S. House Budget Committee under then-Chairman Kasich. He also served as chief of staff for Dean Bernadine Healy at The Ohio State University College of Medicine, executive assistant for health and human services for Ohio Governor Bob Taft, and interim director of the Ohio Department of Job and Family Services. He worked in the private sector as a senior consultant at Health Management Associates, a national health care research and consulting firm, assisting clients to improve health system performance and writing extensively about state health system innovations for the National Governors Association, Commonwealth Fund and other foundations.

Moody holds a master's degree in philosophy from George Washington University and a bachelor's degree in economics from Miami University. In addition to health policy, his career experience and personal interests include economic policy, public administration and management, public budgeting and finance, and public sector leadership.

Roundtable Agenda

Day 1: Needs, Challenges, and Data

Session 1: Welcome, Overview, and Introductions

Session 2: Organizational Needs and Challenges— Beverly Johnson, University of Georgia

Session 3: Health Benefits Trends—Samrat V. Ambewadikar, Anthem Blue Cross Blue Shield

Session 4: Innovation in the Public Sector—Paul Campbell, Northwestern University

Closing Comments: Beverly Johnson and Paul Campbell

Day 2: Leading Innovative Change in Healthcare

Opening Comments/Review

Session 1: Leading Change in a Political Environment—Sid Johnson, University of Georgia

Session 2: Leading Up Workshop—David Thornburgh, Temple University

Session 3: Role of the Governor's Office—Paul Campbell and Greg Moody, The Ohio State University

Session 4: Participant Change Agenda—Paul Campbell

Closing Comments: Beverly Johnson, Sid Johnson, and Paul Campbell

State Employee Health Plan Directors Roundtable

MEETING PROCEEDINGS • APRIL 5–6, 2023

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