Twitter Thread by Simon Barnett



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Anyone have any opinions on how self-insured employers consider innovative healthcare offerings to pass on to their employees?

As I understand it, by shouldering the financial risk, self-insured employers can curate a list of more relevant benefits ... (1/10)

... thereby avoiding paying out lofty insurance premiums for services that its employees don't use or want. There seems to be a long list of intangible benefits having to do with talent acquisition and retention, but I'd like to understand the cost equations more fully. (2/10)

In the context of multi-cancer screening, I'm skeptical that it could be cost-saving for small or medium-sized employers (<500 employees). Assuming a representative sample of the population, there are simply too few cancers and too many false positives w/ expensive ... (3/10)

... diagnostic follow-ups to bend the unit-economics in the right direction. Indeed, for larger self-insured employers, maybe on the order of thousands of employees, the dynamics may change. Each true positive is a chance to save on treatment cost and (possibly) to ... (4/10)

... extend life. However, employers won't likely be able to distinguish between true life-extension and lead-time bias without prospective, randomized studies, which are due out in the 2024-25 timeframe. Still, these likely will include interim endpoints only. (5/10)

Without public or private reimbursement, it may be challenging to prove the unit economics to early adopters, though this group is also the most likely to be cavalier in the absence of data, which brings me back to my original question cost and decision-making. (6/10)

With cancer screening, the negatives (and costs) are immediate, but the benefits may not manifest for years. I've considered how Accolade approaches the self-insured employer market, giving special attention to how it articulates the monetary benefits across relevant ... (7/10)

... time intervals in the wake of secularly-increasing healthcare premiums and a rising emphasis on out-of-pocket expenditures. I imagine screening companies moving this direction would have to articulate a similar value proposition to win over large contracts. (8/10)

Below is a link to the recent Aon <> Accolade study for reference.

I'm thinking about benchmarking to Accolade's average contract value for self-insured employers, as well as the savings it generates, to help dimension how cancer screening could diffuse into this market. (9/10)

Would welcome any input on how self-insured employers of various sizes would consider the tangible (cost) or intangible benefits/issues associated w/ multi-cancer screening as I keep building out the model.

https://t.co/dxP1YGp18t