

ARE YOUR BENEFITS TAILORED TO YOUR ORGANIZATIONAL PRIORITIES?

A MULTI-SPECIALTY MEDICAL GROUP CASE STUDY



It's no secret that great benefits attract and retain top clinician talent, nor that clinicians are a medical group's most valuable asset. But how can medical groups ensure they are providing meaningful benefits, while optimizing where their budget dollars are deployed and maintaining stable costs?

When we first began working with a large, multi-specialty medical group practice in the Pacific Northwest last year, one of their organizational priorities was to attract and retain top-tier clinicians using their benefits package. Neither they nor their previous consultant had conducted a detailed review of their benefit offerings and contracts in several years. We partnered with them to understand their priorities for the upcoming year and establish two goals: 1) ensure benefits were relevant and meaningful to clinicians and 2) ensure the best use of their benefits budget.

ASSESSING CURRENT STATE

To determine how to maintain coverage levels for clinicians and reduce plan costs, we performed an exhaustive analysis of the medical group's benefit structure and spend. Afterward, we used extensive industry benchmarking to shed light on market norms and determine where they stood in comparison.

OPPORTUNITIES FOR OPTIMIZATION

During the assessment, we noticed the client's disability insurance programs were atypical for a group of their size, and as a result, abnormally expensive. The disability programs had not been reviewed in over 10 years.

In addition to the macro-level plan design, we examined fifteen different contract provisions within the group long-term disability contract, and advised on how common they were in the market, how the client might adjust them, and the cost and claimant impacts of potential adjustments.

GUIDING COLLABORATIVE SOLUTIONS

We presented a comprehensive list of options to the client's benefits stakeholders—a committee consisting of the CEO, CFO, HR team, and a team of physicians. We proposed an overall redesign of the group and individual disability plans, which maintained the same level of coverage for clinicians while harvesting material cost savings.

When it came to adjusting or removing contract provisions, the stakeholders faced difficult philosophical and logistical disagreements. Throughout the deliberation process, we partnered with committee members to better understand their concerns, which allowed us to translate for the group when debate stalled decision-making.

Our role as a neutral facilitator allowed the committee to reach decisions that best reflected their strategic priorities and aligned with their organization's core values.

RESULTS OF OPTIMIZATION

In the end, we modified or eliminated a handful of provisions that were not relevant to the client anymore. Pairing those changes with the plan restructure meant they maintained the same level

of income protection for clinicians while realizing a cost savings. The savings allowed them to enhance existing programs and offer new benefits for the first time.

TRUSTED PARTNERSHIP

Though the client's organizational goal to attract and retain top clinician talent was clear, they needed help making their vision a reality. As their trusted partner, we provided data and context that helped them make educated decisions to move toward their goal. Ultimately, our benefits expertise allowed them to strengthen their offering while making the best use of their budget.

CO-AUTHORED BY:

Holly Witt, GBDS
Practice Leader,
Physician Advisory Services
The Partners Group
hwitt@tpgrp.com

Tim Kelly
Managing Consultant,
Physician Advisory Services
The Partners Group
tkelly@tpgrp.com

