

# Employers and Manufacturers: A Call to Action to Co-Lead the Future of Health Care

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There is a path forward for employer plans and manufacturers despite the health care sector surging with costs from unprecedented medical and technological breakthroughs. From artificial intelligence (AI)-assisted diagnostics and real-time clinical data platforms to the emergence of cell and gene therapies (CGTs), biologics, and targeted medicines, we are on the cusp of an overdue medical transformation. Pathways, clinical guidelines, and other management tools can barely keep current. Yet, despite this acceleration, many patients—particularly those insured through employer-sponsored plans—still struggle to access these advancements due to outdated care or reimbursement models, payer silos, and rising treatment costs of care.

It's no longer just a health care issue. It's a workforce issue. And it's one employers and biopharmaceutical or device manufacturers must solve together.

## THE REAL PROBLEM: INNOVATION WITHOUT ACCESS

Innovation without access is a failure for manufacturers and employers. Clinical pathways, for example, are just one tool with multiple users, purposes, and developers. Simply focusing on clinical or cost control has not worked for members. For innovation to be sustainable, there must be a dynamic balance to member access. The following issues prevent members from receiving optimal care:

- Formulary hurdles and utilization barriers continue to block even US Food and Drug Administration (FDA)-approved, evidence-based therapies from reaching patients who need them most.
- Misinformation and apathy fueled by public distrust, political narratives, and inconsistent communication have significantly eroded the credibility of preventive care, especially vaccines.

- Employers are absorbing higher care costs year after year, while employee members face steeper deductibles or co-insurance, narrowed provider networks (medical and pharmacy benefits), and fewer meaningful access options.

According to McKinsey & Company, US employers are expected to spend over \$1.5 trillion on health care by 2030, without a guarantee of improved outcomes.<sup>1</sup> American society in general now seeks a health care reboot through White House initiatives such as Make America Health Again, upending a long-time status quo ecosystem.<sup>2</sup> Interestingly, commentary in and about that Report indicates the desire for commercial insurance to drive innovation at a faster pace than the government could achieve. Such a strategy would leverage faster continuous quality improvement cycles of innovation that are more routinely utilized in the private sector.

## WHAT EMPLOYERS CAN DO DIFFERENTLY AND WHY MANUFACTURERS SHOULD JOIN THEM

Challenged employers are stepping up—not just as plan sponsors, but as architects of access to care using their own pathway sources. With more freedom or flexibility in being Employee Retirement Income Security Act (ERISA) plan sponsors, commercial-insured entities have a long history of unique offerings but minimal-to-no scaling. Building on the past successes, there is a renewed seeking of scaling solutions through collaboration with manufacturers and facilitative organizations such as Only Healthcare Consultants (OHC). They are supporting new models that prioritize member education, transparency, and actionable data that both employers and manufacturers have sought independently for decades.

Different from prior direct contract efforts, Employer Empowerment Models (EEM) reimagine health care engagement



### CLINICAL PATHWAY CATEGORY

**Business** This column highlights the need for modernized clinical pathways in oncology that integrate emerging technologies, advanced therapeutics, and real-time data to improve care delivery. By emphasizing employer-manufacturer collaboration, it addresses systemic barriers to access and supports the clinical pathway objective of delivering cost-effective, equitable, and up-to-date cancer care.

**AFFILIATION:** <sup>1</sup>Co-Founder, Only Healthcare Consultants and the Only Healthcare Podcast.

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at the grassroots level, empowering employers to take the following actions:

- Understand behavioral barriers like manufacturer mistrust through real-time employee feedback;
- Collaborate directly with manufacturers to co-design localized educational campaigns; and
- Pilot programs that deliver predictable access to novel therapies and preventative care that are beneficial to members and plan sponsors.

This model isn't just a theory. Like continuous quality improvement models, EEMs have evolved toward a scalable approach and are being validated by real-world employer-manufacturer pilots with long-term potential for market transformation.

## WHY THIS MOMENT MATTERS

AI is holding health care accountable at a rapid pace, just as technologies continue to accelerate devices, drugs, and vaccines through the FDA approval pipeline. Employee expectations around benefits have also changed since the pandemic. And the next wave of therapies—from mRNA-based cancer vaccines to gene editing solutions for rare diseases—won't succeed without broader consumer buy-in.

Manufacturers can no longer rely solely on historically based top-down awareness or traditional television campaigns. Existing third-party intermediaries are not trusted. The path to sustainable member utilization runs through trust, and trust is built at the community level in workplaces, families, and households.

The call to action today runs through a new kind of partnership. An EEM that seeks to enable manufacturers to meet plan members where they are remains elusive. Collaborating purposely inside employer ecosystems, through data-driven strategy and culturally relevant engagement, is a strategic path forward. Such a strategy can enhance the effective utilization of clinical guidelines, pathways, or other care management tools that can be beneficial to all concerned.

Much can be achieved together to ensure that innovation reaches the people who need it, when they need it. Because what good is technology or benefit innovation if no one member trusts it enough to use it, let alone fails in efforts to access it? ♦

## REFERENCES

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2. The White House. *Make Our Children Healthy Again: Assessment*. May 2025. Accessed July 2, 2025. <https://www.whitehouse.gov/wp-content/uploads/2025/05/MAHA-Report-The-White-House.pdf>