Truven

The 9 forces redefining health & benefits management

A Truven toolkit to optimize your strategy

Executive summary

Health and benefits leaders are under growing pressure to control costs, improve outcomes, support more complex member needs, and prove the value of every program and investment. This ebook highlights nine forces reshaping benefits strategy—and how trusted data, benchmarking, predictive analytics, and evidence-based insight from Truven can help organizations move from reactive management to more proactive, confident decision-making.

Key takeaways

1. **Cell and gene therapy pipeline risk:** High-cost therapies are advancing quickly, making early forecasting essential to anticipate member eligibility, budget impact, stop-loss needs, and equitable access.
2. **Mental health benefit analysis:** Integrated analytics can reveal emerging behavioral health needs, connect mental health to broader cost and productivity impact, and show which benefits are strengthening workforce resiliency.
3. **Cardiometabolic management:** As GLP-1 demand and chronic condition costs rise, evidence-based analytics can help evaluate utilization, adherence, outcomes, and the sustainability of coverage strategies.
4. **Oncology navigation and outcomes:** Better data can help organizations identify screening risk, understand oncology cost drivers, guide members to higher-value care, and improve outcomes across the cancer care journey.
5. **Maternity and fertility care:** Connected data can help leaders identify maternal risk earlier, evaluate fertility and maternity benefits, and design programs that better support families while managing cost.
6. **Point solution and program evaluations:** Employers and health plans need objective measurement to determine which programs are improving outcomes, engaging the right populations, and delivering measurable value.
7. **Primary care and onsite clinic impact:** Organizations need clear measurement to understand whether primary care and onsite clinic strategies are improving access, closing care gaps, reducing avoidable utilization, and delivering ROI.
8. **Price transparency and benchmarking:** Reliable benchmarks can help organizations identify pricing variation, uncover savings opportunities, and turn complex transparency data into practical cost-management strategies.
9. **Healthcare cost prediction:** Predictive insights help leaders move beyond retrospective reporting to identify emerging high-cost claimants, target interventions earlier, and better manage future spend.

Move from reactive management to proactive strategy

Healthcare benefits are under pressure from every direction. Employers, consultants, health plans, and other purchasing organizations are being asked to:

- Control rising costs
- Improve access, engagement, and outcomes
- Support a more complex mix of member needs
- Prove measurable value for every program, vendor, and intervention

All with fewer resources and higher expectations.

From rising drug costs to increased mental health needs, from emerging oncology trends to reduced price transparency, the challenges are varied—but the need is the same: trustworthy data, clearer insight, faster action, and more confident decision-making.

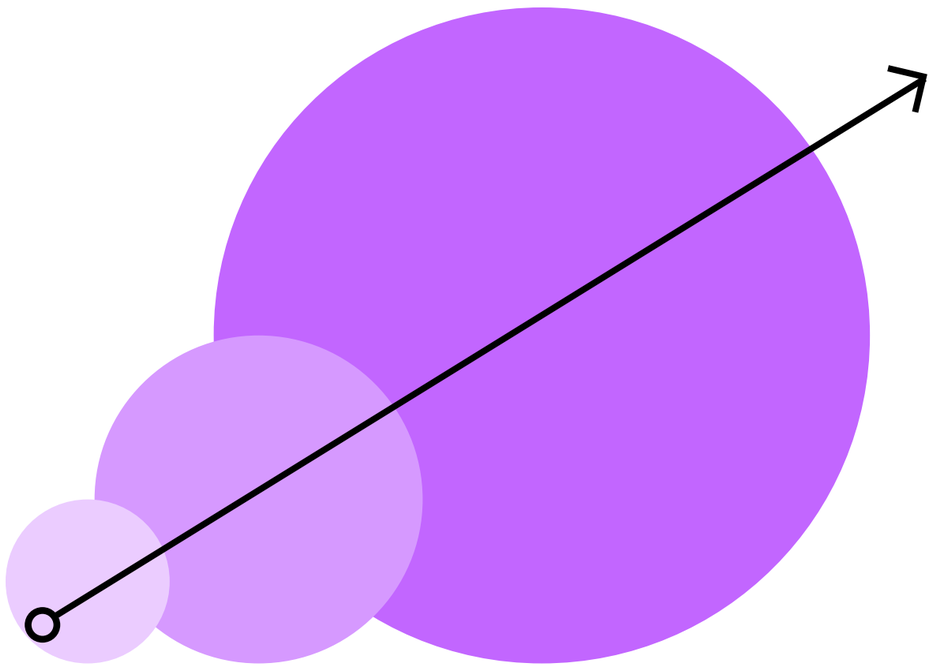
Truven helps employers, consultants, health plans, and benefits leaders move from reactive management to proactive strategy. By combining high-quality data, actionable analytics, best-in-class benchmarks, predictive models, and deep healthcare expertise, we help organizations understand what is driving spend, where risk is emerging, which programs are working, and where interventions can have the greatest impact.

Are you ready to change your playbook? It's time to measure, analyze, and strategize your health and benefits problems.

Your Truven toolkit

This practical toolkit is designed to help you navigate nine of the most urgent areas shaping health and benefits strategy today. We'll discuss high-cost therapies, program evaluation, and financial optimization. Within each of those, we'll highlight specific challenges organizations may be facing, and opportunities to use data more effectively.

The path forward starts with trusted analytics and evidence-based strategy backed up with clean data and dynamic benchmarking. Truven can help you uncover hidden opportunities, cut through complexity, and build a clearer plan for better outcomes, stronger performance, and more sustainable healthcare costs.



High cost therapies

Cell and gene therapy – Understanding the drug pipeline risk

The problem

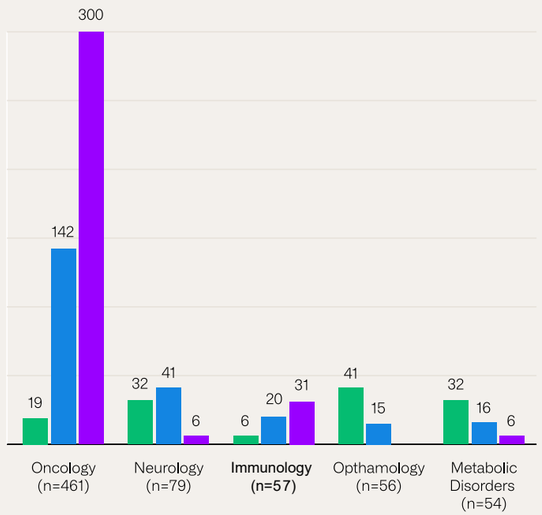
While cell and gene therapies (CGTs) are driving monumental shifts in healthcare and treatment options, they also represent a growing financial risk for health plans and employers.

Many of these therapies are priced at significant one-time costs, often costing millions of dollars, while evidence around long-term durability, retreatment needs, and real-world outcomes is still evolving. As more therapies move through the drug pipeline, organizations may struggle to forecast which members could be eligible, when costs may emerge, and how to appropriately structure benefits, stop-loss coverage, and clinical management.

In the drug pipeline for cell and gene therapies, oncology is one of the fastest growing areas with nearly 500 medications on the horizon. The chart to the right highlights the number of late-stage medications that are nearing FDA approval for gene therapies (green) cell therapies (blue) and gene-modified cell therapies, or GMCTs (purple) – broken out by the types of conditions they will treat.

We know that precision medication requires precise data. Without a proactive view of pipeline exposure, health plans and employers risk budget surprises and potentially unequitable access to these transformative treatments.

Looking ahead: Cell and gene therapy pipeline



Gene therapies
Gene therapies insert foreign genetic material into the patient's cell to prevent or fight disease. (e.g. Zolgensma)

Cell therapies
Cell therapies use living celles (either from the patient or a donor) that have been modified to replace or repair the patient's cells. (e.g. stem cell transplants)

Gene-modified cell therapies (GMCT)
GMCT genetically modifies cells outside the body, then implants them to help the patient fight the disease (e.g. CAR-T drugs)

How can Truven help?

Payers must begin to forecast cell and gene therapy risk before it becomes budget shock.

Truven helps health plans, employers, and benefit leaders model pipeline exposure, member-level risk, and near- and long-term financial impact—so they can plan earlier and act with confidence—ensuring members have access to life-changing care when they need it most.

By having a clearer view of which therapies are emerging, which members may be at risk, and how limited real-world durability data could affect long-term value, organizations can move beyond reactive budgeting and start planning with greater precision.

"The emergence of cell therapies for metabolic conditions represents a critical juncture for benefits management – we could see CGT use grow exponentially. By leveraging integrated data, enforcing rigorous clinical management, and preparing for the financial impact of precision medicine, health plans and employers can build sustainable benefit structures that support member health while managing escalating costs."

Katherine Shanahan

MS Pharmacology, Senior Pharmacy Analytic Advisor

Mental health benefit analysis

The problem

Mental health benefits are finally being prioritized within organizations in recognition of their long reaching impact on physical health, financial wellbeing, and workplace resiliency. At the same time, many organizations still lack a clear view of where risk is emerging, which populations are underserved, and whether existing benefits are delivering measurable value.

It's important to remember: behavioral health conditions often intersect with chronic disease, absenteeism, disability, pharmacy use, and overall medical spend, making the true impact difficult to isolate without integrated data.

Additionally, fragmented access, provider shortages, and inconsistent engagement can prevent members from getting timely, appropriate support. The longer it takes organizations to act, the greater the risk of worsening outcomes and higher costs.

How can Truven help?

It's critical to spot rising mental health risk before it escalates, connect it to downstream cost and productivity impact, and measure which benefits actually strengthen workforce resiliency.

With trusted analytics and longitudinal data through Truven, organizations can move beyond assumptions to identify what's driving need, where to intervene, and which programs deliver real value.

The result: a smarter benefits strategy, stronger outcomes, and a more resilient workforce.

> "The pursuit of a balanced approach [to health] involves clinical, financial, and regulatory variables. Employers and health plans must move beyond reactionary measures to proactive strategies that integrate pharmacy management, mental health support, and financial wellness into a cohesive ecosystem."

Brandi Hodor,
Senior Healthcare Analytic Advisor

Cardiometabolic management

The problem

Cardiometabolic conditions—including obesity, diabetes, hypertension, dyslipidemia, and cardiovascular disease—are major drivers of healthcare cost, workforce productivity loss, and long-term member risk.

For employers and health plans, the challenge is growing as GLP-1 demand accelerates, medication costs rise, and organizations work to determine which members are most likely to benefit from treatment and sustained lifestyle support.

Gaps in biometric data access, medication adherence and persistence, care coordination, and outcomes measurement can also make it difficult to manage risk across the full cardiometabolic journey.

How can Truven help?

With Truven, organizations can objectively evaluate GLP-1 programs, surface benefit gaps, and measure real cardiometabolic outcomes—not just utilization or spend. This leads to smarter, more evidence-based coverage decisions that better align clinical value with financial sustainability.

MarketScan® data shows that only 66% of continuously enrolled new GLP-1 patients were persistent on Obesity medications for at least 40 weeks (10 months) in 2022 – 2024, compared to 77% of patients taking Diabetes products. Most clinical trials for GLP-1s study outcomes at a minimum of 40 weeks (with many going far beyond this initial measurement period). Patients who do not reach at least the 40-week threshold are unlikely to see the same outcomes (clinical and financial) that are the goal of treatment.

"While GLP-1 medications show promise for a select group of patients, significant challenges remain in ensuring their appropriate use and affordability. Payers are grappling with high costs, limited transparency, and the need for enhanced care coordination to drive better outcomes. These insights highlight the urgency of adopting more strategic approaches to manage GLP-1 utilization effectively."

Katherine Shanahan

MS Pharmacology, Senior Pharmacy Analytic Advisor

Oncology navigation and outcomes

The problem

Oncology is one of the most complex and costly areas of healthcare. Its impact goes beyond the physical—affecting members and their support systems both mentally and emotionally. Its challenges and management span the full continuum, including areas like early detection, diagnosis complexity, treatment selection, care coordination, medication management, financial needs, and survivorship support.

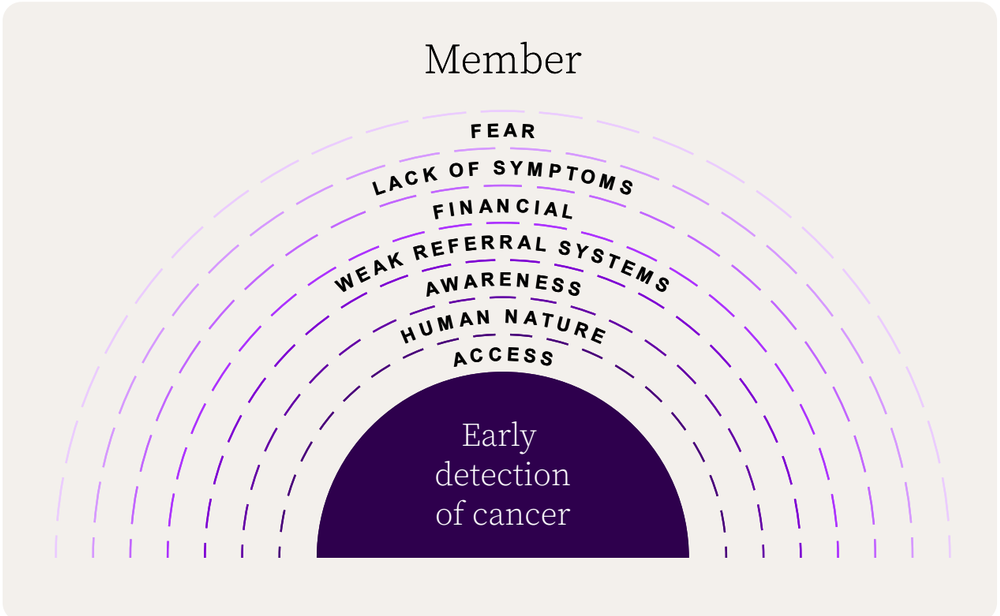
For employers and health plans, the implications can be difficult to manage or anticipate because cancer-related costs often vary widely by cancer type, stage at diagnosis, treatment pathway, site of care, and availability of high-quality providers. Members may also struggle to navigate fragmented care, understand treatment decisions, and access the right support at the right time, which can affect both outcomes and experience.

How can Truven help?

Take a smarter approach to oncology by identifying cancer screening risk earlier, predicting oncology cost and utilization, and pinpointing where intervention can have the greatest impact.

An estimated 42% of cancer cases and 45% of cancer deaths in the U.S. are attributed to potentially modifiable risk factors.

With Truven, organizations can identify program and benefit needs, optimize centers of excellence, and evaluate value-based payment strategies while guiding members to high-quality, cost-effective cancer care. Employers and payers experience better navigation, stronger outcomes, and more confident control over one of healthcare's most complex cost categories.



An estimated 42% of cancer cases and 45% of cancer deaths in the U.S. are attributed to potentially modifiable risk factors.

Maternity and fertility care

The problem

Healthcare leaders are navigating rising maternity and fertility complexity as maternal age, high-risk pregnancies, IVF utilization, and persistent care inequities drive higher delivery, complications, and neonatal costs.

Fragmented benefits can make that challenge even harder by disrupting the member experience across pre-conception, pregnancy, and postpartum care. At the same time, complications, neonatal intensive care, maternal health disparities, and fragmented care pathways can create significant clinical and financial risk.

How can Truven help?

Without integrated data and clear performance measurement, organizations may struggle to understand which benefits are improving outcomes, where gaps exist, and how to design programs that support families while managing costs responsibly.

From 2016 to 2023, there was a 13% increase in the number of infants admitted to a NICU, according to a report from the National Center for Health Statistics. Additionally, NICU rates have increased among births to women of all ages and gestational ages. MarketScan benchmarking data from 2024 showed that the NICU average length of stay was two weeks (14.7 days).

Additionally, **10% of pregnancies fall into the high-cost threshold (defined as $50K or more), with those pregnancies accounting for 35% of all pregnancy costs,** according to MarketScan data.

Truven helps organizations identify maternal risk earlier, predict cost and outcomes, and use strategies such as centers of excellence and bundled payments to improve both quality and affordability. This creates a more connected, cost-effective maternity and fertility care, guiding families to better outcomes while giving leaders stronger control over spend.

Truven helped a large employer with over 20,000 employees across the U.S. identify, develop, and evaluate the outcomes of its maternity Center of Excellence (COE) network. The employer partnered with specific hospital systems and negotiated a care bundle for all prenatal maternity care, delivery, and up to six months postpartum care. This employer found significant savings through the COE partnership – over $9,000 per birth - while maintaining quality maternity care.

More than three-quarters (78%) of employees say it's very important that their employer is family-friendly, but only 58% believe their company is a good place to work for new parents and during pregnancy.

Program evaluation

Point solution and program evaluations

The problem

Employers and health plans are investing in more point solutions than ever. Conservative estimates point towards the average large employer using at least five to 10 digital health solutions in their benefit plans.

With volume at an all-time high, benefit managers are under intense pressure to prove which point solutions are improving outcomes, lowering costs, and engaging the right populations.

Most organizations struggle to demonstrate program value.

Why?

Traditional reporting is fragmented, manual, and overly focused on high-level utilization or spend. This makes it difficult to connect program activity to measurable clinical and financial impact.

As healthcare costs continue to rise and member expectations increase, leaders need to move beyond static reports and vendor-provided results to understand what is truly working, where gaps remain, and which solutions deserve continued investment

How can Truven help?

Truven helps by objectively evaluating point solutions and programs with trusted analytics that uncover gaps, reveal engagement opportunities, and measure real clinical and financial impact.

Armed with clearer insight into what's working—and what isn't—leaders can make confident decisions about what to scale, what to optimize, and what to retire. This leads to a smarter, more accountable benefits strategy built on evidence, not assumptions.

[How one employer identified $50m in savings for specialty conditions]

$50m

Identified approximately USD 50 million in annual savings for specialty conditions

↓ 6%

Identified opportunities to reduce specialty drug spend by 6%

Top priorities were use of therapeutic equivalents, reducing overbilling in the medical setting, and shifting infusions to the preferred office setting

Primary care and onsite clinic impact

The problem

Employers and health plans are looking to primary care and onsite or near-site clinics to improve access, close care gaps, and reduce downstream costs. But proving their real impact and investment value can be difficult.

Onsite clinics may increase convenience, but leaders still need to measure whether they are improving preventive care, chronic condition management, referral patterns, emergency department avoidance, and total cost of care.

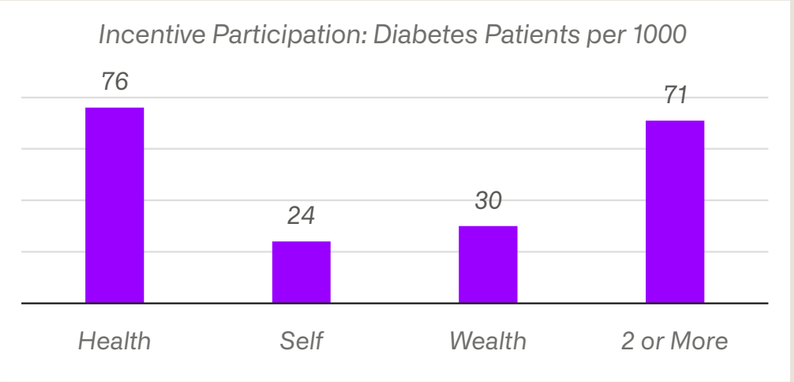
How can Truven help?

With Truven, employers and health plans can better understand:

- Clinical impact – do employees using the clinic have better adherence rates to clinical guidelines than non-users?
- Clinic utilization and potential – how many employees use the clinic and how frequently do they visit?
- Identifying action opportunities – how can clinic utilization increase?
- ROI-related opportunities – what is the financial impact of the clinic?

Truven can help organizations identify risk earlier, uncover care gaps, and predict future utilization. This aids leaders in strengthening primary care outreach, optimizing onsite clinic navigation, and improving population health outcomes.

Onsite clinic analytic example: Identifying actionable opportunities



A Truven client partnered with their clinic to provide diabetes coaching, among other services, as part of their “health” incentive. Truven analysis identified that some patients were participating in incentives, but not the clinic’s diabetes coaching.

Using this data, Truven produced a detailed report of these individuals and their history of diabetes progression to provide to the clinic for targeted outreach and engagement.

The client was able to calculate the clinic operating costs and estimate and monetize “avoided” emergency room visits, admissions, and radiology for clinic users (based on the comparison to a matched cohort of non-users).

Additionally, they monetized the value of reductions in time away from work for medical care associated with clinic visits.

Financial optimization

Price transparency and benchmarking

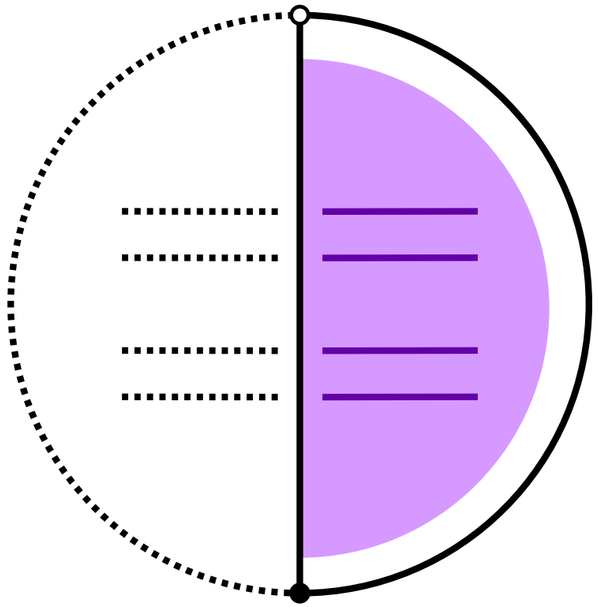
The problem

Healthcare costs are shaped by both the price and use of services. But employers and health plans often lack the clear, unbiased, and actionable visibility needed to understand where pricing variation is driving unnecessary spend.

Transparency regulations and cost comparison tools are evolving. That means organizations must put pricing data at the center of their cost management strategies, with the goal of helping members make better choices.

The challenge: price transparency data can be complex, inconsistent, and difficult to translate into practical decisions about plan design, provider networks, member engagement, and savings opportunities.

Without reliable benchmarking and analytics, payers and employers struggle to identify where costs are out of line, when to guide members to lower-cost options, and how to turn transparency requirements into measurable affordability gains.



How can Truven help?

Truven helps organizations turn price transparency into action with trusted benchmarking and real-world data insights through MarketScan Research Databases.

By revealing cost variation, utilization patterns, and market trends, Truven empowers employers, payers, and providers to make smarter decisions, control spend and uncover new opportunities for savings. It's time for greater clarity, stronger strategy, and more confident healthcare purchasing.

For example, the cost for a vaginal delivery as reported on Hospital and Health Plan machine-readable files (MRFs) ranged between $9,847 and $11,372 for individuals with insurance coverage, which is similar to the client rate of $10,610. Comparing the client rate instead to the median rate of $9,737 from MarketScan Reimbursement Benchmarks uncovers a potential savings opportunity of over $1.4 million.

Uncovering a potential savings opportunity for vaginal delivery

Reimbursement codes		Client data		Hospital MRF					Health plan MRF	Merative MarketScan	Medicare	Savings	
Code	Code description	Client rate	Admits / Claims	Gross charge	Cash price	Plan 1	Plan 2	Plan 3		Reimbursement benchmarks meridian	Fee schedule rate	Renegotiate rate to RB median	*Potential Savings
MS-DRG 807	Vaginal delivery without sterilization/D&C without CC/MCC	$10,610	1620	$16,199	$12,149	$11,372	$10,245	$9,847	$10,847	$9,737	$7,402	$872	$1,414,620
CPT 99285	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of mecical decision making	$1,850	3,320	$2,670	$2,003	$2,003	$1,823	$1,744	$1,804	$1,633	$1,151	$217	$720,440

*Potential Savings = (Claims Median – MarketScan Benchmark) * Utilization

Healthcare cost prediction

The problem

Healthcare costs continue to rise—but despite this decades-old problem, the drivers are evolving. Today, it's fueled by factors such as prescription drug formularies, rising facility spend, innovative specialty therapies, and a small share of members accounting for a disproportionate amount of total cost.

Traditional retrospective reporting can show who was high-cost last year, but it falls short in identifying which members are likely to become high-cost in the future—especially when high-cost claimant status can shift significantly from year to year.

Many organizations also face fragmented data, inconsistent definitions, and long development cycles. Their analytics capacity is often limited, making it harder to move from raw data to timely, actionable insight.

How can Truven help?

Truven can help you anticipate future healthcare costs by using trusted analytics to surface risk, spot emerging high-cost claimants, and uncover the trends driving spend. Through data-driven cost forecasting, organizations can make smarter, earlier decisions to target interventions, optimize benefits, and reduce avoidable financial burden. Employers and payers will have a more proactive cost strategy that protects both member outcomes and the bottom line.

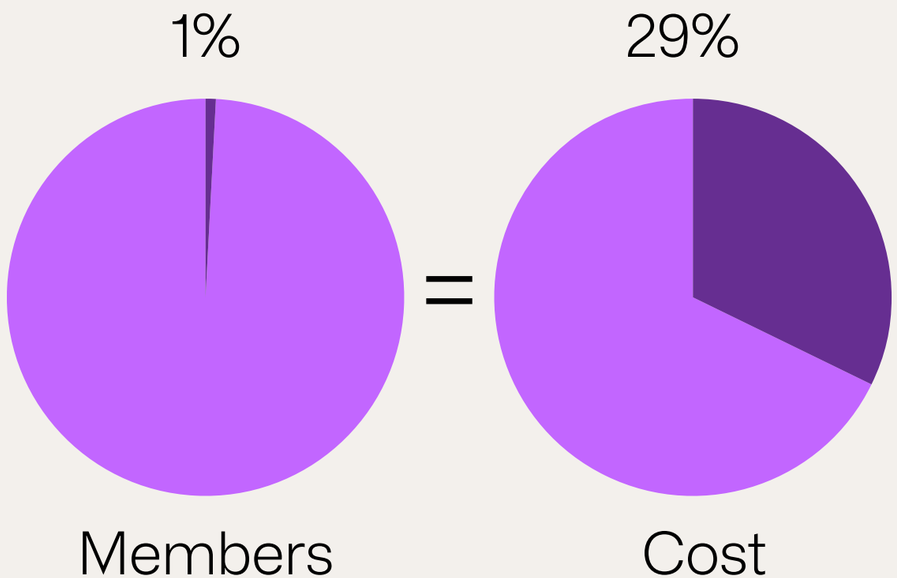
Below is an illustrative example of how ROI can materialize for a commercial payer with 250,000 covered lives:

Potential financial impact

↓ 1% = ↑ $2.5M

High-cost claimants

In annual savings for health plan with 250,000 enrollees[3]



Trusted analytics. Actionable insights.

Healthcare and benefits leaders are being asked to make bigger decisions, faster—often with fragmented data, multiple vendor options and solutions, and no clear path to prove or drive value.

Across these nine areas, the challenge is consistent: benefits leaders need a clear, forward-looking view of their population, their cost drivers, and the strategies most likely to deliver measurable impact:

- Understand what is happening in the population today and what risks are expected to emerge
- Identify and manage the cost drivers affecting affordability and outcomes
- Determine whether current benefit strategies are working as intended
- Prioritize where to focus time, resources, and investment next

The employers and health plans best positioned for the future will be those that:

- Identify hidden opportunities
- Pinpoint emerging risk
- Measure program performance objectively
- Guide members to higher-value care
- `Invest in benefits and a strategy that deliver measurable clinical and financial impact

With the right analytics foundation, health plans, employers, and purchasing organizations can move from reactive problem-solving to proactive, evidence-based decision-making.

Truven helps make that shift possible.

Through trusted data, advanced analytics, benchmarking, predictive insights, and deep healthcare expertise, Truven gives employers, health plans, brokers and consultants, and benefits leaders the clarity they need to manage cost, improve outcomes, and strengthen program performance.

Ready to turn healthcare complexity into a clearer path forward?

Connect with Truven to uncover your biggest opportunities, evaluate what's working, and build a smarter, more sustainable benefits strategy for your organization, employees, and health plan members.

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