

Health

Guiding Principles

1. Society receives elevated benefits from the information and value transfer among healthcare providers, patients, and the patients' loved ones and dependents.
2. The patient is both the product and the consumer simultaneously.
3. Healthcare performed well reduces the need for resources in the healthcare market, which allows them to be shifted to higher return areas of the economy.
4. Healthcare doesn't have a linear consumption trend from the perspective of patient and provider because we require more care as we age.
5. To understand healthcare, you have to view it as an inverse competitive market, which skews the supply and demand characteristics related to identification of need, price signal, and quality signal.
6. Healthcare has to account for the effects of a changing environment on the human body and overall health.
7. Interpersonal and support-based interaction must drive the delivery of care from provider to patient to achieve desired healthcare outcomes.
8. Within the context of care, many patients, because of lack of support, knowledge, or confidence, will adhere to treatment or prescribed care plan resulting from the investment of the provider in their outcome.
9. Patients and providers have a mutual responsibility for making decisions related to the patients' healthcare and education and driving positive behavior.

Policy Conception

1. The healthcare market should be propelled by patients' need and experience of care. When done effectively, this would lead to improved outcomes and reduced costs.

Research Outline

1. Patients
 - a. Lifestyle factors and determinants of health
 - i. Nutrition
 1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2531152/>

- a. How do parental feeding and eating behaviors influence consumption, taste preference, and caloric regulation among children?
 - b. What types of feeding and instruction promote healthy habit formation and autonomous decision making?
2. https://www.cdc.gov/healthyschools/nutrition/school_nutrition_education.htm
 - a. What kind of information do students receive on nutrition?
 - b. What level of education is needed to alter behavior?
 - c. What impedes the nutritious eating habits of students?
 - d. How do childhood and adolescent eating habits translate to health outcomes in adulthood?
 3. <https://www.ncbi.nlm.nih.gov/books/NBK525242/>
 - a. What determines the eating habits of children, adolescents, and adults?
 - b. What health outcomes persist from poor eating during childhood and adolescence?
 - c. What platforms best serve early education about nutrition?
 4. <https://frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf>
 - a. How are poverty and nutrition linked?
 - b. What chronic diseases are associated with food insecurity?
 - c. What costs and changes in consumption result from food insecurity?
 5. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm>
 - a. What are the consequences of an unhealthy diet?
 - b. What are the costs associated?
- ii. Physical activity
1. <https://www.ncbi.nlm.nih.gov/books/NBK201497/>
 - a. How do developing children and adolescents learn motor skills and sustained physical activity?
 - b. How does physical activity change over time with the evolution of relevant variables?
 - c. How does physical activity impact maturation, development, and overall health?
 2. <https://newsinhealth.nih.gov/2013/02/shape-your-familys-habits>
 - a. How do children learn exercise habits?
 - b. How does parental behavior contribute to children's physical activity and weight over time?
 3. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-813>
 - a. How does physical activity relate to the prevalence of non-communicable diseases?
 - b. What level of physical activity is required to reduce the onset of various non-communicable diseases?

iii. Substance Use

1. Tobacco/nicotine products use
 - a. <https://www.ncbi.nlm.nih.gov/books/NBK310413/>
 - i. How do smoking and other forms of tobacco/nicotine consumption degrade health?
 - ii. What are the costs to the consumer and the healthcare system?
 - b. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6795520/>
 - i. How do tobacco/nicotine interact with our nervous system and the rest of our body?
 - ii. How can users of tobacco/nicotine products and physicians maximize the ability to terminate use?
2. Alcohol use
 - a. <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
 - i. What are the health effects of alcohol consumption?
 - ii. What risks does alcohol pose to the individual, society, and the healthcare system?
3. Drug use
 - a. <https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse>
 - i. How does drug abuse impair health?
 - ii. How can drug use be treated most effectively?
 - b. https://www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/research/prescription-opioids/JHSPH_OPIOID_EPIDEMIC_REPORT.pdf
 - i. How have opioid over-use and illicit use eroded individual and public health?
 - ii. What practices can be implemented to mitigate medically unnecessary prescription issuance, addiction, and overdose?
 - iii. What addiction and overdose treatment strategies exist to support the affected population?

iv. Environment

1. <https://www.ncbi.nlm.nih.gov/books/NBK154491/>
 - a. What characteristics of a person's environment correlate with overall health?
 - b. How do the presence and distribution of costly environmental characteristics vary based on geography and socioeconomic status?
 - c. How does information and research on environmental factors permeate the platforms of healthcare delivery?

2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2738880/>
 - a. What environmental risk factors pose the greatest threat to health represented by loss of life, quality of life diminution, and lost labor productivity and opportunity?
 - b. How can we quantify the effects and determine areas with the greatest returns on environment improvement?
- i. Genetics
 1. <https://www.ncbi.nlm.nih.gov/books/NBK19932/>
 - a. What role do genetics play in disease susceptibility and general health?
 - b. How does the study and knowledge of genetics present opportunities in healthcare for prevention, diagnostics, and therapeutic/treatment delivery?
 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2955951/>
 - a. How do genetics interact with other determinants of health?
 - b. What can policy, the medical profession, and the market for supporting services and technology do to integrate genetics into healthcare analysis?
- b. Access to care
 - i. Provider availability
 1. <https://www.ncbi.nlm.nih.gov/books/NBK154484/>
 - a. How concentrated are physicians in the U.S. relative to the population they serve?
 - b. What percentage of physicians are primary care providers vs. specialists?
 - c. How proximate are healthcare facilities to the reliant population?
 - d. How does fragmentation of healthcare markets exacerbate lack of access?
 2. <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook.pdf>
 - a. How are primary care and specialty physicians geographically dispersed?
 - b. How frequent are patient visits based on physician-type population?
 - ii. Costs
 1. <https://www.thepublicdiscourse.com/2019/10/56941/>
 1. What are the costs of healthcare in the United States?
 2. Who is responsible for paying for care?
 3. What market factors determine the costs?
 4. How are price and quality signals communicated to patients?

5. How do the payment mechanisms influence use and expenditures?
2. <https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/#item-u-s-increased-public-private-sector-spending-faster-rate-similar-countries>
 1. How does healthcare spending in the United States compare to similar countries?
 2. How has healthcare spending morphed over time?
 3. What has caused the divergence in spending in the United States in comparison to its peers?
3. <https://www.healthaffairs.org/do/10.1377/hblog20190327.999531/full/>
 1. What percentage of income do Americans spend on their healthcare?
 2. What is the breakdown of expenses between premiums and deductibles?
 3. How do expenses and payment structures incentivize use of care and long-term costs of care?
4. <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-267.pdf>
 1. What sources of health insurance do Americans purchase/use?
 2. How many Americans are uninsured?
 3. Why are some people uninsured?
 4. How does insurance coverage compare by demographic traits?
5. <https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/>
 1. How does insurance modify healthcare behavior?
 2. What are the risks and costs of deferring needed care?
 3. How do patients with no or under insurance pay for care?

c. Quality

- i. Outcomes
 1. <https://www.ncbi.nlm.nih.gov/books/NBK154469/>
 1. How do health systems quantify outcomes?
 2. How does the United States compare to high-income peer countries on measures of population health including life expectancy, high-quality-life years, preventable deaths, years of potential life lost, infant mortality, diabetes, heart and lung disease, disability, etc.?
 3. What explains the U.S. population's broad underperformance on health metrics among peer nations?

ii. Efficiency

1. <https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019>
 1. How do spending and outcomes compare in high-income peer countries to the U.S.?
 2. <https://news.harvard.edu/gazette/story/2018/03/u-s-pays-more-for-health-care-with-worse-population-health-outcomes/>
 1. Where do disparities exist between spending and health?
 2. What drives the disconnect between spending and quality in the U.S. health system?
 3. <https://www.brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system/>
 1. What initiated the long-term rise in healthcare spending in the U.S.?
 2. What expense categories account for the greatest and fastest-growing spending?
 3. How is healthcare spending distributed among population segments?
 4. Why does spending substantially differ by and within regions?
 5. Does disproportionate spending coincide with price, consumption, or a combination of both?
 6. What can competition and concentration trends in healthcare markets indicate about current and future spending?
 7. What cost drivers, such as administration and physician labor supply, add most to healthcare costs?
 8. How do provider price-quality distortions lead to spending increases?
- i. Equity
1. <https://jamanetwork.com/journals/jama/fullarticle/2677433>
 1. What do healthcare outcomes reveal in the U.S. when adjusted for income and wealth?
 2. How does disproportionate healthcare spending propel further inequality and constrain needed resources?
 2. <https://www.theatlantic.com/politics/archive/2018/01/health-care-income-inequality-premiums-deductibles-costs/550997/>
 1. How does patient healthcare spending reinforce income inequality?
 2. How do healthcare outcomes and proportionate spending diverge based on income and wealth?
- ii. Perception
1. <https://www.pewresearch.org/science/2017/02/02/americans-views-about-public-health-and-health-studies-in-the-news/>
 1. How do Americans view public health?
 2. To what factors do people attribute health outcomes?
 3. How do patients perceive their interactions with healthcare providers?

4. How do patients make decisions about their personal healthcare?
5. What do Americans think about their own access to care in their communities?
6. What percentage of Americans have a primary care provider?
7. How common is use of preventive care?
8. How strongly does the public trust medical research and the healthcare system?

2. Providers

a. Primary care

i. Role and scope

1. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0020>
 1. What is the role of a primary care physician?
 2. How does the primary care physician interface with the rest of a patient's healthcare team?
 3. What benefits result to patients from primary care?
 4. How do outcomes rely on availability and use of primary care
2. <https://www.nap.edu/read/5152/chapter/5#53>
 1. What functions does primary care serve?
 2. What healthcare needs to primary care physicians address for patients?
 3. How do primary care physicians support patient use of the healthcare system?
 4. How does continuity aid the processes of diagnosis and treatment?
 5. How can primary care make the health system accountable for and enable preventive care and health outcomes?
3. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/10/25/team-approach-to-health-care-means-new-role-for-doctors>
 1. What members does a healthcare team consist of?
 2. How does a team approach reduce physician burnout and alter total cost of care and patient outcomes?

ii. Supply

1. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2724393>
 1. How does primary care physician supply contribute to patient health?
 2. How have primary care physician supply and distribution evolved in recent years?
2. <https://www.aamc.org/news-insights/press-releases/new-findings-confirm-predictions-physician-shortage>
 1. What quantity of physicians will be required to care for the aging/growing U.S. population over the coming decades?

2. What type and distribution of physicians are needed to serve the needs of the market?
- b. Specialists
 - i. Role and scope
 1. <https://time.com/3138561/specialist-doctors-high-cost/>
 1. When should a patient be referred to a specialist?
 2. Who is responsible for a patient's care plan, spending, risk management, and outcomes?
 3. How can collaboration among patients, primary care physicians, and specialists improve efficiency and minimize waste?
 2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5726433/>
 1. How can referral relationships function for more effective introductions and fewer costs, errors, duplicated efforts, and a reduction in risk?
 2. What do patients, primary care physicians, and specialists value in a referral relationship and process?
 3. How do technology, communication, the patient, role clarity, and organizational support interface with one another for the best results?
 3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466676/>
 1. How do primary care physicians decide to refer to a specific specialist?
 2. What does the referral process entail from the perspective of both doctor and patient?
 4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5599959/>
 1. Why do patients access emergency and urgent care services in instances that could be served by primary care physicians?
 2. What consequences arise from overuse of emergency channels?
 - ii. Supply
 1. <https://www.aamc.org/data-reports/workforce/interactive-data/number-people-active-physician-specialty-2017>
 1. What number of physicians by specialty type are active in patient care nationwide?
 2. <https://www.aamc.org/news-insights/research-shows-shortage-more-100000-doctors-2030>
 1. Which groups of specialty medicine are predicted to see the largest physician deficits?
- c. Incentives
 - i. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3393029/>
 1. How does physician compensation coincide with the total cost of care?

2. How is physician compensation associated with the number of episodes and intensity of care?
 3. How instrumental are primary care physicians in directing and defining total spending for care?
 4. How does the practice environment determine the optimal approach to compensation and spending?
 - ii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5147743/>
 1. What behaviors do physician payment models incentivize?
 2. What payment configuration facilitates the highest value for care?
 - iii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4110893/>
 1. What compensation mechanisms are employed with physicians in different practice settings and specialties?
 2. How does compensation direct quantity and quality of care?
- d. Structure and organization
- i. <https://www.ncbi.nlm.nih.gov/books/NBK221227/>
 1. What is the context within which providers operate in the United States?
 2. What areas of healthcare delivery count most for patient health?
 3. What practice areas and specialties are underrepresented in terms of their value to patient health?
 - ii. <https://www.aahcdc.org/Publications-Resources/Series/Nota-Bene/View/ArticleId/20829/The-Role-of-the-Physician-in-21st-Century-Healthcare>
 1. How is the practice of medicine advancing?
 2. What skills and resources will be needed to adapt to fluid delivery models?
 - iii. <https://www.fsmb.org/siteassets/advocacy/publications/2016census.pdf>
 1. What is the demographic, education, and experience makeup of the physician population in the United States?
 2. Where are physicians distributed geographically?
- e. Utilization and costs
- i. https://www.healthcostinstitute.org/images/easyblog_articles/276/HCCI-2017-Health-Care-Cost-and-Utilization-Report-02.12.19.pdf
 1. How does the U.S. population utilize different types of healthcare service offerings?
 2. How much does the population spend on healthcare products and services?
 3. What motivates changes in utilization and spending?
 4. Where is resource allocation skewed away from outcome-oriented uses?
 - ii. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5758625/>
 1. What motivates overuse in medicine?
 2. How can the healthcare system combat defensive medicine?
 3. How would patients and physicians prefer to communicate and make decisions about care plans?

3. Academia

a. Medical training

- i. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4630550/>
 1. What is the process for training future medical professionals in the U.S.?
 2. What type of science, medicine, clinical practice, specialty, and research education do medical students receive?
 3. What exams and standards must be met to become a medical practitioner?
 4. What components of the medical education system create undesirable incentives or burnout for students?
- ii. https://www.researchgate.net/publication/223971500_Medical_education_in_the_United_States_of_America
 1. How has medical education adapted to the needs of the medical community over time?
 2. How are medical education supply and quality managed?
 3. How is medical education funded?
 4. How can medical education better accommodate the types of physicians needed in the current and future healthcare market?

b. Demand response and costs

- i. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3383155/>
 1. How can medical schools meet the growing need for physicians?
 2. What are the costs and benefits of increasing medical school class sizes and increasing the number of medical schools?
 3. What is the average cost of a medical education in the U.S.?
 4. How do medical students fund their education?
- ii. <https://www.medicaleconomics.com/business/we-must-address-rising-cost-medical-school>
 1. How much do medical students borrow through the course of their education?
- iii. https://www.realcleareducation.com/articles/2019/08/07/a_solution_for_the_us_doctor_shortage_and_the_medical_school_bottleneck_110347.html
 1. How quickly are medical schools scaling their admissions to meet growing physician demand?
 2. What alternatives exist for the lack of space in American medical schools?
- iv. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6139963/>
 1. How can medical education address the mismatch between residency supply and demand?
 2. What teaching models best account for admissions, traditional education, residency, workload, stakeholder incentives, and costs?
 3. What obstacles prevent medical education from being accessible and working well for students interested in serving patients?

4. Producers

a. Pharmaceuticals

i. Need

1. <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/collaborating-to-address-our-global-public-health-challenges>
 1. What segments of public health would have the highest return to pharmaceutical investment?
 2. How do pharmaceutical companies interoperate with the rest of the healthcare system?
2. <https://www.bu.edu/sph/files/2015/12/Role-of-Pharmaceuticals-in-Public-Health-Summary.pdf>
 1. What role do pharmaceuticals play in public health?
 2. How can the healthcare system further meaningful investment, access, and transparency in with the pharmaceuticals industry?
3. <https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2014/antibiotics-currently-in-clinical-development>
 1. What medically imperative research areas are underexplored?
 2. How can the healthcare system encourage research into high-need markets?

ii. Research & Development cost-benefit

1. <https://www.theatlantic.com/health/archive/2019/03/drug-prices-high-cost-research-and-development/585253/>
 1. What do the research and approval processes require for new drugs?
 2. How much do pharmaceutical companies spend on R&D for new drugs?
 3. How do pharmaceutical companies fund R&D?
 4. How much does the American healthcare system spend on pharmaceuticals?
 5. How do pharmaceutical companies price drugs for the market?
 6. How do pharmaceutical companies decide to pursue a solution for specific healthcare problems?
 7. How do R&D expenditures and the markets targeted by pharmaceutical companies solve for patient health?
2. <https://itif.org/publications/2019/09/09/link-between-drug-prices-and-research-next-generation-cures>
 1. How can the healthcare system promote investment into essential pharmaceutical R&D?
 2. How and why has payment for pharmaceuticals shifted?

3. What level of financial return do pharmaceutical companies expect on their research?
4. How do drug pricing and market dynamics for pharmaceuticals guide behavior and outcomes?
5. What are the returns to society from pharmaceutical research?
6. How much do drug profits/prices prompt innovation?

iii. Outlook

1. <https://www.pwc.com/gx/en/pharma-life-sciences/pdf/challenge.pdf>
 1. How do pharmaceutical companies envision the future market landscape and their approach?

b. Medical devices

i. Need

1. <https://apps.who.int/medicinedocs/documents/s17667en/s17667en.pdf>
 1. What part should medical devices play in the healthcare system?
 2. How should healthcare systems select, approve, and integrate areas for medical device investment for ideal patient outcomes and efficient use of resources?
 3. How can healthcare systems minimize overspending or misuse with medical devices in applicable cases?

ii. Research & Development cost-benefit

1. http://www.medpac.gov/docs/default-source/reports/jun17_ch7.pdf?sfvrsn=0
 1. How is the medical device industry structured?
 2. How much investment flows to the R&D for medical devices?
 3. What are the costs and returns to society of the medical device market?
 4. How are the costs of medical devices paid, and to whom do they accrue?
 5. How does the approval process for medical devices regulate risk?
2. <https://www.ncbi.nlm.nih.gov/books/NBK222708/>
 1. What requirements must medical devices satisfy for approved use?
 2. What does the research, engineering, and production of medical devices involve?
 3. How do medical device manufacturers determine where to invest?
 4. What market signals and variables do manufacturers include to establish price and delivery to market?

- iii. Outlook
 - 1. <https://assets.kpmg/content/dam/kpmg/xx/pdf/2017/12/medical-devices-2030.pdf>
 - 1. How do medical device manufacturers perceive the years to come and their strategy applied to the market?

5. Payers

- a. Market breakdown
 - i. https://international.commonwealthfund.org/countries/united_states/
 - 1. What participants are included in the American healthcare payer landscape?
 - 2. How prominently does each participant feature with the covered populations?
 - 3. What portion of the population is not covered by health insurance?
 - 4. How do pricing and administration work within the market?
 - 5. What defines the interplay between payers, healthcare providers, employers, and the government?
 - 6. How do payers govern healthcare outcomes?
 - 7. Why do disparities prevail for access, affordability, and outcomes in U.S. healthcare?
 - 8. How do payers set overall costs within the American healthcare system?
- b. Medicare
 - i. Overview
 - 1. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2019.pdf>
 - 1. Who is eligible for Medicare?
 - 2. How many patients does Medicare cover?
 - 3. What services are covered for Medicare participants?
 - 4. How is Medicare paid for?
 - 5. How is Medicare administered?
 - 6. What is the process for pricing and reimbursing services under Medicare?
 - ii. Outcomes
 - 1. <https://www.gsb.columbia.edu/mygsb/faculty/research/pubfiles/169/lictenberg.pdf>
 - 1. What is Medicare's effect on utilization of healthcare services among the covered population?
 - 2. How have morbidity and mortality for the covered population been shaped by Medicare?
 - iii. Costs

1. <https://www.kff.org/medicare/issue-brief/how-much-do-medicare-beneficiaries-spend-out-of-pocket-on-health-care/>
 1. How much do Medicare beneficiaries pay out of pocket for premiums and services?
- c. Medicaid
 - i. Overview
 1. <https://www.cms.gov/files/document/cms-financial-report-fiscal-year-2019>
 1. Who is eligible for Medicaid?
 2. How many patients does Medicaid cover?
 3. What services are covered for Medicaid participants under state application?
 4. How is Medicaid paid for?
 5. How is Medicaid administered?
 6. What is the process for pricing and reimbursing services under Medicaid?
 - ii. Outcomes
 1. <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>
 1. How has Medicaid bettered healthcare access to its participants?
 2. How has Medicaid supported the health of its covered population?
 - iii. Costs
 1. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-setting-the-facts-straight/>
 1. How much do Medicaid enrollees pay for their care?
- d. Private, employer-based
 - i. Overview
 1. <https://www.kff.org/report-section/ehbs-2019-section-3-employee-coverage-eligibility-and-participation/>
 1. Who is typically eligible for employer-based coverage?
 2. How many patients does employer-based insurance cover?
 3. What services are covered for employer-based insurance plans?
 4. How much do employers contribute to their employees insurance plans?
 5. How are employer-based plans administered?
 6. What is the process for pricing and reimbursing services under employer-based plans?

7. How does coverage and configuration change based on employer characteristics (e.g. employee count, etc.)?
 - ii. Outcomes
 1. <https://www.niskanencenter.org/whats-wrong-with-employer-sponsored-health-insurance/>
 1. How does employer-sponsored health insurance restrict job mobility?
 2. How do coverage, healthcare utilization, and access differ among strata of income earners with access to employer-sponsored health insurance?
 3. How does employer-sponsored health insurance fragment the healthcare market?
 4. What do employees think of their employer-sponsored health insurance?
 - iii. Costs
 1. <https://www.kff.org/report-section/ehbs-2019-section-7-employee-cost-sharing/>
 1. How much do employees pay for their care on average under employer-based insurance plans?
- e. Other
- i. Non-group
 1. <https://www.kff.org/health-reform/poll-finding/survey-of-non-group-health-insurance-enrollees-wave-3/>
 1. Who primarily uses non-group coverage?
 2. How many patients does non-group insurance cover?
 3. What services are commonly covered by non-group insurance plans?
 4. How much do enrollees contribute to their non-group insurance plans?
 5. How are non-group plans administered?
 6. What is the process for pricing and reimbursing services under non-group plans?
 7. How do care access, utilization, and health outcomes measure up to alternatives for non-group plans?
 8. How much do non-group plan participants pay for their care?
 - ii. Military
 1. <https://www.ida.org/-/media/feature/publications/a/an/analyses-of-military-healthcare-benefit-design-and-delivery-study-in-support-of-the-military-compens/p-5213.ashx>
 1. Who is eligible for military-based health plans?
 2. How many patients are covered by the military?
 3. What services are covered by the military plan options?

4. How much do plan participants pay for their care?
5. How are military plans administered?
6. What is the process for pricing and reimbursing services under military health plans?
7. How do care access, utilization, and health outcomes for military health plan enrollees contrast with other payer options?
8. What is the total enrollee cost of care for military health plans?

6. Employers

- a. <http://www.apnorc.org/projects/Pages/HTML%20Reports/employer-perspectives-on-the-health-insurance-market-a-survey-of-businesses-in-the-united-states-research-highlights.aspx>
 - i. Why do employers sponsor healthcare plans?
 - ii. Where do employers source information to make plan decisions?
 - iii. How do employers weight variables in purchasing health plans?
- b. <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/2020-large-employer-health-costs-expected-to-rise.aspx>
 - i. What trends do employers anticipate in their near-term health plan costs?
 - ii. How do employers manage health plan costs and employee-employer cost sharing?
 - iii. How can employers innovate to combine employee priorities with efficient coverage and delivery models?
- c. <https://www.commonwealthfund.org/publications/2019/nov/trends-employer-health-care-coverage-2008-2018>
 - i. How have employer-sponsored health plan payments stacked up against employee payments and wage growth?
- d. <https://hbr.org/2018/11/to-control-health-care-costs-u-s-employers-should-form-purchasing-alliances>
 - i. Why do employers have an interest in sponsoring healthcare plans for their employees?
 - ii. How can employers collaborate to control healthcare costs?
 - iii. How can employees' and employers' motives and behaviors be more closely aligned to reduce costs and improve outcomes?