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PLATFORM POST

If You Are a CEO

What is left to hire, invest and survive a slow quarter once the health plan is paid?

By **Ravi R. Iyer, MD**

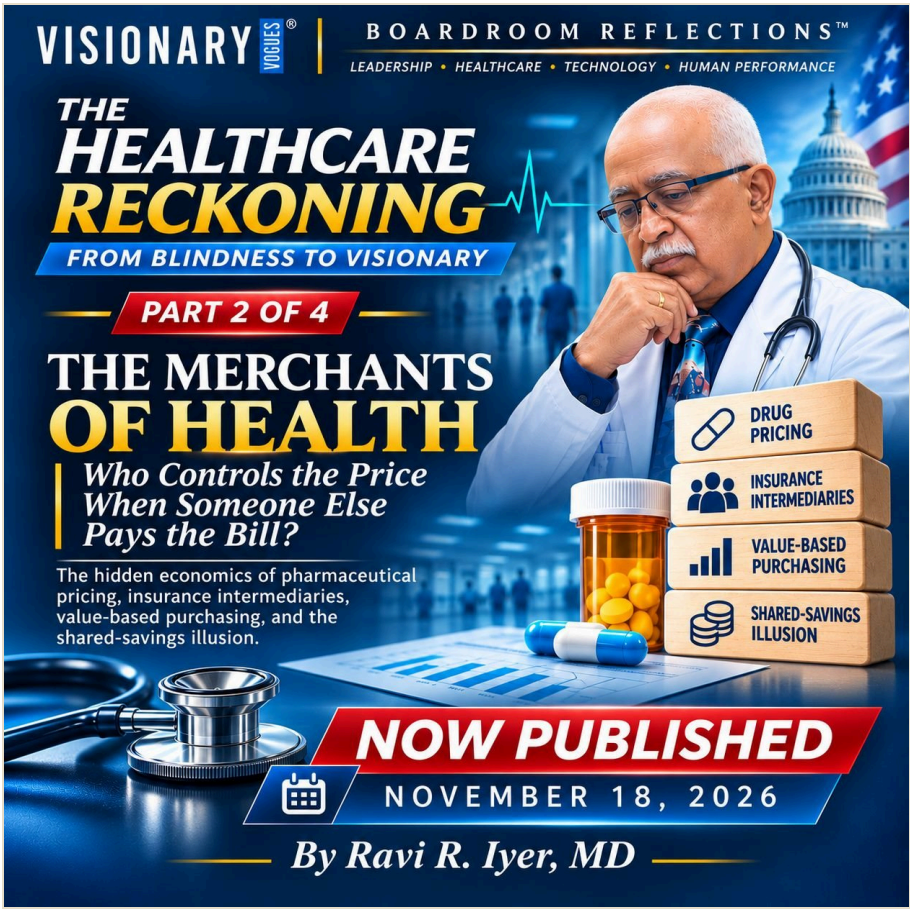


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If you're a CEO, how much cash does your company have left to hire, invest, or get through a slow quarter after it pays for employee health coverage?

In June 2026, U.S. private-sector employers spent about $11 on employee health insurance for every $100 they paid in wages and salaries, according to the Bureau of Labor Statistics.

The next question is harder. Can you tell what your company actually paid for a medication after the rebates, fees, and contract terms are accounted for?

The patient needs the medicine. The physician prescribes it. The employer helps pay for it.

Who controls the price?

In Part 2 of THE HEALTHCARE RECKONING, I follow the money through pharmacy benefit managers, hospital contracts, insurance intermediaries, and value-based purchasing. I ask where these arrangements deliver value, where they add cost, and what happens when the savings a provider delivers this year become the benchmark it has to beat next year.

That leaves employers with a strategic question. What could they negotiate if they pooled what they know about the prices they actually pay? AI could help employers compare net prices across contracts and see what they're getting for their money. That would give them a stronger basis to negotiate and judge whether their spending delivers better care for employees.

> NOW PUBLISHED | BOARDROOM REFLECTIONS
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The patient needs the medicine. The physician prescribes it. The employer finances the healthcare benefit.

But who controls the price?

And who really benefits from the complex financial arrangements behind American healthcare?

In Part 2 of The Healthcare Reckoning, Ravi R. Iyer MD, follows the money to examine the hidden economics of pharmaceutical pricing, pharmacy benefit managers (PBMs), hospital contracts, insurance intermediaries and value-based purchasing.

The article challenges several assumptions about how healthcare works:

🔹 The pharmaceutical pricing paradox: Why is the true net cost of a medication often difficult for employers to determine?

🔹 The intermediary economy: When does complexity deliver genuine value, and when does it simply add another layer of cost?

🔹 The shared-savings ratchet: Can providers be financially disadvantaged by the very efficiencies they create?

🔹 The sustainability question: What happens when opportunities for further savings diminish, but financial expectations continue?

Most importantly, the article asks whether America's employers can move beyond fragmented purchasing and develop the collective intelligence and negotiating power to reshape healthcare economics.

Artificial intelligence could help make that transformation possible, not by replacing physicians or denying necessary care, but by making healthcare transactions more transparent, measurable and accountable.

The central proposition is simple: every participant in healthcare should be rewarded for the value they genuinely create, with better health remaining the ultimate objective.

> 📖 READ PART 2 NOW

> Coming next | Part 3 — November 23, 2026

From Blindness to Visionary: Can AI Turn America's Employers into the Most Powerful Healthcare Purchasing Consortium in History?

Follow Visionary Vogues for the next instalment.

Boardroom Reflections | Leadership • Healthcare • Technology • Human Performance

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ABOUT THE AUTHOR

Ravi R. Iyer, MD is a physician-scientist, entrepreneur, author and five-time TEDx speaker who has spent four decades exploring a deceptively simple question: what makes human beings, and the organizations they create, perform at their best? A Harvard-trained physician, corporate strategist and the founder of multiple healthcare and performance ventures, he is the creator of Neuroalignment, a framework for building high-performance organizations around the realities of human cognitive diversity. His work sits at the intersection of biology, leadership, technology and human behavior.

THE AKAASHIK RECORD

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