

2022 Global Health Review

Compiled by:

Alliant Global Benefits Practice Alliant Clinical Informatics Practice Asinta Network of Brokers

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Section 01 Introduction

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Introduction

Alliant is pleased to present the **2022** Global Health Review. Alliant has focused on identifying both the expected gross^{*} medical trend rate and clinical health trend in **49** countries.

What is Medical Trend?

Medical trend is the predicted change in health plans' per capita claims costs. Factors that influence medical trend include:

- Price inflation
- Leveraging effect of fixed deductibles and copays
- Cost shifting from the uninsured to private payers
- Increased utilization
- Use of more expensive drugs and treatments
- Government-mandated benefits
- Technological advancements

What is Health Trend?

Health trend is the retroactive and prospective view of major health conditions that impact the risk for disability or death. Factors that influence health trend include:

- Lifestyle risk / Behavioral risk
- Access to quality health care
- Environmental shortages (i.e., food, water, electricity)
- Infant mortality rates
- Health literacy and indigenous health practices
- Diet, exercise, quality food options
- Safety and security needs

*Note: that the medical trend rates provided in this report include general inflation.

Alliant's Process

Medical Trend Process

To forecast the change in per capita costs for medical services in each surveyed country, Alliant asked our Asinta broker partners to review their book of business and share the anticipated increase in medical premiums in 2022. This is referred to as the "broker-rated" trend.

Our broker partners also connected with key insurers in the market to determine what trend figure will be applied by their underwriting teams. This is referred to as the "insurer-rated" medical trend.

The intent of this approach is to provide full transparency to employers with two data-points that would impact their renewal rate.

- Broker-rated would provide employers with line of sight in terms of what is the base-line factor for rate negotiations with carrier. This factor will be applied along with a client's claims utilization/experience to generate the medical premium. There are instances where the broker trend is higher and more appropriate for analysis
- Insurer-rated provides employers with actual insight to the factor that is applied by carriers to price the medical benefit

Health Trend Process

Alliant's clinical practice and clinical informatics teams evaluated several global public health resource databases and its own book of business to identify clinical risks and conditions that lead to poor health or higher healthcare consumption needs. This is referred to as the "clinically-rated" trend.

Through our partnerships with the Johns' Hopkins University, Bloomberg School of Public Health, the Institute for Healthcare Metrics and Evaluation (IHME), PubMed, and the Global Business Group on Health (GBGH), Alliant has successfully aggregated several data sources and normalized the data points to present an overview of health risk and burden across the globe.

The intent of this approach is to provide a comprehensive view to employers with three significant data-points that would be significant in evaluating population health needs:

- Health Trend value
- Disability-Adjusted Years of Life Lost due to Death and Disability (DALYs) which may be useful in understanding how insurance products may be rated or evaluated.
- Top 5 Risk Factors for Death and Disability which can create opportunities for a global wellbeing strategy.

Section 02 Medical Trend by Country

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2022 Medical Trend by Country

		Medical	Health Trend		
Region	Country	Insurer- Rated	Broker- Rated	Clinically- Rated	
Americas	Brazil	15.00%	15.00%	15.19%	
Americas	Canada	11.50%	8.00%	3.95%	
Americas	Colombia	5.41%	5.41%	8.43%	
Americas	Mexico	25.00%	14.00%	17.31%	
Americas	United States	8.00% 6.25%		6.16%	
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APAC	Australia*	4.50%	4.50%	7.41%	

APAC	Australia*	4.50%	4.50%	7.41%
APAC	China	10.00%	8.00%	12.72%
APAC	Hong Kong	9.00%	8.00%	12.72% ¹
APAC	India	20.00%	20.00%	15.33%
APAC	Indonesia	11.75%	11.75%	14.75%
APAC	Japan	0.00%	0.00%	9.49%
APAC	Singapore	11.00%	10.00%	8.34%
APAC	South Korea	3.50%	3.50%	5.53%
APAC	Thailand	10.00%	10.00%	14.98%
APAC	Uzbekistan	38.00%	38.00%	19.35%

* Trend is estimated by carrier and finalized at a later date by the regulators ¹Not reported as a separate country, clinical results tied to territory's governance Visit https://www.asinta.com/ for more information regarding the Asinta network of brokers.

2022 Medical Trend by Country

		Medica	l Trend	Health Trend
Region	Country	Insurer- Rated	Broker- Rated	Clinically- Rated
EMEA	Albania	17.50%	11.00%	16.38%
EMEA	Bahrain	10.00%	7.50%	9.69%
EMEA	Belarus	20.00%	15.00%	14.40%
EMEA	Belgium*	2.14%	2.14%	4.01%
EMEA	Bosnia	7.00%	6.80%	12.41%
EMEA	Bulgaria	10.00%	6.50%	10.45%
EMEA	Croatia*	2.50%	2.50%	11.32%
EMEA	Estonia	2.00%	2.00%	5.04%
EMEA	France	5.00%	5.00%	2.91%
EMEA	Georgia	11.00%	10.00%	12.12%
EMEA	Germany	5.00%	5.00%	2.62%
EMEA	Hungary	10.00%	10.00%	6.00%
EMEA	Ireland	4.25%	5.50%	9.13%
EMEA	Italy	6.00%	5.00%	4.40%
EMEA	Kazakhstan	7.50%	6.00%	9.22%
EMEA	Kuwait	8.00%	6.00%	10.59%
EMEA	Latvia	9.50%	11.00%	6.71%

* Trend is estimated by carrier and finalized at a later date by the regulators Visit https://www.asinta.com/ for more information regarding the Asinta network of brokers.

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2022 Medical Trend by Country

		Medica	l Trend	Health Trend
Region	Country	Insurer- Rated	Broker- Rated	Clinically- Rated
EMEA	Lithuania	17.50%	11.00%	6.51%
EMEA	Macedonia	1.50%	1.70%	8.25%
EMEA	Moldova	5.00%	5.00%	7.91%
EMEA	Montenegro	15.00%	13.50%	13.11%
EMEA	Netherlands	3.00%	3.00%	5.33%
EMEA	Poland	11.00%	11.00%	4.89%
EMEA	Portugal	4.20%	4.00%	6.68%
EMEA	Qatar	8.00%	7.50%	11.09%
EMEA	Romania	15.00%	15.00%	10.87%
EMEA	Russia	13.00%	9.50%	8.17%
EMEA	Serbia	15.00%	13.50%	5.79%
EMEA	Slovenia*	2.50%	2.50%	5.87%
EMEA	Spain*	3.70%	2.50%	4.78%
EMEA	Switzerland	0.80%	0.60%	2.90%
EMEA	Ukraine	12.00%	10.00%	12.40%
EMEA	United Arab Emirates	12.50%	13.50%	8.33%
EMEA	United Kingdom	6.50%	6.00%	2.96%

* Trend is estimated by carrier and finalized at a later date by the regulators Visit https://www.asinta.com/ for more information regarding the Asinta network of brokers.

Section 03 Effects of the COVID-19 Pandemic

Clinical Risk in a Post-COVID World

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What is the Long-Term Financial Impact?

- International hospitals and healthcare facilities are facing catastrophic financial challenges related to the COVID-19 pandemic. The American Hospital Association estimates a financial impact of \$ 202.6 billion in lost revenue for America's hospitals and healthcare systems, or an average of \$50.7 billion per month.
- Furthermore, it could cost low- and middle-income countries approximately \$52 billion every four weeks to provide an effective healthcare response to COVID-19.
- From a global economic standpoint, the World Bank projects that global growth is projected to slow by almost 8% with lower income countries feeling most of the impact. The United Nations Projects might have costed the global economy around 2 trillion dollars in 2021.

	Pro		Projected ^a		
	2019	2020	2021		
World	2.9	-4.9	5.4		
United States	2.3	-8.0	4.5		
China	6.1	1.0	8.2		
India	4.2	-4.5	6.0		
Brazil	1.1	-9.1	3.6		
ASEAN-5	4.9	-2.0	6.2		
Low-Income Developing Countries	5.2	-1.0	5.2		

^aProjections from the International Monetary Fund. Adapted from [38].

What is the Long-Term Health Impact?

- For those with chronic disease, the impact has been particularly profound. An increase in deaths has been observed among people with dementia, circulatory diseases, and diabetes among other causes. This increase could reflect undercounting COVID-19 deaths or indirect effects of the virus, such as underutilization of, or stresses on, the health care system.
- COVID-19 has resulted in decreases of many types of health care utilization, ranging from preventive care to chronic disease management and even emergency care. As of June 2020, 4 in 10 adults surveyed reported delaying or avoiding routine or emergent medical care because of the pandemic.
- Cancer screenings, for example, dropped during the pandemic. Decreases in screening have resulted in the diagnoses of fewer cancers and pre-cancers, and modeling studies have estimated that delayed screening and treatment for breast and colorectal cancer could result in almost 10,000 preventable deaths in the United States alone. Additional lost ground in prevention across the chronic disease spectrum and in other areas includes pediatric immunization, mental health, and substance abuse.
- The pandemic has led to a fourfold increase in the number of people seeking mental health services for help with depression, anxiety, and other mental health problems, with the top risk factors being loneliness and isolation, followed by trauma and relationship problems.
- Post-COVID conditions are a wide range of new, returning, or ongoing health problems people can experience four or more weeks after first being infected with the virus that causes COVID-19. Even people who did not have COVID-19 symptoms in the days or weeks after they were infected can have post-COVID conditions. These conditions can present as different types and combinations of health problems for different lengths of time, sometimes referred to as "long-haul COVID" or "post-COVID syndrome".
- According to the Centers for Disease Control and Prevention (CDC), the most common lasting symptoms are fatigue, shortness of breath, cough, joint pain and chest pain. Other issues include cognitive problems, difficulty concentrating, depression, muscle pain, headache, rapid heartbeat and intermittent fever.
- Much is still unknown about how COVID-19 will affect people over time, but research is ongoing. This will continue to impact healthcare consumption as people seek care for the ongoing sequalae stemming from COVID-19 infection.
- Research suggests that building effective multidimensional healthcare capacity is the most promising means to mitigate future COVID-19 fatalities. The data also suggests that government's ability to implement public health measures to a degree determines mortality outcomes.

Clinical Informatics

Section 04

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Clinical Informatics Terms Glossary

Clinical Informatics

- Disability-Adjusted Life Year (DALY) The years of life lost to dying early plus years lost living with a disability/disease
- Years of Life Lost (YLL) a medical condition that resulted in dying younger than expected
- Years lost due to Disability (YLD) the burden of living with a disease or disability; also known as burden of disease

Condition Categories

- Cardiovascular (CAR) conditions pertaining to the heart and circular system, i.e., heart disease, stroke, high blood pressure, peripheral artery disease, heart valve disorders
- Malignancies (MAL) cancers originating from major organs such as liver, lung, breast, brain, skin, as well as blood, i.e., leukemia and multiple myeloma
- Endocrine (END) Diabetes and chronic kidney disease, a long-term complication from Diabetes
- Musculoskeletal (MUS) conditions pertaining to the bones, joints, and muscles, such as back/neck pain, arthritis, and gout
- Mental Health (PSY) higher prevalence mental health conditions, i.e., depression, anxiety, bipolar disorder, autism spectrum disorder, schizophrenia
- Infectious Disease (INF) conditions caused by viruses or bacteria, including HIV, upper/lower respiratory infections, diarrheal infections, and other unspecified
- Pregnancy/Neo-natal (FRE) conditions affecting pregnant women and infants, including birth defects, neonatal disorders affecting the newborn, sudden infant death syndrome, maternal and gynecological diseases
- Environmental (TOX) conditions resulting from interpersonal violence, falls, road injuries, and self-harm



DALYs: Considerations and Observations

Americas

- The focus for reducing premature death and disability varies by country in the Americas.
 Some commonalities were noted across more developed countries, such as higher rates of cardiovascular disease, malignancies (cancer) and musculoskeletal disorders.
- Similarly, emerging countries (less developed) have higher risks associated with environmental, infectious disease and complications associated with pregnancy and birth.

APAC

The focus for reducing premature death and disability varies by country in APAC. Unlike the Americas, there are inconsistencies in identifying clear commonalities between developed and emerging countries, although culture and island-based structures may be contributing factors (i.e., countries like Australia, Singapore, and Japan have similar statistics in many categories as do peninsula-like countries or mainland nations).

EMEA

- The focus for reducing premature death and disability varies by country in EMEA. Some commonalities in former Soviet and Yugoslavian nations were observed, most notably with cardiovascular disease. Cancer risk is highest amongst more developed nations, such as France, Netherlands, and Italy; however, there are higher deviations from the mean amongst emerging countries related to cancer risk.
- High rates of musculoskeletal conditions can be seen in countries like Switzerland, Qatar, Ireland, UK, and Kuwait. Mental health is a major concern for 38% of the countries in this survey. Infectious disease risk is particularly high in Portugal, Russia, Ukraine, Belgium, UK, Kazakhstan, and Kuwait (unrelated to COVID-19).



DALYs: Well-Being and Health Interventions

Americas

- Countries such as Brazil, Mexico and Colombia have higher environmental risk factors associated with poor safety and security. This contributes to risks associated with infections, higher infant mortality and access to quality health care. Focusing on environment should be considered the priority.
- Countries like the United States and Canada have health concerns primarily driven by lifestyle behaviors that are correlated to poor health or conditions that lead to disability or chronic illness. Diet, exercise, and preventive care screenings can assist in reducing health risks such as cardiovascular disease, exacerbated mental illness and reduction in the severity risk with cancer.

APAC

- Countries such as China, Indonesia, and Uzbekistan have significant cardiovascular disease risk, associated with diet and nutrition as well as genetic predisposition to heart disease. Cancer is significantly higher for China amongst these three nations.
- Countries like the Japan, South Korea, and Australia have some of the highest risk for cancer, suggesting early detection programs and preventive care screenings should be a priority focus. Musculoskeletal conditions, while a priority in most countries is of significant concern for Australia, Singapore, Japan and South Korea. Prenatal care and pregnancy support would be most valuable in India, Indonesia and Uzbekistan.

EMEA

 Due to the sheer number of countries in EMEA, well-being initiatives may be challenging; however, three (3) key focus areas can benefit the majority of EMEA countries: Cardiovascular, Cancer, and Mental Health. Regional strategies related to musculoskeletal and pregnancy-related complications may benefit some countries as well.

Disability-Adjusted Years of Life Lost due to Death and Disability (DALYs)

Region	Country	CAR	MAL	END	MUS	PSY	INF	FRE	тох
Americas	Brazil	13.32	8.41	5.73	7.33	7.17	6.75	8.78	12.33
Americas	Canada	13.94	17.71	4.45	12.99	6.33	2.36	3.16	6.84
Americas	Colombia	11.61	8.53	6.39	9.05	5.99	4.26	8.46	14.84
Americas	Mexico	9.97	6.63	14.56	7.67	5.91	4.05	8.42	11.34
Americas	United States	15.47	13.62	6.07	12.51	6.29	2.31	3.19	6.98
Americas	Mean	13.32	8.53	6.07	9.05	6.29	4.05	8.42	11.34

APAC	Australia	12.43	15.07	4.34	11.07	9.24	1.57	3.53	7.71
APAC	China	23.64	14.38	4.12	7.81	5.05	2.07	4.14	6.89
APAC	Hong Kong	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
APAC	India	12.93	3.55	4.34	4.79	3.93	9.3	12.72	8.3
APAC	Indonesia	21.27	6.98	7.1	6.75	3.96	5.81	8.48	4.86
APAC	Japan	15.03	17.31	4.61	12.87	4.73	4.06	1.9	5.91
APAC	Singapore	13.86	13.23	5.72	14.38	8.02	5.71	3.42	5.68
APAC	South Korea	11.35	15.84	5.8	13.64	6.19	2.48	2.56	9.98
APAC	Thailand	12.82	11.29	7.75	9.18	4.92	8.4	3.27	9.42
APAC	Uzbekistan	26.2	5.77	5.47	3.96	3.88	8.91	8.51	6.95
APAC	Mean	13.86	13.23	5.47	9.18	4.92	5.71	3.53	6.95

Disability-Adjusted Years of Life Lost due to Death and Disability (DALYs)

Region	Country	CAR	MAL	END	MUS	PSY	INF	FRE	тох
EMEA	Albania	28.63	12.13	3.37	7.08	5.05	2.74	5.22	6.22
EMEA	Bahrain	12.83	7.43	13.45	10.53	11.03	2.19	6.59	7.38
EMEA	Belarus	35.88	10.84	1.69	5.17	4.46	1.83	3.04	8.35
EMEA	Belgium	13.97	16.84	4.31	9.27	6.44	3.23	3.63	8.55
EMEA	Bosnia	28.48	16.66	8.34	5.74	4.36	1.38	2.60	5.60
EMEA	Bulgaria	40.86	13.96	4.88	4.79	3.21	1.92	1.95	5.08
EMEA	Croatia	25.46	17.30	5.39	6.57	4.67	1.24	2.49	8.06
EMEA	Estonia	28.47	15.27	3.78	6.31	5.07	2.28	2.64	6.55
EMEA	France	12.63	18.25	3.27	10.14	7.63	2.18	3.74	8.17
EMEA	Georgia	34.59	12.29	5.68	4.34	3.73	2.03	4.14	6.12
EMEA	Germany	18.64	16.79	5.77	9.76	6.26	2.06	3.21	5.66
EMEA	Hungary	27.60	17.58	4.83	5.97	4.06	1.50	2.19	6.71
EMEA	Ireland	13.74	15.83	3.71	11.60	9.15	2.37	4.53	5.71
EMEA	Italy	17.12	17.55	5.93	10.73	6.92	1.48	2.73	5.38
EMEA	Kazakhstan	24.40	8.09	4.03	4.52	4.15	3.72	6.63	9.90
EMEA	Kuwait	15.00	5.32	6.57	10.99	11.73	3.29	11.82	7.86
EMEA	Latvia	33.16	13.63	3.22	5.65	4.50	2.53	2.68	7.21
EMEA	Lithuania	30.20	13.38	2.36	5.60	4.91	2.08	2.65	8.75
EMEA	Macedonia	34.12	15.88	7.11	5.35	4.21	1.33	3.56	5.20
EMEA	Moldova	30.67	10.01	2.71	5.29	4.51	3.55	4.60	6.51
EMEA	Montenegro	33.27	16.79	5.80	5.86	4.45	1.32	2.48	7.35
EMEA	Netherlands	13.33	20.33	4.17	9.83	7.75	2.24	3.78	6.05
EMEA	Poland	22.69	18.23	4.79	6.77	4.09	2.27	2.25	8.16
EMEA	Portugal	15.82	16.20	6.60	10.54	8.05	4.14	2.79	4.80
EMEA	Qatar	8.50	5.36	8.14	11.30	13.24	1.94	8.31	14.91
EMEA	Romania	32.82	13.72	3.47	5.67	3.82	2.99	2.32	5.87
EMEA	Russia	31.87	10.36	2.35	5.56	3.64	4.26	3.12	9.78
EMEA	Serbia	31.84	17.32	6.45	5.65	3.96	1.53	2.10	5.66
EMEA	Slovenia	18.13	17.92	4.37	7.30	5.41	1.98	2.38	9.50
EMEA	Spain	14.28	17.10	5.67	9.60	8.25	2.26	3.48	5.26
EMEA	Switzerland	13.78	15.36	4.53	12.09	8.57	1.89	4.38	7.93
EMEA	Ukraine	38.36	10.25	1.72	4.55	4.00	3.46	2.85	8.54
EMEA	UAE	15.18	7.60	7.52	8.87	8.72	2.36	4.40	13.78
EMEA	UK	14.77	16.27	4.21	10.50	6.86	3.19	3.69	4.90
EMEA	Mean	24.93	15.60	4.66	6.67	4.98	2.22	3.17	6.96

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Americas

Region	Country	First	Second	Third	Fourth	Fifth
Americas	Brazil		Ð	Ð		
Americas	Canada	Ð	Ð	Ì		
Americas	Colombia		Ð	Ð		Ð
Americas	Mexico		Ð	Ì		
Americas	United States	Ð	Ð		(P)	

Risk Factors	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol		Overweight /Obesity	Tobacco Use	Not Applicable
Symbol	¥			÷		00000 00000	\otimes	0		N/A

Asia Pacific

Region	Country	First	Second	Third	Fourth	Fifth
APAC	Australia	Ð	Ð			
APAC	China		(P)			
APAC	Hong Kong	N/A	N/A	N/A	N/A	N/A
APAC	India	\otimes		Ð	Ð	
APAC	Indonesia	÷	æ			Ð
APAC	Japan	æ	(P)			æ
APAC	Singapore	æ		Ð	Ð	
APAC	South Korea	æ		¥		Ð
APAC	Thailand	æ		Ð	Ð	¥
APAC	Uzbekistan	(P)		Ð		\otimes

Risk Factors	Alcohol Use	Dietary Risks	Elevated Glucose	High Blood Pressure	Kidney Dysfunction	High LDL Cholesterol		Overweight /Obesity	Tobacco Use	Not Applicable
Symbol	¥			(Ref)		00000 00000	\otimes	0	Ð	N/A

Europe, Middle East, & Africa

Region	Country	First	Second	Third	Fourth	Fifth
EMEA	Albania	R	Ð			00000
EMEA	Bahrain	Ð		Ð	Ð	0
EMEA	Belarus	÷		Ð	Ð	
EMEA	Belgium	Ð	Ð			Ð
EMEA	Bosnia	Ð		Ð	Ð	
EMEA	Bulgaria	(F)		Ð	Ð	
EMEA	Croatia	Ð	(P)		Ð	
EMEA	Estonia	(F)	Ð	Ð		¥
EMEA	France	Ð	Ð	¥	Ð	
EMEA	Georgia	÷		Ð		Ð
EMEA	Germany	æ	(P)		æ	

Risk	Air	Alcohol	Dietary	Elevated	High Blood	Kidney	High LDL		Overweight	Tobacco	Not
Factors	Pollution	Use	Risks	Glucose	Pressure	Dysfunction	Cholesterol		/Obesity	Use	Applicable
Symbol		¥			(F)			\otimes	00	Ð	N/A

Europe, Middle East, & Africa (con't)

Region	Country	First	Second	Third	Fourth	Fifth
EMEA	Hungary		(P)			
EMEA	Ireland	Ð	(P)	Ð		
EMEA	Italy	Ð		Ð	æ	
EMEA	Kazakhstan	Ð		Ð		
EMEA	Kuwait	Ð		Ð	Ð	
EMEA	Latvia	Ð		Ð	Ð	
EMEA	Lithuania	(F)		Ð	Ð	
EMEA	Macedonia	Ð	Ð		Ð	
EMEA	Moldova	Ð		Ð	Ð	¥
EMEA	Montenegro	Ð	Ð	Ð		
EMEA	Netherlands	Ð	Ð	\bigcirc		

Risk	Air	Alcohol	Dietary	Elevated	High Blood	Kidney	High LDL		Overweight	Tobacco	Not
Factors	Pollution	Use	Risks	Glucose	Pressure	Dysfunction	Cholesterol		/Obesity	Use	Applicable
Symbol		¥			(F)			\otimes	0-0	Ð	N/A

Europe, Middle East, & Africa (con't)

Region	Country	First	Second	Third	Fourth	Fifth
EMEA	Poland					
EMEA	Portugal		Ð	Ð	Ð	
EMEA	Qatar	Ð		Ð		Ð
EMEA	Romania	÷	Ð		æ	
EMEA	Russia	(H)	Ð		Ð	¥
EMEA	Serbia	÷	Ð			æ
EMEA	Slovenia	Ð	(H)	Ð		
EMEA	Spain	Ð		Ð	Ð	
EMEA	Switzerland	Ð	Ð			Ð
EMEA	Ukraine	(H)		Ð	00000	Ð
EMEA	United Arab Emirates	æ	Ð	Ð		
EMEA	United Kingdom	Ð		Ð		Ð

Risk	Air	Alcohol	Dietary	Elevated	High Blood	Kidney	High LDL	Malputrition	Overweight	Tobacco	Not
Factors	Pollution	Use	Risks	Glucose	Pressure	Dysfunction	Cholesterol		/Obesity	Use	Applicable
Symbol		¥			(F)		00000 00000	\otimes	0-0	Ð	N/A

Meet the Team

Section 05

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Meet the Team

Our Alliant Team



Kryijztoff (Kryz) Novotnaj, DNP, MPH Nat'l Director, Clinical Informatics

Experience: 18 + years in nursing, employee benefits and clinical informatics. Education: DNP, University of San Diego, MPH, University of Liverpool Email: Kryijztoff.Novotnaj@alliant.com



Lisa Rittenhouse, BSN, RN Clinical Consultant

Experience: 18 + years in clinical nursing (ICU, transplant), employee benefits, and wellness Education: BSN, Indiana University Email: Lisa.Rittenhouse@alliant.com



Sam Hussein Global Consultant

Experience: 14+ years of global benefits consulting Education: HBA, University of Toronto Email: Warsame.Hussein@alliant.com



Emma Bsales Global Account Executive

Experience: 4 years in global benefits consulting Education: BA, University of Chicago Email: Emma.Bsales@alliant.com

About the Asinta Network



Alliant is a proud partner of Asinta. Asinta's network includes partner firms whose like-mindedness creates a natural, supportive and responsive system that gets the everyday and the spectacular accomplished.

The Asinta network including affiliates operate in over 100 countries with a proven track record servicing Alliant's clients. The brokers are rigorously vetted to ensure their local teams have English language proficiency and are a cultural match for US-based multinationals.

Visit https://www.asinta.com/ for more.

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