

SPECIAL EDITION ACTION BRIEF

Employer Strategies that Drive Health, Equity and Value



COVID-19 HEALTHCARE IMPACT

THE LONG VIEW

ACTION STEPS FOR EMPLOYERS:

1. Re-engage your workforce with preventive- and selective-care services through diversified education, enhanced care management, and targeted benefit incentives.
2. Implement benefits that integrate mental health services into all levels of care.
3. Embed reliable, low- or no-cost telehealth outpatient care in plan benefit options.

Looking beyond the immediate concerns of COVID-19 vaccination and testing, this issue revisits the potential long-term impact of the COVID-19 pandemic on employer baseline healthcare strategies including:

- ▶ Re-engaging workers with high-value preventive and elective care.
- ▶ Integrating behavioral health services across all care.
- ▶ Making essential telemedicine adaptations permanent.

RE-ENGAGEMENT WITH PREVENTIVE AND ELECTIVE HEALTHCARE

The pandemic has brought countless unforeseeable choices and trade-offs for people as they navigate their daily lives and the healthcare system—among them, whether, when and how to resume pre-pandemic healthcare regimens. How do the risks of leaving home to visit medical facilities stack up against the well-documented benefits of preventive care? Whether for annual

“Despite the incredible importance of preventive care, we do have data recently showing just how much preventive care declined during the height of the pandemic. And some of the results were really striking.”

—Julie Marder, AMA senior policy analyst, citing research from the Health Care Cost Institute



checkups and diagnostic tests or children's well-child visits and immunizations, each venture into non-emergency healthcare sparks a calculus of risk.¹

1. Re-engage your workforce with preventive- and selective-care services through diversified education, heightened care management, and targeted benefit incentives.

Lower use of preventive care has led to the identification and treatment of fewer acute, serious and chronic conditions.

Individuals who delay care, especially those with multiple chronic conditions, may face long-term complications.

Employers must use a multifaceted approach to avoid these serious—and even catastrophic—health events, which may necessitate high-cost treatments for advanced disease and reduce patient productivity and quality of life.

Percent Change in Various Services, 2019-2020



Submitted claims for most preventive services we examined, such as mammography and childhood immunizations, exhibited significant declines in 2020 compared to 2019, particularly mid-March through mid-April. Even by the beginning of December 2020, utilization of some preventive services appeared to be running below 2019 levels.

The first step employers can take to help employees resume high-value preventive and elective treatments is to invest in direct communication, education, and open dialog by providing clear

information workers can trust. It's important to reassure workers that healthcare facilities are following trusted safety protocols.

Outreach should be highly customized, so diverse populations can clearly understand and relate to the information. Check with health plans and public health departments for complimentary, customizable templates and resources. Examples include multiple translation options and the use of icons, infographics, diagrams and video. Cover as many communication channels as possible, including digital, print, email, text messages, newsletters, and presentations.

Beyond education, employers are using healthcare case managers and/or health coaches as an integral service to ensure continuity of care for the many employees who have made the shift to telemedicine. These efforts help address preventive-care follow up.

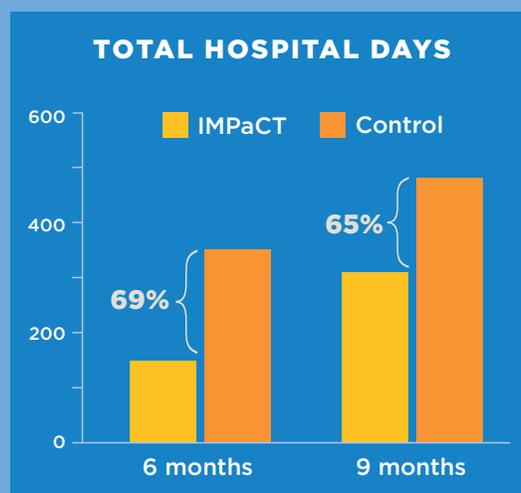
Relevant Highlights from Patient-Centered Outcomes Research Institute (PCORI)-funded Research

Variation in Case Management Programs and Their Effectiveness in Managing High-Risk Patients for Medicare ACOs

This study, which is currently under way and funded through PCORI, is specifically investigating care management services and their effectiveness in addressing additional health issues related to COVID-19.

Collaborative Goal Setting with or without Community Health Worker Support for Patients with Multiple Chronic Conditions

Results published from this PCORI-funded study show that the integration of a Community Health Workers (CHW) program called



IMPaCT can improve outcomes for patients, healthcare delivery systems, and purchasers. Results include

shorter hospital stays, improved patient-reported quality of care, and increased patient confidence in managing their health, which may lead to lower healthcare costs and improved patient-centered outcomes.

Pilot Project: Helping Patients Make Health Decisions with Support from a Health Coach

This completed PCORI-funded study helped identify important features of a successful patient-coach relationship. For example, when patients regard the coach as a peer, the coach serves as a bridge between patients and the doctors whom patients find intimidating.

Some organizations are offering care management services through integrative primary care providers and community health workers (CHWs) as a covered benefit. Large employers are providing case management programs through on-site services.

AMERICAN MEDICAL ASSOCIATION (AMA) NEWS ALERT

Need for Urgency, Assurance

“It’s really important to get [patients] back on track with their preventive care services,” says Alexander Ding, MD, clinical assistant professor of radiology at University of Louisville School of Medicine and chair-elect of the AMA Council on Science and Public Health. “I think the main point to make is, after six months in a pandemic...there’s no more time to wait.”

Two new coding guides from the AMA, one regarding Medicare and another one private payers, eliminate the guesswork. Available free on the AMA website, each coding guide provides an alphabetical list of zero-dollar evidence-based preventive services—including screenings and vaccinations, as well as counseling and other interventions—along with details of the relevant at-risk populations and the pertinent billing codes.

It’s crucial that physicians, other healthcare professionals, and their staffers communicate clearly with insurers when coding zero-dollar preventive services, both to ensure the coding matches up with the service that was provided and to signal to the insurance company that a zero-dollar service was provided. This holds the insurance company accountable for paying the bill.

Source: <https://www.ama-assn.org/delivering-care/patient-support-advocacy/preventive-care-pandemic-stretches-no-more-time-wait>

CHWs sometimes fill the role of care management by coordinating programs with providers and health systems. Because they are community based, it’s practical for them to advise underserved populations about how to resume preventive care services, such as immunizations, screenings and appointments.

Finally, employers are revisiting pre-pandemic benefit plans and incentive programs to recognize the need for re-engagement with preventive and elective care services. When possible, plans should provide no-cost options for this care.

BEHAVIORAL HEALTH INTEGRATION

Prior to the pandemic, research showed that 68% of people diagnosed with behavioral health issues, particularly depression, had higher rates of comorbidities than the general population. During the pandemic, about four in 10 adults in the US have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent throughout the crisis, up from one in 10 adults who reported these symptoms from January to June 2019.

The COVID-19 crisis has underscored why employers must seriously consider introducing evidence-based integrative mental health services into health

“The impact of the pandemic on people’s mental health is already extremely concerning. Social isolation, fear of contagion, and loss of family members is compounded by the distress caused by loss of income and often employment.”

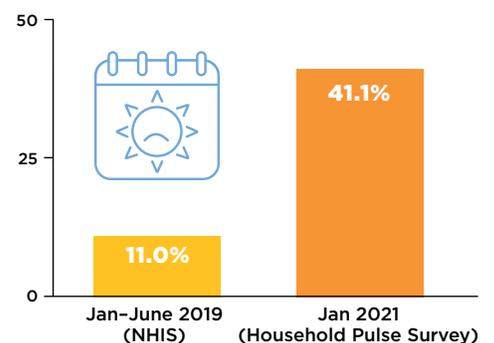
—Dr. Tedros Adhanom Ghebreyesus, director-general of the World Health Organization

benefit plans, an approach that not only addresses everyday wellbeing concerns but can accommodate the heightened mental health needs of a workforce experiencing pandemic-related stress.

2. Implement benefits that integrate mental health services into all levels of care.

Research has shown that treating the mental and physical healthcare needs of patients through an evidence-based, integrative approach improves patient outcomes and satisfaction. In addition, costs fall and patient quality of life rises when common disabling behavioral health problems are diagnosed earlier and in tandem with other medical conditions.²

AVERAGE SHARE OF ADULTS REPORTING SYMPTOMS OF ANXIETY DISORDER AND/OR DEPRESSIVE DISORDER, JANUARY-JUNE 2019 VS. JANUARY 2021



Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>



Research Matters Stay Ahead of the Curve

A recent PCORI-funded study is assessing whether integrated behavioral health mitigates the impact of COVID-19 on patients and whether the value of integrated behavioral health declines or increases during the pandemic. It will also assess how the degree of integration of these practices affects patient health. When the findings are published in April 2021, they will help stakeholders—including insurers, regulators, health system managers, policy makers and employers—decide how best to deploy limited healthcare resources in a post-pandemic world.

Sign up to receive the results of this study as soon as they are published by visiting <https://www.pcori.org/research-results/2015/comparing-two-ways-combining-behavioral-health-care-and-primary-care-adults>.



In light of the pandemic, we have learned that, in addition to the benefits needed under normal circumstances, having an integrative healthcare approach in place has enabled employers to quickly address urgent workforce mental health needs.

Integrating behavioral health into baseline healthcare services often starts with primary care. To this end, purchasers who are negotiating contracts should examine:

- ▶ How the primary care practice's metrics for medical and behavioral health compare. If there are inequities, seek explanations for the

differences and establish timelines for remediation.

- ▶ Which programs for improving behavioral health and performance are included, such as:
 - Promoting early identification of, and intervention for, behavioral health issues by evaluating the tools the practice uses to accomplish these objectives.
 - Measuring behavioral health performance, including accountability metrics.
 - Integrating mental health concerns into total health and wellbeing strategies.
 - Systematically referring patients to specialists when appropriate and providing follow-up.

THE ESSENTIAL ROLE OF TELEMEDICINE: IT'S HERE TO STAY

During the pandemic, telemedicine has quickly emerged as the primary means of providing outpatient care, due to shelter-in-place and social-distancing policies. It is critical that we understand

Employer Case Study: Rosen Hotels & Resorts

Mental Health Integration Pays Off When Addressing the COVID Crisis

While much of today's world still stigmatizes mental illness, the ability of Rosen Hotels & Resorts in Orlando to overcome this stigma for more than 30 years has had a remarkable impact on employee wellbeing.

"In 1991, we created RosenCare, our self-funded insurance program, and committed to focus laser-like on prevention on all levels," says Ashley Bacot, president of ProVInsure, the administrator of RosenCare on behalf of Rosen Hotels. "We treat mental issues as seriously as physical health."

To maintain top-down buy-in, learning materials about removing the mental health stigma are incorporated

into webinars, trainings and publications for leaders and managers. In 1999, the company founded the Family Outreach Center to provide social service information and emergency support, among an ever-growing list of services.

The comprehensive, 12,000 square-foot on-site Rosen Medical Center provides workers with easy access to healthcare professionals. "We can diagnose, treat and refer mental health conditions to various programs, like our Employee Assistance Program, or directly to psychologists or psychiatrists," says the center's director Kenneth Aldridge, Jr., RN, BSN, MS-HSA. "Employees

receive eight free visits per year, per problem, available to anyone living in the plan participant's household. Visits are in person or—popular in recent months—via phone calls, text or video conference."

Employees also can easily obtain related prescriptions, either free or for a nominal charge, at the center, simplifying compliance.

"Because we focused on mental health from the start, associates feel comfortable relying upon these services, especially during these very challenging times," says Bacot. "This is a vital component of RosenCare's success."

the impact that this rapid, widespread transition from in-person to remote visits has on disparities in access to primary care, especially with regard to chronic disease, for which ongoing communication between providers and patients is essential.

3. Embed reliable, low- or no-cost telehealth outpatient care in plan benefit options.

Before the pandemic, employers had already begun to support telehealth, both in concept and in limited application. With hesitancy toward virtual care no longer an option, there has been a quick uptake of telemedicine across all outpatient services. That said, many telemedicine platforms have not faced rigorous research to demonstrate efficacy and sustainability. While the move to telehealth is an important component in ensuring access to care, employers are encouraged to demand performance data from providers, vendors and innovators.

Newly developed or expanded telemedicine programs vary widely, raising important questions about the effect of these differences on the uptake of telemedicine among different

Evaluating the Comparative Effectiveness of Telemedicine in Primary Care: Learning from the COVID-19 Pandemic

The overarching goals of this PCORI-funded study, which is currently under way, are to describe the features of telemedicine programs in primary care during the COVID-19 pandemic and to use natural experiment methods to provide rigorous evidence on the effects of these programs.

Read the full abstract of the study design and sign up for updates on the findings at <https://www.pcori.org/research-results/2020/evaluating-comparative-effectiveness-telemedicine-primary-care-learning-covid>

“Our findings will provide patients, providers and policy makers with rigorous evidence about alternative models of healthcare delivery in a time of innovation, expansion and development of telemedicine.”

—Jessica Ancker, PhD, MPH, principal investigator PCORI-funded study

patient populations and on outcomes for the patients.

Employers must demand that health plans and/or internal healthcare professionals invest time and resources in collecting evidence on the effectiveness of telemedicine platforms relative to in-person visits in general and with a heightened focus on the impact on patients with chronic disease and high-risk health issues. The demand for

innovation, expansion and development of telemedicine has never been more apparent, and investments in these tools have become a necessity.

Recently, several health plans announced they will make telehealth more widely available or offer telehealth services free of charge for a limited period of time. The announcements have come from Aetna, Cigna and BlueShield BlueCross, among others.³



A study recently published in JAMA Network found that the use of in-person medical services dropped by 23% in March and 52% in April 2020, and that telemedicine services grew by more than 1,000% in March and more than 4,000% in April 2020.

Source: <https://medicalxpress.com/news/2021-01-health-covid-telemedicine.html>

