



**M Focus XXX**

PITTSBURGH BUSINESS GROUP ON HEALTH

**RECAP**

**VIRTUAL HEALTH CARE & BENEFITS SYMPOSIUM**

# FOCUS 2020:

HEALTH EQUITY • MENTAL HEALTH • QUALITY CARE



## FIRST EVER VIRTUAL SYMPOSIUM

The Pittsburgh Business Group on Health's annual Health Care and Benefits Symposium – FOCUS 2020 – assembled experts and thought leaders from across the country to tackle the unique challenges employers and employees are facing.

CEOs, scientists, economists and experts in pharmacology, human resources and government policy came together over a two-day virtual event where more than **395 registered attendees had the opportunity to learn about the path forward** to improve health equity, mental health and quality care.

## HEALTH EQUITY



## HEALTH EQUITY AND IMPROVED MATERNAL HEALTHCARE

The United States spends more on maternity health care than any other country in the world, but we rank 55th in maternal mortality.

In 2016, **Charles Johnson's** wife, Kira, entered Cedar Sinai Hospital in exceptional health to give birth to their second son, Langston. She died 12 hours later of preventable causes. The most excruciating aspect of what should have been a joyous day was Charles knew something was wrong when he saw a pink discoloration in Kira's catheter, but could not get hospital staff to take his concerns seriously. He alerted nurses and doctors repeatedly throughout the day only to be brushed off and eventually told directly by the attending physician that his wife "wasn't a priority." This tragedy motivated him to understand why this happened and to see what he could do to help other black mothers across the country.



In the course of his research, he learned Kira's experience was not uncommon: 800 women die giving birth every year in America – the majority of them from preventable causes. He also found black women are 4.5 times more likely to die giving birth than white women. He learned that Federal legislation was being written about maternal mortality, so he testified before congress about his family's experience to raise awareness about this egregious blind spot in American health care.

His testimony was extremely compelling and helped to pass the Preventing Maternal Deaths Act in 2017. He later joined forces with Congresswoman Alma Adams (D-NC), who lost her own daughter during childbirth, and Rep. Lauren Underwood (D-IL), and helped to write the Black Maternal Health "Momnibus" Act of 2020. The Bill includes the Kira Johnson Act, which will fund state by-state data collection on maternal mortality, and includes a provision requiring federal reporting on training programs to reduce bias, racism and discrimination among all perinatal staff.



## QUALITY CARE

# CONCIERGE CARE FOR FEMALE CANCER PATIENTS

The United States spends more than 12% of overall medical spending on cancer care. A significant factor driving spending is cancer's prevalence – approximately 38% of Americans will suffer from some form of cancer in their lifetime.

The other significant factor is cost. Breast cancer treatment, for instance, costs between \$71,000 – \$180,000 in the first two years alone. And, cost is just the beginning of the devastation breast cancer causes patients and their families: an estimated 42,000 women will die of breast cancer in 2020, and that's with a 91% recovery rate.

Given the extraordinary emotional and financial cost, providing the highest quality care to cancer patients is of vital importance.



**Dr. Cindi Slater** broke down quality care into five components: diagnosis, physician, treatment, hospital and coping. In the example she presented, the patient, like most cancer patients, was completely blindsided by her diagnosis, and had no experience with any one of the care components.

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She reached out to ConsumerMedical by chance, but quickly realized the expertise and concierge care she received was indispensable. She was immediately assigned a nurse ally, who consulted with her after each doctor's visit, organized all of her notes and research materials into a personal reference binder and provided insight and guidance at every step along her journey.



The first pivotal decision she faced came after the initial diagnosis. The first doctor conducted a biopsy and concluded she had non-Hodgkin's lymphoma. He then explained the cancer had been caught very early and it was not spreading. The doctor left her to determine the course of treatment – ranging from chemotherapy to doing nothing. The patient, however, had no idea about the right decision. Her nurse ally recognized her anxiety and suggested she get a second opinion. She then researched the best hospitals and specialists in the region and set up an appointment. The experience she had with the second hospital was entirely different.

The patient met with both a hematologist and an oncologist who spent 90 minutes talking through the nature of her cancer, the treatment options, the potential outcomes and the toll chemotherapy takes on your body. She left the meeting feeling confident that treatment was not necessary, and that with careful monitoring and testing, she would be better off without it.

The peace of mind she felt was the exact opposite of what she felt after her original meeting and demonstrated the immense value of having proper guidance to ensure you receive the care you need to achieve the best possible outcome.

# QUALITY CARE



## IMPROVING QUALITY AND REDUCING COST



The RAND Corporation has conducted two studies in the past 18 months tracking the variation in health care costs between private health plans and Medicare. One of the key findings was that on average, private health care plans pay 2.5 times what Medicare

pays for the same services – in the same hospitals. The price disparity ranged within states and between

states, with private insurers in Florida and West Virginia, for instance, paying 3.25 times what Medicare was paying. This underscores the widely held conception that price has nothing to do with quality when it comes to health care. But like all data, the value you get out of it depends entirely on what you do with it.

In one case, a third-party administrator (TPA) in Fort Wayne, IN, learned a hospital in their network, Park View Hospital, was one of the most expensive hospitals in the country for private health care. The TPA researched other hospitals in the region and found comparable services were available at more competitive prices. They approached Park View with this information and informed them they would be removed from their network. Park View evaluated the data and restructured their pricing, resulting in \$600 million in savings for their clients in the state.

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Another way to improve quality and reduce cost is through employee incentives. Providers can use Health Care Bluebook or other comparison tools to identify and include high-quality, lower-cost options in their plans, and steer participants to choose them by removing co-pays and other cost sharing burdens. In-house administrators and TPAs can help themselves and the employees they represent by identifying cost disparities in their networks, leveraging that information to negotiate better prices and educating plan participants about incentives. By being proactive health care shoppers, instead of passive purchasers, providers can drive down costs and maintain or improve quality.

Additionally, research conducted to identify and disincentivize low-value medical services can reduce wasteful spending and reallocate resources to preventive and high-value care that lead to better patient outcomes.

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## MENTAL HEALTH

# MENTAL HEALTH AND WORKPLACE WELLNESS STRATEGY

Another consistent message from our mental health panels this year was illnesses, such as depression, anxiety and substance abuse, have spiked during the pandemic, and the stigma associated with mental health is the greatest barrier to treatment.

According to a recent study by Kaiser Permanente, 80% of subjects reported that they didn't seek help for mental health issues because of the stigma. Another key takeaway was mental health is as important as physical health and removing the stigma requires clear communication from CEOs and executive leadership to change company culture. During the pandemic, additional stressors have been introduced to employee's lives, including remote working and isolation, financial stress and the anxiety about the pandemic itself, so empathy and staying connected are more important than ever.

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In 2014, **Kim Hauge**, Director of Human Resources at Kent State University, took a deep dive into the school employee's work-life balance, the prevalent issues they were dealing with and how engaged they were with the school's Employee Assistance Program (EAP).



What she found was that mental health issues were the number one reason employees were reaching out for EAP services, the number one reason employees took family medical leave and anti-depressants were a top five component of pharmacy spending. The school committed to addressing their findings in a meaningful way, and looked for a holistic response, which made team member wellness a priority.

Kim is a Certified Wellness Instructor of the National Wellness Institute and incorporated the Institute's perspective that the six dimensions of wellness: occupational, emotional, social, physical, spiritual and intellectual, are interconnected and should be considered collectively when looking at wellness. This led her to integrate two important programs into Kent State's wellness program, the American Psychological Association's (APA) Right Direction, providing considerable resources to assist employees with depression, and Impact Solutions, providing personalized medical guidance, employee assistance and consultation services.

To round out the comprehensive wellness services, the school also partnered with Be Well Solutions, providing team members with access to physicians, nurses, dietitians, health educators, diabetes educators, personal trainers, nutrition specialists and freedom from smoking facilitators. Kim leveraged all of the partnerships the school had to provide employees with services that supported all six wellness dimensions.

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She also emphasized to frontline staff the importance of treating the entire person when a call comes in; if someone reaches out for legal guidance, there may be mental health or other wellness issues that need to be addressed as well. Staying connected was also emphasized, and meeting people where they are, both physically and digitally, rather than requiring people to use just one line of communication to seek out assistance.

In 2019, in response to employee requests for increased flexibility, a remote work platform was introduced. This was well received as soon as it was rolled out, and proved to be essential when COVID erupted. To gain better insight into their wellness program, Kent State partnered with the APA to conduct a longitudinal study tracking utilization and engagement of full-time team members. The results were encouraging. From 2015 to 2019 utilization grew from 13.5% to 71%, with participant levels increasing from 1847 to more than 6,000. And most encouraging was that self-referrals for mental health services increased significantly and outpaced management referrals, indicating that employees were buying into making themselves, and their wellbeing a priority.

COVID was a current running through all of this year's panels with significant concerns around financial instability and anxiety are resulting in people not taking care of themselves. Patients are cancelling screenings and check-ups, rationing medicine and not filling prescriptions.





## MENTAL HEALTH



**Dr. Zane Gates**, CEO of EMPOWER360, provided some statistics about Pittsburgh in particular: 41% of patients didn't receive any care over the past six months, including those with chronic conditions and who are pregnant. Over the same period, overdose deaths increased by 800% and suicides by 300%.

While these numbers are sobering, many opportunities have emerged as well. Telemedicine has yielded significant improvements in efficiency and participation for doctor's visits and mental health treatment, as it eliminates transportation issues and dramatically reduced missed appointments. Remote offices and telecommuting have also exploded in popularity, likely changing the way many professionals will work long after the pandemic is over. And in terms of fighting rising health care costs, many of our panelists found that leveraging data and cost transparency provided employers with the power to streamline their plans and intelligently structure services to eliminate wasteful spending and steer employees to higher-value evidence-based treatment options.

As we wait for a COVID vaccine and make our way into 2021, employers and health care providers continue to serve as the voice for their team members, and as stewards for their physical and mental health. The encouraging findings we learned from FOCUS 2020 panels was there are many ways forward to improve equity, quality and mental health. And, collectively, we can help level the playing field and deliver accountability and value to the employers, employees and communities we represent.

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