PBGH 2021

# STEWARDSHIP

## Health Care & Benefits Symposium

Pittsburgh Business Group on Health

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# "HEALTHCARE IS WHERE GOOD IDEAS GO TO DIE."

## Keynote Speaker, Andrew Yang, Talks With Employers About Challenges

At a time when there seems to be much unrest in our country, former 2020 Presidential candidate Andrew Yang strives to make a difference. An entrepreneur, philanthropist and best-selling author the keynote speaker smiled radiantly at his audience and said, "It's time for drunken political conversation." Referencing the bar in the back of the room and acknowledging his run for the President of the United States, it may have been an ice breaker or just his way of displaying that he is a people's man.

A graduate of Brown University and Columbia School of Law, Yang was raised in New York City by his parents who had immigrated from Taiwan. After practicing corporate law for five months, he changed focus with start-ups in the areas of fundraising, healthcare, and education. In fact, prior to his political pursuit, Yang founded the nonprofit Venture for America which trains recent graduates and young professionals to work for startups.

The cornerstone of  Yang's presidential platform was Universal Basic Income (UBI). UBI was Yang's "form of social security" guaranteeing a certain amount of money to every citizen within a given governed population. He proposed a payment of $1,000 per month for every adult American citizen. The idea earned him fans, but not enough votes.

Believing that America has a failing health care system, Yang jokingly stated, "Healthcare is where good ideas go to die." Yang's vision to provide universal health care for all Americans is based on the fact that the United States spends twice as much in health care as many other countries. Yang is optimistic that as a nation we are close to making health

care reform the number one priority of the government's concern. He proposes reducing pharmaceutical drug costs through government negotiating, utilizing technology to help rural and low-income people access care, enriching mental health, dental, vision and reproductive health benefits, and removing lobbyists and executive out of policymaking. He also believes different health care models will be present in the near future, such as companies opening their own health care clinics.

A strong proponent for a third political party, Yang claims that part of the issue is having only two political parties which distorts incentives on multiple levels. He cites Congress as having an approval rating of only 26%, yet 92% gets re-elected. In his mind, 57% of Americans want a third party because 60% of the people believe that the two parties are out of touch as to what Americans want.

No longer in the political arena, Yang continues to provide input on American policy and practices. This October, Yang's newest novel Forward: Notes on the Future of our Democracy will be available at bookstores across the nation. In the novel Yang speaks about moving beyond what he describes as the "era of institutional failure" with plans to transform American political and economic systems to be resilient to 21st Century problems.

# BEHAVIORAL HEALTH SOLUTIONS TO BUILD A RESILIENT WORKFORCE

Life is stressful. Add a pandemic, job loss, food insufficiency, debt collectors and illness and that stress is magnified.  Prior to 2020 routine stress created through work obligations, long hours and family responsibilities contributed to serious health problems including elevated risk for heart disease and stroke.

With two out of three employees reporting that work is a significant source of stress, it was essential to add a panel to the Health Care & Benefits Symposium focused on Behavioral Health Solutions to Build a Resilient Workforce.  Moderated by Mohannad Kusti, MD, medical director of the Pittsburgh Business Group on Health and joined by Suzette Glasner, vice president of clinical affairs at Quit Genius, Maureen Cooney, DNP, FNP, RN-BC, president of the American Society for Pain Management, and Lindsay Sears, vice president of outcomes research at One Drop, this much anticipated discussion offered ideas which could be implemented in all workplace settings.

Stress is often a pathway to anxiety and depression.  As employees continue to face insecurities it is directly impacting their productivity and well-being on the job. With heightened levels of behavioral health issues, it is evident that basic employee benefits will no longer meet today's employee health needs. In addition to the medical, dental and vision packages the need for behavioral health coverage is evident.

But outside of benefits, building a resilient workforce is also a necessity. Support from the top down will ensure preparing employees for the future. Key interventions include holding open conversations with employees so that leadership can understand the challenges and needs of their subordinates. As an added layer to mental health care, employers should consider creating health and wellness committees to coordinate support through community behavioral health resources, scheduling presentations by mental health experts addressing identifying stressors and coping mechanisms, holding team building exercises within and outside of the workplace, and reviewing all programs to evaluate their effectiveness and adjusting them as necessary.

Incorporating employee feedback through surveys, along with trainings, offering challenging work and teaching problem-solving capabilities will support an employer's commitment to building a resilient workforce.



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# BUILDING HEALTH EQUITY WITH INTENT

Who knows what equity is in the healthcare arena? Who is willing to acknowledge that healthcare inequities exist? Identified as an ongoing issue through decades, the need in building health equity was a “hot topic” at this year’s Health Care & Benefits Symposium recently presented by the Pittsburgh Business Group on Health (PBGH).

Health equity is not only the ability for all to receive adequate health care, but the acknowledgement that people of black and brown skin have higher susceptibility to various illnesses, and their recovery rates are not as favorable as their white-skinned counterparts.

To facilitate the discussion regarding Building Health Equity with Intent, President and Chief Cultural Consultant at Black Women Wise Women LLC, Cheryl Hall-Russell served as moderator for the panel including Jessica Brooks, president & CEO of Pittsburgh Business Group on Health; Alicia Schisler, chief of external affairs at Adagio Health; William Generett, Jr., senior vice president at the Office of Civic Engagement

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and External Relations at Duquesne University; and Sanjay Prasad, MD, FACS CEO, at SurgiQuality. The panel representatives clearly presented a shared common interest of seeking better health outcomes for patients, especially those identified as under insured or not insured at all.

With no regard to background or education, the bias based on skin color plays out every day in healthcare settings. People of black and brown skin have encountered poor interactions with medical professionals. Common reports have included being treated like inanimate objects or being talked over rather than being engaged in conversation. For those who may believe this not to be true in our area which is often viewed as the city of premier medical interventions, panel members noted that in terms of access to healthcare Pittsburgh is statistically the worse place for a black woman to live based of how women of color are treated by healthcare professionals, often being ignored or not taken seriously.

Panel members including Ms. Brooks takes the issue of health inequities "very personal" and recognizes that "not doing anything is another risk" which she doesn't want to have happen. Efforts by all companies/employers represented on the panel have been initiated to squash health inequities in the community.

The catalyst of a program shared by Dr. Prasad was the poor outcomes of black patients from an array of surgeries over the years. With no change in sight, a system was created where surgeons were forced to compete for patients which ultimately solved the disparity issue.

In addition, with an astounding number of unnecessary surgeries being scheduled, a peer-to-peer review program was initiated so that only legitimately needed procedures would be performed.

Mr. Generett announced the launching of a medical school at Duquesne University with a goal to address the recognized disparities. Referencing the lack of primary care physicians willing to become family practitioners for underprivileged and urban areas, the university is initiating a Doctor of Osteopathic medicine program. Being in the heart of the city, several in their workforce –food service, janitorial staff, entry level office roles, meet the demographics of those affected by health inequities so it made sense to take action.

Efforts such as these are the first steps in building health equity for all. As Ms. Schisler shared, "When you feel that you receive great medical care you feel that you are heard."

# EMPLOYER STRATEGIES AND SOCIAL DETERMINANTS OF HEALTH

Looking at employee demographics and recognizing social determinants based on that population is key for employers when creating operational strategies, and perhaps most important, when building company benefits packages.

Christina Bell, Director of Programs with the Pittsburgh Business Group on Health (PBGH) recently moderated an Employer Strategy and Social Determinants of Health panel discussion at the PBGH Health Care and Benefits Symposium on September 9. Joining her at the table were Tammy Fennessy, director of benefits at American Eagle Outfitters and

Elizabeth Colyer, senior vice president at Sharecare. The wealth of data shared with those in attendance, provided key insight in company benefits planning.

Acknowledging the challenges faced due to COVID-19, Fennessy cited committed support from their lowest wage earners while transitioning operations during the pandemic. "These employees kept us running and we wanted to know more about them," said Fennessy. Deemed as essential workers, this group was recognized as vulnerable and faced increased risks.

Colyer referenced her research during this same period. Her take-aways included four main insights related to racial and ethnic groups, benefits status, income/salary, and the social determinants against the first three insights. However, it was noted that the data is simply the starting point. It needs to be shared along with recommendations so the people affected will receive positive impact and outcomes.

Discussion centered on employers not feeling connected to their employees due to cultural differences. In the case of AEO, the vast number of employees at their distribution centers are Hispanic and Latino. In determining how employees could receive needed support, focus was placed on high risk factors including healthcare access and outcomes, medical personnel and their ability to tackle language barriers, and transportation to and from work.

Lessons learned included the need to get employees involved in designing benefits packages to identify what they want outside of the traditional inclusions. For example, English as a Second Language offered at work and in their community. Also identified was the importance of utilizing insurance providers to meet the needs such as materials printed in English and Spanish, and better access to vaccine clinics.

As part of their effort in breaking down financial barriers to access quality healthcare, Health Care Centers are scheduled to open this October in both of AEO's distribution centers. Health coaches will be on site and non-acute services, along with vaccines and testing, will be covered at 100% regardless of benefits participation. AEO representatives are also working with the local port authority and community leaders to create bus stops near employee neighborhoods making the work commute easier.

Ultimately the improvement process will continue to evolve with additional steps taken to ensure a safe and healthy environment for the workforce and their families.

# Health Policy Changes and Reform... What to Expect in 2021 And Beyond

Have you ever received a medical bill and immediately needed an army of personnel to help interpret the bottom line? In-Network. Out of Network. Insured's responsibility. Insurance adjustment. Deductible. Out of Pocket Max. Understanding what is labeled as an "explanation" of benefits can be confusing.

However, benefits specialists and employers in attendance at the Pittsburgh Business Group on Health Symposium on September 9, gained an advantage by being privy to a panel discussion of key individuals including Jake Fochetta, director of corporate policy at Castlight; Janet Trautwein, CEO of the National Association of Health Underwriters; and Ned Laubacher, senior advisor at Innovu. Facilitating the panel discussion

was Bret Jackson, president of The Economic Alliance for Michigan.

Brought to light early in the discussion by Mr. Jackson, was a staggering healthcare insurance statistic from the state of Texas where in the last 18 months over ninety-thousand disputes cost $30 million in arbitrator fees.  An incredible number, yet there was no benefit to patient care through that expense. These cases were most often due to surprise billing as a result of both emergency and non-emergency situations where patients did not have the ability to choose an in-network provider.

Ms. Trautwein who has spent 25 years in Washington, DC working with members of congress and various coalitions acknowledged that what patients don't know can translate into a "really big thing" like an unexpected bill.  Fortunately, for health insurance plan years beginning January 1, 2022, new legislation labeled as the No Surprises Act (NSA) will limit patient payment responsibilities for certain unavoidable out-of-network services, establishing price transparency disclosure requirements and mandating dispute resolution processes to the insured in receipt of unanticipated medical bills.

Touching on reform, Mr. Fochetta highlighted a two-rule system including the Transparency in Coverage (TiC) and the NSA which requires plan sponsors to meet multiple requirements related to healthcare price transparency and offer tools to members that personalize out-of-pocket cost. Additionally, he stressed the importance in the need to produce machine readable files that would give the public negotiated rates for prescription drug pricing, including out of network allowances. Ultimately, this would provide individuals with the true cost of their prescription medication.

Piggy-backing on machine readable files, Mr. Laubacher referenced prescription drug disclosures as "health policy in action."  With compliance and action items in place, a new annual reporting requirement through the Consolidated Appropriations Act, 2021 (CAA) will require every group health plan and every health insurance issuer to submit an informational report on pharmacy benefits and drug costs with the Secretary of Health and Human Services (HHS), the Secretary of Labor, and the Secretary of the Treasury.

As with all change, there is a need to be cautious, and especially in this case as some warn that new state laws designed to protect patients from egregious out of network medical bills, may yield an increase in healthcare costs and premiums.  However, the proposed changes currently on the table will allow full access to claim information, rebates, fees, and other forms of remuneration as full disclosure.

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# THE WEIGH IN – AN INTERACTIVE DISCUSSION

Did you know that on average, adults try to lose weight on their own seven times before seeking the help of a professional?  Obesity is not simply a lifestyle problem but has its own pathophysiology.

A highly anticipated presentation at the Pittsburgh Business Group on Health 2021 Heath Care & Benefits Symposium was the interactive discussion entitled The Weigh In presented by Andrew Schneider, medical accounts associate director with Novo Nordisk.

Obesity is a stigma. Obesity impacts employers and productivity in employees. Obesity leads to other health issues. So, it is safe to say that obesity is an issue on which we all should be focused.
Obesity in America is considered an epidemic affecting approximately one in three adults and children. Elevated BMIs are responsible for an increase in direct and indirect healthcare costs across multiple industries. The highest total costs have been observed in government, education, religious services, technology industries and food and entertainment services. Line items on additional expenses paid out by employers include medical care, pharmaceuticals, medical-related absenteeism, disability, presenteeism, and workers' compensation. Ultimately those increased costs to the employers will roll into increased health care premiums for all employees in subsequent years.

Health-related organizations, agencies and professional associations have recognized obesity as a global health challenge requiring a chronic disease management model. Many patients regard weight loss completely as their own responsibility. However morbid obesity may require more intense interventions including lifestyle changes, pharmacotherapy, medical devices or weight loss surgery. The unfortunate fact in tackling this issue, is that unlike other chronic diseases, reimbursement strategies for obesity are often lacking through medical benefits.

We need to break down the barriers to a chronic care model for treating obesity. As the American Medical Association has stated, recognizing obesity as a disease will help change the way the medical community tackles this complex issue. We need to implement practices and strategies with the assistance of employers and insurance companies to combat this growing issue.

# WHY ARE YOU PAYING TOO MUCH FOR SPECIALTY DRUGS?

Television pharmaceutical ads boast promises of healing and portray people participating in activities they couldn't do before taking the advertised medication. We fall for it hook, line, and sinker persuading us to request a prescription from our physician and then we have poor results. We shouldn't be surprised because for many of the top advertised medications, the actual rate for positive outcomes is ridiculously low being 1 in 3 for most patients, and at times only 1 in 20 patients realizing any benefit.  So why are we paying so much for specialty drugs that essentially do not alleviate symptoms?

The Pittsburgh Business Group on Health brought together a key panel at this year's Health Care & Benefits Symposium to address this very issue.  Moderated by Sandra Morris, senior advisor/principal at Get the Medication Right (GTMRx), pharmaceutical advisors including Frederick Schnell, MD, FACP, chief medical office for the National Cancer Treatment Alliance, Lean Chalhorsky, vice president of Payer Innovation at Alva10, and Michael Jordan, chief business officer at Payer Matrix addressed this very issue.

Collectively the group agreed, whether medications work or not, cha ching – they are hitting us in our wallets.  Even with prescription

drug coverage consumers are feeling painful price points. For this reason, the cost of specialty drugs must come to the forefront of consideration when employers are choosing their health plans' pharmaceutical coverage.

With 7,500 new drugs in the pipeline, 75% of them are defined as specialty. Major areas for big pharma include cancer, hemophilia, Alzheimer's, gene therapy, liver and migraine medications. Current trends are showing pricing for specialty medications to increase significantly over the next year. Yet, ten of the highest-grossing drugs in the United States fail to improve the symptoms or provide positive outcomes for the majority of patients for which they are prescribed.

With per medication performance and pricing out of our control, it's vital to seek alternative funded solutions. This responsibility falls to both the insurer and the employer. As much as the priorities are aligned between the two on things such as cost management, improving outcomes, and the ability to retain beneficiaries and employees respectively, they are also divided because the insurer holds a broad spectrum view of the total population focusing on competitive offerings and restrictions on reasonable and necessary healthcare, yet the employer is most concerned for their employees, their costs and their quality of life.

Ultimately there are key strategies to consider for the benefit of all including finding ways to make specialty drugs more affordable and obtainable to employees, navigating pharmacy benefits to see how savings can be increased, being cognizant of what drugs are costing the most, and seeking information geared toward ways to reduce costs and improve members' health.

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