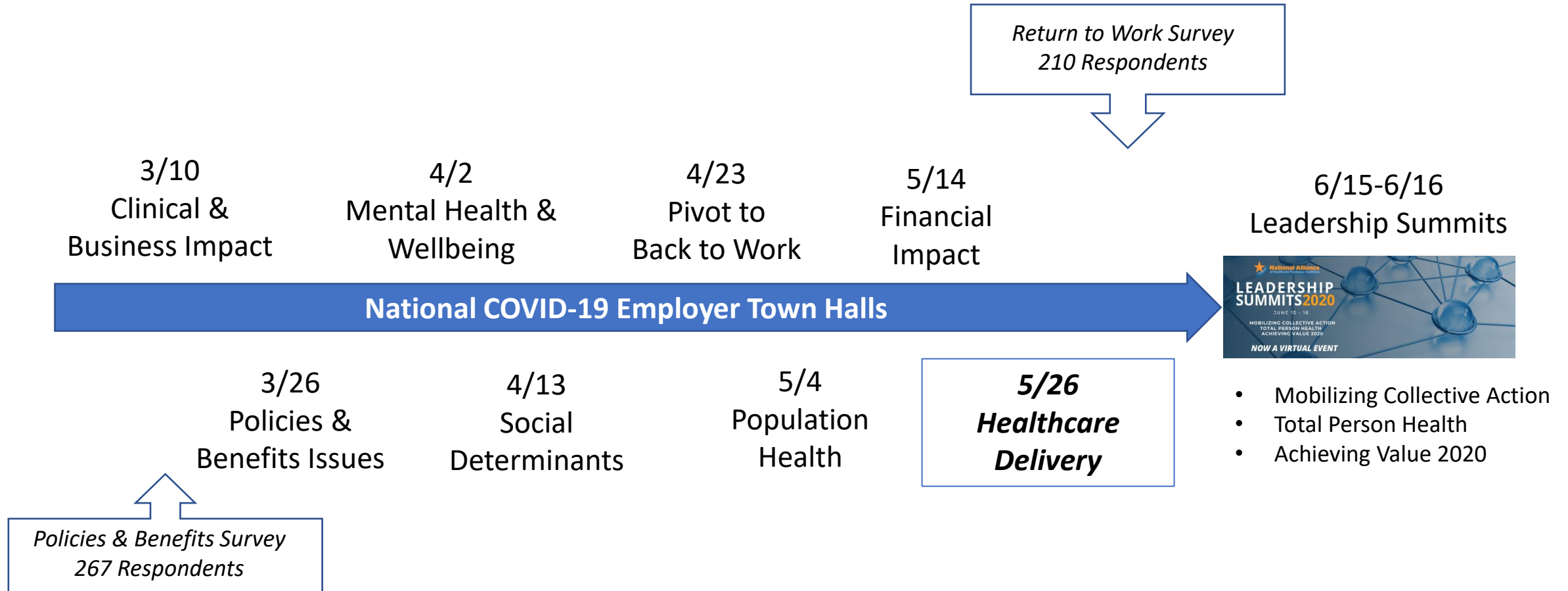




*Rethinking Healthcare Delivery in light of COVID-19*

# Our COVID-19 Journey to date



# Our COVID-19 Journey to date

**Operating in  
“COVID TIME”**

*Advanced Primary Care  
Report & Infographic*

*The Path Forward for MHSU  
Priorities for Covid-19 Era*

*Covid-19 Choosing Wisely  
Action Brief & Supplement*

*Return to Work Survey  
210 Respondents*

3/10

Clinical &  
Business Impact

4/2

Mental Health &  
Wellbeing

4/23

Pivot to  
Back to Work

5/14

Financial  
Impact

**National COVID-19 Employer Town Halls**

6/15-6/16

Leadership Summits



3/26

Policies &  
Benefits Issues

4/13

Social  
Determinants

5/4

Population  
Health

5/26

**Healthcare  
Delivery**

- Mobilizing Collective Action
- Total Person Health
- Achieving Value 2020

*Policies & Benefits Survey  
267 Respondents*

*CARES Act  
Health Policy in Transit*

*Employer/Purchaser  
Letter to Congress*

## COVID-19 Webcasts

- Airbnb - Optimizing Ergonomics
- Covid-19 Legal & Regulatory Update
- Choosing Wisely in face of COVID-19
- Families First Act
- Readiness & Resilience – Preparing for 2nd Wave
- Specialized Perspectives on Return to Work
- Mental Health Fallout – Digital Tools
- Sharecare – Supporting Employees where they live, work & play

# Moderators & participating panelists



Michael Thompson  
President & CEO  
National Alliance of Healthcare  
Purchaser Coalitions



Elizabeth Mitchell  
President & CEO  
Pacific Business Group on Health



## Panelists

- Marissa Alert  
Johns Hopkins Healthcare Solutions
- Robert Baird, RN, MSA  
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- Christopher Crow, MD, MBA  
Catalyst Health Network
- Mike Eisenhart, PT  
Pro-Activity
- Aslam (Ozzie) Kahn, MD  
Cigna
- Essie Quakyi  
Signify Health
- Ashley Tait- Dinger  
Florida Alliance for Healthcare Value

# Opening Comments



- 40 Members
- Private employers & public agencies
- \$100B spend
- 15 Million Americans



Redesigning Care Delivery



Driving Affordability



Optimizing Markets

## This is Healthcare's Moment

“ This is healthcare's moment. If you are a provider and you think you are going to go back to your business model solely based on hospital revenue and not relevant to people who want care at home, I think you will be out of business. If you are the insurer and think you can just be the middle man between the hospital and the patient, you'll be irrelevant. If hospitals think that innovation can just be this cute little thing they do in the background but the real business is getting heads in beds, they're nuts. I think we were always wondering what the big disruption would be that got us to join the computer generation and I think this is it. “

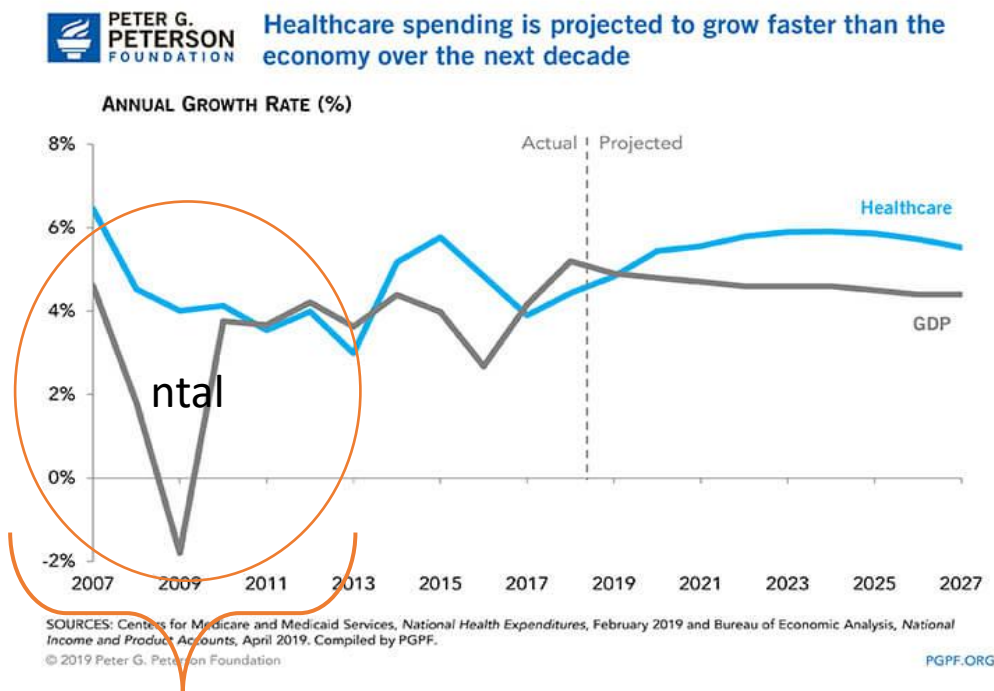
Stephan Klasko, President & CEO, Jefferson Health





# Is Healthcare Delivery in for a “COVID-19 Correction”?

Healthcare has been  
“recession-proof”  
for the past 40 years



“The Great Recession”

## Impact of COVID-19 to date

- Elective Surgery – Down
- Primary Care Visits - Down
- Specialty Care Visits – Down
- Onsite Clinics – Temporary Closures
- Medications – Up, Down, ?
- Virtual Visits – Up, Up, Up
- Mental Health – Continuing to rise

# Virtual Care has grown exponentially overnight

What took it so long?  
Why not before now?

Benefits?  
Concerns?

Will it continue?  
In what form?

Is Social Isolation shifting focus and  
concerns from “over-utilization” to  
“under-utilization”?

How will we address Health  
Inequity when risks and outcomes  
vary so dramatically?



# Primary Care is in trouble – How can we help?

What are the risks?


How can we help?

What does the sustainable, “high value” model look like?



## ACHIEVING VALUE THROUGH ADVANCED PRIMARY CARE

*A Deep Dive Powered by*



### Advanced Primary Care and COVID-19

The following attributes of the APC approach show high value and quality of care during COVID-19.

#### Enhanced Access

- Provides multiple ways of care when face-to-face option is restricted (text, email, online equipped with virtual visit option).
- Supports easy access to assess new symptoms informed by strong relationship and knowledge of patient history.
- Supports active management of chronic conditions.
- Supports referral when appropriate.

#### More time with patients

- Complete medical history and documentation of social determinants of health (SDOH) is in the electronic medical record (EMR) and provides data for a variety of purposes.
- Can use SDOH to identify patients who need more social or community support to meet basic needs (food, management of children at home, risk of domestic violence).
- More complete information supports data mining to identify patients with specific risks.
- Trusted source of information is customized to the patient's needs and condition(s).

#### Organization and Infrastructure Backbone

- Offers a complete medical record and IT tools.
- Supports risk stratification and identification of high-risk patients; can support public health efforts.
- Allows communication of medical history for those who need acute hospital care.
- Triggers follow up for chronic conditions or of recent acute care in the absence of scheduled office visits.
- Coordinates information with local public health authorities and resources.

#### Disciplined Focus on Health Improvement

- Supports identification of those who should have priority for early testing and interventions.
- Supports trusted, targeted messaging to patients who need more aggressive efforts to avoid exposure.
- Provides patients with information about medicines and supplies.

#### Referral Management

- Trusted source of reassurance and/or referral.
- Aware of community resources such as testing sites and specialists.

#### BH Integration - APC has BH capabilities

- Using the patient record, APC identifies people who may need outreach to assess BH needs.
- APC has multiple methods of connecting with patients to support ongoing treatment of BH conditions.
- BH staff proactively provide resources to patients and families to avoid and manage stress.

## How EMPLOYERS Can Advance Primary Care to Deliver Value

### 1

Ensure appropriate infrastructure and focus:

- Patient-centered care
- Population focused
- Data driven

### 2

Insist on BH integration (co-located or virtual):

- Systematic approach to screening
- Consult/triage BH support as needed
- Follow-up assessment and incorporation into broader care plan

### 3

Align payment to support APC:

- Increase APC investment to decrease total cost of care
- Reward performance, not volume
- Influence downstream care

**FAST FACT:** Nationally, only <2% of all ambulatory visits included screening for alcohol misuse or substance use disorder and 4.4% included screening for depression (AACE, 2019)

## Time/Infrastructure/Payment Needs

Key attributes/activities of APC	WHAT IS NEEDED		
	Time	Infrastructure	Payment
Enhanced access for patients	●	●	●
Patient engagement, support and shared decision-making	●	●	●
BH integration	●	●	●
Disciplined focus on health improvement	●	●	●
Effective referral management & reintegration	●	●	●

The fee-for-service model, based on relative value unit (RVU) or resource based relative value scale (RBRVS) does not adequately pay for primary care physicians' (PCPs) time, particularly for complex patients. This creates an incentive for unnecessary referrals to specialists and other healthcare providers.

## Alternative Ways to Pay for Value: Payment Should be Aligned with Key APC Elements

APC practices currently are receiving payments under multiple methods such as fixed fees per patient, shared or full risk, pay-for-performance, and traditional FFS. Realigned payments incentivize patient activation, case and care coordination, and accountability for health and health outcomes as well as downstream referrals. While current models are relatively simple, future models may incorporate bundled payment for chronic condition management with outcome-based adjustments.

Effective use of analytics and services for health and care improvement

Successful BH integration and appropriate referral patterns

Convenient access and sufficient time spent with patients in shared decision-making



# Institutional Care is at a crossroads

## Pre-COVID-19 Purchaser Concerns

- Consolidation and vertical integration
- Inequitable pricing
- Some with high surplus, high overhead and/or high margins
- Lack of transparency or accountability for cost or quality
- Surprise billing
- Waste & inappropriate care
- Survival of rural hospitals

How have these concerns continued to exist in a market-driven system?

Will anything change going forward? For better or for worse?

What do we do now to shape a better “new normal”?

## Episodes of Care Our Collective Value Agenda

- ***Common episodes definitions*** to align and focus care management and improvement efforts
- ***Quality & appropriateness of care*** to ensure and promote the right care at the right place for the right patient
- ***Double-sided risk*** alignment to incentivize a shared commitment to success and patient centered value
- ***Warranted performance*** to provide accountability for high performance and outcomes
- ***Relevance for purchasers, patients & providers*** to enable substantive and sustainable benefits for all stakeholders

# Mental Health - a Crisis Exacerbated

- How will we meet the emerging demands during the COVID-19 era with the existing system?
- Can COVID-19 be the impetus to overcome institutional rigidity in applying evidence-based practices?
- How can technology help to mitigate and reallocate the burden on scarce clinical resources?
- Will we address the inequities of a two-tiered system?



THE PATH FORWARD  
NATIONAL STEERING  
COMMITTEE  
National Alliance of Healthcare  
Purchaser Coalitions  
American Psychiatric  
Association  
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Minnesota  
Minnesota Health Action Group  
NYC metro area including New  
Jersey & So Connecticut  
Northeast Business Group  
on Health  
Tennessee  
Tennessee Business Group  
on Health  
HealthCare 20 Business  
Coalition  
Texas  
Dallas Fort Worth Business  
Group on Health  
Houston Business Coalition  
on Health

## Preparing for the Second Wave *The Path Forward for Mental Health and Substance Use in the Face of COVID-19*

The COVID-19 pandemic has broadly sickened society in a way that everyone—even those that have not faced the virus. A “second wave” manifested with a collective shock to our mental health and well-being, damage of a surge in mental health and substance use disorders, potential to be as serious as the core pandemic. Pandemic-related been reported and are likely to rise. COVID-19 is causing an increase through many pathways:

- **Economic Distress** – People worrying about or losing their result in a direct increase in depression and addiction. De-overdose could rival deaths from COVID-19 in some states
- **Fear of COVID-19** – The rational concern of contracting or virus, particularly for those unable to work at home can result of anxiety and substance use disorders.
- **Social Isolation** – The new normal of sheltering in place further causes additional MHSUD treatment needs. This can also be related to trauma, child maltreatment and domestic violence
- **Increase in Demands and Pressures** – Multiple studies show social effects of toxic levels of stress caused by excessive and sustained personal and work-related demands and pressures especially true for those living in communities already disproportionately impacted by the social determinants of
- **Loss of Purpose** – Isolation and quarantines have also impacted people to engage in activities that fulfill their purpose in work, caring for a family member and worshipping in and a community.

These factors, like the underlying virus driving them, are likely to as uncertainty continues for prolonged periods of time. Readiness “wave” is essential. The *Path Forward* recommends a two-tiered health and wellbeing preparedness:



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on Health  
Tennessee  
Tennessee Business Group  
on Health  
HealthCare 20 Business  
Coalition  
Texas  
Dallas Fort Worth Business  
Group on Health  
Houston Business Coalition  
on Health

## Tele-Behavioral Health for Employees:

## Pre-COVID Practices and Recommendations for a Post COVID Path Forward

Adam C. Powell, Ph.D.  
Matthias B. Bowman, M.B.A.  
Henry T. Harbin, M.D.

April 29, 2020



Driving market-based improvement in access and care for all Americans

Funded by the Mental Health Treatment and Research Institute LLC,  
a not-for-profit subsidiary of The Bowman Family Foundation



Driving market-based improvement in access and care for all Americans

# Where does innovation and value in medication therapy fit in?

## Key Rx Purchaser Policy Principles

- **Full transparency**  
Purchasers need to understand direct and indirect costs and cost offsets of each drug
- **No conflicts of interest**  
Intermediaries should act in the best interest of the benefit plan's limited assets
- **Pricing equity**  
Need better world-wide pricing equity for all US Purchasers - not just Medicare
- **Defined value**  
Consider individualized appropriateness, real world outcomes and relative costs against other treatment options
- **Competitive market dynamics**  
As patent protections expire, policy must better enforce and support a competitive market

## Employer Rx Value Assessment Framework: *Building the Bridge to Sustainability*

### SUPPORTING HEALTHCARE DECISION-MAKING

- **Patients and their doctors** use frameworks to choose among therapy options.
- **Employers/payers** use frameworks to determine how therapies will be covered and reimbursed.

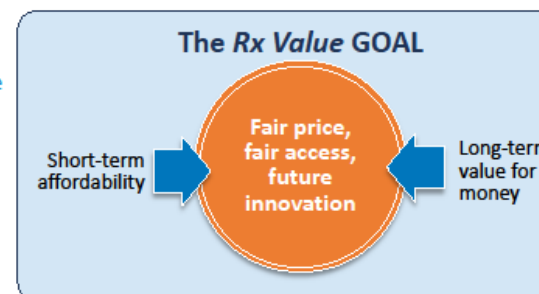
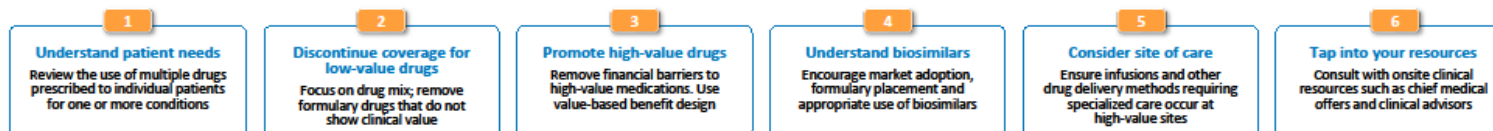
### Today's Rx value frameworks' shortcomings

- Do not consistently address employer or employee needs.
- Are highly influenced by business models of intermediaries (payers, PBM, providers).
- Have methodologies that may not factor in the nuanced and personalized needs of organizations and people.
- Lack consideration of "real-world" evidence of impact and performance.

### Enhancing our approach to Rx value frameworks

- Integrate employer- and employee-relevant measures.
- Enhance transparency of reviews of new/existing drugs and therapies, including costs.
- Feature relevant outcomes for use in value-based contracts (VBCs).
- Identify tactics for employer-based VBCs independent of rebates.
- Offer practical, actionable materials for effective dissemination.

## Action Steps for Employers/Purchasers to Regain Control Over Prescription Drug Benefits Management



*"Employers need to flex their individual and collective power to manage prescription drug benefits and drive transparency and value across the entire supply chain."*

Michael Thompson  
National Alliance  
President & CEO



# Open Panel Discussion



**Marissa Alert, PhD**  
Johns Hopkins Healthcare Solutions



**Robert Baird, RN, MSA**  
National Cancer Treatment Alliance



**Christopher Crow, MD, MBA**  
Catalyst Health Network



**Mike Eisenhart, PT**  
Pro-Activity



**Aslam (Ozzie) Kahn, MD**  
Cigna



**Essie Quakyi**  
Signify Health



**Ashley Tait-Dinger**  
Florida Alliance for Healthcare Value

# Upcoming Events & Contact Information

## **Leadership Summits (June 15-16) - Register today:**

<https://nationalalliancehealth.swoogo.com/2020leadershipsummits/begin>

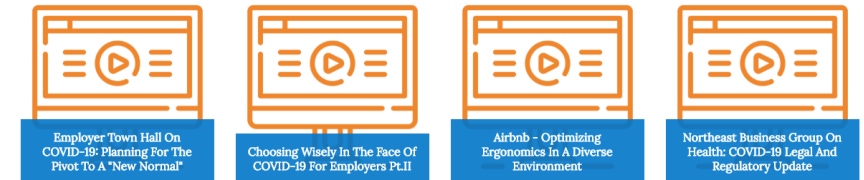


## **Past National COVID-19 Employer Town Halls**

- Clinical and business impact of COVID-19
- Benefits and policy issues of COVID-19
- Addressing Mental Health and Wellbeing in COVID-19
- Considering Social Determinants in the light of COVID-19
- Planning for a Pivot to Back to Work
- Population Health Strategy during COVID-19 Era
- Financial Impact of COVID-19

National Webcast:  
*COVID-19 Testing - Access & Impact*  
*June 2 @ 1 PM ET*

### COVID-19 Employer Town Halls & Related Webinars



### National Alliance Publications



For more information on our COVID-19 Employer resources, including prior webinars and Employer town halls, visit our resources page.

<https://www.nationalalliancehealth.org/www/resources-new/employer-resources-covid-19>