

# National Alliance

## *Reframing the COVID-19 Vaccine Debate: Workplace Safety Transcends Social and Political Assertions*

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# Speakers



**Scott Conard, MD**  
National Alliance of Healthcare  
Purchaser Coalitions



**Ray Fabius, MD**  
Co-Founder and President  
HealthNEXT



**Mohannad (Ned) Kusti,  
MD, MPH, MRO, CPS/A**  
Medical Director  
Pittsburgh Business Group on  
Health and Pivot Onsite Innovations



**Jo Ellen Whitney**  
Attorney  
Dentons Davis Brown



**Ross F. Goldberg, MD, FACS**  
Specialty Ambulatory Medical  
Director; Vice-Chair, Dept. of Surgery  
Valleywise Health



**Ryan Jackson, MD**  
CEO  
Wyoming Business  
Coalition on Health



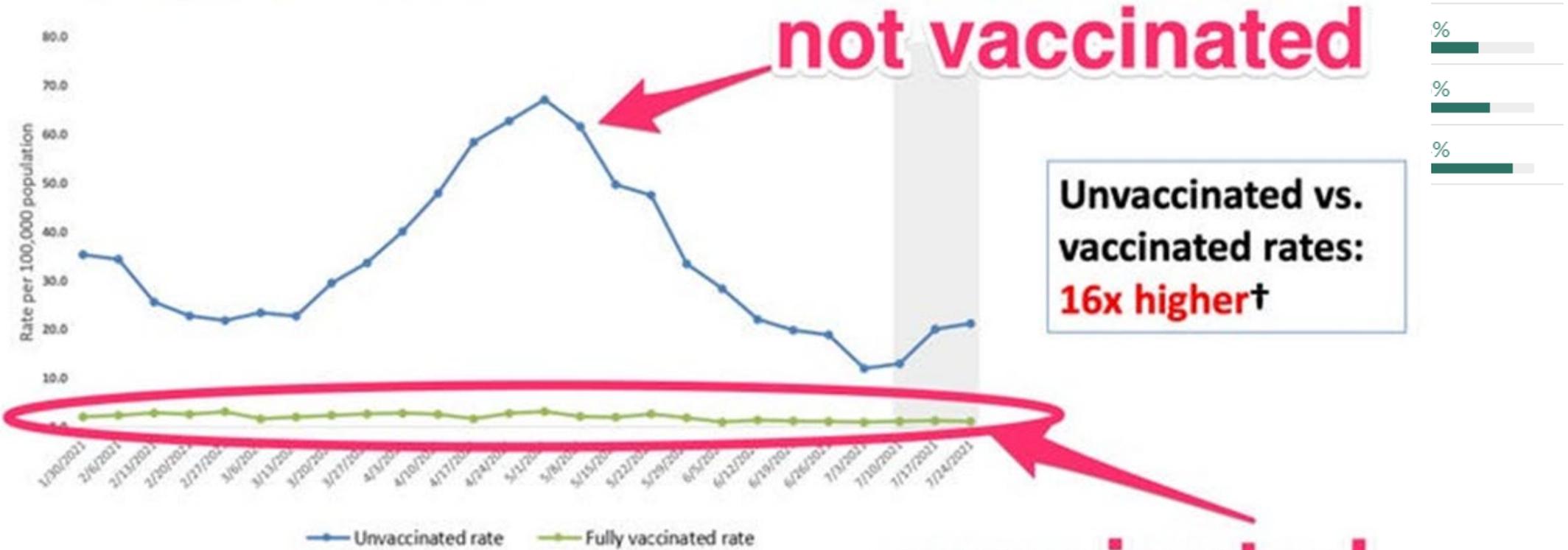
**Andrew Baskin, MD**  
Independent Consultant

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- Justin Moore, MD
- Suresh Mukherji, MD
- Wayne Rawlins, MD
- Stan Schwartz, MD
- Bruce Sherman, MD
- Christa-Marie Singleton, MD
- Mike Sokol, MD

# Two Diseases

## Age-adjusted weekly COVID-19-associated hospitalization rates among adults ≥18 years, by week of admission\*—COVID-NET, January 24– July 17, 2021



\*Data are preliminary and case counts and rates for recent hospital admissions are subject to lag. As data are received, they are updated. †Cumulative rate ratio from January 24 – July 17, 2021. Shaded area indicates preliminary July data that does not include data from July 18–24, 2021.

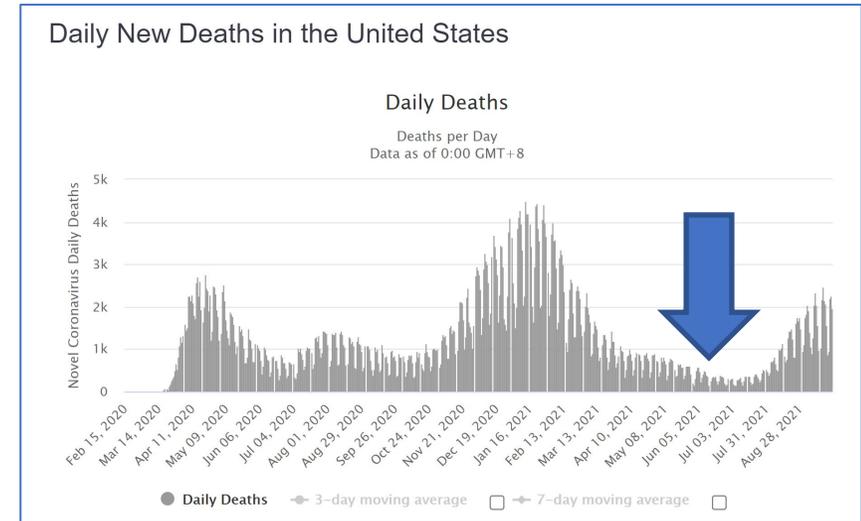
Havers et al. <https://medrxiv.org/cgi/content/short/2021.08.27.21262356v1>. COVID-19-associated hospitalizations among vaccinated and unvaccinated adults ≥18 years – COVID-NET, 13 states, January 1 – July 24, 2021

[About this data](#)

# Dealing with the New Guidelines

## *What Should Employers Consider?*

- The remarkable effectiveness of the vaccines
  - Near elimination of hospitalization, need for ventilation and mortality
  - Marked diminution of spread
- Employer focus needs to be directed to maximizing vaccination rates
  - Especially people of color, the rural workforce and the religious / conservative cohorts
- Employers need to track toward herd immunity = vaccinated + post-infected
  - 65% of Adult Americans have received at least one vaccine; 55% fully immunized
  - 20-30% or more of Adult Americans have likely been infected by Covid 19
- Suggest establishing considerable runway to privilege those vaccinated – by perhaps through to the end of October, November or December
- Consideration for vaccine mandate must be given to those working in close quarters, those exposed to the public, those caring for the sick, indoor versus outdoor work, and essential workforce



# Long COVID Syndrome – Post-Acute Sequelae of SARS CoV-2 (PASC)

Long Covid can affect many different systems and have some of the following symptoms:

- Fatigue
- Respiratory symptoms
- Cardiac symptoms
- Neurological symptoms
- Psychological symptoms
- Smell and taste symptoms

The EEOC recognizes that “long COVID” may be a disability under the Americans with Disabilities Act (ADA) and Section 501 of the Rehabilitation Act in certain circumstances. The EEOC agrees with the analysis of “long COVID” by the Departments of Health and Human Services and Justice in their [“Guidance on ‘Long COVID’ as a Disability Under the ADA, Section 504, and Section 1557.”](#) EEOC technical assistance about COVID-19 and ADA “disability” in the employment context will be released in the coming weeks.

# What You Need To Know About Testing

## Useful, but does not replace vaccination

- Snapshot in time – cannot prevent infection, hopefully mitigate spread
- Type of test matters – PCR vs. Antigen
  - Antigen – Rapid test, false positives possible, may need confirmatory test
  - PCR – takes a bit longer, more accurate
- Frequency of testing
  - Higher the frequency, the better – but no guarantee, plus higher costs
  - 2021 Tokyo Olympics – testing occurred daily, still had 312 confirmed cases
- Logistics – protocols on quarantining, obtaining samples, contact tracing, how it impacts workflow
- Needs to be done along with other measures, cannot be done independently

# Exemptions and Mitigation Strategies at the Workplace

Understanding what can and cannot be done – be sure to have consistent

Having a clear, written process to deal with all employees and all situations in the exact same manner.

The process must be clear to both employee and managers/supervisors/HR managers.

EEOC published guidance on the following:

**May employers ask all employees physically entering the workplace if they have been diagnosed with or tested for COVID-19?**

The federal EEO laws do not prevent an employer from requiring all employees physically entering the workplace to be vaccinated for COVID-19, subject to the reasonable accommodation provisions of Title VII and the ADA and other EEO considerations. These principles apply if an employee gets the vaccine in the community or from the employer.

Medical directors will assist with the review of these exemptions as they come in.



# Legal Considerations

- Must be able to make the business case for a mandate
  - National case law supports this, especially in a public health emergency
- Pursuant to the recent Executive Order healthcare will be required to mandate vaccines based on a combination of CMS and OSHA regulations. Employees over 100 and federal contractors must also mandate.
- Exemptions to a Mandate:

## ADA / ADAAA

- Does an employee have a documented disability or medical condition that will be aggravated by a vaccine?

## Religion

- Does an employee have a bona fide religious belief that precludes getting a vaccine?
- See [Fallon v. Mercy Catholic Medical Center of Southeastern Pennsylvania, 877 F. 3rd 487 \(3rd Cir. 2017\)](#)
  - Concern about effect of vaccine is not a “comprehensive system of beliefs about fundamental or ultimate matters”.



# Benefit design

## Issues, incentives and evidence-based benefit design

Vaccination is cost effective and highly efficacious (severe disease prevention).

Long term testing (as an alternative) is relatively not cost effective and much less efficacious.

Routine testing of asymptomatic members is not a covered benefit under most standard plans.

- A self-insured employer/plan sponsor may request coverage.
- An employer might finance outside of the plan (vendor, direct payments to a lab/test site).

Incentives/disincentives to consider:

- Surcharges for unvaccinated employees
- Benefit incentive for vaccination (e.g., lower employee contribution, extra contribution to HSA)
- Incentive outside of the health plan: direct payment, entry into a lottery entry, time off, etc.

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- Registration is open
- Early Bird Rates:
  - Non-Member - \$650.00
  - Member Rate - \$450.00
- Hotel Discount Rate - \$229/per night until October 15, 2021



COVID-19 vaccination is required for all who attend in person. National Alliance is partnering with CLEAR Health Pass to provide a seamless way to upload proof of vaccination. The CLEAR registration code will be sent to attendees. For those who are unable to travel, an interactive virtual option is available. Registration fees are the same for virtual and in-person options.



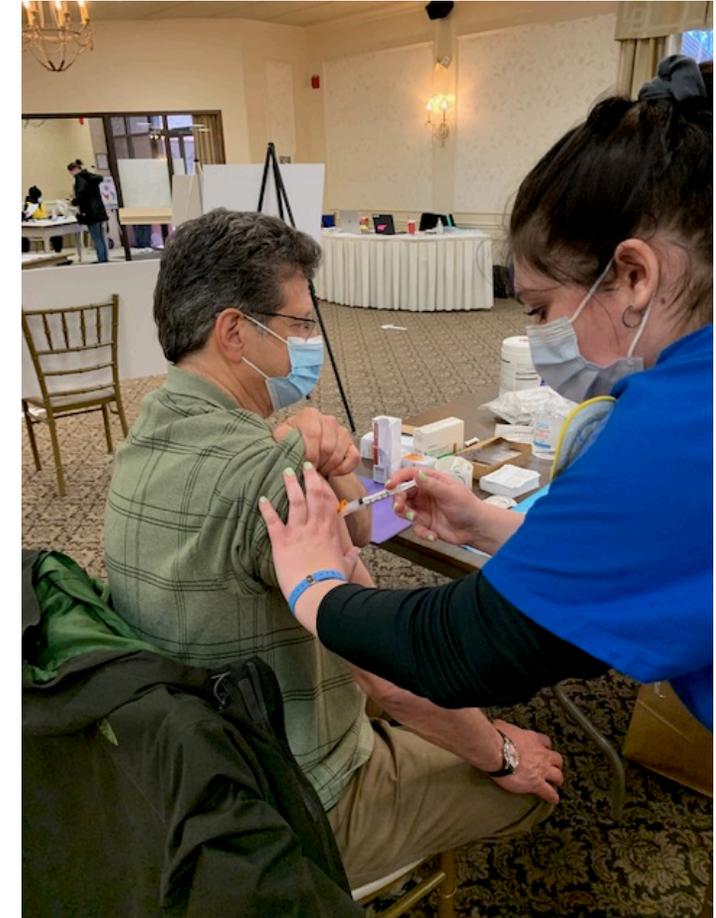
# Appendix – Vaccine Promotional Campaign



# Developing a Vaccine Promotional Campaign

## *Important Considerations*

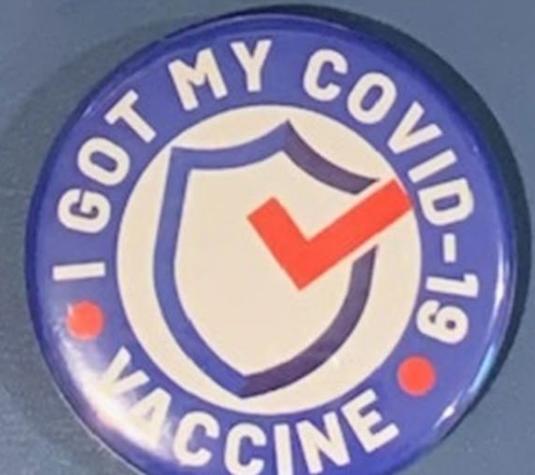
- ❑ Leadership & Management as **role models** – rolling up sleeves
- ❑ Vaccine Campaign must be **organized & comprehensive**
- ❑ Return to work – addresses **benefit of vaccination** / favors those vaccinated
- ❑ Provide **vaccine on-site / near site** in partnership with delivery systems
- ❑ **Schedule of communications** – why, when, where, impact on others
  - ❑ **Health literacy** issues – aim for 5<sup>th</sup> grade level
  - ❑ **Health equity** – focus on populations with greater hesitancy
- ❑ **Track vaccination rates** by demographics, by department, by location
  - ❑ Allows for focus on lower rate cohorts and targeted leadership / management response
- ❑ **Consider mandates** – at least for certain job functions
- ❑ **Consider surcharges on benefits** – to cover cost of increased hospitalizations (\$50K/case) and costs associated with frequent testing of unvaccinated



## Developing a Vaccine Promotional Campaign

### *Important Considerations*

- Develop **learning modules** with testing / passing grade
  - Required and/or rewarded
  - Understand the importance; safety & effectiveness; herd immunity
- Reward / recognize vaccine completion**
  - Self-reporting versus health plan / Rx documentation
  - Provide vaccine buttons or stickers
- Guide employees to vaccination locations**
  - Public health centers, hospitals, pharmacies, doctor's offices
- Partner with providers and other vendors to promote vaccination**
  - Health plans, consultants, brokers, wellness platforms, data & analytic partners.....



# Developing a Vaccine Promotional Campaign

## *Key Messages of 3 Learning Modules*

- The Risk of Serious Consequences from Covid 19 is much worse than the flu and so you cannot treat this infection like another flu.
- While this pandemic has caused the loss of more than a half a million American lives, it has also caused long standing chronic illness among millions of survivors as well as disruptions in standard health care and significant mental stress on all of us.
- It is safe to access health care
- Until the Vaccines are available - *Vitality is the Best Defense*
- Vaccines Are A Great Human Achievement
- *These vaccines are the product of 200 years of vaccine science*
- *These vaccines were required to pass all the same tests of other approved vaccines*
- *These vaccines were produced quickly for many reasons but no short cuts were taken*
- *The studies show that the approved vaccines are safe and effective*
- *The risk of a serious consequence of the Covid 19 is much greater than the risk of getting the vaccine*
- Protect yourself until fully vaccinated – two weeks after vaccine schedule
- All behaviors are not of equal risk – indoor bar versus outdoor park
- All 3 vaccines are safe and effective
- Myths versus Facts – Covid 19 will NOT go away on its own
- There are many places where you can get the vaccines

