Speakers

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## Race, Health & Equity Framework

<table>
<thead>
<tr>
<th>Understand Impact of Differences</th>
<th>Integrate Equity into Strategy</th>
<th>Evaluate &amp; Engage Supply Chain</th>
<th>Sustain Culture of Inclusion</th>
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<tbody>
<tr>
<td>• Engage diverse communities</td>
<td>• Break down silos (eg D&amp;I, HR, Benefits, Wellbeing)</td>
<td>• Include equity &amp; inclusion in accountabilities</td>
<td>• Makeup of governance &amp; key advisors</td>
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<tr>
<td>• Obtain data at Community and Organizational Level</td>
<td>• Establish Equity Metrics for Programs</td>
<td>• Focus on direct (health plans, vendors) and indirect (providers) influence</td>
<td>• Inclusion in balanced scorecard</td>
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<td>• Analyze ”variation” not “averages”</td>
<td>• Improve program responsiveness</td>
<td>• Create transparency on performance</td>
<td>• Organization values &amp; objectives</td>
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<td>• Examine business case to address</td>
<td>• Extend cultural focus (eg culture of health, safety &amp; equity)</td>
<td>• Align incentives with expectations</td>
<td>• Investment consistent with needs &amp; strategy</td>
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Understanding your population

6 in 10
Employees will not seek professional mental health care despite clear symptoms and consequences

1 in 4
Fewer than 1 in 4 Black Americans who need mental health care actually receive treatment.

53%
of racial/ethnic minorities experienced microaggressions in therapy

Increasing access to culturally inclusive care

Building mental health equity into the company culture

Source: SAMHSA 2019, HSR Health Services Research Assessing Racial/Ethnic Disparities in Treatment across Episodes of Mental Health Care, Own et al., 2014
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The need for a fertility benefit is urgent

Impacts 1 in 8 people...

- Starting to have families later when it’s harder to have a baby
- Diverse paths to parenthood
- Egg quality and quantity declines with age
- Male infertility accounts for 1/3 of cases
- Economic impact: $33.7 billion due to multiples; $5.7 billion due to lost productivity

...more than diabetes, asthma, depression, cancer

1 in 4 Arthritis
1 in 7 Chronic kidney disease
1 in 8 Infertility
1 in 11 Diabetes
1 in 13 Asthma
1 in 20 Depression
1 in 230 Cancer

The conventional approach to fertility benefits is broken

- **Restrictive coverage** and plan design with limited access to latest science and wraparound patient support
- **Lack of access** to top fertility specialists, and providers’ practice patterns will change based on benefit plan design
- **Lack of pharmacy integration**, creates waste
- “Dollar max” models reinforce the scarcity mindset that drives irrational and poor treatment decisions
- Most benefits **can’t and don’t track outcomes**

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<th>Black women</th>
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<tr>
<td>2x</td>
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<tr>
<td>as likely to experience Infertility¹</td>
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<th>LGBTQ+</th>
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<tr>
<td>50%</td>
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<tr>
<td>less likely to seek care¹</td>
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Need more treatment to achieve family and desired treatments are not covered
Progyny: A comprehensive and equitable fertility benefit

Progyny’s Fertility and Family Building Benefit

- Equitable care regardless of income or geography or funding mechanism
- Access to care regardless of path to parenthood including single parents by choice and LGBTQ+
- Screening for monogenic disorders like Sickle Cell, Tay Sachs, Cystic Fibrosis and coverage for PGT-M within the Smart Cycle®
- Culturally competent care, with LGBTQ+, single-parents by choice, BIPOC education and guidance
- Adoption and surrogacy support
- Educational resources for employees and employers
Superior outcomes driven by entire benefit design

17% higher pregnancy rate per IVF transfer\(^1\)

Greater Pregnancy Success

25% lower miscarriage rate\(^1\)

Healthier Pregnancies

27% higher live birth rate\(^2\)

Healthier Babies

66% lower IVF multiples rate\(^2\)

1 Calculated based on the Society for Assisted Reproductive Technology, or SART, 2019 National Summary Report, finalized in 2022.
2 Calculated based on CDC, 2020 National Summary and Clinic Data Sets, published in 2022.

Note: Progyny represents Progyny in-network provider clinic averages for Progyny members only based on the 12-month period ended December 31, 2021. For each Progyny outcome presented, the p-value when compared to the national average is <0.0001.
Racial Inequities in Surgical Care

Problem

Black patients suffer from worse surgical outcomes than white patients, and disparities persist even in studies that control for socio-economic status, co-morbidities and extent of disease.

- Lung, Esophageal, Pancreatic CA

- Ovarian CA

- Abdominal Aortic Aneurysm

Plausible Explanations

- Implicit Bias of Treating Provider
- Referral Bias to Low-volume, Poor Outcomes Surgeons

SurgiQuality Solutions

Solve Implicit Bias

1. Concierge gathers patient’s medical records
2. Medical records: De-identified for name, race and ethnicity before distribution to surgeons
3. After review, surgeons validate necessity and enter past experience (# of cases performed, success and complication rates)

Solve Referral Bias

Black patients are empowered with tools to compare surgeons based on outcomes and choose the best surgeon for their condition.
Discussion

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Upcoming Webinars & Events

A Fresh Look at Referenced Based Pricing to Drive Affordability
June 9 | 3:00 p.m. - 4:00 p.m. (EDT)

2022 Leadership Summits: June 27–28