

Building for Health Equity

May 19, 2022



Speakers



Michael Thompson

Moderator

National Alliance of Healthcare
Purchaser Coalitions



Vittoria Bergeron

Sesh



Juliette McClendon, PhD

Big Health



Delaine Williams

Progyny



Sanjay Prasad, MD, FACS

SurgiQuality



Race, Health & Equity Framework

Understand Impact of Differences

- Engage diverse communities
- Obtain data at Community and Organizational Level
- Analyze "variation" not "averages"
- Examine business case to address

Integrate Equity into Strategy

- Break down silos (eg D&I, HR, Benefits, Wellbeing)
- Establish Equity Metrics for Programs
- Improve program responsiveness
- Extend cultural focus (eg culture of health, safety & equity)

Evaluate & Engage Supply Chain

- Include equity & inclusion in accountabilities
- Focus on direct (health plans, vendors) and indirect (providers) influence
- Create transparency on performance
- Align incentives with expectations

Sustain Culture of Inclusion

- Makeup of governance & key advisors
- Inclusion in balanced scorecard
- Organization values & objectives
- Investment consistent with needs & strategy



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6 in 10

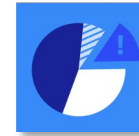
Employees will not seek professional mental health care despite clear symptoms and consequences

1 in 4

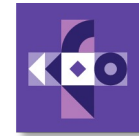
Fewer than 1 in 4 Black Americans who need mental health care actually receive treatment.

53%

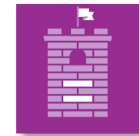
of racial/ethnic minorities experienced microaggressions in therapy



Understanding your population



Increasing access to culturally inclusive care

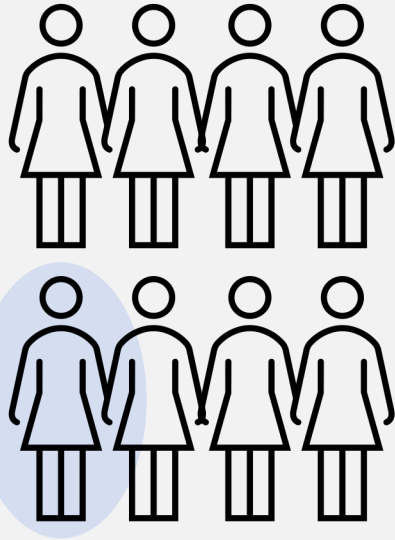


Building mental health equity into the company culture



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The need for a fertility benefit is urgent



Impacts 1 in 8 people...

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

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

- **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



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**

Black women

2x

as likely to
experience Infertility¹

50%

less likely to
seek care¹

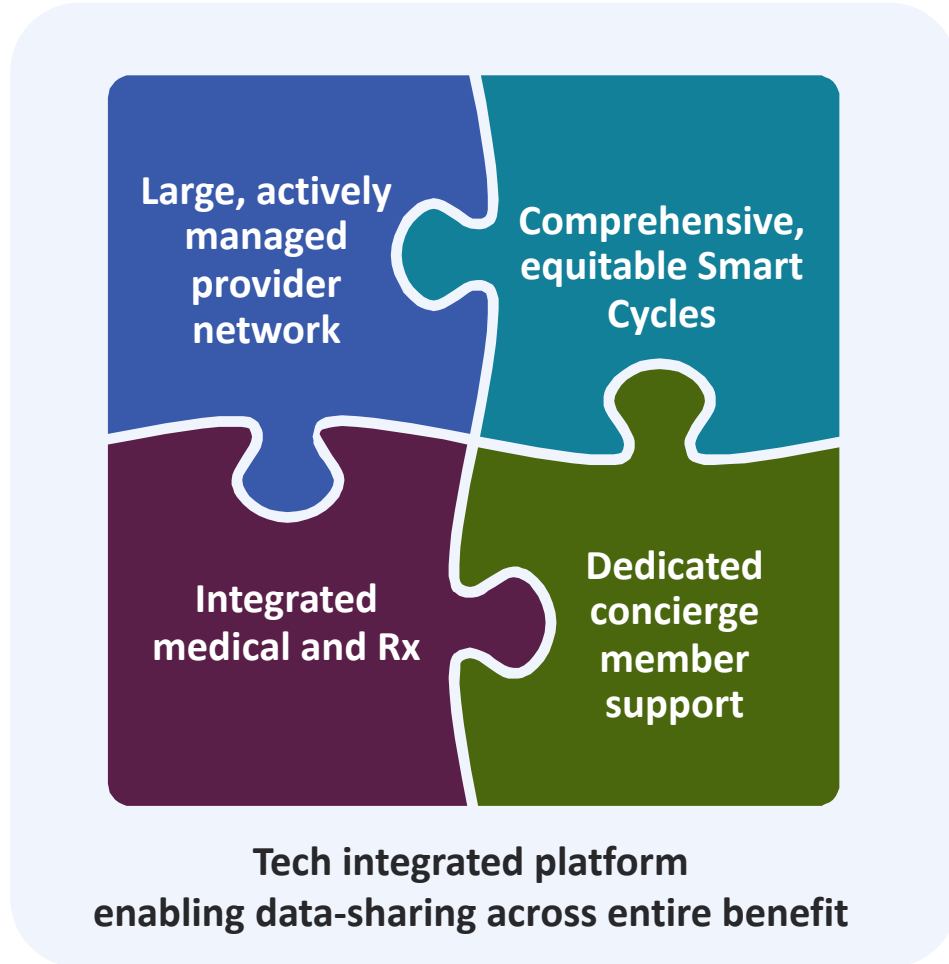
LGBTQ+

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

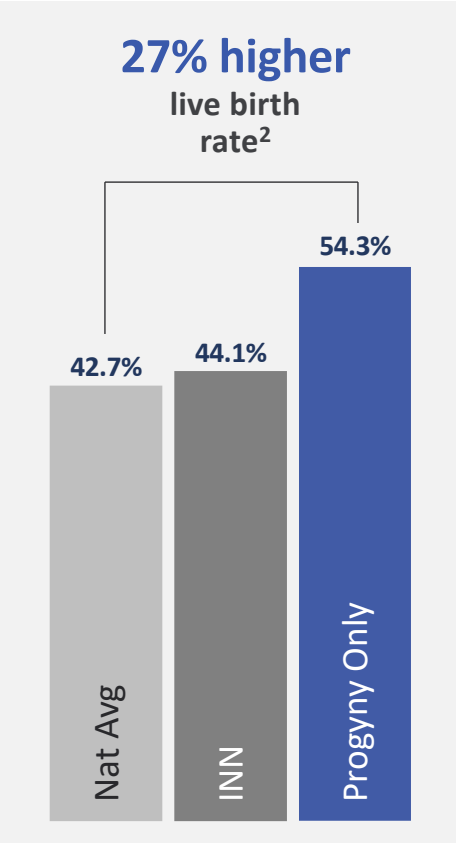
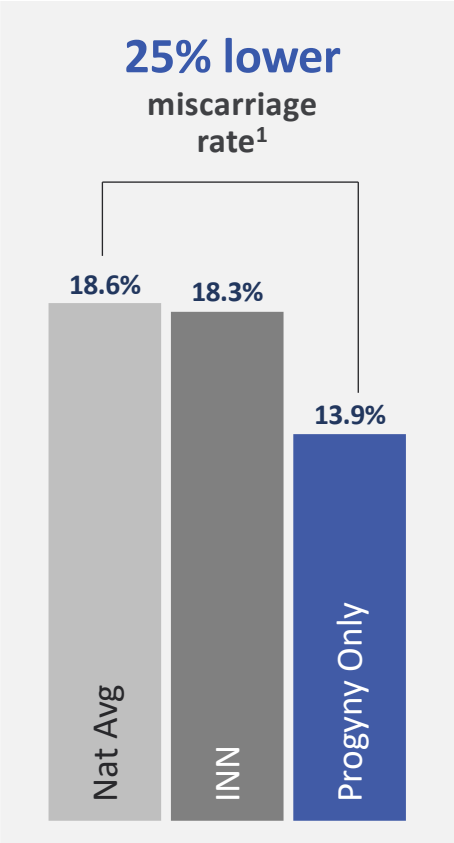
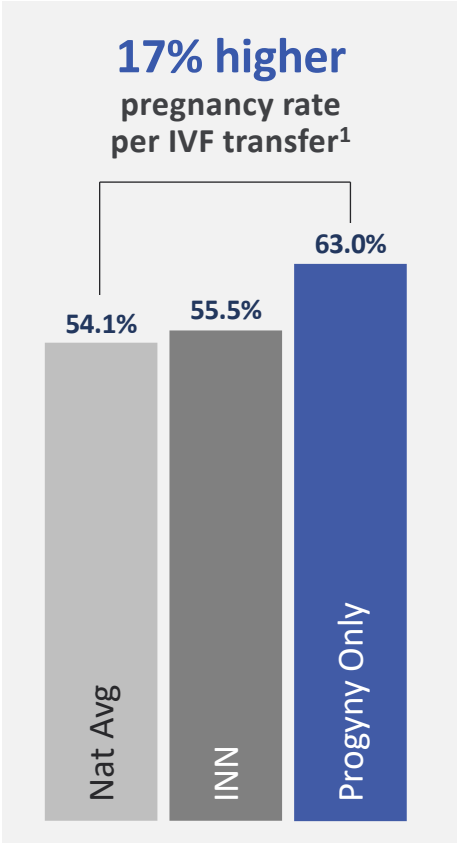


- Equitable care regardless of income or geography or funding mechanism
- Access to care regardless of path to parenthood including single parents by choice and LGBTQ+
- Screening for monogenic disorders like Sickle Cell, Tay Sachs, Cystic Fibrosis and coverage for PGT-M within the Smart Cycle®
- Culturally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

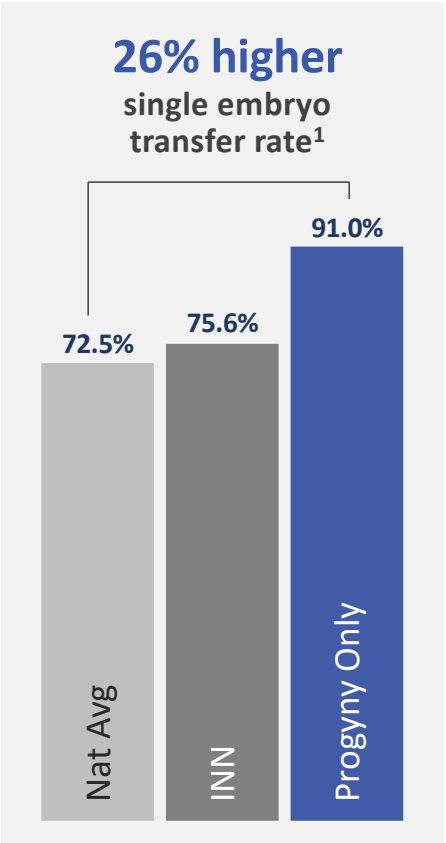


Superior outcomes driven by entire benefit design

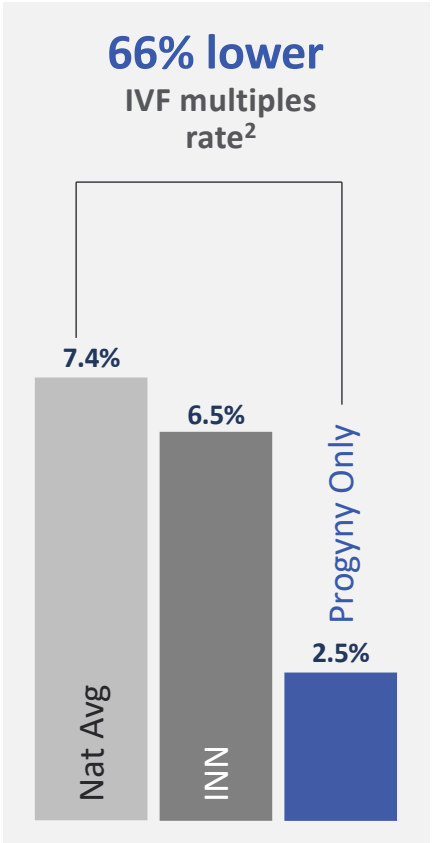
Greater Pregnancy Success



Healthier Pregnancies



Healthier Babies



National Average | In-network clinic average for all patients (includes non-Progyny patients at clinic) | Only Progyny Patients

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.
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.





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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**

- Al-Refaie WB, Muluneh B, Zhong W, et al. Who receives their complex cancer surgery at low-volume hospitals? *Journal of the American College of Surgeons*. 2012 Jan;214(1):81–87.

- **Ovarian CA**

- Aranda MA, McGory M, Sekeris E, Maggard M, Ko C, Zingmond DS. Do racial/ethnic disparities exist in the utilization of high-volume surgeons for women with ovarian cancer? *Gynecologic oncology*. 2008 Nov;111(2):166–172

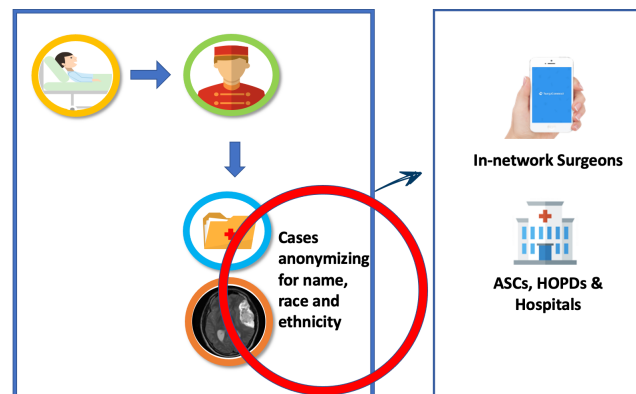
- **Abdominal Aortic Aneurysm**

- Wilson CT, Fisher E, Welch HG. Racial disparities in abdominal aortic aneurysm repair among male Medicare beneficiaries. *Arch Surg*. 2008 May;143(5):506–510

Plausible Explanations

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

SURGIQUALITY SOLUTIONS

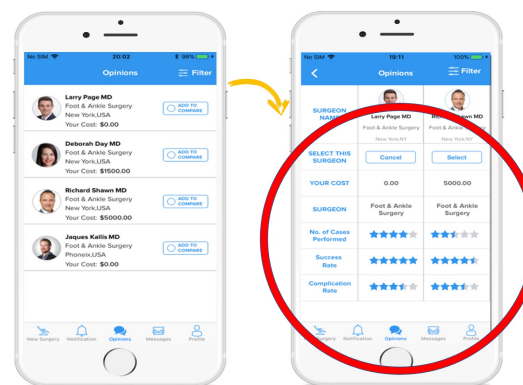


Solve Implicit Bias

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

