



IssueBrief

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A better normal?

The pandemic provided opportunities to transform the workplace, and many employers are ready to lead the change

Employers have spent the last 18 months supporting employees and consumers through the peaks and valleys of the pandemic. The lessons learned may influence the future of how employees work and their overall wellbeing, says Ed Quick, MA, MBA, CRC, CDMS, Commissioner, Commission for Case Manager Certification.

From the possibilities of remote work to the value of a whole-person approach to employee health, expect the pandemic to leave its mark on the future of work.

"The need to support employee health and wellbeing is more critical than ever," he explains. "Disability Management Specialists and Certified Case Managers have had to advocate and assist clients over the past year while at the same time dealing with their own personal and workplace changes and challenges. They will likely continue to do so as we all navigate the 'new normal.'"

They may find that employers have become their allies in terms of providing workers with much-needed support.

It's been a difficult journey, but most employers do expect to approach some semblance of normal this year, according to a March 2021 survey

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— ED QUICK, MA, MBA, CRC, CDMS
COMMISSIONER, COMMISSION FOR
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NOTE FROM THE COMMISSION: Everything is in flux

The business community's response to COVID-19—specifically, the delta variant—continues to evolve.

The broader insights and issues addressed here remain relevant, but the particulars are changing. For example, with in-person school starting, many companies were planning to have employees return to the office in September. Now, in early August, that's up in the air. Some companies, including Lyft, Google and Apple, have already announced plans to delay reopening. Likewise, corporate policies on vaccines and masking are adapting as needed.

Many of these changes will vary by community, so stay abreast of the policies affecting your clients and your community. And stay safe.

— Commission for Case Manager Certification Team

by the National Alliance of Healthcare Purchaser Coalitions. Over half of employers responding to the survey believe they will be in a more stabilized business environment by Q3 2021 (25% by Q2 and 27% by Q3). However, it's worth noting that 23% are unsure of when they will get back to "normal." (Note that this survey is from March: The numbers are likely to have changed as the Delta variant has led to increased infection rates.)

It varies by industry: Health care and education will return faster than most. At the other end, finance and public administration industries anticipate a longer timeline.

But don't take "normal" too literally, warns Mike Thompson, president and CEO of the National Alliance of Healthcare Purchaser Coalitions. Instead, "it's something more normal, not the same, but *more* normal than what we've been experiencing." In this newish normal, we'll see the influence of changes made during the pandemic, especially in terms of remote activity. For example, the March 2021 survey found that

- 83% of employers will continue to allow people to work from home—as the job permits
- 76% will have expanded virtual meeting capabilities;
- 60% will provide flexibility to cover employee home demands

For employees whose jobs allow it, expect employers to provide greater flexibility—for example, allowing them to work a hybrid schedule that permits them to work from home two or three days a week. "As the workplace evolves, we're going to move away from a time-constrained world to one really focusing on outcomes," he says.

The rules are still being written, Thompson cautions. "There are no set pathways at this point. We're all working through it."

Disability Management Specialists and Certified Case Managers will need to flex with their clients, Quick adds. Their own work lives may also change, including the consistent use of technology applications for video conferencing and/or virtual meetings.

Employers aren't just rethinking the workplace; they are re-evaluating the ways in which they support and pay for employee health. These initiatives should be understood by disability specialists and case managers.

The need for high-value preventive care

Employers renewed their focus on high-value care during the pandemic, and that's not changing. In particular, they want high quality primary care that mitigates costs downstream.

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Employers are looking at strategies that are more responsive to individuals with multiple chronic conditions. They're looking for mental health to be much more integrated with physical health. "They want recognition of the diversity of their population, and they want to promote high value care," he says—especially given the lack of preventive care during the pandemic.

Employers also want to deal with employees on a more personalized basis, which includes addressing social determinants.

Despite the surge in telemedicine during the pandemic, Americans were not receiving regular preventive care. Employers are concerned about the exacerbation

of chronic conditions and the lack of prevention and early detection. For example, detecting cancer later rather than sooner decreases the survival rate and increases costs. And, Americans gained weight. "The issue of an average pandemic weight gain of 0.6 pounds every 10 days has broad implications for obesity and related chronic diseases. And that's going to be a big area of focus going forward."

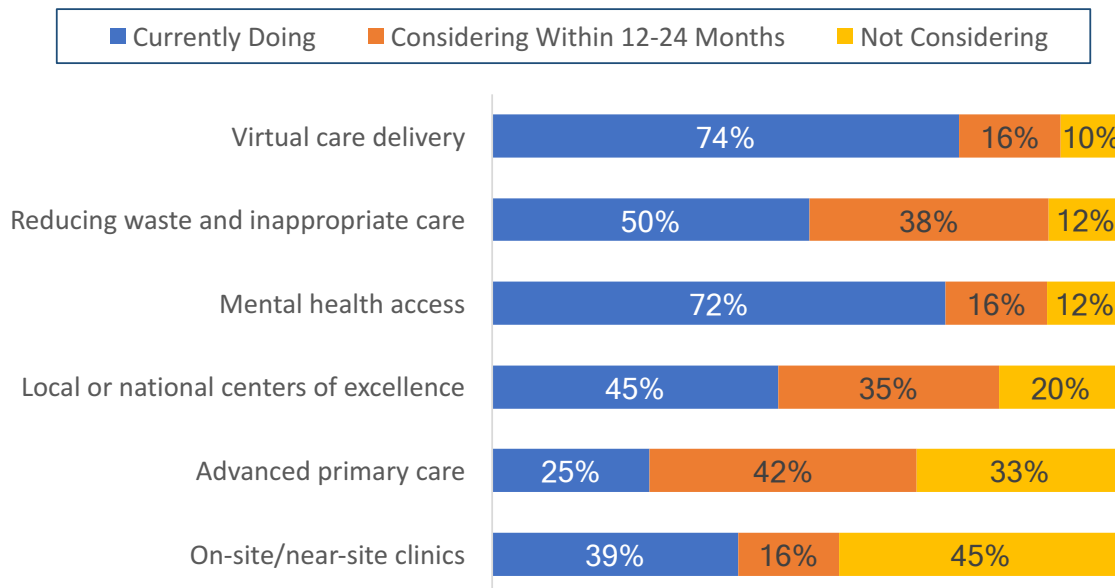
Without some sort of intervention, health care cost increases this year and next could be much higher than normal and 2021 to 2022 actually could be much higher than normal in terms of health care cost increases. "And why? Because all these things are going to add up...and create more

pressure to examine our strategies moving forward," Thompson says.

To that end, employers surveyed are implementing delivery-reform-based strategies. The most common strategies are **virtual care delivery** and **improving mental health** access. The fastest growing ones are advanced primary care, centers of excellence and those focused on reducing waste and inappropriate care. (See Figure 1 below.)

One key strategy is *total person health*. "A lot of our traditional strategies have been very siloed," he says. A diabetes management program focuses on what a person should do to manage their diabetes. "But of course, that same person with diabetes may

Delivery Reform Strategies



SOURCE: National Alliance Pulse of the Purchaser Survey – March 2021

Figure 1

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also have hypertension, they might be obese and they might be depressed. So how do you look at an individual more holistically and deal with it more effectively?"

To address this, about half of the employers responding to the survey are considering strategies to deal with social needs and social determinants of health. (To see where employers are coming down on other aspects of total person health, see Figure 2 below).

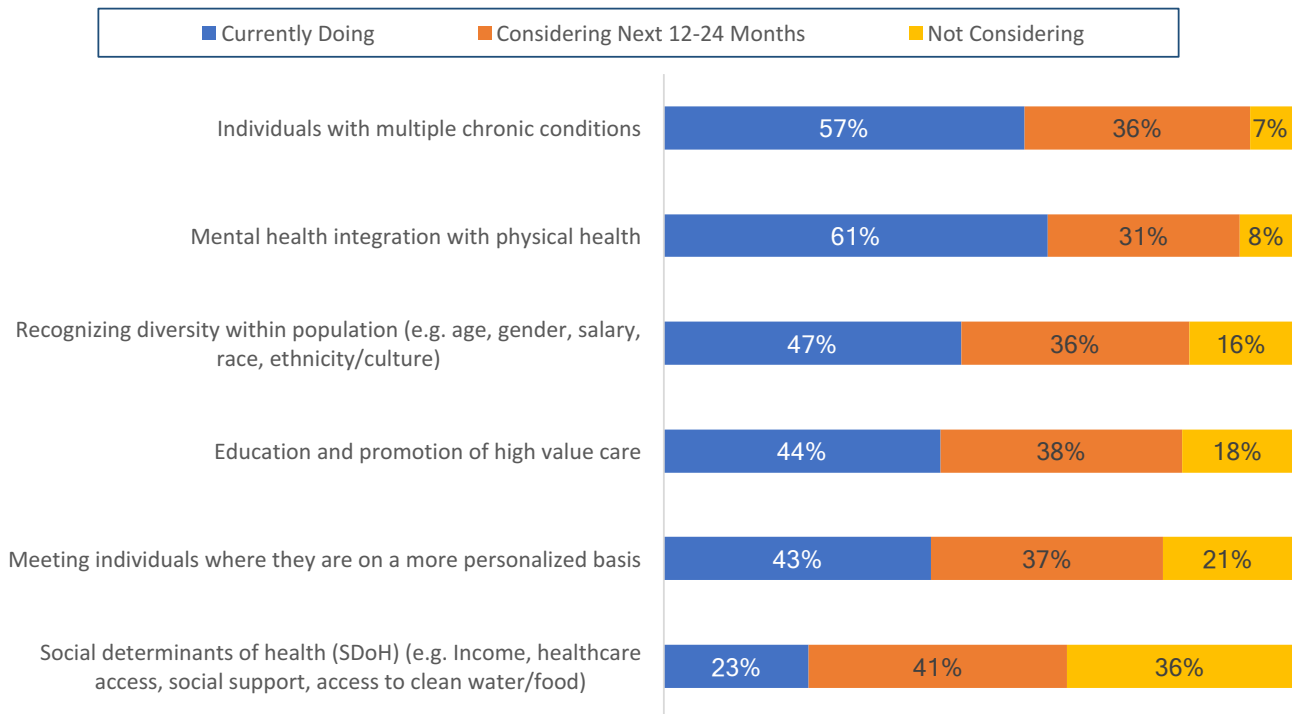
All of this, of course, ties into mental health. The pandemic has led to an escalation of anxiety and depression, and now that we've

passed the peak, we're starting to see post-traumatic stress syndrome as well, he says.

Mental health encompasses more than diagnosable conditions. He expects a greater focus on burn-out. Employers increasingly understand that burned out employees constitute a safety issue.

This is something that case managers and disability management specialists understand deeply. They've supported and advocated for clients who are overwhelmed and burned out, even as many of them are working through the same issues.

Total Person Health: Areas of Focus



SOURCE: National Alliance Pulse of the Purchaser Survey – March 2021

Figure 2



Business and the COVID-19 vaccines

Employers want their employees to be vaccinated, but until recently, that didn't include mandates.

The March 2021 survey found employers engaged in promoting the vaccine. More than three-quarters (76%) are educating about eligibility. Roughly 70% are educating about safety and efficacy; the vaccine's benefits and points of access. Additionally, more than half are also coaching families and supporting community messaging around vaccines.

At the time of the survey, employers were starting to offer on-site vaccines; as of March 2021, 26% were providing on site vaccines, and 34% plan to by year's end. That increases with company size: Over 80% of very large employers anticipate providing onsite COVID-19 vaccines before the year is up as do 88% of jumbo employers (10,000+ employees).

Offering a vaccine isn't the same as delivering a vaccine. Many employers may struggle to get their unvaccinated employees vaccinated. Many minorities, residents of rural areas, conservatives and even some parents have concerns about the vaccine. According to the Kaiser Family Foundation's COVID-19 Vaccine Monitor, 22% of adults are firmly opposed to the vaccine, and 22% are taking a wait-and-see approach.

A good way to communicate the value of the vaccine is to identify trusted messengers who have earned the trust of their employees. It can't merely be a top-down initiative. It's important to reinforce how important vaccination can be and do so in a respectful way.

"We're not trying to persuade people, but we're really trying to educate people and get them information, real information through a trusted source," says Thompson.

In March employers were promoting vaccines, but only 8% of the respondents indicated they were even considering a mandate. "They were trying to be respectful to some very legitimate concerns that people have and trying to address those head-on rather than trying to do it through fiat," Thompson says.

But the Delta variant changed everything. Large employers including the Walt Disney Company, Morgan Stanley, Facebook, Google, The Washington Post and Walmart have introduced vaccine requirements for some or all employees returning to the workplace. Some, including Delta Air Lines, limit the mandate to new hires. However, as the New York Times reported Aug. 2, corporate vaccine mandates tend cover the white-collar workers, not those on the front lines who are less likely to be vaccinated. Exemptions include the cruise and health care industries, which are requiring vaccines for frontline workers.

Employers will try to get as many people as possible vaccinated voluntarily, but at some point, they may require more people to get vaccinated within the workplace, particularly in high-risk areas just from a workplace safety standpoint. "They require you to wear your seatbelt; they require you to be vaccinated. And it's not just your safety, it's safety of others as well. There was a time we didn't ban smoking at work, but we do today." ■

Dealing with all this has become more challenging given the changes in how and where we work. “That has been a common concern, particularly for remote workers who are on 24/7 now because they can work effectively from their home.” There are other complexities, too. For example, “How do we sustain a culture if people aren’t in the office or aren’t in the offices often?”

Of course, a commitment to a whole-person approach requires paying attention to health equity.

Race, health and equity: an unexpected legacy

The ability—and willingness—to truly address race, health and equity issues will be one of the legacies of the pandemic.

“I think we’re starting to recognize that we need to incorporate equity-related metrics into our programs so that we’re monitoring and understanding, improving over time what we’re doing.”

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About half (49%) of the employers who are part of the National Alliance have indicated they were integrating equity into their values

and objectives, and another fifth of employers said they were considering it. (See figure 3 below for more findings on equity.)

“And not surprisingly, if it’s not part of your values, there’s not a lot of focus on it.” But for those who did focus on integrating equity into the values, there are some common strategies that are emerging. The strategies fall into a four-part framework, he explained.

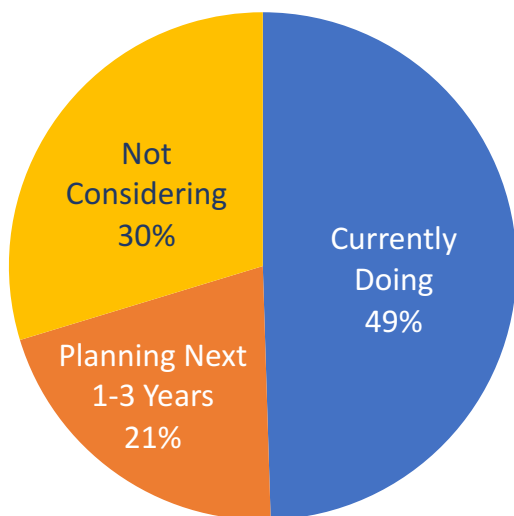
The first is to understand the impact of differences.

Many employers are nervous about looking at differences within their population, particularly in terms of income, race, culture or ethnicity. But it’s essential. “It will be difficult for any of us to evaluate differences if we don’t even measure them to start with,” he says. “We need to understand the differences in how our programs perform for Black or Asian or Hispanic individuals or our lower-income employees.” Do high deductible plans affect people in disparate ways and lead to disparate outcomes? Do our service providers engage with our people in the way they would expect to be treated as individuals?

Next, employers need to integrate equity into corporate strategy.

That requires establishing equity metrics and making equity an enterprise-level program. “I think we’re starting to recognize that we need to incorporate equity-related metrics into our programs so that we’re monitoring and understanding, improving over time what we’re doing.” It can be difficult, because it runs counter to

Organizations Addressing Race, Health & Equity by Integrating into their Values & Objectives



SOURCE: National Alliance Pulse of the Purchaser Survey – March 2021

Figure 3

the mindset that we treat everybody the same, Thompson says. “The reality is we don’t treat everybody the same, we treat someone with diabetes differently than somebody that doesn’t have diabetes, for example. We do that intentionally because the needs are greater.”

The third element is to set vendor expectations and **evaluate and engage the supply chain**. Large employers are beginning to do this for vendors, including health plans and health care provider organizations.

Finally, **sustain a culture of inclusion**: “I think it requires all of us to essentially make this part of our culture just like safety is part of our culture, just like health is part of our culture—equity is part of our culture as well. Our goal is to reduce variations in health and safety.”

Ensuring a culture of inclusion is, in many ways, like making sure there’s a culture of safety, he says. “The first step is acknowledging that this should be a priority for our organization because it’s consistent with our culture, and it’s the right thing to do. And frankly it’s a smart thing to do.”

Many companies have barely begun the process. It starts with asking the right questions, he says. “And as we start asking those questions, I think it’s going to be eye-opening to understand how little we know about the people that work for us and how much better we can do to support, not just most of our employees, but all of them.”

A more supportive workplace

Another possible silver lining to the pandemic, Thompson says, is that employers are taking a more empathetic, more supportive approach to their workers.

Companies and organizations have come to realize that they as organizations, as managers, as leaders, need to be better connected with their people, particularly in an environment where they’re more disconnected from each other, he says. “Frankly, that’s been a learning process for a lot of us. And I think that will have lasting impact and important impact.”

Even before the pandemic, he explains, some employers were trying to better support their employees’ emotional health. Sometimes, it took the form of resilience-building. Other times, it involved working with supervisors to be more aware of signs when people aren’t at their best and how to help them get the support they need.

But as COVID-19 took hold, it became clear that the threat from the pandemic wasn’t just the virus itself. The emotional and psychological impact was profound. Social needs changed, especially around caregiving. So, for example, according to a March 2020 National Alliance survey, roughly half of employers offered paid and/or unpaid family leave for caregiver support, and 52% provided special support for the emotional risks posed by the pandemic.

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“I think what’s changed with the COVID environment is a recognition that being aware of when somebody is not at their best is not the only issue because the environment itself, our own workplaces, can be the problem,” he says. Employers learned in this period how to better connect with employees and to consciously create an environment that is more sustainable and supportive of mental health and wellbeing.

“I think that’s a lesson that won’t go away. And I think the expectation from employees going forward is that’s the way I want to be treated. I think it’s one of the positive legacies of the COVID period.” ■

About the Experts



Michael Thompson
President & CEO, National Alliance
of Healthcare Purchaser Coalitions

Michael Thompson is the president and CEO of the National Alliance of Healthcare Purchaser Coalitions (National Alliance), an association of approximately 50 regional coalitions collectively supporting over 12,000 health care purchasers providing health coverage to more than 45 million Americans. The National Alliance helps to lead improvements in health, wellbeing and value for our companies and communities across the country.

Thompson is a nationally recognized thought leader for business health strategies and health system reform. He has worked with major employers and other stakeholders on sustainable cost reduction, integrated health, wellness and consumerism, retiree health, private health exchanges and health reform. Known for developing and promoting collaborative cross-sector health industry initiatives, Mike participated on the steering board of the World Economic Forum's "Working towards Wellness" initiative and co-founded the Private Exchange Evaluation Collaborative (PEEC).

Mike is a Fellow of the Society of Actuaries, serving on the Health Practice Council, and chairs the Medicare Sub-Committee of the American Academy of Actuaries (AAA). He is also widely recognized as a leading national advocate for mental health and wellbeing.



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Ed Quick has over 30 years of experience in health and productivity management from program implementation, plan design to administration. Currently a global senior leader in the integrated leave, disability and time away space for a large technology company, he was also the executive director of Disability Management Services for JP Morgan Chase, the Global Leader, Employee Health and Productivity for General Electric Company, and Global Disability Leader, General Electric Energy, overseeing medical and disability case management, absence management, and health, productivity and wellness initiatives.

Quick has held positions with other major employers, including national director of Disability Management for Union Pacific Railroad, director of Medical and Disability Management Claims for Maine Employers Mutual Insurance Company and manager of Workers' Compensation for the Washington Metropolitan Area Transit Authority.

Ed currently sits on the CCMC board for CDMS. Prior to the merger with CCMC, Ed served over 10 years on the CDMSC executive board in multiple capacities including as national chair. He has also served as an outside member of the Healthcare Quality Certification Committee and as a special panel member for the Society for Human Resource Management.



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