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# CINCINNATI'S ROAD TO RECOVERY



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The Health Gap



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## THE SECOND OF A THREE-PART VIRTUAL DISCUSSION SERIES

**I**n the second of a three-part virtual discussion series titled *Cincinnati's Road to Recovery*, Jamie Smith, *Business Courier* market president and publisher, on Tuesday Sept. 15, questioned three community and business leaders about their organizations' continuing efforts to respond to the Covid-19 crisis. Smith invited those listening in to the discussion to use the available digital format to submit their own questions. The *Business Courier* plans to follow up with a third *Road to Recovery* Q&A session in the winter, with a date to be announced.

Responding to Smith's questions in the discussion were: Mark Clement, president and CEO of TriHealth; Renee Mahaffey Harris, president and CEO of the Center for Closing the Health Gap and Terry Horan, president and CEO of Horan, a health and wealth benefits management firm. All three represent the organizations that sponsor the Road to Recovery series.

Smith began this conversation by asking Horan how employees starting to return to offices has impacted markets and the overall economy. Horan noted that since the initial Road to Recovery discussion in July the S&P has gained 4% and the NASDAQ 8%. As a result of stimulus, both fiscal and legislative, the economy is growing in the manufacturing and tech industries and in housing and construction, he said, and added that employment numbers are starting to come back from a very low point earlier in the Covid crisis. He noted the recovery is only

partial, for example with the service, entertainment and hospitality industries continuing to suffer from the crisis. The challenge for the country, Horan said, is to figure out how to restore the parts of the economy still suffering.

Smith next asked Clement about the financial health of the health-care industry. He said it is bouncing back from the downturn caused by suspension of elective care during the first six to eight weeks of the crisis, and revenue levels have returned to pre-Covid levels and the care provided has nearly reached pre-Covid levels. Emergency and inpatient care remain down slightly locally and nationally, attributable to a fear on the public's part of exposure to the virus, despite extraordinary measures taken by hospitals to ensure safety of patients and staff. He said the increase in care being provided at regional TriHealth facilities is in part a result of backlog created by the suspension of elective care, and he noted that care at TriHealth's ambulatory facilities is rising faster than care at its hospitals.

### IMPACTED COMMUNITIES

Smith then posed a question to Mahaffey Harris about the lasting economic impact of the Covid crisis on the Greater Cincinnati community. She noted that black and brown people are feeling a disproportionate economic impact. She's concerned about minority businesses that might never re-open and unemployed people whose jobs might never come back. She said there is a need to look at new strategies to train and equip people to re-enter the work force. She also cited the worsening wealth gap, along with the unemployment gap as problems exacerbated by the pandemic. She said collaboration among all segments of business and society in general will be key to finding ways "to lift everyone up." She's encouraged

that so many people now seem to be asking themselves what they can do to improve the overall health of society.

### KEEPING EMPLOYEES ENGAGED

Smith next asked the panelists about keeping employees engaged during the pandemic. Horan said his firm has instituted a "daily huddle" for employees to talk about sharing work, creating ideas and getting things done, but the huddles also are used for shout-outs about good work done by other team members. He said all of the firm's 150 members have access. He added that the pandemic has forced workers to "learn a new muscle" in their approach, mostly because of the challenges of remote work. He cited reinforcing the firm's 27 fundamentals: the first of which is "always do what's best for the client" and the last, "have fun," as instrumental to keeping workers engaged. A twice-weekly letter from HR to all employees takes up company matters and also offers information about things going on in the community, including entertaining things to do.

### ENDURING CHANGES

Smith asked Horan whether remote work will continue post-pandemic. Horan answered that ensuring workers of a safe workplace is essential to bringing them back to offices. He added that many will prefer working remotely but might miss the social aspect of coming in. He said the firm's leadership continues to discuss the likelihood of many employees continuing to work remotely because the pandemic has made it clear that such work is feasible.

Smith then asked Clement whether the pandemic has meant significant changes in TriHealth's operations. Clement said that amid all the initial uncertainty, one of the first things his organization did was institute weekly "town hall" meetings available to all workers as well as all-leader meetings on a

weekly basis. He said the chief medical officer began daily communication about how virus-related issues were being handled. He said communication and engagement on the part of leaders has been crucial. He has been "rounding" to all TriHealth facilities, from ERs to Covid units, and TriHealth has been supporting "all our people" with such things as Health Care Hero T-shirts and free pizzas when and where appropriate. "This has been a leadership challenge," Clement said.

### EMERGING WORKPLACE TRENDS

Smith asked Horan what kinds of trends he's seen emerging in workplaces. Horan said a significant trend is that employers are learning to be flexible about employee needs and work schedules. He said his firm is accommodating workers who prefer to work from home at least part of the time and that it would be "bad policy" for companies to say that all employees must return to the office, if those companies can accomplish their needs with people working remotely.

Clement noted that TriHealth, the region's fourth-largest employer with some 11,000 workers, now has two to three-thousand people working remotely, up from about 1,000 pre-Covid and is working out protocols to make clearer the policies that apply to remote work. He said it remains important to leaders and all people working remotely to occasionally meet together to compare experiences, and large conference rooms that accommodate 20-30 people (socially distanced) make that possible. "Don't underestimate the importance of teams in fostering career development and job satisfaction," he said.

### TESTING EFFORTS

Smith asked Mahaffey Harris about the role the Center for closing the Health Gap has

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## Closing the Health Gap through collaboration



My first year as President/CEO of The Center for Closing Health Gap (The Health Gap) in 2019 began with a reassessment of the work we do, and how the community receives and is impacted by our work. We also identified what gaps exist that if filled can be a game changer in improving the health and lives of the people we serve. My most profound learning was that most Cincinnatians do not know what we do at The Health Gap.

The Health Gap is a community-health grassroots organization with a clear mission: to eliminate racial and ethnic health disparities, and make Cincinnati a healthier place to live. We do this by promoting a culture of health where we live, work, and play. The Health Gap has impacted over 365,000 people regionally.

This year our organization's work and value have been highlighted due to the public's newfound understanding of health disparities. I am grateful that The Health Gap and over 30 local organizations and businesses were able to meet the needs of marginalized populations in Greater Cincinnati through the COVID-19 Community Resources site - <https://covid19communityresources.com>. This site serves as a trusted information source to help balance the barrage of fear and uncertainty we all face daily.

The collaborative effort it took to quickly execute our vision for the COVID-19 Resources site reminded me that there are many hard-working social services organizations in Cincinnati whose mission is



Renee Mahaffey Harris

we can collectively develop effective, long-term strategies that will significantly move the inequity needle. Health disparities not changed since first researched by the Health & Human Services Secretary in 1985.

We know all avenues that affect health stem from the answer to this question – does the individual/family have the means and tools to achieve and have healthy, productive lives? The depth of our work with neighborhoods and schools helps address the challenges of quality of life factors that impact health. It is the same battle my parents contended with. Yes, it looks different than it did 50 years ago, but it has the same impact. Regardless of socioeconomic status, health outcome disparities between black and white populations have and will continue to persist without collaborative interventions.

to serve specific needs of marginalized populations and do it well. What is our collaborative potential to meet the vast needs of the marginalized in our region? I do not have all the answers. However, I am confident that if all of the sectors that serve our communities galvanize our gifts, resources, and funding

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Regardless of socioeconomic status, health outcome disparities between black and white populations have and will continue to persist without collaborative interventions”

RENEE MAHAFFEY HARRIS,  
President & CEO, The Health Gap

The Black Women's Health Movement (BWHM) is another example how The Health Gap is collaborating to bring about meaningful change. BWHM is designed to engage and empower African American women across the socioeconomic spectrum to live healthier lives -- body and mind. The focus is on Black women because they provide a gateway to African American families since healthcare, home-care, food shopping/preparation, and childcare are typically the responsibility of the mother in both single and two-parent families.

Our aim is to mobilize and connect efforts already happening in the city, and provide culturally relevant, evidence-based solutions to improve the health outcomes of Black Women and their families. The Health Gap's role in the BWHM is to facilitate an infrastructure where: women will have resources that are designed by and for them; organizations will expand their reach and have a stronger impact; and businesses will share their expertise and grow their awareness. Everyone has a place and purpose within one or more of the BWHM pillars: Physical Health, Mindful Health, Economic Health, Community Health.

Read more about The Health Gap initiatives and the Black Women's Health Movement at [www.thehealth-gap.org](http://www.thehealth-gap.org).

## Your Team's Health is a Partnership.



While you build your business, we'll build the health and productivity of your workforce. As you support your employees' well-being, we'll help lower your medical spend.

At TriHealth, we're delivering on the promise of quality health outcomes and improved patient experience at a lower cost. And, together with Anthem Blue Cross and Blue Shield, in Ohio, we're partnering with employers to increase access to higher value care through our high-performance care network and health plan—Blue Connection.

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played in getting more Covid-19 testing for people in the region. She first cited collaboration with other agencies to launch covid-19communityresources.com, a website that offers answers to many questions about the pandemic, including how to get tested. The center is also working with influencers to reach portions of the community that have proven vulnerable to the virus. DJs and others are creating messages and commercials on social platforms for 18- to 30-year-olds about why testing and wearing masks is important and why gathering in large groups is dangerous to themselves and others. She said the Health Collaborative, the region's health care systems and city and county health departments are aware of this need among younger people for awareness about Covid-19. "We are at the table with everyone" in responding to the need for testing, she said.

Smith then asked Mahaffey Harris about the reluctance of black and brown people to participate in vaccine clinical trials. She acknowledged a historical fear of participating in trials and potentially taking a vaccine. She said educational efforts to go beyond stating a need for such participation and get at "the why" of the fear and "the why" of participating, particularly considering the disproportionate impact of the virus on

black and brown people. She said without participation in trials she is concerned the eventual vaccine won't be fully accepted, so she is working with others to figure out what educational awareness is needed. She said she recognizes the reasons for mistrust, but added, "We need to fully understand this virus to get us back to some normalcy in this country," she said.

#### RESPONDING TO SOCIAL INJUSTICE

Smith next asked Clement about how TriHealth has responded to the increase in awareness of social injustice that has corresponded with the pandemic. Smith noted that in 2017 TriHealth announced a set of diversity and inclusion goals to increase minority representation among its leadership and work force and to attract a better diversity among vendors and providers to mirror the community. TriHealth recently instituted quarterly "town meetings" or company-wide discussions around structural racism. He said progress has been made on the goals, citing for example that TriHealth's board is much more diverse than it was five years ago and contracting with women and minority owned firms has increased significantly. But he said the progress is not where he hoped it would be. TriHealth has now incorporated the diversity goals into its management incentive plan, "putting our money where our mouth is." TriHealth is also using analytics to better understand where dis-

parities and inequities in health care exist. He said the efforts are more than a response to the current climate but also are a reflection of the mission of the organization.

#### RACISM AS A PUBLIC HEALTH CRISIS

Smith asked Mahaffey Harris about the regional implications of racism having been declared a public health crisis. She said the declaration on the part of government institutions is an exciting step toward "dismantling structural racism." She said it "broadens the conversation" about preventing race or ethnicity from impacting people economically or impacting their health care. She said the last few months have caused the leadership in many organizations to put a greater focus on how they relate and respond to the issue. She noted that all the health systems in the Cincinnati region have been attentive to racial issues since well before the pandemic emerged, and raising that awareness is the mission of the Center for Closing the Health Gap.

#### DANGERS OF DELAYED HEALTH CARE

Smith asked Clement to expand on his earlier comments about some health care specialties now being busier than others. He said in-hospital care remains below pre-Covid levels and he cites the "unfounded" belief that hospital visits and stays can expose people to the virus. In-patient care is at 93-94% of where it was, he said. He said emergency room visits remain down 10-15%, but outpatient services are robust. He said cardiology, oncology and orthopedics services are "very busy." He said, surprisingly, plastic surgery is way up and speculation is that people see themselves on Zoom and don't like what they're seeing. He said virtual visits (telehealth) is slowing from levels earlier in the pandemic but remain high at 500-1,000 daily. He added that the lingering tendency to delay health care because of pandemic fears is troublesome and can result in greater threats to health and treatment that becomes more costly. "Our facilities are safe and ready for patients and the same is true at all facilities throughout the region," he said.

Smith said businesses should note the point about delaying or deferring care and discourage their employees who might

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*Our facilities are safe  
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- Mark Clement

be doing that. Horan noted data from his firm, which insures about 300,000 people in the region, demonstrates that less is being spent on medical care in recent months, confirming Clement's points about people delaying care, and he reinforced the point that delayed treatment and care can have tragic outcomes.

#### WHAT NEEDS TO HAPPEN?

As the discussion came to a close, Smith asked the panelist what they would like to see happen in the next few months. Mahaffey Harris responded that her "vision and dream" for the region is that Covid-19 would decline, people would see the need to seek health care and mistrust in it would dissolve. She also hopes to see a bigger conversation around what systemic and structural racism looks like and the role that all can play in dismantling it. She hopes for more dialogue that brings out the humanity and understanding in people no matter their perspectives.

Horan said first of all he'd like to see another stimulus bill get through Congress that is the result of compromise between the parties. He said his firm is working hard with the "legislators and lobbyists that we know to bring that about." Secondly, he said, breaking down the inequality that exists in health and wealth is a short- and long-term goal. He said something businesses such as his firm can do is monetarily support the organizations, including United Way, that work directly to reduce inequality.

Clement said he hopes that we step up nationally to support the science that pertains to the pandemic. He said people who are ignoring that science put themselves and everyone else in jeopardy. He said the Covid-19 transmission rate remains too high in the region and that adhering to mitigation measures is the only sure way to bring it down until a vaccine is ready. He hopes that a vaccine will be "in distribution mode" within six months. And on a broader scale, he hopes for and foresees an economic recovery and a less divided nation willing to talk and listen to one another to reduce systemic racism and inequality.

## Resources to Help You Navigate COVID-19

Tune in to HORAN's "Benefits: What, Like it's Hard?" Podcast or **Return to Work Vlog Series** covering COVID-19's impact on individuals and businesses.

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## Budgeting for future health care expenses during the COVID-19 pandemic



Contributed by HORANalytics®

The beginning of the COVID-19 pandemic was fraught with uncertainty. Healthcare providers were concerned about the potential volume of COVID-19 cases. Employers were concerned about the health of their business, the health of their employees and the health of their 2020 benefit budget.

COVID-19 treatment estimates are varying from hundreds of dollars to hundreds of thousands of dollars and the volume of expected cases is still unknown. To respond to this uncertainty, HORAN began delivering customized COVID-19 impact analysis reports in April based on employers' demographics and health plan spend. The reports illustrated multiple financial scenarios based on varying COVID case volume and severity offset by the delay of non-essential services. The financial impact of those scenarios ranged from cost savings to significant cost increases.

As the pandemic unfolded, HORAN monitored COVID cases closely as the country shut down and non-essential health care services were delayed. While the pandemic is not over, most of the counties surrounding HORAN's office locations have reported case counts less than 1% of their total population. This coupled with the delay of non-essential medical services has resulted in lower than expected health care costs in 2020 for most employers.

While employers shift focus from navigating their business during a national shutdown to returning employees safely back to work, many are now asking: what can I expect health care costs to look like for the remainder of the year and how do I budget for 2021?



Valerie Bogdan-Powers

HORAN's approach to employer consultation and financial projections is grounded in experience and data analysis. The traditional method of predicting risk and cost relies on analyzing health care consumer behavior. The care delayed in 2020 has resulted in a reduction in data to analyze. In addition, delayed care and expenses are expected to be incurred, but timing and rates are difficult to forecast. These factors create an unprecedented challenge in predicting future risk.

Lacking precedent, industry methodologies to answer employer questions and predict 2021 costs vary greatly. HORAN's approach is rooted in HORANalytics®, which is a dedicated think tank on a mission to investigate, understand and ultimately find proof in the data in order to drive action.

Through this lens, HORAN began with evaluating four years of historical claim patterns to estimate expected utilization volume and costs as if COVID-19 hadn't happened and compared this to actual utilization volume and costs during the height of the pandemic.

Initial analysis observed medical costs 28% lower and pharmacy costs 10% lower than expected during the months of March, April and May 2020. Not surprisingly, a reduction in services drove the reduction in cost. Specifically, inpatient admissions and outpatient

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*Employers planning for 2021 should not plan around “one number.” Multiple outcomes should be considered given the uncertainty of COVID-19 and backlogged, non-essential services and care.”*

**VALERIE BOGDAN-POWERS,**  
*President, HORAN Health*

emergency room utilization decreased by approximately 45%. Office visit utilization reduced by 33% and claims volume for gastrointestinal, cardiovascular and musculoskeletal services reduced by 26%. The reduction in office visits and services in these specific condition categories raises concern for future health plan risks and costs. While this underutilization reduces cost and provides short-term budget relief for

employers, unmanaged or delayed care may result in increased risk and higher future costs.

Because underutilization results in unknown risk, many insurers and stop loss carriers are neither discounting rates due to underutilization nor increasing rates due to unknown risk.

Employers planning for 2021 should not plan around “one number.” Multiple outcomes should be considered given the uncertainty of COVID-19 and backlogged, non-essential services and care. In response, HORAN is providing a customized approach to guiding employers through the budgeting process and renewal season. This is achieved through our continuous historical analysis, monthly evaluation of utilization patterns and thorough review of client-specific claims and risk tolerance. In addition, we are working closely with our carrier partners to understand their methodologies.

In this last leg of 2020 and as we turn the corner into 2021, two things are for certain: uncertainty still remains, as it did at the beginning of COVID-19, and HORAN will remain grounded in data, monitoring the situation and delivering practical recommendations that guide employers through this unprecedented time. Employers seeking to control costs should encourage employees to no longer delay the care required to prevent and manage disease and develop a plan to avoid a significant outbreak of COVID-19 in their population.

*HORAN has created a custom report to help you obtain more specificity based on your data. Call 800.544.8306 to schedule a deep dive into your data.*

## Getting Healthcare Right in Our New Pandemic Reality



In the second of this three-part series, we explore how COVID-19 exposed serious flaws in how healthcare is financed and delivered that reinforce the critical need to accelerate adoption of population health payment models that reward improved health versus increased volumes.

During the height of the COVID-19 (“COVID”) pandemic, the U.S. healthcare industry was faced with two daunting challenges: 1) quickly adapt and transform to respond to the greatest public health crisis of our lifetime, and 2) address crippling financial losses resulting from the mandated shutdown and slow restart of elective and non-urgent healthcare services. These challenges laid bare the fundamental shortfalls in how traditional healthcare is financed and the devastating impact these shortfalls have on patients, payers/employers, and the healthcare industry itself. And while these flaws are not new – existing long before COVID's arrival – the pandemic greatly intensified their longstanding effects, which include overwhelming healthcare cost burdens and unhealthier populations. Now more than ever, it's essential that healthcare systems accelerate the transformation underway to value-based, health-centric care and payment models that can deliver on the Triple Aim of better care, better health, and better value for every patient, always.

**COVID likely to accelerate employer demand for alternatives to traditional high-cost health plans.**

Employers have been hit hard by COVID, with con-



Mark Clement

tinued uncertainty for the foreseeable future. COVID has also heavily impacted employees – financially, physically, emotionally, and socially. These conditions are likely to prompt employers to seek out new ways to save money, while increasing their efforts to support employee health and well-being during this time of great need.

For nearly three decades, TriHealth and its Corporate Health Division have partnered with local employers to help provide strategies and solutions to address these challenges. Today, we support more than 3,000 local employers and what we're seeing is a growing interest in value-based healthcare plans. These innovative plans offer a win-win for employers and employees. Employers are able to lower their employee healthcare spend – by 10% or more annually – and employees will receive high-quality care from a high-performing comprehensive provider network that's focused on, and rewarded for, improving health through tightly coordinated and integrated care models. More than half of TriHealth's nearly 600,000 patients are now managed through these types of value-based plans, and the outcomes have been exceptional, resulting in Anthem Blue Cross – the nation's second largest health insurance company – recognizing TriHealth as one of the Top

Accountable Care Organizations (ACO) in the nation, and the #1 ACO in Ohio based on improved patient health outcomes and reduced costs. In fact, TriHealth was recognized in Anthem's 2019 Annual Report for these achievements.

Understanding the significant employer and employee benefits of these innovative care and payment models, TriHealth partnered with Anthem Blue Cross to create, Blue Connection, an exclusive, new value-based insurance product, which we introduced to our own employee population last fall, and then to the Greater Cincinnati market earlier this year. We are currently working with more than 45 companies to explore the possibility of offering Blue Connection to their employees, which total more than 45,000 members of our community.

**Employee health and wellness resources evolve to meet new pandemic reality.**

The COVID pandemic has also reaffirmed for employers that one of the best ways to reduce costs is to help keep employees healthy – which results in lower and more appropriate healthcare utilization, reduced employee absences, and greater productivity. Prior to COVID, employers had invested heavily in employee health and wellness resources, including things like on-site gyms, discounts to fitness centers, and Employee Assistance Programs (EAP). Today, these services are needed more than ever to combat the stresses and strains brought on by COVID; however, they are harder to offer safely, given social distancing restrictions and the ongoing threat of COVID ex-

posure. To address the problem, our Corporate Health organization is partnering with employers to quickly transition their health and wellness resources to virtual platforms. TriHealth's Corporate Health organization is now offering hundreds of our clients EAP Telehealth services and virtual fitness and wellness classes. We're also developing partnerships with employers to offer on-site and virtual medical services and physician consultations to help educate employers about COVID and other health-related matters. Demand for these services has increased more than 600% since the start of the pandemic.

Additionally, since March, the nearly 700 physicians in TriHealth Physician Partners (TPP) have completed more than 135,000 telemedicine visits and continue to conduct 450 – 500 telemedicine visits each day, even after fully reopening our facilities and practices. Consumers have clearly embraced the new virtual care option and it's definitely here to stay. This is great news, as telemedicine is a key driver for successful population health management – offering patients who may avoid follow-up care, a convenient and affordable way to visit their doctor without leaving home.

COVID's impact on healthcare has affirmed the critical need to speed up the transformation to value and health-centric care and payment models that reward employers, patients, and providers for doing their part to keep our community healthy.