

Getting healthcare right in our new pandemic reality

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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 continued 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 exposure. 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-based and health-centric care and payment models that reward employers, patients, and providers for doing their part to keep our community healthy.