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GREATER MADISON

Healthy Outlook

Medical execs ready for post-pandemic care.



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MEDICAL CARE, AND ITS COST, POST PANDEMIC

BY JOE VANDEN PLAS AND PHOTOGRAPHS BY SHAWN HARPER

The future of health care was the topic on June 29 as IB convened a virtual roundtable panel featuring local medical and insurance executives. Panelists weighed in on several topics related to the health care industry, including how the pandemic has changed care delivery, the potential for significant upward pressure on 2022 medical insurance rates paid by employers, and COVID-19 vaccine progress.

Roundtable panelists:

Brad Niebuhr, senior account executive, regional sales lead for the Madison market, M3 Insurance

Sue Erickson, president and CEO, Unity Point Health – Meriter

Les McPhearson, president, Dean Health Plan

Moderator: **Joe Vanden Plas**, editorial director, *In Business* magazine

HEALTH CARE ROUNDTABLE

I'm thrilled to see it. It makes it easier if we don't have to carve out transportation time on each end in addition to the perceived stigma that could be associated with it. The healthcare industry has been saying for years that we must help people get access to the right care, at the right time, in the right setting, and I believe this is a pretty interesting and innovative way to do that.

ERICKSON: I don't know that we always understand the barriers to getting to an appointment. It could be the visibility of having to go into a building. It could be that you've got to get up, get dressed, and drive over, and so therefore you don't feel engaged enough to do this. It's too hard to do this versus sitting in the comfort of your couch or in a private area and having that conversation. Again, it speaks to that adherence to appointments that we're seeing, and it's just a great additional tool that folks are gravitating to. We're getting fewer no-shows and more engagement and more adherence because we're connecting in ways that are more tolerable.

VACCINE VICTORIES

VANDEN PLAS: Dane County has a high COVID-19 vaccination attainment rate thanks in part to some creativity in vaccine distribution by local health care organizations. It's probably too early to comment on plans for booster shots because we



“It [telehealth for mental-health visits] speaks to that adherence to appointments we’re seeing, and it’s just a great additional tool that folks are gravitating to. We are getting fewer no-shows and more engagement and more adherence because we’re connecting in ways that are more tolerable.”

— Sue Erickson
UnityPoint Health – Meriter

believe this is the right thing to do. We are at about 77% of our employees fully vaccinated to this point. We aspire to be a health care leader and feel like this was a necessary step with the prevalence of the Delta variant becoming so impactful. Here in Wisconsin, we've seen much higher vaccination rates, but in other areas where SSM serves the community, there have been lower vaccination rates. So, we feel it's our obligation to not only our employees but to those to whom we provide care to take this important step.

In terms of vaccinations for the community, I'm really proud of what Dean Health Plan and SSM has been able to do over the past several months. We have pulled out all of the stops to make vaccines accessible to everyone, whether or not they were insured by Dean Health Plan, and we've partnered with some of our competitors to reach as many unvaccinated people as possible. We've made outbound calls to our most at-risk members to address questions and schedule vaccination appointments. We've worked to go in homes for homebound people to provide vaccinations. We're working and connecting with community-based organizations to uncover unique methods of communication or where people gather to both promote and hold mobile vaccine events. Some of those examples would include partnering with the Urban League. We've had attendance after Spanish mass at a local church and in Mexican restaurants. We've been present at local farmers markets and other community events, and we've promoted opportunities to get the vaccine and the importance of it through Spanish-speaking radio stations, op-ed pieces, and flyers and other communications at gathering places such as barber shops and ethnic grocery stores.

We've also worked very closely through our relationships with local school systems — Sun Prairie, Waunakee, and Madison, to name a few — in bringing mobile vaccination clinics to school systems to help kids get back to in-person school toward the end of the school year, and also distribute vaccines to educators and administrators to help them feel comfortable taking that step. We have gone, through our partnership with Dane County Parks, to local parks. In fact, the day the Pfizer vaccine was approved for people 12–17 coincided with the date of one of our park events, and we were able to quickly communicate through local school systems, and we were able to provide over 600 vaccines that day to people who were in the 12–17

UNITYPOINT HEALTH-MERITER



UnityPoint Health-Meriter

CREATING A RESILIENT WORKFORCE THROUGH WELL-BEING

“Resiliency” was frequently mentioned over the past year, especially in reference to health care workers, but bouncing back after a crisis doesn't happen overnight. It takes time and patience, and employers need to support their employees before, during, and after a crisis.

With workforce recovery front and center for many, UnityPoint Health–Meriter offers holistic wellness recommendations for other area employers to consider.

MENTAL HEALTH

Programs and resources that support mental health are a critical asset for employees and build a culture of help-seeking behavior. It sends a message that your company values mental health just as much as physical health.

Early in the pandemic, Meriter dedicated an in-house mental health specialist to focus on staff well-being, especially in critical care environments. They also partnered with a local agency to offer free ad-hoc mental health sessions to all employees. For most, it was their first experience using mental health services, and Meriter repeatedly heard positive feedback. The same local agency helped Meriter launch group sessions for employees who identify as Black, Indigenous, a person of color, or LGBTQ to provide additional support for the unique hardships faced by these individuals.

Meriter provided free memberships to an online platform, SilverCloud, to help employees better navigate emotionally challenging situations using self-guided programs focused on easing stress, building resilience, and getting quality sleep.

PHYSICAL HEALTH

To support employees' physical health, Meriter created virtual alternatives when COVID-19 caused the hospital to temporarily close some of its dedicated workout space.

Through Wellbeats, an online fitness platform, employees can participate in exercise challenges and engage with 700 on-demand physical activities, mindfulness, and cooking programs ranging from five to 60 minutes.

Meriter also partnered with local organizations such as yoga studios to offer free virtual class options. Since outdoors is the safest place to be, Meriter gave out more than 500 free state park passes and renewed an annual staff favorite — unlimited free rentals at Brittingham Boats, located just a few blocks from the hospital.

BURDEN REDUCTION

Another well-being strategy is reducing burdens outside of work with discounted meal kits, on-site bike repairs, holiday gift wrapping, and similar offerings. Meriter also provides employees with free memberships to care.com to assist with finding reliable options for child care, senior care, pet care, and housekeeping. With family activities limited, Meriter got creative and offered COVID-safe options such as at-home craft kits and free drive-in movies.

The pandemic reinforced the need to pay extra attention to employee well-being. Organizations should consider efforts that fit their unique culture and employee needs. Putting support structures in place now will help employees build resiliency and better manage challenges in the future.

— *Emily Borenitsch,*
manager of employee wellness,
UnityPoint Health–Meriter



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age range. All told, we've held over 40 events over the past two months at employer sites, at parks, and elsewhere, and we had administered almost 18,000 doses of the vaccine through some of those efforts.

One of the things we're doing, particularly for vulnerable populations, is utilizing data from the Wisconsin Immunization Registry and matching it with area deprivation index scores, and then overlaying that with race and ethnicity data to stratify concentrated areas where there may be people who are underserved and have a low incidence of vaccinations. That has allowed us to geotarget social media campaigns as well as direct mail and other kinds of adver-

with our clients to make sure they know their regulatory responsibilities and understand how vaccines would be paid for in relation to their health insurance plans, and we provided them with information on the progress the medical providers were making in administering the vaccines. We did that both formally and informally to gather that information from the local medical providers and throughout the state and share that information with our sales and service teams to make sure that our teams could keep employers up to date during the rollout because it was ever-changing throughout the state. Locally, we saw higher percentages than some of the other parts of the state and, once again, it's due to those integrated health care delivery systems.



“Locally, we have some of the best health care around, and it’s due to the integrated health care systems ... The [COVID-19] vaccinations are just an example of those integrated health care systems. They are best in class.”

— Brad Niebuhr
M3 Insurance

ERICKSON: This is a place where Madison really shined. The health systems and public health worked together to determine outreach plans and to help avoid duplication of effort in spaces, to help develop education to have consistent messaging, and to reach out to leaders in high-risk populations to see how best to serve, whether that was going into the community or setting up a special day and time within the vaccine clinic we were running. There has been engagement in efforts to take the vaccine clinic into the neighborhoods and do education panels. There is hesitancy in this space, so a lot of dialogue, a lot of discussion, and answering questions is really important. It is very grassroots. At Mount Zion Baptist Church, there was a huge education session. We've done vaccination clinics at the Salvation Army — really going into the neighborhood. We have a new one at the Mallards games, partnering with the Urban League there to set up a vaccine clinic where they are going to be celebrating the Milwaukee Bears, which was an original Negro Leagues baseball team, so we're really trying to target in a fun way.

The other thing, pivoting away from our big vaccine clinic — the [number of] folks coming to that has really dwindled — and moving it into our clinics. We'll be open in the neighborhoods where our clinics are located with walk-ins in that space, but we'll also allow patients who have been hesitant to have that one-on-one conversation with their provider if they haven't gotten the vaccine. We'll try to get their questions answered in private and work with them to move them forward with vaccines.

tising, and then we're also going to those places. We're deploying our mobile vaccination resources based on that data and going to where those needs are so that we can do our best to ensure that everyone who wants to get vaccinated can.

NIEBUHR: Locally, we have some of the best health care around and it's due to the integrated health care systems, and as Les just mentioned, numerous different ways in which they are able to pivot and really work with our communities. Once again, the vaccinations are just an example of those integrated health care delivery systems. They are best in class.

M3, as an organization, needs to work

COST OF CARE

VANDEN PLAS: What can you tell us about the following: The extent to which care utilization is approaching pre-COVID levels; how much did deferred care from the pandemic make people's health situations worse; and how much could that impact the cost of care and medical insurance premiums for the 2022 plan year?

MCPHEARSON: We saw a significant decline in claims volume in March and April of 2020. Utilization was down about 45%. We've seen levels of utilization return to pre-COVID levels over the past several months. That's good for a number of reasons. That decline in 2020 was accompanied by a significant decline in preventive screens such as colorectal screenings and breast-cancer screenings, and we're seeing those return to normal levels as well, and it's very important to identify potential issues earlier when treatment is most effective and outcomes are generally the best.

It's a little too early to say what the specific impact of deferred care will be. However, it's hard for me to imagine that it won't have some kind of impact. When people are not either seeking regular care for chronic conditions or obtaining those preventive screenings and evaluations, deferred care is a problem. We're going to see some of the impact of that. I'm just unsure what the level will be. I'm hopeful it will be somewhat moderated in the near term and things will return to normal in the next few years, but the jury is still out on that ... Certainly, if that deferred care ends up having a significant long-term impact on the overall health of the population in general, we could see that playing out in the long-term cost of care.

ERICKSON: We looked back to review 2020 and '21 numbers in a few areas where we wanted to see the impact. We were surprised that we didn't see as much impact as we expected. We looked at immunizations for children and adolescents— this is really in our primary clinics — comparing 2020 and '21 with as much information as we had through May 2021, and we saw a little dip down in immunizations for adolescents. But in general, everything is actually back up to and better than even 2019 rates. So, people are paying attention at least with those populations. As far as looking at blood pressure screenings and colorectal screenings, those actually looked better than expected. In mammography, we're down but people are getting

DEAN HEALTH PLAN**VACCINATION COLLABORATION PROTECTS PUBLIC**

Relationships matter, especially when it comes to accomplishing important goals. I am proud to say Dean Health Plan, SSM Health Dean Medical Group, and their community partners rose to the occasion to protect our citizens during the pandemic.

On March 2, 2021, we held our first COVID-19 mobile vaccination clinic in Waunakee for school district staff. Three days later, the mobile clinic headed to Sun Prairie schools. Other schools — including those in the Madison Metropolitan School District — employers, and community organizations such as the Urban League and Dane County Parks would soon follow. It was so rewarding to hear those vaccinated express appreciation for this logistical achievement, which could not have happened without tremendous cooperation, planning, and support from our school and other partners.

This note from Anna Marie Shanahan at Plastic Ingenuity is a good example: "We are very happy to report that we have more than 90% of our population in Cross Plains vaccinated as well as 70% of our population in Mazomanie. Our numbers would never have been this high without the opportunity to have the vaccinations on-site with SSM Health."

Local media outlets were also engaged and supportive, helping to increase awareness of the vaccination clinics.

As of the end of June, Dane County had the highest COVID-19 vaccination rate in the state, with about 60% of eligible residents fully vaccinated. It's an extraordinary accomplishment, considering the two-dose requirement, the particularly cold refrigeration necessary, and the fact that initially, the vaccination staff had to establish remote settings to provide the immunizations. School gyms and parking lots became vitally important as we pushed forward. We even held immunization clinics at Dane County Parks.



Dean Health Plan

While we've made considerable progress protecting the community from this pandemic, we must recognize that this crisis is not over. New strains of the virus are spreading and we must be ready for that too. This means continuing to emphasize the importance of vaccination for those citizens who have yet to receive it. The evidence shows the vaccines are effective against the variants and the best way to control them is to increase community vaccination rates.

As a community health plan, we are reaching out to members, especially vulnerable populations, to emphasize the benefits of immunization and how it dramatically lowers the risk of getting seriously ill. Being able to credibly make that case rests on effective community partnerships, which we've continued to develop and maintain.

Despite all of these efforts, some of us will fall ill from COVID-19 and other related health issues. SSM Health and Dean Health Plan will be there to help them recover. Collaboration was the key to quickly distributing the available vaccine doses, and more community collaboration will get us through whatever comes next.

— **Kevin Eichhorn, M.D.**,
Chief Medical Officer, Dean Health Plan



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“... it’s never the easiest thing in the world to set [medical insurance] rates, and that bar just got a little higher in the next few years. So, we’ll have our actuaries working overtime to figure that out, but any sort of [COVID] risk adjustment is not something we have specifically addressed or contemplated ...”

— Les McPhearson
Dean Health Plan

their appointments reset. So, there is a rebound to normal rates and people are coming in to see their physicians, but it’s a long game as far as deferred care and the implications of that.

What is maybe an indicator of the cost of care is that we saw a significant dip in our ED [emergency department] visits. There was hesitancy to come in the middle of the pandemic. People were deferring coming in, and now our numbers are higher than ever in terms of what we see coming into our ED. So, it has rebounded up to normal rates and we are actually getting some record numbers of folks coming into our emergency room over the last several months and very high rates of folks needing to stay in beds in the hospital.

In our Child and Adolescent Psychiatry Hospital, unfortunately the other thing we’ve seen there are huge wait lists. We just expanded that hospital to double the inpatient beds and we added an intensive outpatient service with two cohorts of therapies in that space, and we’re looking to add another. There are very significant wait lists or call-back lists in those areas, so we’re talking about a level of stress, a level of pressure that has been put on our society through this pandemic that is not playing out in good ways.

NIEBUHR: We saw half of March 2020, most of April, and into May 2020 where claims were way down. In terms of going forward from our perspective, there is a lot

of uncertainty. It’s difficult to quantify the amount of deferred care we experienced in the epidemic, and it’s going to be very difficult for insurance carriers to set premiums for the next year or two. In terms of M3, we believe internally it’s one of our roles to work with our clients, the employers, and really help their employees and family members with those preventive care visits that a lot of them haven’t done in the last 12 months. So, we are working internally to come up with communication documents based on your age and gender, what you should go in for, and when because once again we saw preventive services go down longer than that two months or 2-1/2 months, but ... we have seen them come back up. A lot of members deferred that, and employers will have to communicate to their employees and family members once again that we need to get these preventive services done.

ADJUSTING FOR RISK

VANDEN PLAS: Some insurance carriers are adding a COVID risk adjustment above the calculated rate increase. To what extent is that happening in Wisconsin?

NIEBUHR: We have seen, locally and nationally, some carriers add in a COVID risk adjustment. Sometimes it’s 3% and maybe even higher depending on the geography. We don’t think we’re going to see much more of that, but once again, we have seen it locally and nationally. In terms of renewals overall, we’re seeing through 2020 and into 2021 the renewals in line with what we saw pre-COVID. Locally, in south-central Wisconsin, it’s right around a 5.1% increase. The one thing we are seeing with employers though is not a lot of them are making as many [plan] changes as pre-COVID, whether that’s out-of-pocket, deductibles, and things of that nature. We saw a lot of people, for Jan. 1, 2021, really stay the same with their insurance carrier and their insurance plans. There are some different risk groups that had to make some changes but overall, we saw less change due to the pandemic where employers did not want to make [plan] changes for their employees and their family members.

We do think there is an issue coming in 2022 and 2023 when we’re really going to see the ramifications of that deferred care. We’ve got our eyes open on that but once again, in 2022 and 2023, that’s where we are going to see the ramifications of deferred care.

MCPHEARSON: From our standpoint, we look at multiple factors when assessing risk and setting rates and premiums. Of course, one is population health but also historical trend, historical levels of utilization, as well as any regulatory and legislative factors. To Brad's comment, it's never the easiest thing in the world to set rates, and that bar just got a little higher in the next few years. So, we'll have our actuaries working overtime to figure that out, but any sort of risk adjustment is not something that we have specifically addressed or contemplated within the health plan.

I would like to add on to Brad's comments about employer choice. We saw similar levels of sticking to the status quo for 2021, and given the pressures on the labor market, we believe that may continue for the next few years as employers try to be creative and innovative to attract and retain employees.

NURSING THE WORKFORCE

VANDEN PLAS: Regarding the workforce challenges you face coming out of the pandemic, are your respective organizations back up to pre-COVID workforce levels? If not, what is the potential impact on care access and cost? And then, what workforce development strategies are being adopted and can you leverage the public's admiration for the pandemic's health care heroes to inspire the next generation to pursue careers in health care?

ERICKSON: Workforce for all health care systems is a critical conversation. We happen to be in a space of growth in our inpatient bed capacity on this campus, so there is a lot of pressure on recruitment for nursing positions and all the ancillary support as we get ready to expand and open up 50 additional beds. So, near and dear to our heart, we have a critical role enhancing our workforce's well-being, especially coming out of the pandemic. We're using a lot of online tools. We have a tool called Wellbeats that has over 700 different applications for our staff to engage with for free. We've got free mental-health visits. We are seeing engagement in that space for our employees not to replace outpatient care or any other care, but provide an ability for our team to engage in a different way, to talk with counselors. We have added BIPOC — Black, Indigenous, and people of color — options in that space. We offer free park passes for our families to get out, and we do other healthy outdoor events. We have an employee engagement team that helps us talk about

M3 INSURANCE

THE FUTURE OF WORKSITE BENEFITS AND WHY EMPLOYERS MUST ADAPT

Worksite benefits are having a moment. The COVID-19 pandemic directly impacted employees' expectations in the workplace and now employers must adjust. Forward-thinking employers recognize that top employees need (and want) more than the traditional benefit package.

Employees who have spent the past year contemplating their place in the workforce are seeking out roles within organizations that offer worksite benefits — benefits that supplement core health benefits — with more focus than ever. Worksite benefits are no longer a “nice-to-have” — they're a necessity.

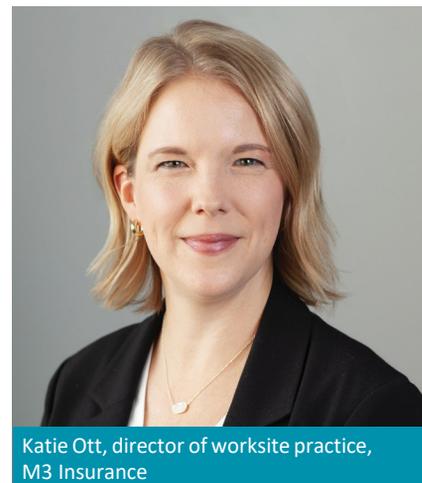
WORKSITE BENEFITS ARE EXPECTED IN 2021

In research conducted by Eastbridge Consulting, more than half of employers predicted that COVID-19 would increase employee enrollment in voluntary programs. Employees expect to have voluntary worksite benefits available to them, and employers who are looking for an edge in a hyper-competitive labor market will have to respond accordingly.

If your organization has had worksite benefits in place for a while, now is a good time to reevaluate your offerings. Have your plans maintained solid participation, or have they become dormant and need a fresh look? Maybe you already have critical illness and accident insurance, but have you rounded out with hospital indemnity coverage?

Insurance carriers love this space, which means rates are at historic lows and contracts keep getting stronger. How do yours stack up? Are your employees getting the most bang for their buck from the plans you placed years ago and maybe haven't revisited since? Carriers in the worksite market have responded swiftly to the pandemic, with close to half indicating they're making COVID-19-related product modifications. Have you kept pace?

In going beyond traditional worksite benefits, employers should consider leaning into these key financial wellness benefits as well:



Katie Ott, director of worksite practice, M3 Insurance

M3 Insurance

- **Pet insurance** — Pandemic puppies drove an increased interest in pet insurance in 2020, a trend we see continuing into 2021. Making this in-demand benefit a part of your portfolio can help set your benefits package apart from the competition.
- **Identity theft protection** — Victims of identity theft are much more likely to miss work as they spend an average of 150-plus hours to resolve it. Identity theft protection services help mitigate the risk of a breach and provide resources for resolution if one happens.
- **Student loan repayment programs** — More than 80% of employees say they'd be willing to stick around five more years for an employer who helps with their student loan debt. If you're looking to retain an educated workforce, take heart! The CARES Act introduced tax-favored treatment for employer contributions to employees' student loan debt.

The future of worksite benefits is bright. Employers are engaged in a serious war for talent, and worksite benefits are a cost-effective weapon in the arsenal to recruit, retain, and engage your workforce. In fact, employers who do not offer worksite benefits of any kind may find that they are not able to maintain the high level of talent at their organization that they have come to expect. Employees expect worksite benefits from employers in 2021. Employers who win will be attuned to these shifting employee product expectations and aware of what's available in the market.

— Katie Ott



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what would be meaningful and helpful to our team from a well-being perspective.

And then we make sure that we have a good pipeline of health care workers coming into the workforce in general. Workforce development and recruitment are really important. We adopted a school here in Madison back in 2017. We work with James Madison Memorial High School in many capacities, but we focus on helping them with students who might be interested in health care roles. Not just the traditional nursing and physicians but all health care roles pre-pandemic and now post-pandemic, bringing them on-site, having team members in different areas engage with them, talk about what they do, and show and tell to get them excited. Then, we have ongoing interactions with those cohorts of students in that high school as a mechanism to get local engagement and continue to excite folks about the workforce.

We also started something that we're pretty proud of. It's a Gloria Jones-Bey scholarship program on our campus where we actively go after our diverse population of staff who might be interested in career development in the CNA (certified nursing assistant) space. We give them a scholarship, reimburse them for their wages while they train in that profession, and then get them certified through an exam, and once they are certified they are guaranteed a job in that space on our campus. We are on our second cohort of six, and we continue

to open that up to more populations.

VANDEN PLAS: The question assumed pandemic-related staff erosion. Did you have staff erosion that you needed to rebuild?

ERICKSON: We did see some retirements and I wouldn't say early or planned, but we did see some retirements in certain areas as folks opted to move more quickly out of the workforce. We haven't seen necessarily a higher turnover rate in our nursing, which is the one we monitor.

MCPHEARSON: Dean Health Plan is fortunate that we've been able to maintain our workforce levels to meet the needs of our members despite the challenges of the pandemic. We felt that during the course of the pandemic, it was even more important to continue to do what we do for our employees and also to look for innovative ways to appeal and attract diverse talent. One example is we shined a light on some of our employees who exemplified the mission and values of Dean Health Plan with what we call our Health Care Hero awards this spring. I was able to recognize five incredibly talented, committed individuals within Dean Health Plan, and we did similar things across SSM Health. We've also hosted and participated in a number of virtual job fairs that included events, specifically with various community organizations across south-central Wisconsin, including the Urban League of

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— Sue Erickson
UnityPoint Health – Meriter



“This [employee well-being] is really a cultural issue for all employers. The past 16 months have been difficult on all of us. Our organization has done a good job of reminding our teams to refine their work-life balance, take time when you need it, tap into an EAP, and have your peers around when you need help.”

— Brad Niebuhr
M3 Insurance



Greater Madison, the state Department of Veterans Affairs, the state Department of Workforce Development, and Chrysalis, which is an interesting organization that provides employment support services for individuals with disabilities.

We continue to build partnerships with local area community organizations, universities, vocational schools, and local high schools, and we’re building on our hybrid strategies while utilizing both in-person and virtual events to align to the ease of connectivity with our communities.

NIEBUHR: We all developed an admiration for people our society deemed essential, with health care providers at the top of that list. M3 has been a very generous organization in the locations and communities we serve, and I don’t see that changing, whether it’s the United Way, the Boys & Girls Club, etc. M3, as an organization, was very fortunate to enter the pandemic as a very mobile workforce. We all had the ability to either work from home or the office pre-pandemic, and we don’t think the challenge is getting back to normal, but rather creating a new normal that creates an appeal for talented people to want to join us.

Although not in health care, a lot of our clients, whether it’s in manufacturing or construction, we’re seeing that they cannot hire people. They want to do sign-on bonuses. If you’re there after 90 days, you get another bonus, but obviously not just

in health care, but a lot of our clients are having issues hiring quality employees.

BURN RATE

VANDEN PLAS: With respect to your own staffs, how are your organizations helping employees cope with burnout, stress, and mental/behavioral health issues that intensified during the pandemic?

MCPHEARSON: Burnout and stress are serious issues. They have been serious issues and they’ve only become more significant as a result of the pandemic ... We regularly talk with our employees and listen closely to understand how they are affected by everyday stress and then concerns that have been compounded by the pandemic. In 2021, we launched and conducted a quarterly well-being assessment for our entire organization. We used the results to help individuals see where they are and how their levels of stress and burnout are changing over time, but more importantly, the results are used confidentially by the individual to identify and customize wellness resources and programs that are available to help those employees where they are, given the time of that well-being assessment. We send out regular information via a virtual care package to all of our Dean Health Plan employees. It includes tips for addressing all aspects of well-being, including moving with a doctor, book clubs, webinars, healthy eating and cooking, and financial health.

NIEBUHR: This is really a cultural issue for all employers. The past 16 months have been difficult on all of us. Our organization has done a good job of reminding our teams to refine their work-life balance, take time when you need it, tap into an EAP [employee assistance program], and have your peers around when you need help. Our organization is about culture and collaboration and our goal is to offer a positive workplace experience for all of our employees.

ERICKSON: We share numbers related to usage of some of those programs so that people don't feel alone, and that encourages people to engage with a confidential mental health app and share that information in a transparent way to destigmatize it and say these are tools and they are here for you to use. We do a ton of leadership listening sessions to get boots on the ground and from there, try to feed our information into solutions. We have an employee engagement team that we meet with from all walks of the organization to help us put together what we think is most meaningful, and then we have a lot of system strategies. We have a nursing well-being team at our system level, and physician well-being that we're engaged with, and we're rolling out different solutions in that space.

Another group that has been impacted is the middle-management team. We put in place well over nine months ago a tool used

at one of our other sites at UnityPoint Health that really spread as a best practice, and that is a couple of times a week, there is a 50-minute session that is called Soft Side of Hard Stuff. A management team can come in and they have time to talk with each other about anything and everything they are going through and have that camaraderie of solutions and the ability to talk about stuff. That has been very well received and highly utilized by that group.

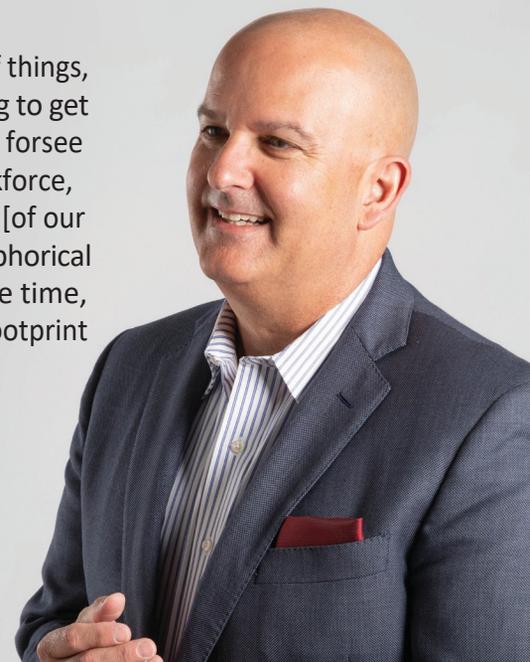
REMOTE MEDICINE

VANDEN PLAS: Finally, we've reported about how different the commercial office of the future will look, but what about the health care facilities of the future? How different will hospitals and clinics look and what impact will telehealth have on your future real estate footprint as leases expire?

ERICKSON: The pandemic has definitely impacted how care will be delivered in certain settings. Certainly, in our clinics, there will be a rearrangement of clinic space to include a place for virtual care, which looks a little bit different, and a place for physicians to engage differently with the population. As you move more into virtual care, the need for all the clinics and all of that real estate may shift and change, and all of that is being somewhat refined. Certainly, the remote care allows us to take permanent workspace that was used by those team

“On the Dean Health Plan side of things, our real-estate footprint is going to get smaller over time. While I don't foresee ever being a 100% remote workforce, we are not going to bring 100% [of our workers] back under one metaphorical roof. That's going to take some time, but our long-term, real-estate footprint will be smaller.”

— Les McPhearson
Dean Health Plan





members who were working on-site that are now working from home and retool it to reuse it for clinicians that need to be closer to the care. We were short of space going into this and so it's nice to have a little breath of space to retool into other ways to deliver care. There is the possibility that we won't need some of the facilities that we have going forward. All of that is being analyzed.

MCPHEARSON: On the Dean Health Plan side of things, our real-estate footprint is going to get smaller over time. While I don't foresee ever being a 100% remote workforce, we are not going to bring 100% back under one metaphorical roof. That's going to take some time, but our long-term, real-estate footprint will be smaller. We will need more collaborative space, the ability to host meeting and interactions that include both in-person and virtual attendees ... I came into this role at the onset of the pandemic and until about a month ago, 99.9% of my interactions were virtual. That makes it more challenging to get to know people, to assess teams and leadership capability, and talent and performance, and some hybrid model of

that is going to continue. So, we're looking at the impact of that on culture with one thing being that we're emphasizing video. It brings a greater personal connection than someone who is just on audio.

NIEBUHR: Due to the pandemic, all employers are going to have the opportunity to reimagine how they think about their workforce and their workspace. It's rethinking whether a certain employee needs to be in the office five days a week, or do they want to 'hotel' where they just come in one day a week, there is a spot for them, and it's a random spot. Each employer will have to make the right business decision and business model. Internally at M3, our team is looking to reimagine our office space for all seven of our offices. It will take some work and some time, but hopefully we'll get it right because for best-in-class employers, it's about culture and collaboration. If everybody is not in the office and you don't see one another, I don't know how you grow and maintain that culture and that collaboration. So, once again, all employers are going to take the time to reimagine their office space and their workforce so they can have that culture and collaboration. [IB](#)