

# HELPING EMPLOYEES UNDERSTAND

WITHOUT TELLING THEM WHAT TO BELIEVE

## WE WILL EXPLORE

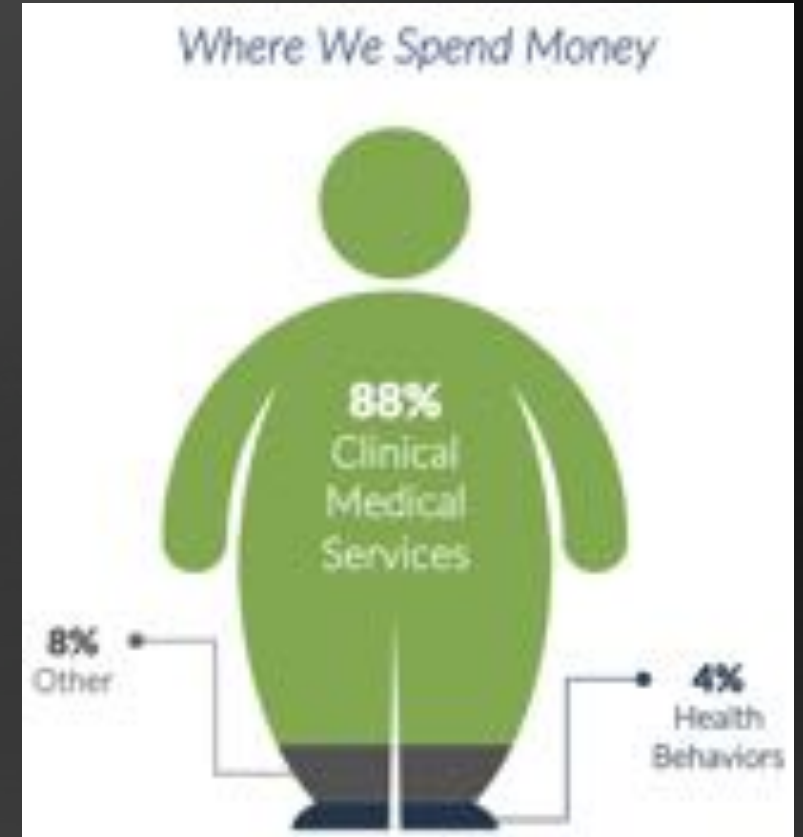
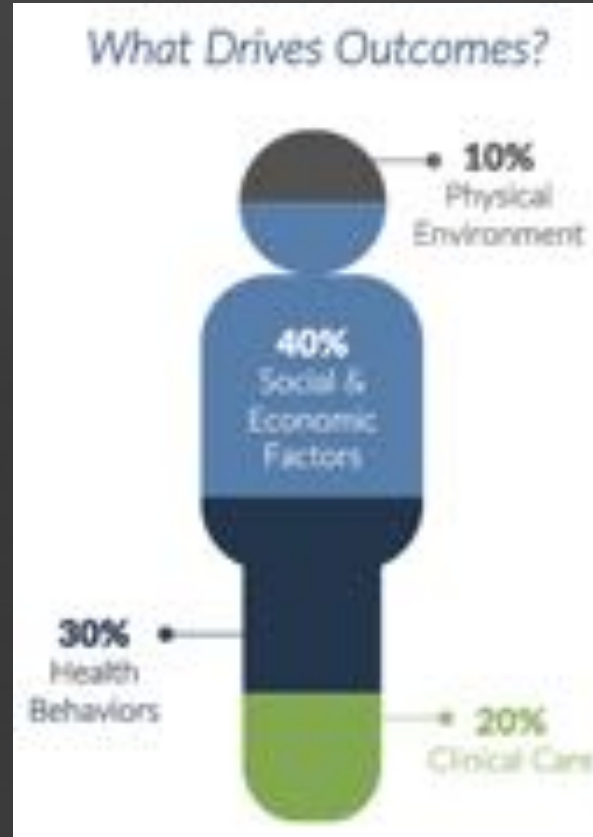
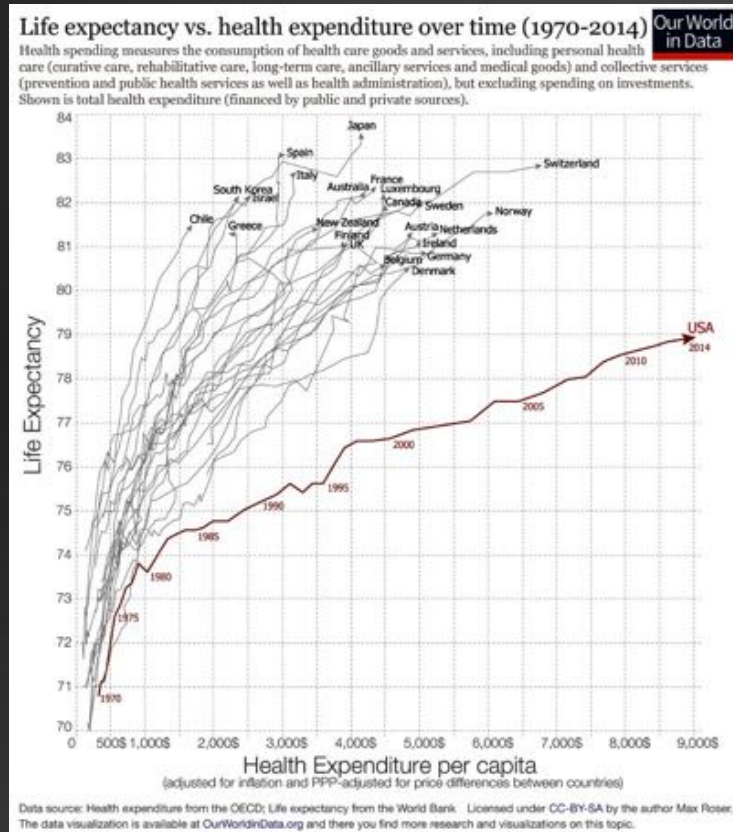
- Why Bother?
- Methods
- Timing
- Fine Art of Sales
- Investment in the Future

## WHY BOTHER?

- Where did it begin and how do we get a handle on it?
- Healthcare Inflation = The Super Beast
- Fewer Choices
- Recruitment/Retention

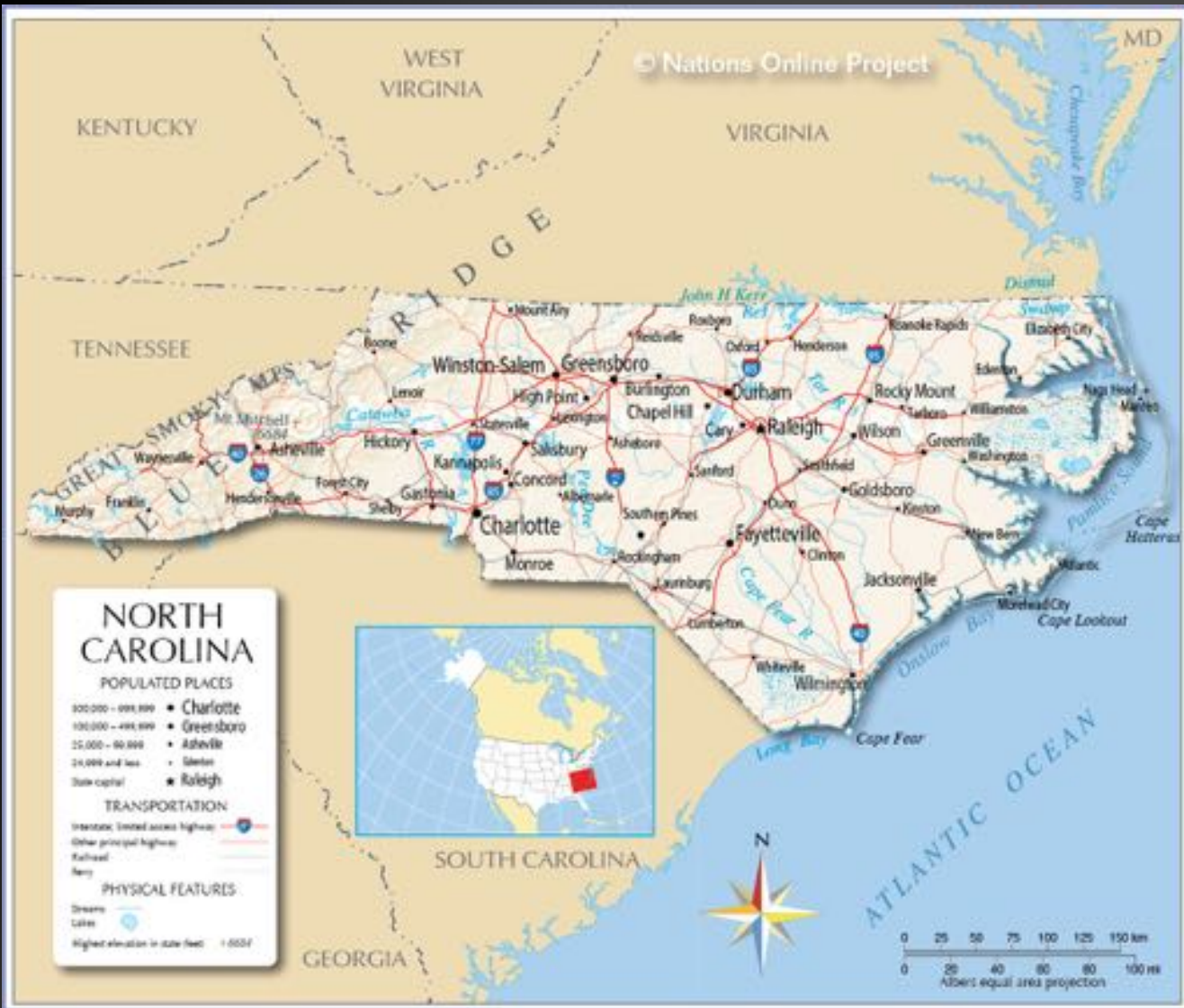


# BECAUSE IT'S A MATTER OF LIFE AND DEATH



# BECAUSE THE SYSTEM IS SET UP AGAINST US

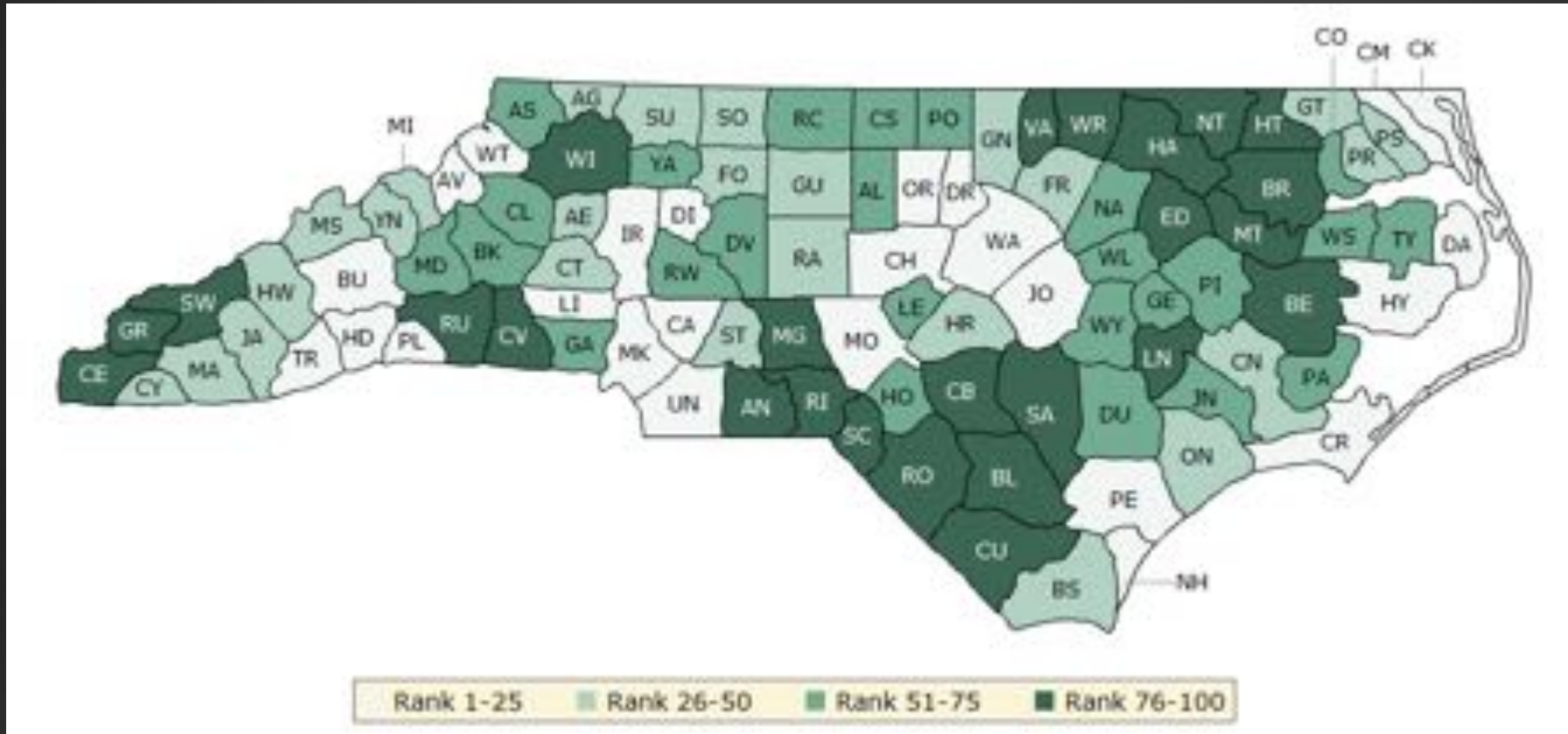
- Follow the money and find out
- Perdue Pharma → Congress → Pain as the “5<sup>th</sup> Vital Sign” in 1989
- Followed by agreement from VA, FDA and Joint Commission
- Enter Press Ganey and HCAHPS surveys → CMS Medicare Reimbursement Rates
- Having “pain management” as a patient satisfaction measure instead of a functional indicator every patient needs to have in order to assess their own improvement.



## BECAUSE THE SYSTEM IS SET UP AGAINST US

- When the largest insurance companies and the largest PBMs join forces, the already opaque system of perverse incentives lead to further lack of transparency. You cannot improve what you cannot see.

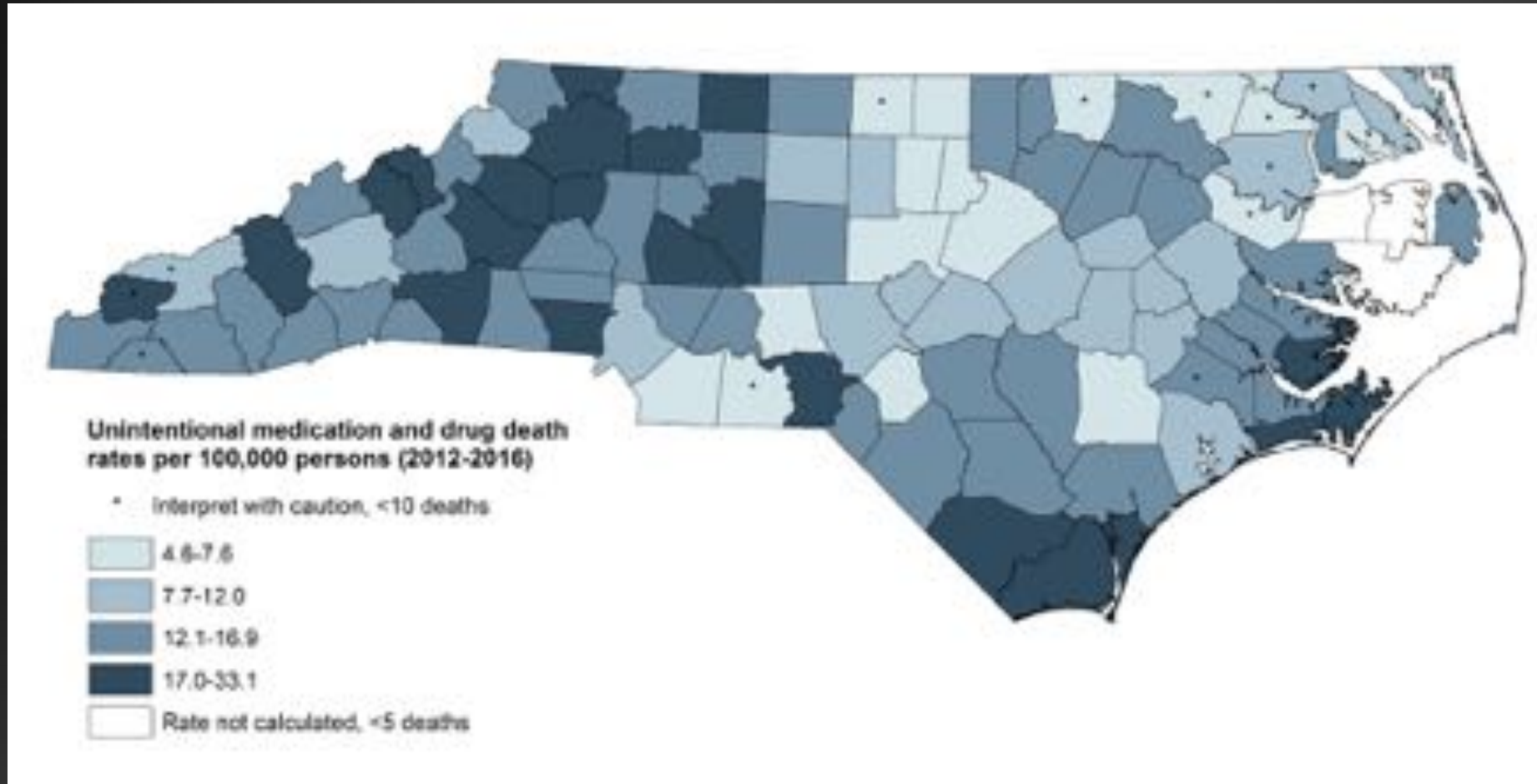
# BECAUSE IT MATTERS FOR ECONOMIC REASONS



<http://www.countyhealthrankings.org/sites/default/files/state/downloads/2017%20Health%20Outcomes%20-%20North%20Carolina.png>

# Unintentional Medication & Drug Deaths by County

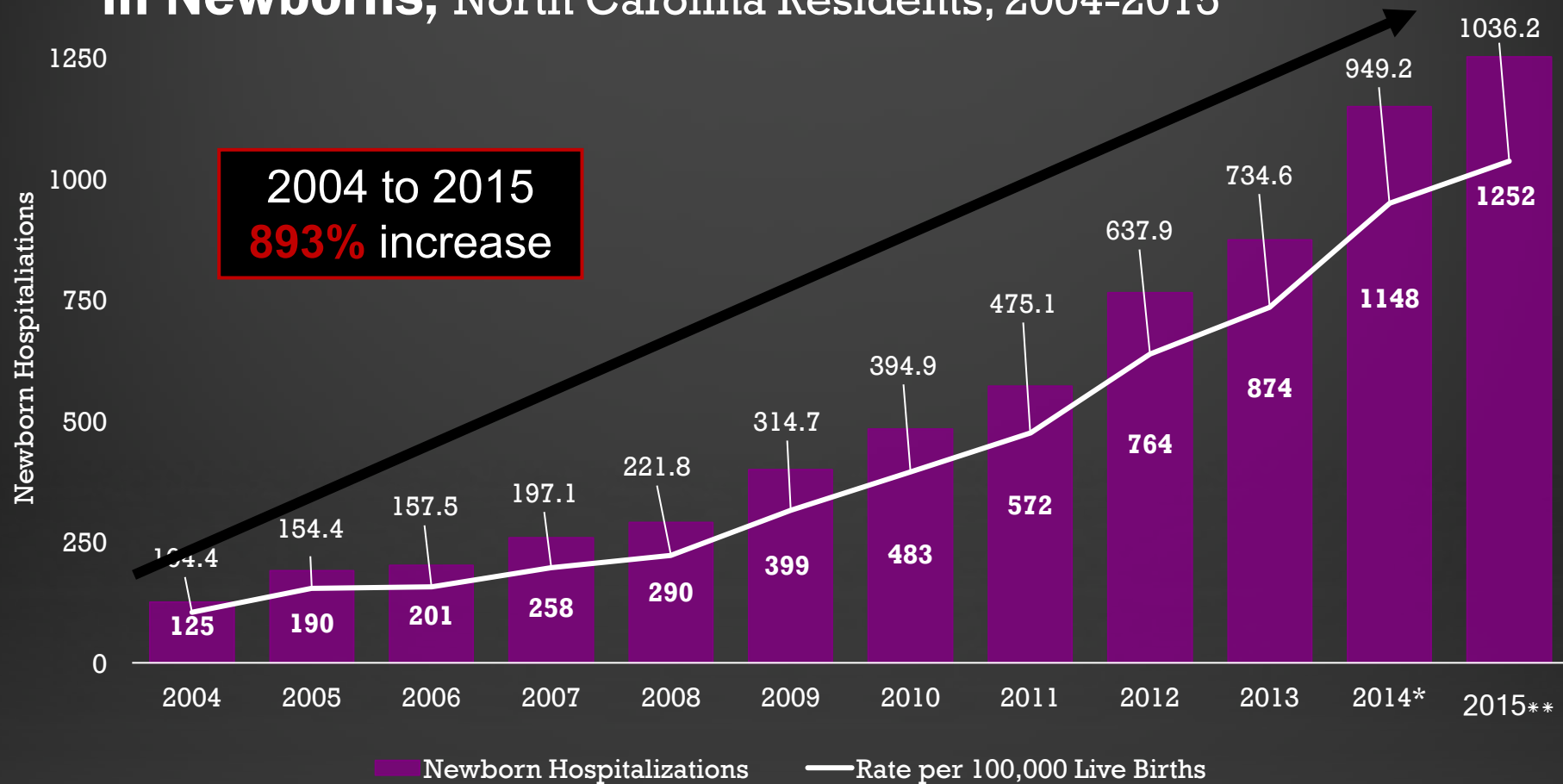
## North Carolina Residents, 2012-2016



Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2012-2016, Unintentional medication or drug overdose: X40-X44/ /Population-National Center for Health Statistics, 2012-2016/Economic impact-CDC WISQARS, Cost of Injury Reports, National Center for Injury Prevention and Control, CDC for all medication and drug deaths (any intent), Base year (2010) costs indexed to state 2015 prices.  
Analysis by Injury Epidemiology and Surveillance Unit



# Rate of Hospitalizations Associated with Drug Withdrawal in Newborns, North Carolina Residents, 2004-2015



\*2014 data structure changed to include up to 95 diagnosis codes. It is unclear the overall impact of this change.

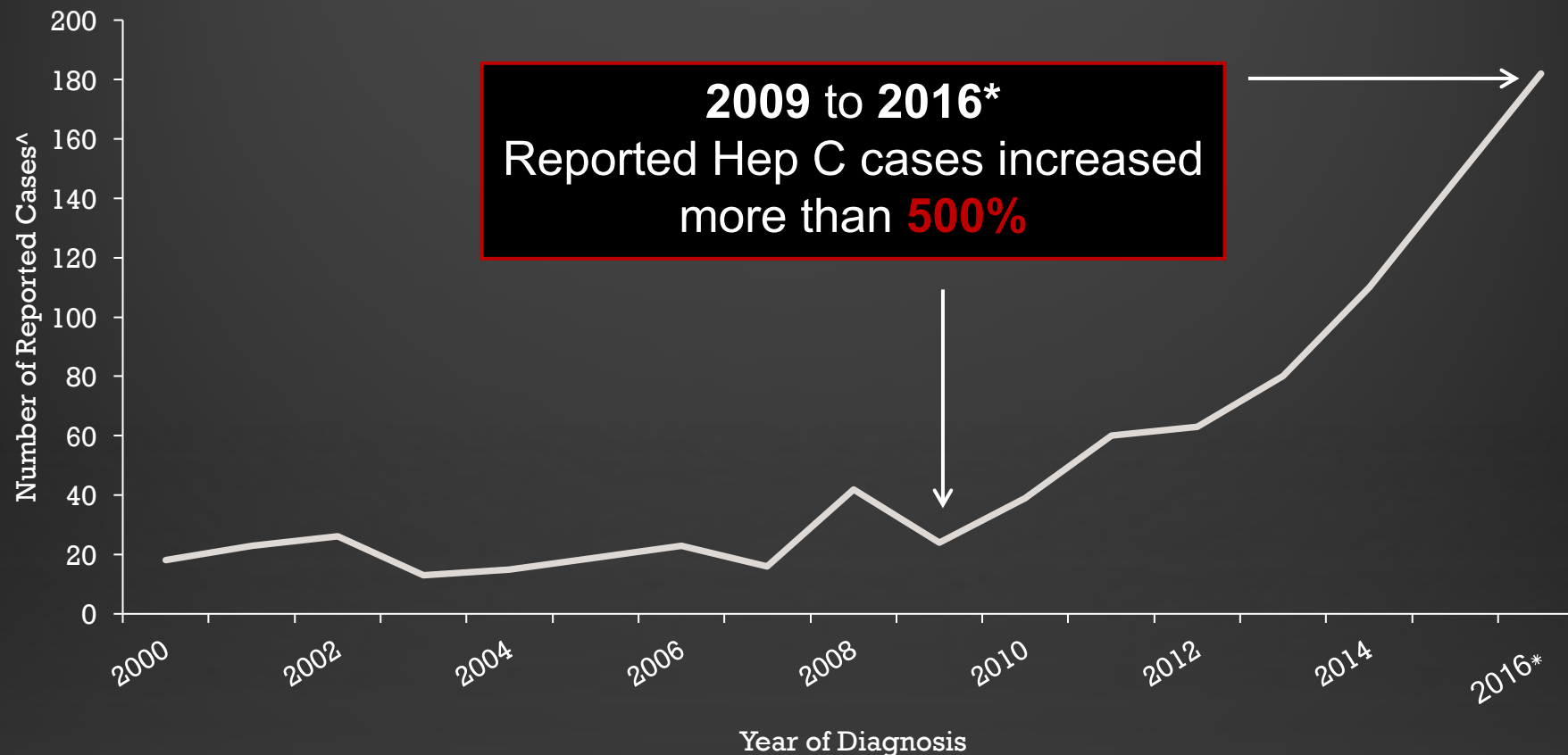
\*\*2015 ICD 9 CM coding system transitioned to ICD10 CM. Impact unclear.

Source: N.C. State Center for Health Statistics, Hospital Discharge Dataset, 2004-2015 and Birth Certificate records, 2004-2015  
 Analysis by Injury Epidemiology and Surveillance Unit



# Increase in Acute Hepatitis C Cases

North Carolina, 2000–2016\*



**Note:** Case definition for acute Hepatitis C changed in 2016.

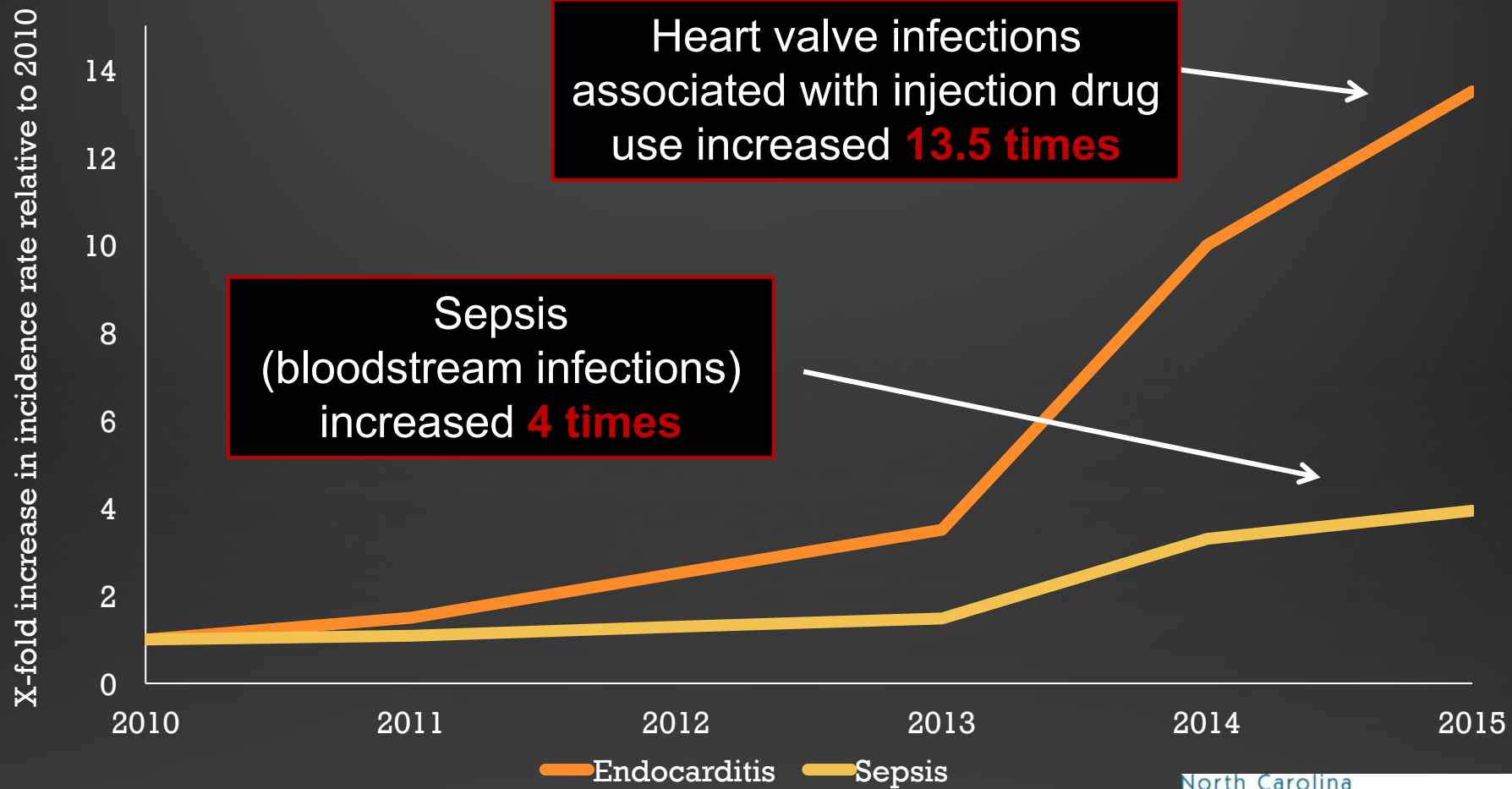
\*Data from 2016 are preliminary and subject to change

^ Estimated true number 10–15x higher than number of reported cases

\*2016 data are preliminary and subject to change

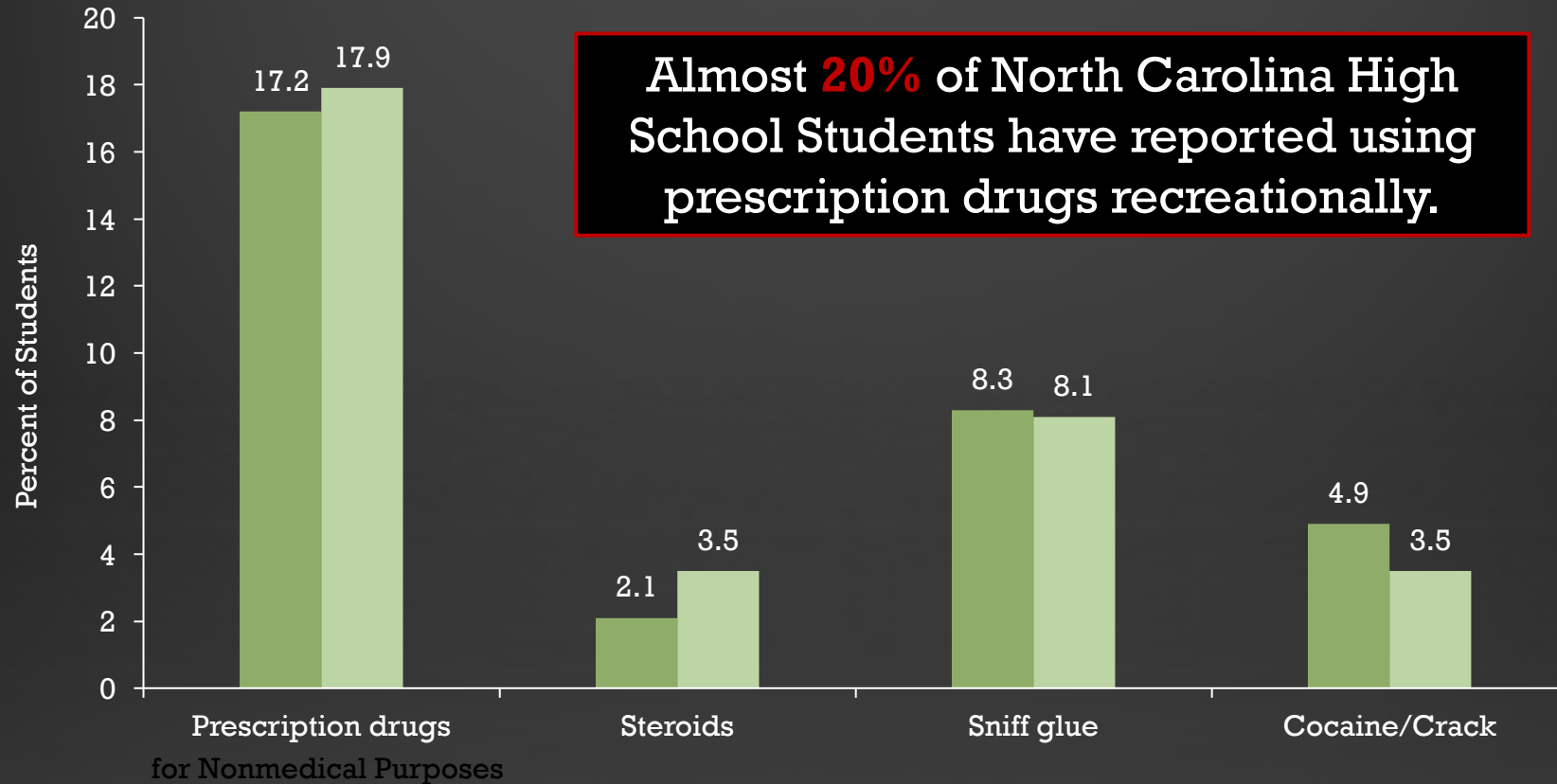
Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2000-2016

# Endocarditis & Sepsis Among Likely Drug Users, North Carolina, 2010–2015



Source: NC Division of Public Health, Epidemiology Section, NC EDSS, 2010-2015

# Self-reported Lifetime Use of Drugs among North Carolina High School Students



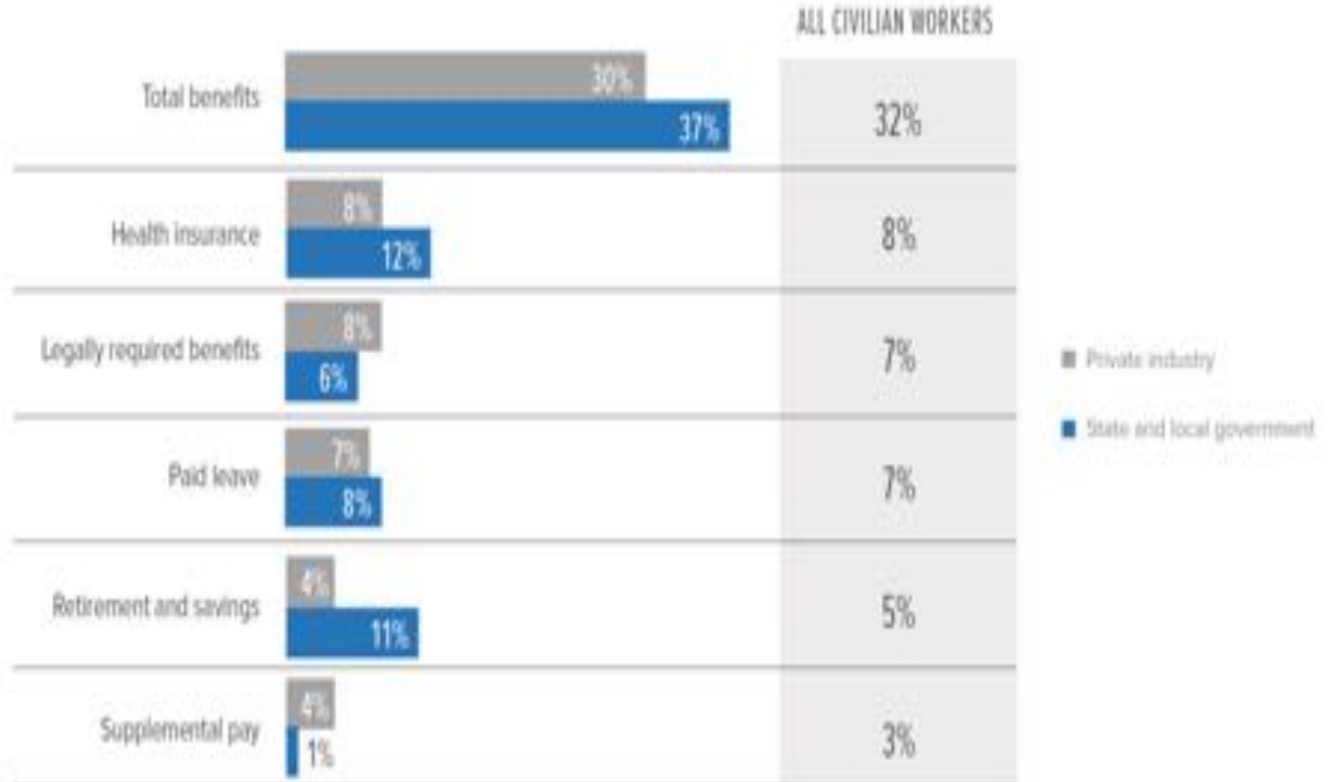
Almost **20%** of North Carolina High School Students have reported using prescription drugs recreationally.

# EMPLOYEES STILL NEED AND VALUE THEIR HEALTH INSURANCE BENEFITS



FIGURE 2

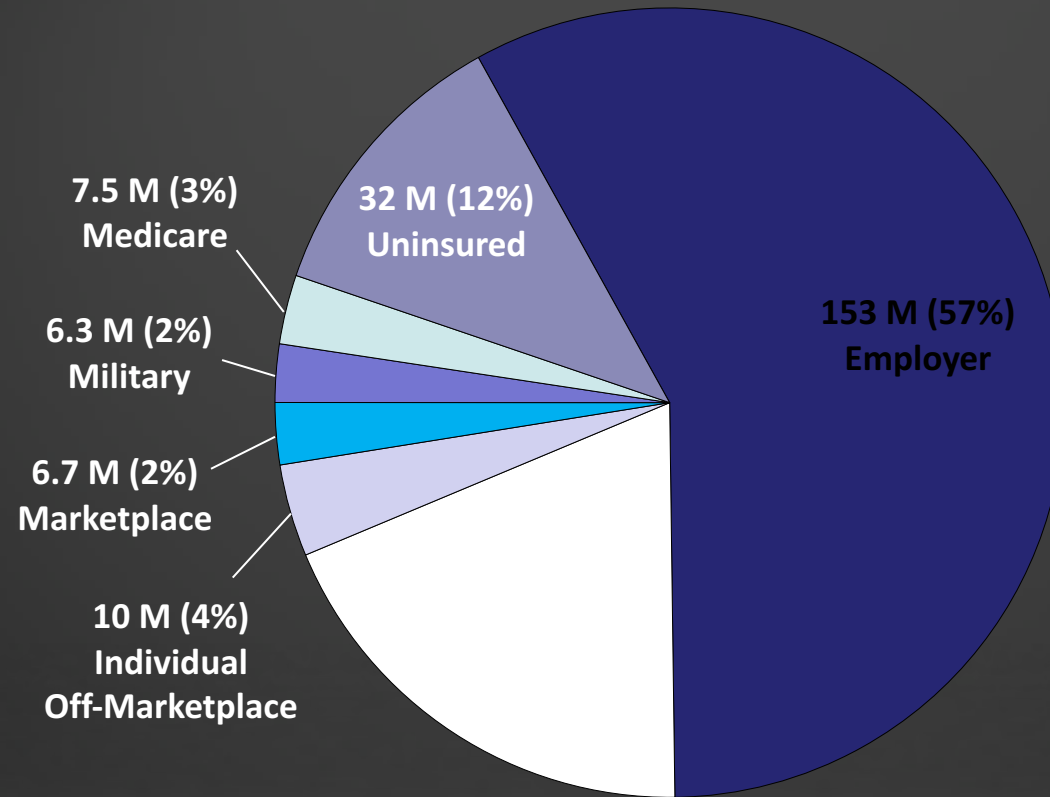
## BENEFITS ACCOUNT FOR ONE-THIRD OF TOTAL COMPENSATION COSTS



Note: Percentages do not sum to total benefits due to rounding. All civilian workers is the sum of all private industry and state and local government workers. Federal government, military and agricultural workers are excluded.

Source: U.S. Department of Labor, Bureau of Labor Statistics. (2016). Employer Costs for Employee Compensation, December 2016.

# EXHIBIT 1. ESTIMATED SOURCE OF INSURANCE COVERAGE, 2014



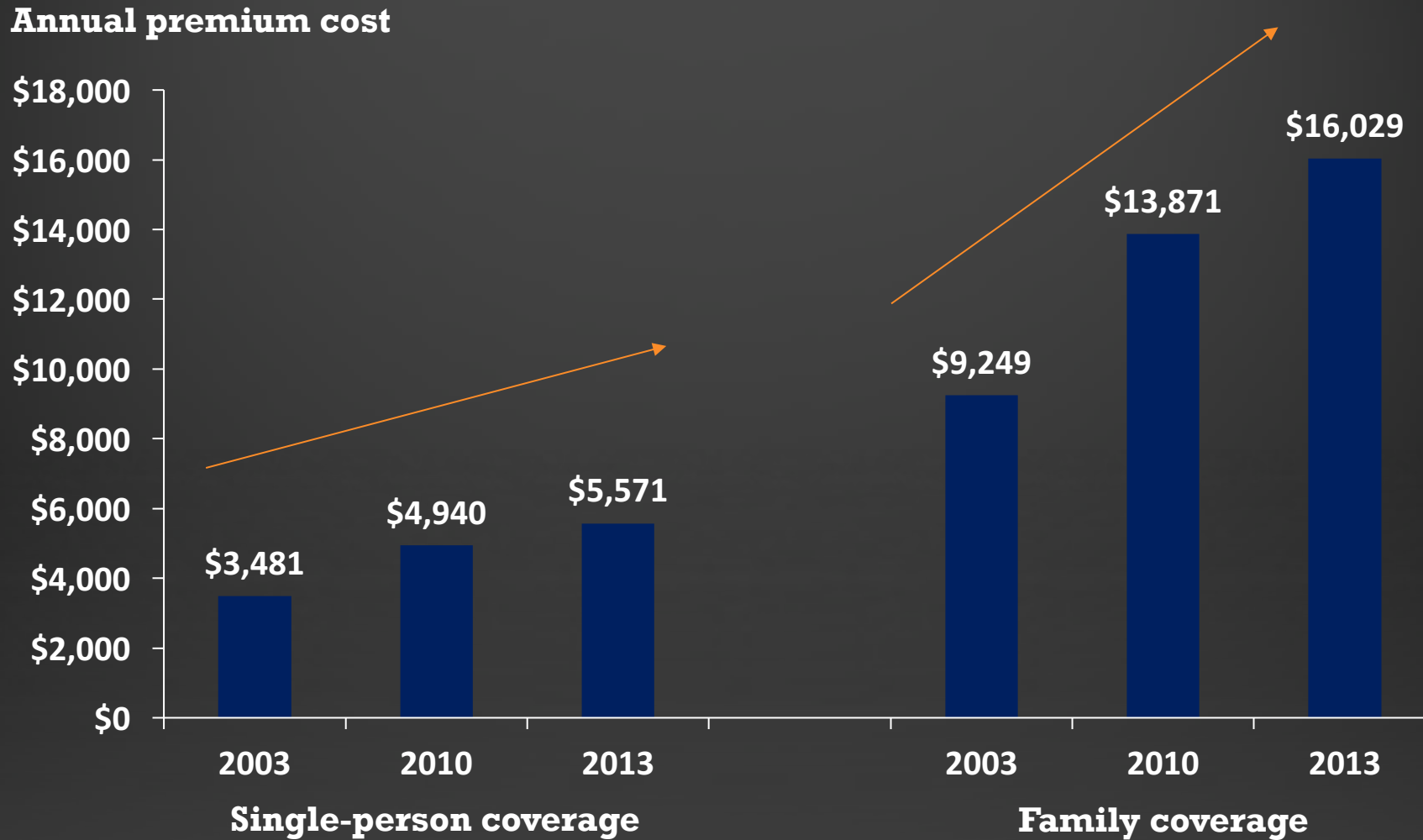
**Among 269 million people under age 65**

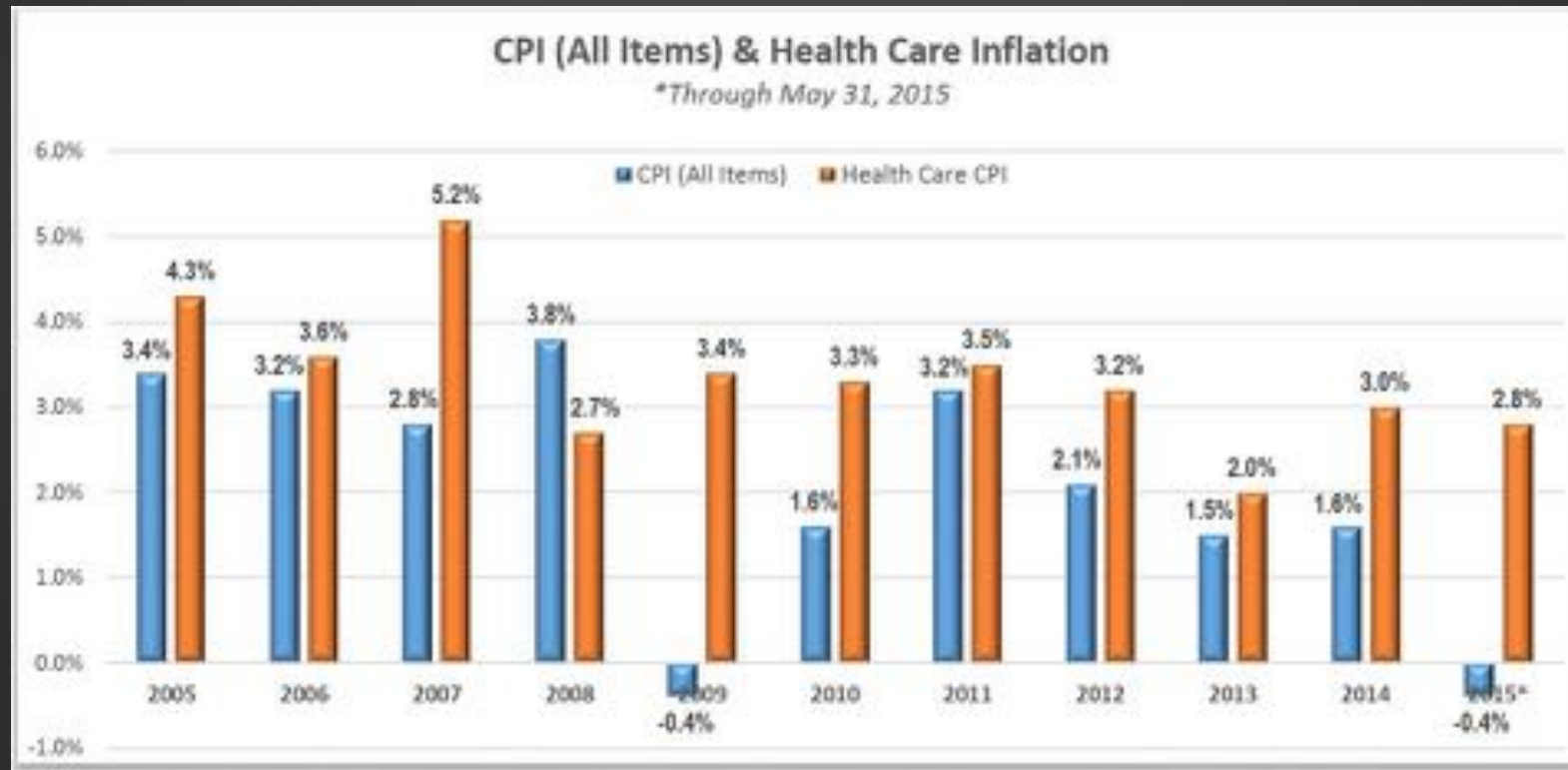
Note: The number of uninsured in 2014 was calculated using CPS estimates for 2013 minus an estimated 9.5 million fewer uninsured in 2014. The number of people enrolled in Medicaid/CHIP in 2014 includes the approximately 9.1 million new Medicaid enrollees in 2014. Estimate of individual off-marketplace is midrange of ASPE 2014 estimate.

Sources: Analysis of 2014 Current Population Survey by Sherry Glied and Claudia Solis-Roman of New York University for The Commonwealth Fund; ASPE, How Many Individuals Might Have Marketplace Coverage After the 2015 Open Enrollment

Period? Nov. 2014; Centers for Medicare and Medicaid Services, Medicaid and CHIP: September 2014 Monthly Application, Eligibility Determinations, and Enrollment Report, Nov. 2014; The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

## EXHIBIT 2. AVERAGE PREMIUMS FOR EMPLOYER-SPONSORED SINGLE-PERSON AND FAMILY HEALTH INSURANCE PLANS, 2003, 2010, AND 2013





## HEALTHCARE INFLATION VS. CPI





## EMPLOYEES

- Financial Stress
- Outlook on Future
- Presenteeism
- Retention
- Guidance

12:01 AM  
Saturday  
August 1st  
1981



## METHODS...IT'S NOT WHAT YOU SAID, IT'S THE WAY YOU SAID IT.

- Oral--interpersonal
- Written--useful
- Video—influential
  - 27 times more engagement
  - All-encompassing
  - Emotional connection
  - Impactful in less time
  - Generational pervasiveness
    - Boomers (51-69)
    - Gen X (35-50)
    - Millennials (18-34)

During Orientation

During Open Enrollment Meetings

During Safety Trainings

Posted 24/7 on Employee BenAdmin Portal

During 2<sup>nd</sup> Opinion Phase of Surgical Advocacy Protocol

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**TIMING IS EVERYTHING**

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WHERE DO  
EMPLOYEES GO  
FOR  
HEALTHCARE  
INFORMATION?

Internet

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graph TD; Internet[Internet] --> InnerCircle[Inner Circle]; InnerCircle --> ProviderDirectory[Provider Directory];
```

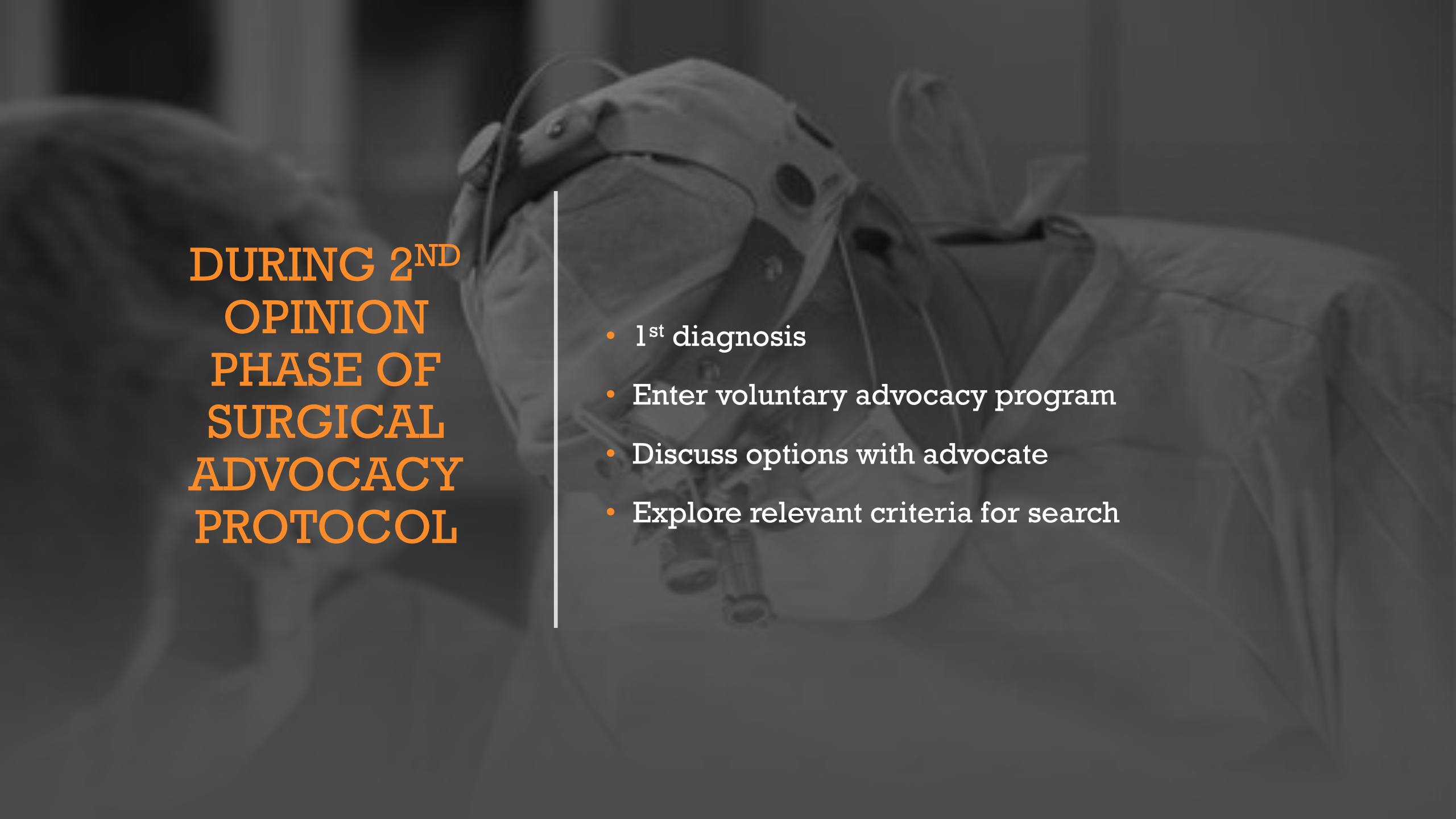
Inner Circle

Provider Directory

# HEALTHCARE ADVOCACY

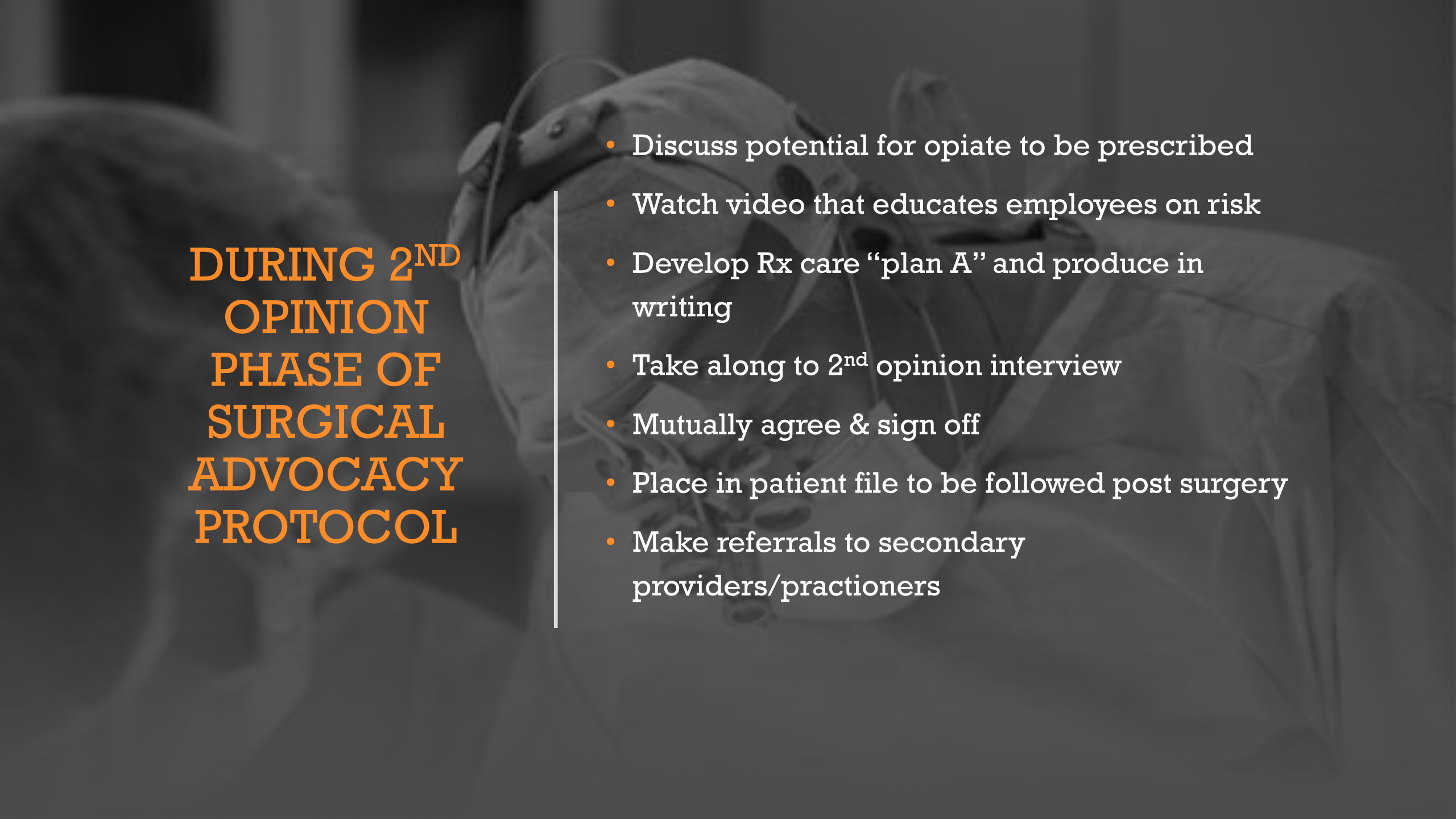
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**DURING 2<sup>ND</sup>  
OPINION  
PHASE OF  
SURGICAL  
ADVOCACY  
PROTOCOL**

- 1<sup>st</sup> diagnosis
- Enter voluntary advocacy program
- Discuss options with advocate
- Explore relevant criteria for search



**DURING 2<sup>ND</sup>  
OPINION  
PHASE OF  
SURGICAL  
ADVOCACY  
PROTOCOL**

- Discuss potential for opiate to be prescribed
- Watch video that educates employees on risk
- Develop Rx care “plan A” and produce in writing
- Take along to 2<sup>nd</sup> opinion interview
- Mutually agree & sign off
- Place in patient file to be followed post surgery
- Make referrals to secondary providers/practioners

# HEALTH CARE

- Cost – Quality Dance
- Savings are Substantial
- Employee Incentive
- Bundled Upfront Pricing Agreement
- Guide employee healthcare buying decisions without making them feel coerced or left to figure it out on their own
- Simultaneously reduce both supply and demand for opiates in your employee population





Addiction is characterized by:

1. Inability to consistently abstain
2. Impairment in behavioral control
3. Craving
4. Diminished recognition of significant problems with one's behaviors and interpersonal relationships
5. Dysfunctional emotional response

Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (American Society of Addiction Medicine, 2011)



# ADDICTION DOESN'T CARE WHO YOU ARE

- Yet we celebrate their:
- Star Quality
- Physical Appearance
- Fashion
- Talent
- Work

Employees are the “celebrities” of our workforce, we must celebrate their qualities equally as much as the famous in our society who also struggle with addiction.



# ACTION STEPS—INVESTING IN OUR FUTURE

- Invest in Community
    - Communities stick together
    - Communities need each other
    - Communities share successes and failures
1. Create an incentive program to reward employees for local volunteering
  2. Bring interested stakeholders together to form a community committee for action
  3. Form a coalition of local private sector employers who can pool their resources
  4. Form a coalition of public sector employers who can form inter-local cooperatives
  5. Form a coalition of faith-based organizations who can provide hands on support
  6. Explore the steps to health plan independence that clearly defines a bright future
  7. Provide employees with the framework that leads to their health & prosperity

THE CEO'S GUIDE TO  
**Restoring**

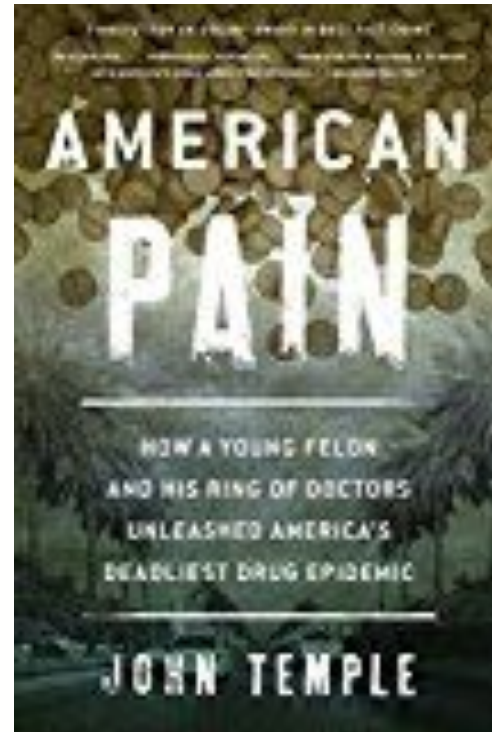
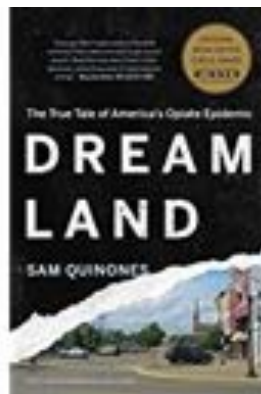


The  
**American Dream**

How to Deliver World Class Health Care  
to Your Employees at Half the Cost

**Dave Chase**

Foreword by  
BRIAN KLEPPER



## RECOMMENDED READING

- CEO's Guide, playbook for the health plan's fiduciary, your guide to implementing high-performance strategies that will restore wealth to your organization and put your employee's back on a path to financial health.



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**ACTION STEPS—INVESTING IN OUR FUTURE**

**THANK YOU!**

Cristy Gupton, President

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