Democratizing Health Care: Providing Equal Access to Quality Care for All Covered Members

by **Dana Baker** | *Mayo Clinic Complex Care Program,* **Cheryl Nienhuis, CEBS** | *Mayo Clinic Complex Care Program* and **Brent Westra** | *Mayo Clinic Complex Care Program*

Accessing quality care for complex conditions can be challenging for all employees across an organization—from front-line workers to those in the corporate office. Concerns about out-of-pocket medical costs can lead to delayed diagnosis and treatment for health conditions that could have been more effectively managed (and less costly to treat) if they had been caught at an earlier stage.

But cost concerns aren't the only factors affecting complex care access. Other barriers—including social determinants of health, network limitations, proximity to referral centers and even lack of understanding about health plan offerings—can lead to higher rates of morbidity and mortality and higher risk for chronic illnesses.

Without equal access to quality care, employees may face poor health outcomes, and employers can be forced to deal with lost productivity and increased health care costs.

Benefit managers are in a unique position to have a positive impact on both employee access to complex care and their organization's financial picture. Robust benefit plan designs that are well-understood by members can reduce health disparities among employee populations and meet the financial needs of employers.

This article focuses on barriers to accessing complex care, the health and financial implications of getting it wrong and how benefit managers—in partnership with payers, providers and other vendors—can ensure equal access to quality care for all.

Understanding the Need for Improved Complex Care

U.S. health care spending reached $4.1 trillion in 2020.[1] And growing health care costs are only expected to climb. That's because much of today's health care spending is driven by care for medically complex and chronic conditions like heart disease, cancer and diabetes—the three leading causes of death and disability in the U.S.[2] It's estimated that the

AT A GLANCE

- Numerous barriers affect employees' ability to access quality care for complex conditions.
- Inaccessibility leads to poor health outcomes, lost productivity and increased health care costs.
- Benefit managers—in partnership with payers, providers and other vendors—can ensure equal access to quality care for all through an array of possible initiatives that create a positive patient experience, ensure better outcomes and save or control health care costs.

number of people with three or more chronic conditions will reach 83.4 million by the year 2030.[3]

But there's more to the complex care picture, including the following.

- Children with medically complex conditions (about 6% of the pediatric population) account for about 40% of pediatric health care spending.[4]
- Less than 10% of a plan's participant population spends 80% of plan dollars.[5]

Accounting for a large portion of these spending discrepancies are things like *diagnostic odysseys* (people wandering through the health care system looking for answers), overuse, misdiagnosis, inappropriate care and wrong treatment plans. For example:

- It's estimated that nearly one in five people told they have multiple sclerosis (MS) have been misdiagnosed. And many with an incorrect MS diagnosis begin and receive years of costly and unnecessary medications.[6]
- Nearly 10% of people with cancer receive no first-course treatment, which can lead to costlier care at later disease stages.[7]
- In 2020 alone, thousands of people who received spine surgery could have benefited from a more conservative treatment plan instead.[8]

The right access to the right treatment at the right time is key to improving health outcomes and reducing health care spending. It's also critical for employers' bottom lines. An analysis by the Integrated Benefits Institute found that poor employee health costs employers $575 billion annually. This is made up, in part, of 1.5 billion days of productivity loss from impaired performance, sick days, family medical leave, and short- and long-term disability usage.[9]

Barriers to—and Solutions for—Accessing Complex Care

Complex care is . . . complex. And accessing it can be even more complicated.

Health disparities, where a person lives, household finances and even limitations of a benefit plan can be significant barriers to receiving quality complex care. One study looking at outcomes for patients with a rare form of cancer found that proximity to and treatment at a referral center led to improved outcomes through better care and treatment plans.

Yet 46 million people—14% of the U.S. population—live in rural areas, often hours away from medical subspecialists and academic medical centers.[10] And those close to high-quality care aren't always able to access it. Other factors limiting a person's access to care include the following.

- Concerns about out-of-pocket costs and other financial barriers
- Insufficient insurance coverage
- Lack of knowledge about available benefit options
- Lack of understanding about their condition
- Transportation

Benefit plans incorporating defined complex care programs may be the solution for improving care, removing barriers and offering employees a valued benefit—the peace of mind of knowing that if they have a serious or complex medical need, their employer has ensured they will be able to get the care they need.

Complex care programs offer employers and payers a new kind of partnership that can take some of the stress and burden out of care coordination, giving employees access to the best care and saving employers money in the long term.

The figure on page 37 displays a sample patient journey in one provider's complex care program.

Preparing to Partner for Complex Care

Identifying partners to support employees with complex health care needs is one great step toward ensuring health equity across an organization. Employers considering adding a complex care program to their benefits plan should make sure to do the following.

Understand Areas of High Spend and Trend

Is the organization spending more on cancer care? Is there a large population seeking spine surgery? Understanding areas of high spend and trend can help during the search for complex care partners. A benefits broker or consultant may be able to suggest areas where the organization should focus and provide a list of solutions or opportunities to better address these complex care needs.

Don't Overlook Prescription Drug Costs

Employers should look at their prescription drug costs and consider what they're spending on high-cost medications for conditions with a high misdiagnosis rate, like MS. Are these members correctly diagnosed? Are they getting better? Are they getting the best possible care?

Reconsider Flagging Thresholds

Self-funded plans in particular should consider flagging spending on a claim long before it reaches the $100,000 or $200,000 mark. They can identify and support potential high-cost claimants earlier in the journey by flagging lower spend amounts associated with high frequency of care, multiple specialist or emergency visits, and/or specific diagnoses or medications.

Identify and Remove Barriers

Employers should look for solutions that reduce out-of-pocket costs and the mental barriers or burden of coordinating travel, lodging and care.

Employers don't have to solve for all their complex care needs at once. Those looking for a complex care partner can consider starting with one or two areas of need. There are vendor program solutions available that can make a big impact no matter the size of the organization.

Other Ways Benefit Managers Can Build Plans That Ensure Health Equity

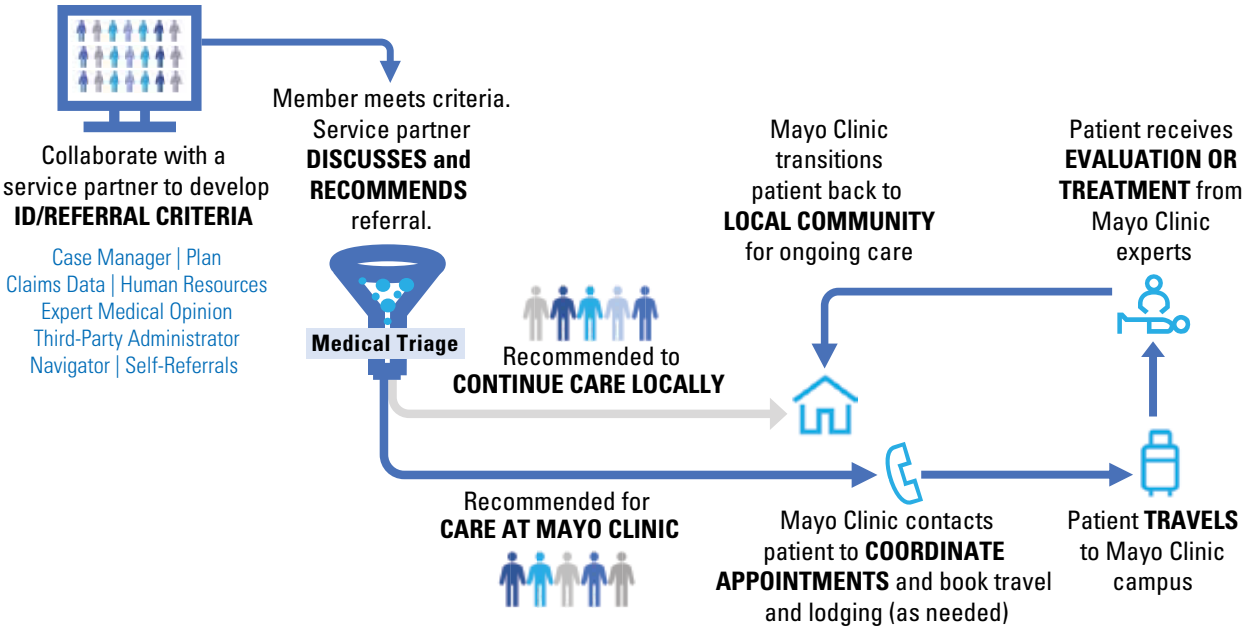
Benefit managers can do many things beyond implementing complex care programs to support the health of their employee population.

Take a Broader Approach to Preventive Care

The U.S. Preventive Services Task Force recommendations are a great place to start when it comes to outlining coverage for preventive care and screenings. But even these national guidelines can be limiting for certain populations at higher risk for developing conditions like diabetes, chronic kidney disease and cancer. A June 2022 study, for example, recommended lower body mass index (BMI)

FIGURE

Mayo Clinic Complex Care Program: Patient Identification and Journey



and age thresholds for diabetes screening among Asian, Black and Hispanic Americans.[11]

Benefit managers should review updated research to see where it contradicts current screening recommendations and then work with brokers or consultants to identify vendor partners and plans that will cover screenings across their entire employee population using updated criteria.

Embrace Technology and Virtual Care, But Understand Its Limitations

Technology is critical for the democratization of health care. Predictive modeling and data mining are great tools for understanding member populations and getting them access to the right care. Search optimization can support a better experience across benefits platforms. And virtual care delivery may work well for primary and mental health care needs, but virtual visits have their limitations when it comes to complex care

When a person's primary care needs turn into specialty care needs, for example, virtual visits could delay necessary in-person care. For some, virtual specialty care may not even be an option since these visits aren't always available across state lines. It's important to understand the limits of virtual care technologies and have a streamlined process in place to ensure that access to complex care isn't compromised or made more challenging.

Find Better Ways to Communicate Plan Offerings

A survey by the International Foundation of Employee Benefit Plans found that, despite many organizations putting effort toward benefit communications, only about a third felt their plan participants had a high level of understanding about their health or retirement benefits.[12]

Benefit managers should make sure that life event topics are easy to access on benefits or communication platforms. They can create categories where employees can go to access all the information they need on specific topics, with details about what benefits support is available.

They can also make benefits part of their broader internal communication strategy. For example, they can show or tell employees how their benefits can support them or a loved one and include additional available resources.

In one example of an innovative communications technique, a large trucking employer challenged by a mobile and widespread workforce created audio communications to play on rotation in truck cabs. These frequent reminders offered details on important benefit programs.

Figure Out How to Meet the Needs of a Hybrid Workforce

The COVID-19 pandemic changed the way we work. With so many employees coming to the office less fre-

Better Outcomes and Cost Savings

Several organizations work with employers to provide access to high-quality care. In addition to complex care programs, some providers offer access to center of excellence (COE) networks, which are teams or facility groups that take an interdisciplinary approach to meet the needs of people with complex and multiple chronic conditions.

These programs can save money and provide higher quality care through accurate diagnosis and proper treatment as well as by removing barriers to care.

For example, the Mayo Clinic Complex Care Program reports the following results.

- More than 30% of cancer patients referred to the complex care program have a change in diagnosis, and more than 75% have a significant change made to their treatment plan. Subspecialized expertise and the latest advances in diagnosis and treatment can lead to better outcomes and lower costs for cancer patients. For example, a proton beam therapy program, which precisely destroys cancer while sparing healthy tissue, can reduce the number of treatments for some prostate cancer patients from up to 44 over eight to nine weeks to only five treatments over one to two weeks—resulting in more than $150,000 in savings per patient.
- More than 50% of patients recommended for spine surgery avoid spine surgery after evaluation by the complex care program. This could mean an employer with 100,000 covered lives could achieve cost avoidance of $2 million to $3 million annually.

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quently—or not at all—benefit managers are tasked with finding ways to meet employees where they are. Are employees putting off important screenings now that they can't meet a mobile unit in the work parking lot? Benefit managers should look for new ways to incentivize preventive screenings or find alternative ways to bring those screenings to the workforce.

Collective Responsibility

Employers and health care providers have a collective responsibility to ensure that anyone dealing with a complex condition gets the right care at the right time—especially early in their health care journey. By doing so, they can create a positive patient experience, ensure better outcomes and save or control health care costs. BQ

Endnotes

1. Centers for Medicare & Medicaid Services (2021). Historical National Health Expenditure Data. www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.
2. Centers for Medicare & Medicaid Services (2022). "About Chronic Diseases." www.cdc.gov/chronicdisease/about/index.htm.
3. H. Waters and M. Graf (2018). *The Cost of Chronic Disease in the U.S.* Milken Institute. milkeninstitute.org/sites/default/files/reports-pdf/ChronicDiseases-HighRes-FINAL.pdf.
4. D. Bergman et al. (2020). "Cost and Use for Children With Medical Complexity in a Care Management Program." *Pediatrics.* 145 (4): e20192401.
5. T. Emerick and A. Lewis (2013). "Cracking Health Costs: How to Cut Your Company's Health Costs and Provide Employees Better Care."
6. M. Kaisey et al. (2019). "Incidence of multiple sclerosis misdiagnosis in referrals at two academic medical centers." *Multiple Sclerosis and Related Disorders.*
7. M. Ward et al. (2013). "Who does not receive treatment for cancer?" *Journal of Oncology Practice.* Jan; 9(1): 20–26.
8. A. Condon (2022). "30k 'unnecessary' spine surgeries performed in 1st year of pandemic: study." *Becker's Spine Review.* www.beckersspine.com/spine/54371-30k-unnecessary-spine-surgeries-performed-in-1st-year-of-pandemic-study.html.
9. Integrated Benefits Institute (2019). "Cost of Poor Health Infographic (2019 Data)." www.ibiweb.org/resources/cost-of-poor-health-infographic-2019-data.
10. E. Dobis et al. (2021). *Rural America at a Glance.* U.S. Department of Agriculture Education Research Service. www.ers.usda.gov/webdocs/publications/102576/eib-230.pdf.
11. R. Aggarwal et al. (2022). "Diabetes Screening by Race and Ethnicity in the United States: Equivalent Body Mass Index and Age Thresholds." *Annals of Internal Medicine.*
12. International Foundation of Employee Benefit Plans (2020). *Trends in Benefit Open Enrollment and Communication: 2020 U.S. Survey Report.* www.ifebp.org/store/Pages/open-enrollment-communication-survey.aspx.

AUTHORS

Dana Baker is a director for the Mayo Clinic Complex Care Program, a customizable centers of excellence (COEs) offering for individuals with complex, rare or undiagnosed medical conditions. She collaborates with employers, payers, third-party administrators and navigation companies to increase the overall benefits value and care an organization brings to its employees. Baker joined Mayo Clinic in 2000 and previously worked in the organization's benefits department, where she focused on health plan design, narrow networks, retirement medical and pension plans, and employee education. She holds a bachelor's degree from Georgia Southern University and a master of business administration degree from Northcentral University.

Cheryl Nienhuis, CEBS, PHR, is a director for the Mayo Clinic Complex Care Program. She has more than 20 years of benefits experience, including benefits leadership at Mayo Clinic. Nienhuis now helps employers manage health care costs while providing high-value health care benefits to employees. She holds a master of business administration degree in marketing and health care management from Dallas Baptist University.

Brent Westra is a director for the Mayo Clinic Complex Care Program. He has a background in product management, marketing and communications and joined Mayo Clinic's Complex Care Program after almost ten years supporting specialty laboratory testing for Mayo Clinic Laboratories. He is responsible for building relationships with employers, payers and third-party administrators to ensure that complex patients have access to Mayo Clinic's medical centers in Rochester, Florida and Arizona. Westra completed an undergraduate degree at the University of Minnesota and holds a master of business administration degree from Augsburg University.