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## Health Care & Benefits

### Pandemic's wake includes silver linings

In our Thought Leadership Roundtable, executives at CareSource, Delta Dental of Indiana, Gregory & Appel, and the Indiana Hospital Association discuss the many cons—and a few pros—of the pandemic and what to expect in the year ahead.

#### Q: How has your company/organization changed in the last 12 months in response to the pandemic?

**JJ NELSON:** The COVID-19 pandemic brought about unprecedented challenges and has changed how and where we do business. Between the pandemic and civil unrest, our communities are relying on each other more than ever, and our longtime commitment to our communities has been amplified. The lasting partnerships

and community investments we have made and will continue to make in support of building healthy, smart, vibrant communities for all, are vital to creating the future we need to grow.

**LACEY ROBINSON:** With the pandemic, return to office and COVID variants, we've adapted to changing employer and service-provider market conditions. And we've adopted a hybrid work-from-home strategy. Because we work in teams to serve clients, it's important that we not lose

the collaboration and creative problem solving that comes from physically being together, but at the same time we've responded to our colleagues' needs for flexibility. We've also added multi-media communications, such as videos, impromptu lunches, gift cards and other fun events to help colleagues stay connected, feel cared for, and supported. For clients, we're recommending programs to help stem the tide of the Great Resignation as well as address the mental health needs of their workforce. We've also added several new digital communication methods our employer-clients can use to get their messaging out to employees in a variety of ways.

**STEVE SMITHERMAN:** In response to the pandemic, CareSource effectively and efficiently transitioned to a remote work environment. The majority of our employees have predominantly worked from home since April 2020 with seamless business operations and uninterrupted member care. Our member-facing staff, including care management and CareSource Life Services®, have employed virtual methods to continue to actively engage our members and meet their unique needs.

We've also devoted substantial resources to supporting the Indiana communities we serve. For example, we've made strategic donations to battle food insecurity and have supported multiple housing initiatives, including a \$6 million investment in affordable housing.

**BRIAN TABOR:** From an organizational perspective, we've learned how to pivot through the ups and downs of various surges and financial impacts of the pandemic. One thing that hit home for me during the pandemic is the great amount of work hospitals do to prepare for disasters and other catastrophic events like COVID-19 that can happen in their communities. They prepare well in advance and have partnerships with community officials. Hospitals have to be prepared to stretch resources like we're doing now—whether to set up field hospitals or convert units into ICU rooms. Hospitals always have to possess the nimbleness to rapidly respond and be there for their communities 24/7. I believe as a state we are better off because of all that work.

#### Q: How have employee benefits programs changed in response to the pandemic and how do you see them changing in the year ahead?

**LACEY ROBINSON:** I think we all would agree that there have been both negative and positive impacts from the pandemic that will be weighed and analyzed for years to come. We see some early trends where employee benefits programs are concerned:

- Developing strategies to counter “The Great Resignation”: Employees spanning multiple generations are leaving the workforce at a historic rate. Although many are hypothesizing that baby boomers deciding to retire early are to blame, employees between 30 and 45 years old have had the greatest increase in resignation rates, with an average increase of more than 20% between 2020 and 2021. This is causing the labor market to tighten at an unprecedented rate, and employers will have to compete for top talent. Providing a competitive and comprehensive employee benefits program will continue to play a major role in attracting and retaining talent. Employers will have to be more open-minded than ever when designing employee benefit programs. An example of this is the rising rate of employers evaluating and installing child-care options for parents at work.

- Movement to virtual care: Telehealth and virtual care platforms have been available for over a decade. Prior to the pandemic, however, employee adoption was fairly low due to consumer unwillingness to utilize the platform, regulatory challenges that created barriers, and a non-motivated provider community. Because of the pandemic, we forecast telehealth services will continue to grow in popularity and the number of options available.

- Increased government regulations and intervention: The United States government has spent trillions of dollars responding to COVID-19. Employers are being asked to comply with many pandemic-related items, such as providing additional paid sick and family leave, covering the cost of COVID-19 testing through health plans, etc. These changes will only grow in scope.

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**STEVE SMITHERMAN:** CareSource has an employee benefits structure focused on employee satisfaction and retention. We recognize that employees need time away from work to deal with personal or family COVID-related issues, so we increased the amount of paid time off last year and extended it to cover those circumstances, so employees are not penalized for being ill or requiring quarantine. We also maintain flexible work time for employees to care for children or family members at home. In addition, we offer paid volunteer hours so that staff can live our mission and support their communities. Employees who work in our offices receive food and snacks to make their time more enjoyable.

We understand that the pandemic is emotionally challenging for our staff, so we offer a variety of resources to promote mental well-being, including a wellness platform with rewards; short-term counseling; substance use disorder support; on-demand resources for stress, anxiety, and depression; and EmployeeConnect professional counseling services.

We anticipate continued flexibility in scheduling for illness, quarantine and caregiver responsibilities.

### Q: How can employers take a more holistic approach to benefits in 2022?

**STEVE SMITHERMAN:** CareSource has done a tremendous job in recognizing the challenges that our staff face during the COVID-19 pandemic and has provided comprehensive benefits to both alleviate staff burdens and demonstrate appreciation for service. I would encourage employers to adopt at least some of the following benefits:

- Provide an incentive or wellness “points” for COVID vaccination to encourage employee vaccination and provide access to trained medical professionals to answer any questions employees might have about vaccination.
- Provide flexible scheduling to allow employees ample paid time off if they or their families are ill or require quarantine due to COVID. Employees are often forced to make difficult choices about acknowledging symptoms, taking time off work for quarantine, and losing income or hiding symptoms and continuing to work. Paid time off for COVID eliminates this decision-making and creates a safer work environment for everyone.
- Encourage employee wellness through multiple options. The pandemic has been particularly difficult for our collective mental health. Depression, anxiety, suicide and substance abuse are all on the rise. I would encourage employers to offer comprehensive wellness options, including free exercise offerings, employee assistance programs for counseling, and self-service mental health resources.

**BRIAN TABOR:** Contracting directly with hospitals and health systems is something that should be on

employers’ radar. There are significant upsides to these models, including lower costs and improved outcomes through more coordinated care. I believe that a provider-led approach can be more effective than the traditional insurance-company centric model.

**JJ NELSON:** Delta Dental is committed to the whole health of employees—oral, mental, and overall health. Without each piece in place, we can’t be our best selves. With a holistic approach in mind, Delta Dental has partnered with VSP® Vision Care in 2022 to offer vision benefits to our dental benefits program. This new offering can better help employers take a more holistic approach to employee benefit plans.

**LACEY ROBINSON:** If an employer would like to offer a holistic employee benefits program, they will need to start by understanding the needs of their employees. Employee engagement surveys and platforms can be a valuable tool in helping an organization understand what the top need areas are—especially given that many organizations are struggling to understand what motivates a diverse workforce.

You can gather input from key stakeholders to help generate the questions and can certainly create a home-grown survey, however you might want to consider using a third-party service provider. Third-party employee engagement platforms can provide a confidential and easy way to gather employee feedback, provide reporting and insights to help you decipher the data, and even help your leadership team with action planning.

Once you have identified what is most important to your workforce, you will need to establish a strategy. A written strategic plan outlining your objectives and tying them to your corporate goals can be invaluable. We recommend that you involve several key stakeholders to assist with the creation of your strategic plan. This includes both internal and external team members. Your outside advisors and partners can play a critical role in this process.

### Q: The state of the health care workforce has become a major concern. How can that workforce be supported/replenished?

**BRIAN TABOR:** This is what keeps health care leaders awake at night. Some experts have projected it will take five years to get back to 75% of the workforce we had before the pandemic, and I fear that is optimistic. Within the industry, we need to continue supporting our caregivers who are physically and emotionally exhausted. We also applaud state legislators for recognizing that we need to expand the pipeline. House Bill 1003, which makes it easier to get more people into nursing, is being considered this session and is a major step toward this goal.

**STEVE SMITHERMAN:** The toll that the pandemic has taken on health

care workers is substantial. Employers should acknowledge the work and sacrifice of its health care staff with higher wages, more paid time off, childcare assistance, counseling/debrief sessions, retention bonuses, rotation to less acute units if possible, adequate personal protective equipment, and regular gestures of appreciation. The workforce can be replenished by making post-secondary medical education less financially burdensome with decreased tuition, favorable loan repayment, and sign-on bonuses so that new graduates are not burdened by debt in addition to the other challenges of providing health care today. This will also work to lower the barriers many students from underrepresented minority groups face in entering the medical field.

### Q: Because of the pandemic, there is a backlog of deferred care. How is that affecting health care and to what extent can it be addressed in the year ahead?

**JJ NELSON:** Oral health and dental health care are just as important as overall health care, but we know many patients have refrained from seeing their providers for months—if not years—due to the pandemic. And that’s troubling since staying healthy means keeping up with routine check-ups to reduce the risk of other diseases. Most dental offices are reopened, welcoming

patients back and operating with strict safety protocols, so we encourage employees to start putting their health back on the top of the list.

**LACEY ROBINSON:** There is no doubt that the pandemic has had a measurable impact on the number of people avoiding and/or delaying care. Doctors report historically low compliance with people getting annual physicals, age-appropriate exams, and not seeking evaluation when suspecting that something might be wrong medically. A combined Harvard T.H. Chan School of Public Health, Robert Wood Johnson Foundation, and National Public Radio study found that 57% of individuals who delayed evaluation and early treatment subsequently experienced negative health consequences as a result.

An example has been a significant increase in late-stage identification of cancers, resulting in more aggressive and expensive treatments.

It’s important to note that most delayed care during this period of COVID is not due to individuals lacking coverage under a health plan. Rather, it’s because of nonfinancial barriers. Either doctors were not seeing patients or facilities had restricted access due to COVID.

The remedy is to improve care capacity and to communicate to the public the extent of infection controls in place to assure a safe medical facility visit.

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**STEVE SMITHERMAN:** Deferred care is likely one of the most serious effects of the pandemic and poses significant long-term risks to the community. Many individuals have declined to receive preventative health care and screenings during the pandemic and consequently are presenting with advanced chronic disease and malignancy that could have been identified earlier if care had been sought in a timely manner. These delayed diagnoses lead to a need for greater services, increased health care costs and increased morbidity and mortality. This is particularly true for communities of color that are also faced with issues of limited access and availability of health care and negative social determinants of health. Provider practices, hospitals, health care organizations and insurers should leverage their communication channels, including mailings, social media, television, print, radio, and newspaper, to encourage people to resume preventive health care and answer any questions they may have about COVID safety precautions.

**BRIAN TABOR:** Our hospitals are treating patients with more complex cases and higher acuity because of deferred care. We are doing everything we can to catch up, but repeated COVID-19 surges keep slowing our progress. I hope insurance companies will provide flexibility to Hoosiers whose needed medical care had to be

rescheduled. We shouldn't have barriers for those patients whose insurance deductibles reset in the new year.

### Q: How has the rise of the remote workforce affected benefits and employee health?

**LACEY ROBINSON:** The impact of COVID on the remote workforce has been mixed. From a benefits perspective, employers have been adopting and promoting plan features like telemedicine and virtual office visits for both medical and mental health services. This has resulted in quicker access to care, and at a reduced cost for both the covered plan member and the health plan. Today's health plans are also incorporating tools that help employees and their family members better navigate the health care system. These tools allow individuals to find lower cost/high-quality physicians and facilities within plan networks, help take the hassle out of scheduling medical appointments and transferring of health and imaging records, offer education and guidance for pre- and post-surgical procedures and provide guided assistance with claim issues. Disease-specific advocacy is also an emerging feature being adopted by employers. For example, in the case of cancer, advocacy programs provide additional education and patient support resources around the disease—even connecting the local treating oncologist with world-class cancer

sub-specialty peers for joint consultation. These services are made available to employees and their family members at no additional out-of-pocket cost to the patient, and no billed claim cost to the insurance plan.

Additionally, employers are offering more online self-service features within their payroll and benefit portals.

The COVID pandemic, and subsequent employer adoption of remote work accommodations, has actually allowed many employees to enjoy more flexibility in their daily schedules. However, some studies indicate that remote work from home is resulting in both physical and mental health dilemmas. From a physical-condition standpoint, employees are experiencing what's referred to as 'Pandemic Posture' and 'Quarantine 15.' This is a result of inadequate home workspace ergonomics and lack of physical movement. For others, not having regular face-to-face interaction with co-workers, and feeling like they can't get away from their work computer at home, is not allowing them to have needed mental health breaks and time to refresh.

**STEVE SMITHERMAN:** The ability to work from home and successfully social distance has likely mitigated the spread of COVID-19 and supported employee physical health; however, the stressors that have accompanied the pandemic have potentially caused a decline in mental health and financial well-being. Employees who are working remotely may have spouses and/or children at home with them creating an additional challenge. Employee benefits should address the potential need for increased financial support, childcare and behavioral health services. Many employees have also found themselves with a more sedentary lifestyle, which can contribute to obesity and cardiovascular disease. Employee benefits should include fitness and healthy lifestyle offerings.

**JJ NELSON:** Employees are finding greater stability between their work and home lives and in turn, many are finding a more balanced life. Without a commute and the addition of a flexible schedule, time is freed up during the day for employees to be more productive at work and enjoy time after working hours relaxing and spending time with family or friends. More employers are also tuning in to their employees' mental health needs and making use of employee assistance programs. These programs help workers trying to resolve personal issues, such as marital, financial or emotional problems, family issues or substance abuse.

### Q: What, if anything, can state government do to improve public health and health care in Indiana?

**STEVE SMITHERMAN:** The state can increase funds allocated for public health to ensure access to and availability of preventative care, screening and immunizations. In addition, these funds can improve community

education on topics such as the importance of preventive care, COVID immunization, health care disparities and other issues.

**BRIAN TABOR:** Indiana currently ranks 41st in terms of the overall health of its citizens. Tobacco use here is higher than in most other states and is taking a significant toll on our economy. Tobacco use costs Indiana \$7.6 billion annually in health care costs, lost productivity and premature loss of life. \$2.2 billion of that is attributed to the consequences of secondhand smoke. IHA supports increasing the cigarette tax by \$2 per pack. This is the single most effective method for decreasing Indiana's stubbornly high smoking rate—especially in those under 18 years of age. The increased tax revenue could be used to invest in the public health of Indiana, which currently ranks 48th worst in public health funding.

**LACEY ROBINSON:** US News and World Report's 2021 Best States rankings place Indiana #32 among all states for health care and in the bottom 10 (#40) for the sub-category of public health. But there is hope.

The Governor's Public Health Review Commission was established by executive order in August 2021. The commission, which includes representatives from public health, local government, the Indiana Minority Health Coalition and health care associations, is charged with analyzing the strengths and weaknesses of the current public health system, assessing the performance of public health during the COVID-19 pandemic and identifying ways to improve funding and the equitable delivery of public health services in the future, with a focus on legislation. This is a crucial step on the path toward improved transparency, access, equity and outcomes, and the collaboration among these various stakeholders should pave the way for meaningful legislation.

### Q: What can employers and benefits companies do to improve public health?

**BRIAN TABOR:** I hope that one lesson of the pandemic is an increased focus on wellness. Whether it is vaccination policies, tobacco cessation, or other measures, we are all paying the cost for our poor health metrics. Simply put, we were more vulnerable to COVID's impact because of Hoosiers' poor health, and we've got to figure that out together.

**JJ NELSON:** Give back and stay engaged in the local community where you do business. Allowing employees time off to give blood or deliver healthy food to a neighborhood in need is all part of keeping our communities healthy and thriving. At Delta Dental, we regularly invest and engage our employees in volunteer efforts that make a difference in our neighborhoods. It's also vital that employees have access to a robust benefits plan so they can stay healthy and prevent illness rather than treat it after it has

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become a costly and dangerous issue. At Delta Dental, we provided time off for employees to attend their local COVID vaccination site and we regularly offer employee flu shot clinics.

**LACEY ROBINSON:** Employers can and should request access to health and pharmacy plan utilization data and work with their benefits advisor to evaluate opportunities for health improvement and identify and close gaps in care.

There are numerous solutions in the market to address tobacco cessation, diabetes, hypertension, weight management, etc., but data is key to identifying where to spend dollars to maximize return on investment and value on investment.

A properly designed wellbeing and incentive program with a focus on workplace safety will go a long way toward moving the needle on public health.

**STEVE SMITHERMAN:** The number one thing that employers and benefits companies can do to improve public health is to encourage, educate and incentivize vaccination among their employees. The second thing is to

support preventive health and screenings with time off to seek care; provide mobile units for such services as lab work and mammography; wellness incentives; and comprehensive health insurance benefits that cover both well and sick care.

**Q: What is one health care success story from the pandemic era?**

**LACEY ROBINSON:** The rush to telehealth tops the list as Americans hunkered down to ride out the pandemic. Health care providers pivoted at break-neck speed to provide virtual care and the people responded.

In response to the pandemic, the Centers for Medicare & Medicaid Services used emergency waiver authorities enacted by Congress and regulatory authorities to expand access to telehealth services by waiving several statutory limitations, such as geographic restrictions, and allowing Medicare beneficiaries to receive telehealth in their home.

A new report from Health & Human Services shows a 63-fold increase in Medicare telehealth utilization (up

from about 840,000 visits in 2019 to 52.7 million in 2020) and a 32-fold increase in behavioral health care through telehealth.

Medicare services added to the telehealth services list temporarily during the Public Health Emergency will remain in place through December 31, 2023, while CMS continues to evaluate whether these services should be permanently added to the Medicare telehealth services list. Fingers crossed.

**STEVE SMITHERMAN:** The widespread adoption of telehealth, particularly in behavioral health is a win. Telehealth helps to improve engagement in health care by eliminating barriers such as transportation, stigma, access, and availability. This has also resulted in an effort to close the “Digital Divide” and improve access to technology.

**BRIAN TABOR:** I could cite numerous successes from hospital teams as they adapted nimbly to new therapies and techniques, but I think it’s important to recognize how we addressed mental health throughout this pandemic. Quickly pivoting to telehealth, we’ve made behavioral health care services available to patients who may not have had access before. This is an area where we’re going to see increased utilization for quite some time due to the psychic toll the pandemic has taken on all of us. Our members are making this type of care available to hospital staff, and I encourage all employers to consider doing so as well.

**Q: What do you predict will be the biggest health care story of the next 12 months?**

**LACEY ROBINSON:** Without a doubt the pandemic will continue to dominate the headlines this year. The rise and fall of Omicron, the emergence of new variants, the exodus of the health care workforce, the “Great Resignation” and it’s crippling of our supply chain are all tied to COVID-19.

Perhaps the pandemic will pivot to an endemic (a disease or condition regularly found among particular people or in a certain area) but our inability as a society to reach herd immunity will continue to lead the headlines.

**STEVE SMITHERMAN:** Hopefully, the biggest health care story of the next 12 months will be how we overcame COVID-19, achieved herd immunity and reached a new normal of improved health equity for those minority groups most affected by the pandemic.

**BRIAN TABOR:** As a member of the Governor’s Public Health Commission, I believe we have a generational opportunity to improve public health. Indiana has ranked near the bottom in per-capita funding for decades. But dollars alone won’t raise our poor health metrics. I believe that a regional approach to delivering public health services should be on the table, and state government can play an increased role in coordinating across these regions.●



**JJ Nelson,** vice president and executive director, sales and account management, Delta Dental of Indiana, joined Delta Dental of Michigan, Ohio, and Indiana in 2012. Nelson leads the Indiana market and is responsible for managing the company’s sales and account retention teams, as well as setting the overall strategic direction within the state.



**Lacey Robinson** is senior vice president and managing director of employee benefits for Gregory & Appel. She joined Gregory & Appel in 2005 after working in employee benefits insurance and brokerage/consulting with Mercer, Cigna, and Aetna. She joined Gregory & Appel as a consultant and was later appointed managing director of the firm’s entire employee benefits practice.



**Steve Smitherman** is president of the Indiana Market for CareSource, overseeing all plans the company operates in Indiana. He joined the company in 2012 and led the development and implementation of CareSource® Marketplace Plans, Medicare Advantage, Healthy Indiana Plan 2.0 (HIP), and Hoosier Healthwise products in Indiana. He has over 20 years of Medicaid and commercial health plan leadership experience and is a lifelong Hoosier.



**Brian Tabor** serves as president of the Indiana Hospital Association, which represents more than 170 Indiana hospitals. The association is Indiana’s chief advocate for hospitals and their patients, representing their interests with state officials, the federal government, the business community, and other stakeholders. Before joining IHA in 2008 as vice president, Tabor worked in various policy roles for the Indiana General Assembly and in government relations for the Indiana Association of REALTORS®.



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