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**Employers Pivot
from COVID-19
Pandemic to Create
Integrated Care
Model of the Future**

Employers Pivot from COVID-19 Pandemic to Create Integrated Care Model of the Future

By Bruce A. Hochstadt, M.D. & Lawrence J. Morrissey, J.D.

INTRODUCTION

An Unprecedented Challenge

The COVID-19 pandemic has disrupted healthcare delivery in three significant ways – healthcare resources diverted to the pandemic response; unmet healthcare needs increased, especially for chronic conditions, elective procedures, and preventive tests; and primary care access decreased.¹ The pandemic has also highlighted the need to improve underlying health conditions as patients with chronic disease have realized a much greater rate of morbidity and illness severity.² Sadly, while the need to support patients with chronic health challenges is more important than ever, supporting these patients has become more difficult due to access limitations.³

Employers and plan sponsors needed to adjust their health center operations once the pandemic began in order to continue to support the healthcare needs of their populations.⁴ The challenge has been even more pronounced for employers in essential businesses that simply could not close down.⁵

The response from employer-sponsored health center providers like Marathon Health illustrates that the pandemic can be a positive turning point for our broader healthcare system, setting higher expectations and providing better solutions for healthcare delivery. The approaches used by Marathon Health to support employee populations offer a path forward for an integrated employer-driven care delivery model as well as valuable health management lessons applicable to all healthcare providers. This article discusses five specific imperatives derived from Marathon Health's COVID-19 experience:

1. Proactive population health monitoring and outreach.
2. Expanded access to care.
3. Enhanced and integrated occupational health.
4. Active patient navigation and care coordination.
5. Integrated behavioral health.

Proactive Population Health Monitoring and Outreach

For many years prior to COVID-19, healthcare stakeholders have championed improving health outcomes through a population health management (PHM) approach that includes targeted interventions to high-risk individuals within a defined population.⁶ Value-based care models, as opposed to fee-for-service models, lend themselves to this approach as they reward providers for effective interventions that result in improved health outcomes and lower costs.⁷ Employers who provide healthcare coverage for

their employees benefit directly from these approaches that integrate primary care with population health, which can create improved health outcomes for employees and financial savings and increased productivity for the employer.⁸

To realize these advantages, a growing number of employers are incorporating worksite health solutions into their benefit plan and directly contracting with providers like Marathon Health to deliver that service.⁹ A provider following this model incorporates resources such as confidential health risk assessments (HRAs), claims analytics, and annual physical exams to help clinicians identify risks, engage members proactively, and build trusting patient relationships. Marathon Health follows this approach, continuously pulling data from these sources to populate its data warehouse and produce risk-stratified patient lists. Clinicians in turn use this data to guide outreach to individual at-risk members and to inform and customize health promotion and education efforts for each customer throughout a program year. The approach has shown itself to be particularly important during the COVID-19 pandemic.

“After the World Health Organization declared a global pandemic in March, our clinicians used our risk-stratified patient lists to reach out proactively to our highest risk patients,” said Dr. Jeff Wells, president of Marathon Health. “We made more than 200,000 calls and sent countless messages to our patients to listen to them and ensure that they received the care they needed during this very difficult time.”

Outreach like this generally does not occur in traditional community-based, fee-for-service primary care practices. Marathon Health providers use a proactive care model built on a population health approach of predicting, addressing, and preventing disease, as opposed to a more traditional, reactive model that simply responds to symptoms (i.e. diagnose and treat). This proactive model is making a difference for patients across the nation, as illustrated in the following patient testimonial:

“During this stressful time, I received a call to see how I was doing. The care in the nurse’s voice was so welcomed. It also triggered a reminder that I was almost out of medicine. The nurse scheduled a virtual visit with the provider that afternoon and my refills were called in. Her contacting me showed how much you truly care for your patients. Thank YOU for going above and beyond.”

– WENDI L., INDIANA

Real-time data enabling a clinician to connect with patients on an ongoing basis, and not just during times of crisis when access is compromised, helps enable a trusted provider relationship and allows reinforcement of a plan of care to manage existing conditions and prevent others.¹⁰ Primary care practices and providers can and should outreach proactively to connect with patients, starting with those at highest risk for complications. These individuals face the greatest risk and, consequently, will benefit the most from active and ongoing interventions. As discussed below, use of new access modalities, like synchronous virtual care platforms, in conjunction with monitoring and engagement protocols, can lead to improved adherence to standards of care, lower costs, and better health outcomes during the pandemic and beyond.¹²

Expanded Access to Care

A dramatic consequence of the COVID-19 pandemic has been the rapid migration from in-person ambulatory care and adoption and acceleration of virtual care.¹² Soon after the outbreak of COVID-19 in the United States, the majority of community-based primary care settings were inaccessible to the general public with the number of visits to ambulatory care practices declining by nearly 60 percent.¹³

Although available in various forms for a number of years, there had been reluctance to leverage virtual care delivery options by providers, payors, and patients, as well as significant licensing and regulatory barriers.¹⁴ Employer-sponsored health center operators pivoted quickly to a virtual-first model as

workplaces either closed or shifted to a work-from-home model with the exception of essential site-based employees.¹⁵ “At the start of March, approximately 90 percent of our patient visits were in-person at our health centers with the balance virtual care visits,” said Wells. “By the end of March, that ratio had almost completely reversed with over 80 percent of our visits in a virtual mode.”

The current shift in utilization has the potential to sustainably improve patient access, outcomes, and cost when integrated into clinical workflows, which is the approach adopted by employer-focused providers.¹⁶ At Marathon Health, clinicians have delivered ongoing care to patients, leveraging patient-lists and proactive outreach techniques. Patients were contacted early in the pandemic, prioritizing those at-risk and chronically ill. The calls were to check-in and inquire about overall health and wellbeing, see if prescription refills were needed, and remind them that the health centers remained “open” and that behavioral health practitioners were available to help members cope with the added stress brought on by the pandemic and challenging environment. Patients at Marathon Health have responded favorably to the virtual care option with over 98 percent satisfied with their virtual visit experience.

The use of alternative delivery options has since occurred throughout the healthcare industry and is widely viewed as here to stay.¹⁷ Providers must offer solutions that include care available in person, by video, or telephone to ensure patients receive the care they need through the preferred and most practical modality.

In addition to physical barriers to care access, another significant barrier is the economic influence of the Health Spending Accounts (HSAs) and related health inequity that has resulted. The rise of HSA plan designs over the past decade have served as a deterrent to care for many enrolled individuals as they assumed responsibility for the full cost of primary care and specialist visits until the high deductible is met. Employer health centers became and remain a more affordable and usually, especially during the pandemic, a more accessible option for high quality primary care. HSAs have increasingly become viewed as exacerbating health inequities as lower wage earners are less able to afford the high out-of-pocket costs of care (until the large deductibles are satisfied) and are more inclined to defer or forgo care. In these situations, such individuals then are forced to receive care at much higher cost settings when symptoms and conditions progress to more clinically advanced and dangerous stages. Efforts are underway, including one that Marathon Health has co-sponsored, to convince Congress to remove or relax the IRS requirement that Fair Market Value be charged to HSA holders at employer health centers. This should further reduce the economic barrier that patients face at these settings and make them even more accessible.

Enhanced and Integrated Occupational Health

The onset of the COVID-19 pandemic has raised the profile of Environmental Health and Safety (EH&S) operations for every employer across the nation.¹⁸ Operations involving hygiene, sanitation, and occupational safety have become the topic of presidential news briefings, continuous media coverage and national focus.¹⁹ The Centers for Disease Control (CDC) has also provided workplace guidance for businesses designed to slow the spread of the virus and protect workers from potential exposure.²⁰

Worksite health providers are delivering value to their customers by integrating solutions involving these EH&S challenges into an overall occupational health and primary and preventive care strategy.

“Faced with expanded health and safety concerns, we have drawn upon our talented pool of national experts and onsite clinical teams to deliver COVID-19 Return to Work services to our customers,” said Wells. “We’re helping employers address a broad spectrum of needs from facility sanitation and hygiene and employee health monitoring and contact tracing, to integrated primary and preventive care.”

Health center operators are providing required COVID-19 surveillance services such as screening and testing for employees as well as consulting services such as workplace assessments with

recommended facility modifications to ensure a safe and productive work environment. These screening and other occupational health-related interventions accelerated by COVID-19 provide an opportunity for clinicians to engage patients in long-term lifestyle coaching and behavioral modifications to address underlying health conditions, following guidance for integrated workplace health programs published by the CDC.²¹

In its workplace health promotion guidance, the CDC cites a growing body of research indicating that “workplace-based interventions that take coordinated, planned, or integrated approaches to reducing health threats to workers both in and out of work are more effective than traditional isolated programs.”²² Marathon Health’s integrated primary and occupational health approach enables clinicians to follow the CDC’s recommended approach through longer and unhurried appointments, health coaching, behavioral health, and disease management, with the integrated occupational health, and primary and preventive care.

Given that there will be significant clinical components to both workforce preparedness and workplace facility adjustments, providers of employer-sponsored health services and centers are the logical partner to deliver these services.

Best practices for occupational health go beyond the reactive approach of simply treating work-related illnesses and injuries to prevention-focused monitoring and interventions supporting a healthy workforce and ensuring a safe work environment.²³ This approach can involve proactive measures to avoid potential worksite exposures such as chemical or infectious agents or contagions, or workplace hazards such as repetitive motion or slips and falls. In the era of COVID-19, similar services apply to prepare the workforce and workplace for a safe and sustained worker re-entry.

As employers continue to manage their pandemic response, an integrated service delivery also requires that internal (EH&S) teams closely coordinate their work with human resource counterparts to design a holistic approach that supports better patient and organizational health.

Active Patient Navigation and Care Coordination

Patient navigation and care coordination arose as a professional practice to help patients overcome obstacles within the often fragmented, inconsistent and inefficient American health care system.²⁴ Through the navigation process, patients benefit from an advocate who can help identify care options and connect them with providers aligned with their specific goals and needs, which may include behavioral health, physical therapy, nutrition, and other services.²⁵

At Marathon Health, not only is clinical data used to monitor patient needs and guide interventions, care teams and patient navigators directly engage with patients throughout an episode of care and via relationships of trust. Our patient navigators work with patients with complex conditions to facilitate and improve care coordination and referrals, facilitate transitions of care between ambulatory and inpatient settings, provide in-depth research and advice on pharmaceutical utilization and finding equivalents for better value, and enabling patients to make value-based decisions. The financial and societal constraints and pressures resulting from the pandemic have increased the negative impact of social determinants on health. Our navigators are working to address applicable social determinants, connecting patients to other resources such as support groups, financial or stress management, EAP, local community services, and transportation services.

“We embed care navigation and coordination as one of the hallmarks of our care model,” said Wells. “Our navigation process assists patients in connecting to the right health partner within our customer’s health plan. We also assist patients in scheduling appointments if needed, and following-up with them to make sure they are satisfied with the care received and with those other providers to ensure that appropriate

protocols are followed.”

During the COVID-19 pandemic; however, recommended care has been deferred as a way to minimize potential exposure and to preserve resources of community health systems.²⁶ This reality has saved health plans money in the short run, but it also has served as a reminder of the importance of proactive navigation in ensuring that patients continue to connect to needed services and avoid potential health crises.²⁷ When community practices had limited appointment availability, the support of an employer-sponsored health center team and patient advocate facilitated timely referrals to high-quality and high-efficiency providers and programs.

Moreover, plan savings and utilization reductions realized as members delayed services during the early stages of the pandemic will likely be short-lived.²⁸ Patients will need assistance in navigating care as postponed elective procedures are rescheduled and some patients are dealing with conditions that have progressed and become costlier to manage.²⁹

Integrated Behavioral Health

Particular focus for care navigation and coordination during the pandemic has been in the area of behavioral health, given that individuals have experienced record levels of stress and anxiety, exacerbated by the impact of physical distancing, social isolation, and the reduction of traditional support systems.³⁰ These stresses are even more dramatic within certain industries and segments of employer populations, such as first responders and other essential employee populations.³¹ As employees cope with personal and family strain from sheltering in place and as employers activate return-to-work strategies for non-essential workers, which may trigger fears of workplace re-entry and exposure to co-workers, all levels within organizations may experience additional concerns, anxieties, and uncertainty about their lives.³²

Limited accessibility of behavioral and mental health services was a serious issue prior to COVID-19, with the pandemic only heightening the shortage of counselors and difficulties securing these services.³³ In response to this concern, the American Medical Association and others have called for the integration of behavioral health as a component of physical care to enhance access to treatment for many mental health conditions.³⁴

“The COVID-19 pandemic has exposed and magnified the flaws in our mental health system and the true burden of mental illness in our country,” said AMA President Dr. Patrice A. Harris. “Behavioral health care integration can help save lives and is a proven model that has many advantages over a more divided one.”³⁵ The CDC has echoed this sentiment, emphasizing that the pandemic also “highlights the necessity for a population health approach to identify and implement strategies across systems to improve behavioral health.”³⁶

Marathon Health and other employers and worksite health providers are already deploying the integrated behavioral strategies called for by the AMA and CDC and are uniquely positioned to demonstrate the value of this approach across the entire healthcare delivery system. Behavioral health is frequently delivered as part of the primary care service model by Marathon Health clinicians. In other cases, Marathon Health clinicians work closely with third-party EAP programs or community-based mental health providers to coordinate care.

“Our clinicians either provide care directly or we work to coordinate care with EAP programs and outside mental health specialists,” said Denise Meyers, MS, national director for mental health services at Marathon Health. “We also create customized health promotion programs and workshops for employees and their families. Our counselors lead group sessions and educational workshops to promote overall wellbeing in the workplace. Topics may include substance abuse, relationships, stress, anxiety, anger

management, and self-image.”

Through this integrated care approach, Marathon Health patients have reported statistically significant improvement in their mental health, and customers have realized considerable savings tied to redirected care, lower absenteeism, and higher productivity.³⁷

The implementation of site-based mental services shifting from an optional, disconnected service is becoming a near-requirement for many employers. The worksite health industry is rising to the challenge of identifying and retaining qualified mental health professionals and integrating behavioral health into a holistic care model.

CONCLUSION

Pivoting from a Prolonged Crisis to a Culture of Health

The imperative to keep health center operations running during the pandemic has compelled a health-first approach for employers. Screening for and closely monitoring disease and intervening early, always the hallmark of effective population health management, have now become a standard practice for employers and their worksite health partners. As a nation, we have a unique opportunity to pivot from thinking about this type of approach as a temporary crisis response to transforming it into the standard practice for fostering a culture of health.

Given the uncertainty over the duration of the COVID-19 crisis, moreover, employers and policy makers must not only be prepared for a prolonged journey, but should be guided by the prospect of realizing a better approach as a destination. The pandemic has showcased the most vulnerable aspects of the American healthcare system. COVID-19 does not care how much we spend on healthcare or the advanced status of our technology. It strikes those with chronic, preventable health conditions and reduces access to care to those who need it most. However, the pandemic has also showcased some of the best practices within American healthcare delivery.

Employer-sponsored health centers that help employees improve underlying health conditions while creating safe working environments and managing risk, support a robust, responsive, and resilient workforce. Although short-term claims savings will not last, forward-thinking employers are investing these savings into long-term solutions such as a worksite health partner.

The pandemic has and will continue to position employer-sponsored health centers beyond a nice-to-have amenity to a strategic imperative for many organizations and their populations. **Employers who offer their own health center, with a provider that integrates occupational health and primary care, are best positioned reduce risk, improve productivity, and build a high performing organization and workforce prepared for an uncertain future.** With clinical approaches anchored in early detection and intervention, combined with integrated population health management, employers working with providers like Marathon Health are demonstrating a path forward for all healthcare systems.

About the Authors

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