



Episode 15 – Testing and contact tracing as part of your workplace strategy, COVID-19 edition

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PAUL MATTHEWS: The more they can be coordinated through one vendor, through one app, the better--not having to require people to have multiple apps and multiple functions. And the more things can be self-guided into next steps, those are what we're considering to be best practices.

STEVE BLUMENFIELD: Hi, everyone, and welcome to The Cure for the Common Co., COVID edition. We've put together a series of quick-burst sessions for our clients on topical issues of importance. We'll speak with our experts and our clients, and also hear clips from some of the startups who've been on the pod.

Hey, Paul.

PAUL MATTHEWS: Hey, Steve, how you doing?

STEVE BLUMENFIELD: Great. Hi, everybody. This is Steve Blumenfield from Willis Towers Watson Health and Benefits. Welcome to today's Cure for the Common Co. podcast, COVID edition, on testing and tracing. We're very excited to be joined by Paul Matthews, our Head of Strategic Opportunities and Alliances for H&B, and also an expert on testing and tracing. Welcome, Paul.

PAUL MATTHEWS: Thanks, Steve, great to be here.

STEVE BLUMENFIELD: And great to have you. And also, as per usual, joined by Julie Stone, Managing Director and Head of Intellectual Capital for H&B NA. Hi, Julie.

JULIE STONE: Hi, Steve. Looking forward to the discussion today.

PAUL MATTHEWS: And hey, Julie.

STEVE BLUMENFIELD: Hey, hey. One big happy family. Paul, as you and I have discussed, we're seeing vendors pop up just about every day. I think I sent two to you yesterday and you probably see a multiple of that every day. This space is just ripe for innovation, for people wanting to make a difference, and also wanting to hop on a trend, but there are some real needs that employers have. Could you just start us off by telling us what do employers really need in this space?

PAUL MATTHEWS: All right, thanks, Steve. Yeah, and we're seeing a lot of vendors in this space. I think when the pandemic hit and the stay-at-home orders were issued, there initially was a lot of focus on the

testing element. , and could we test people and understand whether they were positive or not? And in conjunction with that, there was a focus on just returning to the workplace.

So the presumption here is that we have kind of a short-duration event to get us back to the work, we might have a couple of rounds of testing. And then we go kind of back to normal, our new normal. Well, as we now know, things haven't panned out that way, that this is likely to be a longer-term event.

And so the notion of having screening, testing, corporate hygiene, plans for hot spots, non-hot spots, logistical challenge, all of those things need to be in place in order for things to be workable for employers and in order to keep their employees safe and have resources available for them if, in fact, they come in contact with a contagious individual or get the virus itself.

STEVE BLUMENFIELD: Wow, that's quite a lot. When you talk to our clients within the benefits function or within HR where we typically have the conversation, what piece of that do they own?

PAUL MATTHEWS: Yeah, good question. There is this split between the HR and benefits side and then the occupational health and safety side. So if you're looking at things like screening and testing on-site, the expertise around the tests themselves is something that HR tends to own, but the logistics around delivering tests on-site would likely be held by an occupational health and safety function.

And so it is important to do coordination, it's important for organizations to know which function is leading, and which one is complementary. And then lastly, just all of those efforts need to be aligned with CEO expectations around getting back to normal business practices and how they're looking to ensure safety and appropriate response to the virus.

JULIE STONE: Paul, I have a question for you. How, in your experience, has the conversations around testing and the challenges-- the complexity of logistics types of testing has influenced the conversations at a broader level around returning to the work site overall? Any thoughts on that?

PAUL MATTHEWS: Yeah. Thanks, Julie, a really good question. I think initially employers were looking at testing as providing, quote-unquote, "assurance" around whether their employees were safe to be at work or whether they, in fact, had the virus and it needed to be quarantined and have other treatment available to them.

As we've all found out over the last couple of months, the tests have a lot of false positives and false negatives-- the sensitivity and specificity readings for the tests. In addition, there's a big lag in terms of when somebody contracts the virus and when certain types of tests can detect the virus in the individual. And so somebody who's had recent contact may not show up as positive but may be carrying the virus.

And then lastly, the costs of these tests are quite prohibitive. If you're looking to test an entire population, then the molecular PCR tests are around \$130 per test, and the antibody blood tests are over \$200 per test. All of a sudden the economics factor in with the lack of assurance of just a snapshot result for a given set of employees.

And so employers and advisors have started to shift the focus away from just testing into a broader set of initiatives that start with screening and questionnaires on a daily basis in order to provide something that's economic and sustainable over the course of responding while the virus is still active.

STEVE BLUMENFIELD: Paul, that was really insightful, and there are a bunch of terms there that others might not be as facile with. Could you just give us a quick primer on the types of testing and tracing terms?

PAUL MATTHEWS: There are three types of tests that people may be hearing about right now. The one that I think has been most commonly talked about are the molecular tests, the PCR tests. They're the ones that are delivered through a nasal or throat swab, and initially, the tests needed to go pretty deep into somebody's nasal cavity in order to collect the sample tissue. Those are the tests that are most recommended for the diagnosis of infection.

The next step the test is an antibody test, and that's a blood test collected through either a finger stick or a venipuncture. And those are done more to test the build up of immunity and the build up of antibodies. And so those blood tests are most appropriate around validating whether somebody is past the infection point and ready to return to work.

The third type of test that's emerging and one that's intriguing to us is called an antigen test. That's going to be collected as well through a nasal or throat swab like the molecular PCR tests. The nice thing about the antigen tests as they become available is that the cost of them are expected to be significantly lower than either the other types of tests, somewhere in the neighborhood of \$20 to \$30 versus the \$130 cost for the PCR test, and as a result, they may change the economics around how frequently an employer may choose to test.

The antigen tests are going to be available as a counterpart to the PCR tests in terms of determining upfront infection. We're still getting information with regard to the sensitivity and specificity-- the accuracy of the test. Right now the preliminary data are showing that they may not be quite as accurate in terms of a positive test outcome as PCR tests, but more to follow on that. There is a possibility that we'll continue to recommend the PCR tests for the upfront diagnosis, but maybe follow up with the antigen test every couple of days in order to determine when somebody is safe to return to work earlier than the 14-day recommendation of the CDC.

JULIE STONE: Paul, I'm having a number of conversations with employers about tracing and what role they may play, what role government entities play, and interested in your thoughts on what you've learned, what you're seeing and hearing, and talking out in the market about these days.

PAUL MATTHEWS: Yeah, tracing is-- it's a rapidly-evolving landscape right now. States are taking action, as you pointed out, Julie, in terms of their public health organizations setting up contact tracing efforts. There's also some private members out there that are targeting tracing apps and capabilities for employers.

Right now, we're still in the evaluation phase around how potentially the employer, the private versus the public contact tracing efforts could dovetail with each other; whether we will have enough of the population participate in the state, public health efforts to make the tracing efforts broadly effective as a population health capability; and whether the limitations on the employer side, which include the lack of the lack of coordination of the data sets with the public health efforts in each state, whether that is a fatal weakness in terms of their efficacy and value to our employers.

And so it's something where we're monitoring. At present time if I were to guess, rather than have a separate app for this contact tracing on the employer side, I think it may be a bolt-on in terms of an app that does questionnaire, that does symptom tracking and other functions. And it could very well be that they're doing manual follow-up, asking an employee who tests positive who they've been in contact with in the next 48 hours is every bit as accurate and as effective as the geotracking/geotracing aspects of some of the more sophisticated apps.

STEVE BLUMENFIELD: Yeah, sometimes just good old conversation can do a lot more a lot more quickly than technology. So this sounds like a lot to piece together, and there are just so many solutions that was talked about approaching us and approaching our clients, employers and facilities out there.

So you just said something really important-- a bolt-on here. So what would the right package be? As an employer figures out, what do I put together so I can really start getting my people back to the offices? What should the right solution look like?

PAUL MATTHEWS: Yeah. A key theme here is outsourcing and the delivery of as many services as possible outside of the workplace itself. So we don't want to have potentially contagious people coming onto the worksite and queuing up for questionnaires or getting their temperature scanned. And we don't want to put managers in the role of having to undertake a bunch of these services and coordinate a lot of activity. I think there's a lot of good reasons in terms of the burden of managers and just from a safety perspective to keep things offsite as much as possible.

So if we're going from that starting point, taking a look at apps that can do the temperature-taking on a daily basis as well as the questionnaire validation. From there, if you've got people that are symptomatic or feverish, that there's links to available health providers in their given area they can do PCR testing. From there, the tracking of whether the tests are positive or negative outcome. The ability to coordinate the employer outreach through the app, and what resources and next steps are necessary given what has happened.

Reporting capabilities that tell employers broadly how their sites are doing, whether they've got testing. And then and then indications on the app-- green, yellow, red, that type of thing so that when somebody comes into the workplace after completing the screening in temp that there's an easy way to identify that they're safe to be in the workplace or not safe to be in the workplace.

STEVE BLUMENFIELD: Mm-hmm.

PAUL MATTHEWS: So again, I think the more they can be coordinated through one vendor, through one app, the better-- not having to require people to have multiple apps and multiple functions. And the more things can be self-guided into next steps, those are what we're considering to be best practices.

STEVE BLUMENFIELD: Excellent. Yeah, that's that notion of people coming to the worksite potentially to do testing. I feel like there's got to be a Dilbert cartoon somewhere in the making if not already existence of all the folks on-site to test, and then to find out the infection rate is through the roof the next time.

PAUL MATTHEWS: Yeah, yeah, yeah, we've got-- yeah, managers wearing hazmat suits or in bubbles or something like that in order to coordinate all of the-- yeah.

STEVE BLUMENFIELD: So how do our employers get around the privacy issues when clearly this is something that is-- that crosses the line, right? This is protect health information, but also it's information important for the safety of others.

PAUL MATTHEWS: There's a thin line that employers need to stay on in terms of assuring safety to the degree that they can for their broad population, but not doing so in a way that violates privacy for others. One example of an appropriate thing to do would be if you've got an employee who tests positive and they've given you information on individuals within the workplace that they've had close contact with, then that's more than 10 minutes of contact within the six-foot perimeter in the 48 hours prior to symptoms.

Then the outreach to those exposed employees needs to be done in a way that doesn't describe which employee they were in contact with that's tested positive. So we preserve anonymity that way. So that's one thing. The other thing is the need to have waivers from employees around the test results themselves, and if this is something that's required for employment, there are ways to get waivers so that we don't invalidate PHI transmission unduly.

And then lastly, the reports that are provided to employers around specifics need to be grouped in a fashion that doesn't compromise the privacy of any one individual. So again, it's a thin line to dance along, it's something that our clients need to get counsel involved. We can provide some advice around what we're seeing as best practices and be helpful in that way, but again, I think just raising the antenna around it and knowing that there are paths that can be pursued that dance along that line effectively I think is the nice takeaway here.

JULIE STONE: Paul, it strikes me that this is part-science and part-art, and the art in my mind as I'm listening to you relates to the employee relations, the conversation, the communication. So once an employer has solved for the actions they're going to take and the logistics timing-- what/when/who, there's a really critical element around messaging to the population about what to expect and why-- and not that people don't know the pandemic is out there, but translating it actually to what they will need to do, filling out a questionnaire and things like that.

Are you hearing anything that you would want to build on those thoughts? Is my hypothesis in line with what you're seeing out there around implementation? Or is that-- are we not even there yet?

PAUL MATTHEWS: So I think employers are taking on those issues now, and there is this big delineation between the essential and nonessential businesses where the essential businesses essentially didn't have an opportunity to hit the pause button, right? They had to dive in, and so it was kind of a learning as they go along and a bit of we're all in this together I think with employees and managers.

For the businesses that have been complying with the stay-at-home orders and are looking at return to the workplace efforts, yeah, communication needs to be a broad part of getting people to feel that the steps being taken around making the workplace a safe place are reasonable and ones that they can rely upon. That what they're going to be required to do in order to ensure the safety of themselves and the safety of their colleagues, what they can expect in terms of next steps if they are positive, what is going to be allowable for employees if people don't feel safe to return to the workplace.

So yes, I think all of these things are important from a communications perspective, and I think the underlying tenet here is, we need open and honest and authentic communication in order just to establish the right degree of trust between the activities and the requirements of management, and the employees feel as though that not only are they going to be safe when they return to the workplace, but they feel as though their needs and concerns are being taken seriously and being reflected in the approaches that are being adopted by their employer.

JULIE STONE: Nice, perfect, fine, thank you.

STEVE BLUMENFIELD: So we've covered a lot of topics here and a lot of ground in this conversation. I'm wondering, what are you hearing, Paul, from your clients in terms of when they're going to come back and how they're going to stage that comeback?

PAUL MATTHEWS: We're seeing a fair amount of different decisions being taken. And some of the considerations include, are there offices in hot spots versus cool spots? Do they have a high number of at-risk employees, at-risk being employees above the age of 60 or above the age of 50 with comorbidities?

Do they have operations where it's difficult to create the six feet-- the six feet social distancing that's required? So meatpacking plants or cleaners that are doing industrial cleaning of uniforms, for example, where it's almost impossible to create the social distancing. So you may have different strategies and different tactics depending upon the nature of the environment, the nature of the operations, and we're seeing organizations take different actions based on some of those realities.

And it's going to be interesting to see what happens. We are seeing some differences as we speak right now in terms of potentially second waves emerging in states like California and Texas and Arizona and Utah. It's going to be interesting to see whether employers up their hygiene, up their scrutiny, are tighter in terms of the allowances of people back into an open workplace or whether we get stay-at-home orders that are revisited by governors or actions taken by employers.

But right now, I think there's differences on the fronts that I've already mentioned. And also, just in whether or not an employer is going to require everybody to be tested upon return to the workplace or not. And again, that can be separated in terms of a hot spot or not and the type of operation that's in place.

JULIE STONE: Paul, one of the topics I'm interested in are contractors. So a number of employers have temporarily closed on-site day care centers, on-site clinics as they are considering bringing people-- as employers are considering bringing their employees back to the worksite, they're also evaluating reopening these services which enable employees to return to work. With the day care certain states are allowing reopening of day care/day camps. And how does the testing and tracing discussion fit in with some on-site contractors potentially?

PAUL MATTHEWS: Yeah. I mean, it's an interesting question. In terms of the discussions that we're having with our clients right now, we tend to focus the discussion around that these are people who we need to assure safety every bit as much as full-time employees. And so the mindset, the thought process here would be treating them as you would treat other employees in terms of assuring that they're safe to return to the workplace.

So in a lot of ways, employers can put the same requirements on contractors and part-timers as they can for their full-time workplace, and most employers are moving ahead that way and not looking at different requirements for different segments of their employees or contract populations.

STEVE BLUMENFIELD: Fantastic. Paul, what I'm hearing is this is complex, it's evolving. There are some effective precautions and tests and tracing-type solutions that are out there, but there's a lot out there, there are many different types, and in fact, even some of the most promising types are still evolving, we're not really sure what they'll end up.

Ideally, an employer wants a solution that is robust. Let's say a full package, something that enables them to get the best kind of testing, have repeated testing, and they need it off-site so you're not putting people in harm's way. That allows actions be taken by the individual to get care as well as by the organization to keep others safe and that-- and a process as well as maybe technology that enables them to also identify the spots that may have exposed others to risk in a worksite so they can make sure the rest of the population of their employees are safe as well.

And that this applies also to contract workers and part-timers, that the employer can really do what they need to do-- and there's also a role for legal counsel in making sure that your policies are all buttoned up in terms of what people are expecting with regard to privacy. Any other themes that you'd want to re-emphasize just one more time, Paul or Julie, as our listeners listen to the rest of this podcast?

PAUL MATTHEWS: Yeah, thanks, Steve. I think that was a really good synopsis. The last point that I would emphasize is that the testing, the scanning, the screening, and potentially the tracing are integral parts of the broader return to the workplace strategy, and also beyond the return to the workplace. So looking-- they may have an important role to play, but they are part of a broader set of initiatives that employers are going to need to adopt as they return their populations back to the workplace safely.

STEVE BLUMENFIELD: Excellent point. We are at the time of this recording still very much in the heat of the battle, if you will, and a lot of this needs to continue to unfold over time and likely for a great deal of time and again in the future. Well Paul, it has been a pleasure. Thanks so much for joining us on the podcast today.

PAUL MATTHEWS: Well, my pleasure, Steve, great dialogue.

STEVE BLUMENFIELD: And Julie Stone, thanks so much once again for joining me on the pod.

JULIE STONE: My pleasure. And this is such a complex and moving topic.

STEVE BLUMENFIELD: Indeed it is. And more is to come for sure. Thanks, all listeners, for joining us on the Cure for the Common Co. today as we once again focus on our COVID special editions, and stay tuned shortly within the next few episodes, you'll begin to hear us talk again with innovators. Everyone be safe and have a great day.

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