



Episode 13 – Chronic condition management for vulnerable populations, COVID-19 edition

JAN WUORENMA: The words virtual first have come out of our mouth so many times since COVID-19, that so much of this care is becoming virtual.

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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.

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My name is Steve Blumenfield, from Willis Towers Watson health and benefits, and I'm joined today by Julie Stone, our head of intellectual capital. Hi, Julie.

JULIE STONE: Hi, Steve.

STEVE BLUMENFIELD: And we are joined today by Kara Speer and Jan Wuorenma. Can we call you Jara just for short?

JAN WUORENMA: [LAUGHS] Sure thing.

[LAUGHING]

KARA SPEER: I like it.

STEVE BLUMENFIELD: All right, Jara. Jara are two of our experts on clinical condition management. Welcome Jan and Kara as well.

KARA SPEER: Thanks, Steve. Happy to be here.

JAN WUORENMA: Yeah, thank you Steve. Really excited to be with you.

STEVE BLUMENFIELD: All right, so to start us off, Jara, [LAUGHS] well, we know that people with significant clinical needs are especially vulnerable to negative impact from COVID-19. What should employers be thinking about with regard to that population?

KARA SPEER: Sure, so as I think about this, I think of a couple of things. I think that the things that everyone is struggling with are things that folks with chronic conditions are struggling with right now as well, and then add onto that, that they are also managing their condition at the time. So they may have financial worries, things like can they still afford their medications.

So as I think about diabetes as an example, can they still afford their insulin if they're utilizing insulin? They're juggling multiple priorities, so maybe it's a little bit harder to find time to exercise, to meditate, if that's their stress relief, and to eat healthy as well. And so taking the time to think through some of those things as we're in the state today--

STEVE BLUMENFIELD: So there's the tendency for an exacerbation of the difficulties they face in everyday environments. It actually may be much worse for them. Jan, what your thoughts about that?

JAN WUORENMA: Yeah, I would totally agree with Kara. You know, one of the things when you think about chronic disease management, as you have medications, you have consultations with your physician or your care team, you've got maybe sometimes certain kinds of foods that-- or a diet you should follow, and for many people with chronic disease, there's also significant emotional health impacts that you're worried about things, for example, cancer.

As we know, many people that have early stage cancer or a non very aggressive cancer aren't even starting chemotherapy or treatment right now. So there's all kinds of special considerations that I think anybody with a chronic disease is-- when am I going to see my doctor? Does my doctor have telehealth?

And as Kara mentioned, am I going to be able to get my medications? What if my medications have to be changed? That kind of thing.

STEVE BLUMENFIELD: And does this create a problem down the road for these people because they weren't able to address those things?

JAN WUORENMA: Well, you know, a lot of the concerns that we have as clinicians is that people are going to delay care, instead of going in because they're concerned about COVID. Fortunately, many of the large medical practices have started offering telemedicine visits, which is wonderful, but they're not all there yet. So we want to encourage everybody, if you need to go to the doctor you need to contact your doctor, and please do not delay care.

STEVE BLUMENFIELD: Yeah, that's a great message.

KARA SPEER: I was just going to quickly add that, you know, there's already been reports around reductions in heart attacks and strokes in ERs, and I think a lot of that certainly has to do with-- over the last month or so, has to do with the fact that people, to your point, Jan, are a little bit scared to go in or are not paying attention to some of those symptoms, because they have that fear of being infected.

STEVE BLUMENFIELD: That's just fascinating, and we may see that that ends up being a very dangerous thing at some point. We just don't know. The data isn't in yet.

JAN WUORENMA: That's right.

STEVE BLUMENFIELD: So Kara, let's talk a little bit about diabetes specifically. What can an employer do when they're worried about the diabetic population right now?

KARA SPEER: Well, the first thing I think goes back to that emotional well-being and stress. So really with any chronic condition, and in particular with diabetes, stress makes it harder to manage that condition. So for example, stress can cause fluctuations in blood glucose levels, and so ensuring that folks have the supplies that they need.

So if they are utilizing some of the programs that are out there, where some of those automatic supplies are shipped to them, that would be one thing. Another would be around really ensuring that they have that support of how to stay healthy during a pandemic. And so that could be resources around nutrition, resources around access to medication, and certainly that virtual component as well, whether it's virtual coaching or virtual connection to a provider for their care.

STEVE BLUMENFIELD: So that's an interesting comment. Jan, you mentioned a lot of practices having bad access, and of course, there's no regulations that assist with that. But there's also virtual care providers out there. There's many that are out there.

You know, people have heard of companies like Livongo, and Omada, and many others, and of course, we had on this podcast somebody came in from Virta. So these are companies that are offering remote care today, digital care. Some call that digital therapeutics, although that term gets used differently, digital health. Where does that fit in all of this?

JAN WUORENMA: Now, that's a huge component. I think the words virtual first have come out of our mouth so many times since then COVID-19, that so much of this care is becoming virtual. And so in some instances, you know, organizations like Virta do have providers on staff, where you can connect with a physician, and they can actually make changes to your treatment plan and make changes to your medication through part of that.

And so if there's that concern, or if you're already connected with a program like that, you have the ability to virtually connect with those providers.

STEVE BLUMENFIELD: Interesting data points on that. In talking to some of those companies, number one is they're getting high interactions-- high levels of interaction these days. Two, they're getting a tremendous response to behavioral health offerings because people are needing that, and they're looking to places they trust to get additional resources.

And third, many of those companies, just about all of them, are offering some kind of free access or extra support for a limited price or for free for members. So if you've got a company like that or are considering something like that, it's a good time to try out those other services.

JULIE STONE: Jan, one of the most frequent questions I'm hearing is around maternity care during this time, prenatal delivery considerations, home delivery safety concerns, and even the topic of, can I have my partner in the delivery room with me? This is fraught with both physical health and emotional health considerations, and I'd love you to share your thoughts on this, as well as what we're seeing and hearing around infertility treatments.

JAN WUORENMA: Yeah, thank you Julie. I tell you what, it would be a hard time to be pregnant right now and wondering what's going to happen in the next couple of months when I'm going to have my baby. The biggest concerns that we hear from moms currently are, what's going to happen with my prenatal visits? I usually see my doctor every month or sometimes in every week or two. What's happening there?

We are seeing very innovative things like curbside checks being done by some practices. I heard something last week that I was actually really excited about, and that is one of the maternity digital providers by the name of Wildflower has come out with a new application that will allow obstetric practices to actually offer virtual visits, and they're bringing that software to these practices at no cost to the practice.

So for smaller or practices that aren't enabled with telehealth, if they contact Wildflower, they'll bring that solution right to them without an additional fee, which I think is absolutely fabulous, because most moms today are getting pretty comfortable with virtual care, and it may just be one of those things that really makes a big difference.

Another thing that we're hearing about, as you mentioned, are, what about my delivery? What you'll find is that it really varies from one region of the country to the other, and to some degree, it depends on the capacity that inpatient facilities have, like hospitals have, for COVID.

So what we want to encourage people to do is, if they have questions about whether or not there's any concerns about safety in the hospital for them while they're giving birth or their infant afterwards, to talk with their obstetrical provider, whether that be a midwife or physician. Talk with them about what options there are.

In many communities, there are facilities called standalone birthing facilities. Those are definitely an option for some people, but not all.

One thing that we do hear, and it is really around moms wanting to have some control over their birth experience is they liked it. We're seeing more calls come in relative to getting a scheduled c-section, whether you need one or not, and a scheduled induction, so that they have some control over their birthing experience, and we're really strongly recommending to moms to have a conversation with their obstetrical provider about that, because neither one of those are necessarily the most safe thing for either mom or baby.

JULIE STONE: I have two follow up questions for you, Jan. Thank you, that was all so helpful. One is the comment you mentioned about c-sections, and it hadn't occurred to me but it makes so much sense that a mom would want more control and planning, and yet employers have spent years trying to work with their health plans and providers to limit c-section to only when it is truly medically required.

How do you see the navigation of the desire of moms to visit this, and what we're expecting providers to adhere to in terms of quality practices?

JAN WUORENMA: Yeah, we still expect provider, physician providers, that the surgeons that are doing procedures if necessary, to adhere to the American College of Obstetrics and Gynecology, also known as ACOG. We're still expecting them, and the facilities, the hospitals, to adhere to those guidelines.

We don't want to see a bunch of unnecessary cesareans or elective inductions going on because of COVID. We hope that they'll continue to follow those policies, and we also hope that they're able to reassure the moms in those situations, that the risk of an infection or the complication from either one of these procedures, if done unnecessarily, is really outweighing the risk of any exposure to COVID.

One other question you asked, Julie, that I didn't address, and that's the issue of dads in the delivery room or in the OR for c-sections. That's also very regional and very dependent on the hospital and the physician involved. So some hospitals are allowing dads or partners in the delivery room or in the operating suite for a c-section, others are not.

JULIE STONE: Jan, that was so interesting to hear what's happening in the maternity space. Can you take a moment to also share your insights around infertility treatment?

JAN WUORENMA: On the fertility side of things, it's a very different story. Fertility is a treatment that many practices, based on some guidelines from the American Society of Reproductive Medicine, have put a pause on fertility services because they're seen as elective and not medically necessary.

That's put really some sadness into a lot of hearts around the country, as moms perhaps are at a point in their life with their age or other reasons that they really are worried about not being able to get pregnant if they can't have a fertility service right now.

So what we're hearing about that is that there are in fact parts of the country that are opening up fertility services. For example, I just learned last week that fertility services in New York state are considered essential, so there's going to be a lot more activity in the fertility services centers there than perhaps there are in other parts of the country.

But this is very much a state by state situation. We do see some clinics are open, and other clinics are preparing to open, and other clinics are not preparing yet to open. So it's really something to have a conversation with about with your fertility provider. See where they're at, see when they're planning to open.

And most important of all is take care of yourself. This is a period that if you can't go through fertility treatment for whatever reason, to take care of yourself. Eat well. Get enough rest. Get a lot of exercise, and take care of your emotional well-being.

JULIE STONE: Thank you. I will ask one more question before we move to other topics, and that is, we have long recognized the challenges and risks around postpartum depression, and we anticipate things are exacerbated or the risks are even higher with the isolation that is happening as a result of COVID, and are there specific things that our employers will want to be talking with their health plans, maternity management programs, using additional solutions and reference points to address?

JAN WUORENMA: Really good question, Julie, and I think the answer is yes, we're going to see an increase in the prevalence of postpartum depression, primarily due to moms getting less sleep, not having access to all of the support that they're used to, given that mom's mother in-law, sisters, whoever, aren't going to be allowed into a house with the newborn baby.

So the key there is to really reach out to what is available to you out in your community, as well as the wealth of resources online that are available. For example, you mentioned earlier, someone mentioned earlier, emotional resiliency and support. There are a number of vendors, and I'm just looking through a list right now to get a couple of names specifically.

STEVE BLUMENFIELD: Well, we've had Joyable on this podcast. There's companies like MeQuilibrium and MyStrength, and these other companies that actually deliver care themselves.

JAN WUORENMA: Yes, yes. Those, as well as if your employees have access to well-being providers, they're often embedded, emotional health and resiliency programs, within them. So take advantage of whatever you've got available. There are a number of vendors in this space that are offering services free of charge also, for people who aren't even-- employers who aren't even a part of their client base right now. For example--

STEVE BLUMENFIELD: Absolutely. It's a great time to take advantage of your existing EAP programs and of those vendors right now that are making those programs available. And you had an example, Jan, you want to get into?

JAN WUORENMA: Yeah, well, so for example, there are-- Pampers, for example, is offering online childbirth classes. AbleTo and Joyable are offering services. There are webinars being run right now by companies by the name of Cleo. Another one is Maven Health, as well as Carrot Fertility.

So there's lots of services available out there right now, and all you really have to do is either go to LinkedIn or Facebook. If you've been posting anything about pregnancy or concerns about postpartum depression, they'll start showing up on your Facebook pages too.

STEVE BLUMENFIELD: And if you're working with one of our colleagues, we can make available a list of resources and what's free out there. There are just dozens and dozens and dozens of companies out there providing those free resources.

JAN WUORENMA: Yeah.

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STEVE BLUMENFIELD: Let's take a few minutes to hear from one of our past podcast guests, Daniel Perez, CEO and co-founder of Hinge Health, and another guest, Sangeeta Agarawal, CEO and founder of Helpsy,

to hear about how their solutions are helping employees manage chronic conditions during this unprecedented time.

SANGEETA AGARAWAL: I see that employers are doing everything that they can to quickly adjust to this new reality and support their employees. At Helpsy, we are helping even more members with managing their chronic and complex condition at home. In addition, we are hoping many members with manage their emotional health and self care at home in these changing times.

We also have launched a COVID-specific solution to help people with managing their care at home, that is live and already being used by hundreds of members as well as employers. So we help members, those who are suspected of COVID or who do have COVID, to manage their care at home and have that personal touch through the artificial intelligence nurse that is educating members, doing real time symptom management, identifying if someone's condition is declining, as well as providing telemedicine support.

In addition, we are also providing resources within the community, such as testing sites, food, and transportation. I want to leave you with this quote. Mother Theresa says, "Do not wait for leaders; do what you can today," So let's all do everything that we can to help each other in this times, and be kind to one another and be kind to ourselves.

DANIEL PEREZ: My name is Daniel Perez. I'm the co-founder and CEO of Hinge Health. So shelter-in-place policies are driving employers to get creative about helping their members get access to health care. Millions of Americans still need to manage their chronic conditions. As we know right now, one in two people are struggling with some type of back or joint pain, and for many it's getting worse, because of increased stress, they can't see a PT, they're less active-- even the gyms are closed-- and they might be working for hours in some makeshift home office setups.

So unsurprisingly, at Hinge Health, we've seen a surge of inbound from employers and health plans interested in our ability to help members manage their MSK conditions at home. Moreover, with so much going on, benefits leaders want an MSK partner that has proven outcomes and impact on mental health, and especially turnkey implementation via their health plan. That's why four in five employers with a digital MSK solution have gone with Hinge Health.

And what we've done differently after COVID-19 is increase our clinical team's capacity by 20%-- yes, we're still hiring. And offering Willis Towers Watson clients first choice on available deployment dates in Q2-- We're one of the few digital health solutions that does proactive member outreach. That's why we have the industry's highest adherence rates, with three in four completing our program.

Our health coaches are the secret sauce to helping member stay adherent, even through disrupted routines and new life stressors. If people want to connect about how to help members with back and joint pain at home, and ultimately to avoid unneeded surgery spent, they can email me directly at dan@hingehealth.com.

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JULIE STONE: Kara, can you take a minute to talk about diabetes management, and what employers might want to think about for their employees with children who have diabetes, and sort of the pediatric engagement, patient management component?

KARA SPEER: Sure, absolutely. Thanks, Julie. So as we think about children at this time, you know, we've talked a lot already about, this is a stressful time for employees. It's also a stressful time for children. Their routines have been disrupted. They're at home from school now.

And so thinking about blood glucose management for these folks, for these children, is something that we want to keep top of mind. And so providing the resources to be able to help the parents to help the children as well-- you know, one of the things that I think that we will continue to see more and more innovation around this and more and more capability is really remote monitoring in this space.

And so lots of children, lots of even adults with type 1 diabetes as well, and potentially going into type 2 and pre-diabetes, are wearing things like continuous glucose monitors, where they're wearing these devices that are constantly monitoring their blood glucose levels, and being able to connect that back to their providers, to be able to make those types of treatment changes.

You know, some of this is already going on today. I think that in the environment that we're in, this will continue to push more and more for those capabilities to be around, to get that data to the providers for those kids as well, to make any treatment changes that needed.

STEVE BLUMENFIELD: And there's even digital solutions covering that space. You and I just learned that OneTouch Reveal and some others have actually a solution now that works for type 1 diabetics and is not only restricted to type 2, so there's innovation. People can take advantage of these solutions whether they're type 1 or type 2.

KARA SPEER: The other thing I would add, and I think this is important both for children as well as, again, for adults, is the continuation and enhancement of sort of a community or a social connection, being able to talk to folks that are going through the same things. So in particular for kids, being able to have that connection virtually to a support group or to some sort of connection to other individuals who also have diabetes, and having that connection--

STEVE BLUMENFIELD: Is there anything that employers can do to facilitate that?

KARA SPEER: Yeah, I think some of the things that we have seen really be pretty successful would be creating sort of tool kits that-- these tool kits don't only have to include resources that the employer is offering. It could also include national foundations or local resources, and sometimes they're doing this for condition-specific topics.

So if they're doing this for diabetes, then they could have some of those more community-facing resources available as well. They can certainly do it for maternity as well. We see this a lot in the emotional well-being space, to be able to just educate and build awareness around what resources are available.

JULIE STONE: Kara, I wonder whether there are any challenges with the supply chain, either for testing or for insulin for patients with diabetes.

KARA SPEER: So far we have not heard a concern around this. I will say a couple of things that we are seeing for those vendors in this space that are offering supplies, so far they have not had any issue. One interesting thing that we've seen one vendor do is think about home A1c test.

So we've talked some in this conversation around the fear of going in to your provider or into the hospital, and that could extend of going into the lab too to get your A1C test, the A1C being your average blood glucose over the last couple of months. And so being able to send those types of tests to folks to be able to take that test in the comfort of their home and feel comfortable with that, I think is an important component to call out as well.

We've also seen from an insulin standpoint, some of the manufacturers of insulin are offering some additional reductions in the cost of insulin. So you know, one organization has said that their insulin can be \$35 for now. Another has said, if you have lost your health insurance due to COVID-19, then for the next 90 days, insulin is free for you.

So we know, again, that medications and the financial concerns around being able to afford your medication can cause some additional stress. And so there are programs out there and solutions out there for reductions in cost to those meds.

JULIE STONE: Thank you.

STEVE BLUMENFIELD: One of the concerns we have about some of these people with chronic conditions is comorbidities and how those can exacerbate when people aren't getting the right care. So Kara, what are your thoughts on those folks?

KARA SPEER: Yeah, I think as we think about folks who maybe have diabetes as well as hypertension, even as well as depression or other things going on at the same time, just really the importance of pushing information out to them that is helpful and that is personalized to them, to ensure that they're feeling supported across the multiple potentially compounding conditions that they're dealing with on a day to day basis--

JAN WUORENMA: And as a nurse, I worry about those folks that Kara mentioned, people with diabetes and heart disease or diabetes and hypertension, and whether or not they're going to reach out in a timely way when they're having a problem, and I would just want to encourage all of them to not delay any care.

STEVE BLUMENFIELD: Great insights. So here's what I took away from this discussion so far, and please feel free to add if anything is missing to this. First off, people who have chronic conditions that they're dealing with are vulnerable. We all know how vulnerable they are in normal times, but in the time of COVID-19, they're especially vulnerable, but there are barriers to care for those folks.

One of the most important takeaways here is help these people become aware of the need to get care now, and help make that available. If you've got virtual care available to them, then provide them communications, messages. Try to engage them. Work with the vendors to help reach out to them to get that care.

There are interesting vendor answers for plan members who might be using digital solutions, for example, or even for providers who can make their solutions available to people who have a need for care, whether that's a chronic condition or whether that's something like maternity and infertility. Oftentimes, they're offering free resources and reduced price solutions that are available.

And don't forget social engagement, the need for these folks to engage with others, and again, those solutions can be made available both through your employee community and through these vendors. Communicate and engage creatively, and once again, help them to get care now. Anything else you'd like to add to that?

JULIE STONE: So I would add that we need to fully embrace the fact that care doesn't mean face to face, that care comes in all different forms. It's digital. It's virtual, and it's face to face.

STEVE BLUMENFIELD: Excellent. Well, Julie, as always, thanks so much for your great contributions.

JULIE STONE: Delighted to be here today.

STEVE BLUMENFIELD: And Jara, that is Jan and Kara, thanks so much for your insights.

KARA SPEER: Thanks for having us today.

JAN WUORENMA: Thanks, Julie and Steve. It was great to be with you today.

STEVE BLUMENFIELD: And to the audience, thanks again for listening to Cure for the Common Co. We'll continue with a few more of these quick burst COVID sessions, and then get back to interviewing entrepreneurs. Thanks. Stay well.

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SPEAKER: Thank you for joining us for this Willis Towers Watson podcast featuring the latest thinking on the intersection of people, capital, and risk. For more information, visit the [Insights section of willistowerswatson.com](https://www.willistowerswatson.com).