



# News Notes

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**VOLUME 16 | ISSUE 1 | SPRING/SUMMER 2020 | RECENT EVENTS**

## Pulse of the Purchaser Survey Results: Return to Work Strategies (June 9, 2020)

**Pulse of the Purchaser – Survey Results**  
**COVID-19 Employer Return to Work Strategies**  
Tuesday, June 9, 2020

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### **National Alliance Leader Fears Mental and Emotional Impact of COVID-19**

America could lose as many people to the mental and emotional health impact of COVID-19 as the virus itself and its toll will only grow stronger as the “new normal” continues, said Michael Thompson, President and CEO, National Alliance of Healthcare Purchaser Coalitions. Thompson shared his concerns during a webinar reviewing the results of a national survey of coalition-member employers throughout the country.

“This is very scary,” he said. “It won’t just be our older people. It will be our young people; it will be all of us. We have to be very careful.” He expects that there may be a short respite in our area this summer while people are outdoor and the economy improves but fears a second wave in the fall. Stress is cumulative and while people can absorb it in the short term the longer it continues, the more likely they will need serious help.

“As this second wave hits, we all, employers, plans and stakeholders, have to be on the same page not just to mitigate the need – staying close and supporting employees with their emotional health – but to recognize that even if we do all of the right things, it’s likely to get worse before it gets better,” he said. “And, we’re building on a system that was broke to start with.”

He added that we need to build capacity to support people emotionally and mentally, taking into consideration financial, social and ethnic concerns. According to the survey, 88% of national respondents nationally and 62% of LVBCH respondents said they provide emotional health services. Other services provided were financial management (68% nationally and 35% LVBCH) and cultural and ethnic diversity (40% nationally and 22% LVBCH).

“We know that African Americans are dying at a rate of two and half times higher than their white counterparts.” He said. “We think all employers, should be thinking with this lens and leaning into this issue.”

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LVBCH was one of many Coalitions throughout the country who encouraged its employer members to participate in the survey and had the highest response rate. In fact, of all of the organizations who returned surveys, 16 percent were LVBCH members. The respondents represented a broad spectrum of industries including education, finance/insurance, health care/social assistance, professional/scientific/technical services, retail/wholesale and transportation/warehousing/utilizes. Manufacturing represented 24% of national respondents and 32% of LVBCH ones.

The survey asked a number of questions related to return to work strategies. When asked whether they considered their organization essential, 56% percent of LVBCH organizations answered yes and 24% answered partially.

In regard to their re-entry strategies, 90% nationally and 82% in the LVBCH were planning a phased-in approach. Most employers had back-to-work taskforces. The vast majority of these task forces included representatives of senior management, human resources, compensation and benefits, operations, safety, finance, communications and legal departments.

“One of the areas we were concerned with, and surprised at, was the percentage of employers that actually had a clinical adviser in their back-to-work strategy,” he said. “Even in the case of the largest companies – those companies with over 10,000 employees – only three out of four actually had a clinical advisor. And we know a lot of these decisions are very complex.”

Of LVBCH respondents, only one in four respondents had a clinical advisor. Those organizations without one had a higher reliance on state and federal authorities especially the CDC, as well as industry specific authorities.

Among the highest considerations in developing their return to work plans were criticality of the job function and employee readiness. Other factors were family and childcare issues, health-related and age-related risk factors and the ability to work from home and state of employment.

“There’s not going to be a rush back to the workplace for people who can do their jobs at home,” he said, recognizing service industries employees are often able to work from home, while retail, healthcare and manufacturing workers may not.

In regard to leave, some employers have developed separate policies for COVID-19, allowing employees to carry over vacation, especially people in critical positions. For employees not ready to return to work, some employers are offering accommodations, such as paid and unpaid leave,

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Also, they will continue to place restrictions on meeting size, opting instead for video conferencing. About half of employers were considering multiple work sites and restricting the mixing of employees from different sites, having alternate shifts

Most employers placed a higher focus on strategies like social distancing and masking than testing.

“It’s not practical that every individual would be tested every day across the country,” he said. Testing could be based on whether employees have been exposed to COVID-19, such as when a family member tests positive.

“The virus didn’t go away and it is highly contagious and highly dangerous,” he said. “Greater emphasis on social distancing and masking than testing.”

## ABOUT MICHAEL THOMPSON



Michael Thompson is the president and CEO of the National Alliance of Healthcare Purchaser Coalitions (National Alliance), the only nonprofit, purchaser-led organization with a national and regional structure dedicated to driving health and healthcare value across the country.

Prior to joining the National Alliance, Mike was a Principal at PricewaterhouseCoopers (PwC) for 20 years. He is a nationally recognized thought leader for business health strategies and health system reform. Mike has worked with major employers and other stakeholders on sustainable cost reduction, integrated health, wellness and consumerism, retiree health, private health exchanges and health reform. Known for developing and promoting collaborative cross-sector health industry initiatives, Mike participated on the steering board of the World Economic Forum’s “Working toward Wellness” initiative and co-founded the Private Exchange Evaluation Collaborative (PEEC). Prior to PwC, Mike served as an executive with diverse roles with Prudential Healthcare for over 17 years.

Mike is a Fellow of the Society of Actuaries, serving on the Health Practice Council, and chairs the Medicare Sub-Committee of the American Academy of Actuaries (AAA). He is also widely recognized as a leading national advocate for mental health and wellbeing and was past president of the New York City chapter of the National Alliance for Mental Illness (NAMI). Mike previously was an active member of the board of the Northeast Business Group on Health for 11 years.

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