

During the webinar if you have any questions please feel free to...

Text Richard: (443) 250-8606

Zoom Chat: Enter questions via the "Chat" feature in the Zoom meeting

# **QUESTIONS?**

# **REMINDERS**

Slides and resources will be emailed after the webinar and are available on **silbs.com/sig-university** Your feedback is important to us.

### **COMPLETE OUR SURVEY\*\***

\*\*All completed surveys will be entered in a raffle to win a \$100 donation to the charity of your choice!\*\*

Congratulations to last week's winner, Laura Oldham from All Risks. We are proud to support BARCS on your behalf!





## **July 7<sup>TH</sup>, 2 PM – 3 PM EST**

Diversity in the Workplace: Creating a Culture of Acceptance and Inclusion

#### **Presenter:**

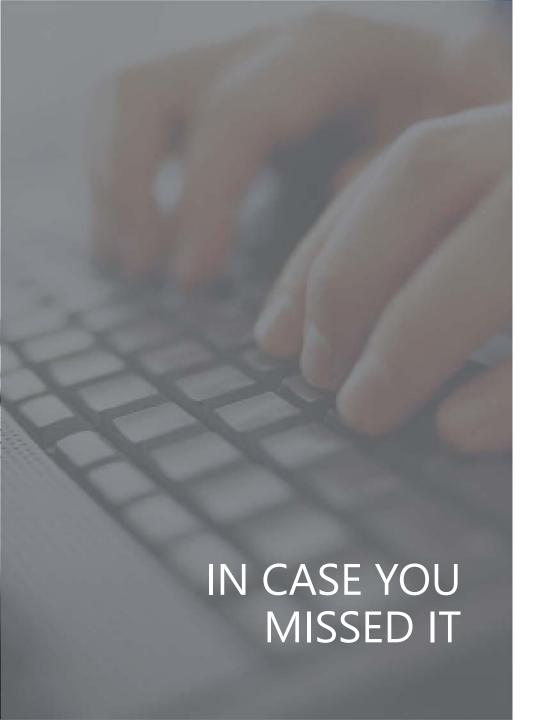
Giselle Jones, MBA, SPHR, SHRM-SCP, Children's National Hospital

## **AUGUST 12<sup>TH</sup>, 12 PM – 1 PM EST**

Workplace Wellness Programs and Compliance with DOL & EEOC Rules

#### **Presenter:**

Stacy Barrow, Esq., Marathas Barrow Weatherhead



## **WEBINARS**

Returning to Work: Manager Education During a Period of Crisis and Unrest

**Presenter:** Doug Desmarais, Esq., *Smith & Downey* 

**How to Solve the Biggest HR Tech Problems** 

**Presenter:** Josh Hoover, *Benefit Technology Resources* 

#### **PODCAST**

Our New Normal: Creating a Lifestyle that Helps People Work on Building Healthy Immune Systems

Presenter: Dr. William S. Queale, MD, Johns Hopkins



# If you are a Mid-Atlantic employer with 50 or more employees, then you are invited to participate in the 2020 Mid-Atlantic Benchmarking Survey

Our survey provides companies with comparable benchmarking data for:

- oMedical Plans
- o Dental, Life, and Disability Benefits
- oInnovative Benefits & Strategies
- oWellness & Vision
- Other Specialty Benefits

silbs.com/benchmarking

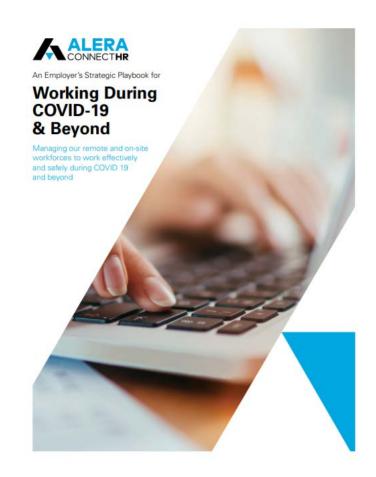
# **COVID-19 UPDATES**

Visit our Coronavirus Resource Center for legal updates, webinars, whitepapers and more!

\*\*Newly Added Resource\*\*

COVID-19 Employer Pulse Survey, Part 2

aleragroup.com/coronavirus/









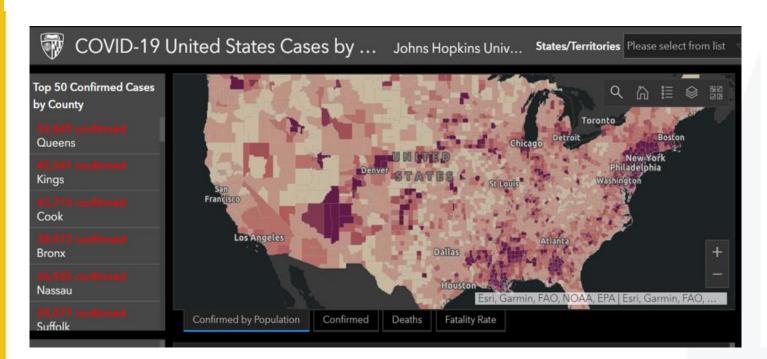
# About Johns Hopkins HealthCare Solutions







- Experts from the Center for Health Security at the worldrenowned Johns Hopkins Bloomberg School of Public Health have developed an assessment toolkit for organizations considering a re-entry strategy.
- This is publically available, free information.

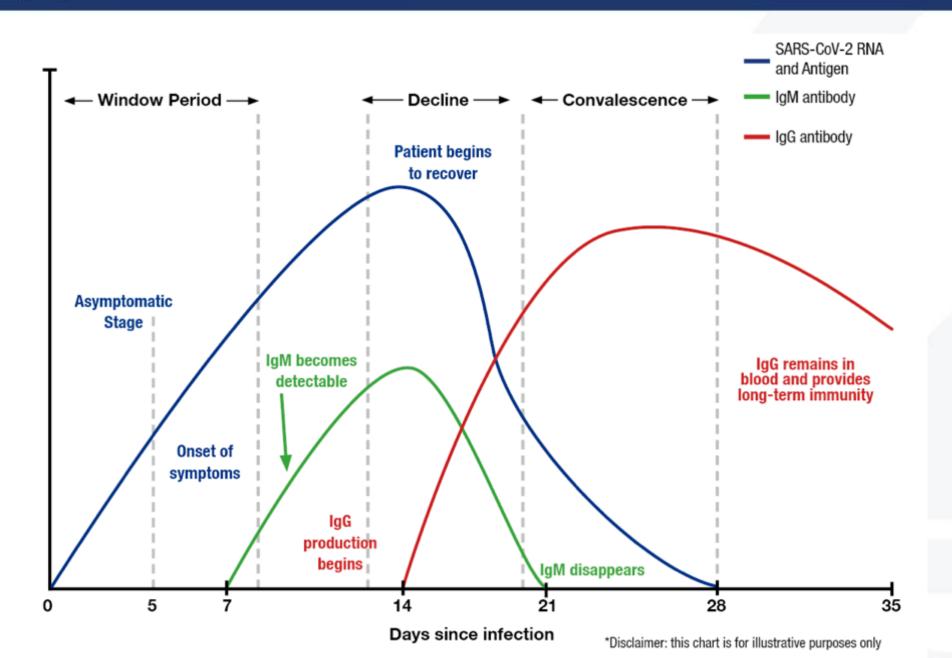




#### Operational Toolkit for Businesses Considering Reopening or Expanding Operations in COVID-19: ASSESSMENT CALCULATOR

Risk Assessment	Yes No/ Not Applicable
Are you a business that requires a high density of people in	
your facilities (e.g., a large number of employees in an	
enclosed space at one time)?	
Are you a business that requires your employees to travel to	
numerous different sites domestically in order to conduct	
business?	
Are you a business that relies on international travel in	
order to operate?	

# The Window We Must Manage





# **The Two Test Types**

Question	Viral Test	Serology Test			
	A viral test is an oral or nasal swab or saliva test that looks				
What is the test?	for <b>evidence of an active viral infection</b> . There are two major types: a PCR test and an antigen test.	A serology test is a blood test that looks for <b>evidence of someone's prior infection</b> with the virus.			
$\odot$	PCR tests look for the <b>presence of a virus's genetic</b> material, while antigen tests look for specific proteins on	The test provides evidence that someone may have been exposed to the virus in the past, potentially even if they			
What does the test do?	a virus's surface. Antigen tests produce results more quickly, but may be less sensitive.	did not have symptoms, by <b>detecting antibodies specific</b> to the virus.			
What doesn't the	Viral tests do not indicate whether someone was infected in the past.	The test does not diagnose an active infection or identify who is protected from reinfection (antibodies have not been proven to guarantee immunity).			
test do?		I			
How does the FDA handle the test?	The FDA formally <b>evaluates these tests prior to use</b> .	The FDA does not formally evaluate these tests prior to use, though a few have Emergency Use Authorization.			



# Risks can be managed

- Follow government and public health guidelines for infection prevention, transmission, contact tracing
- Establish policies and procedures for monitoring all constituencies before and during their return, while protecting privacy
- Provide easy access to rapid diagnostic tests for those at high risk for COVID-19 exposure
- Provide easy access to serological testing, when available and accurate

# Data analytics

- Work with your consultant or carrier to understand the COVID-19 risk within your population.
- The Johns Hopkins ACG analytics platform was used by on-site clinic vendor Healthstat to analyze approximately 500,000 lives that they manage through their health centers
- 160,000 at risk based on CDC guidelines

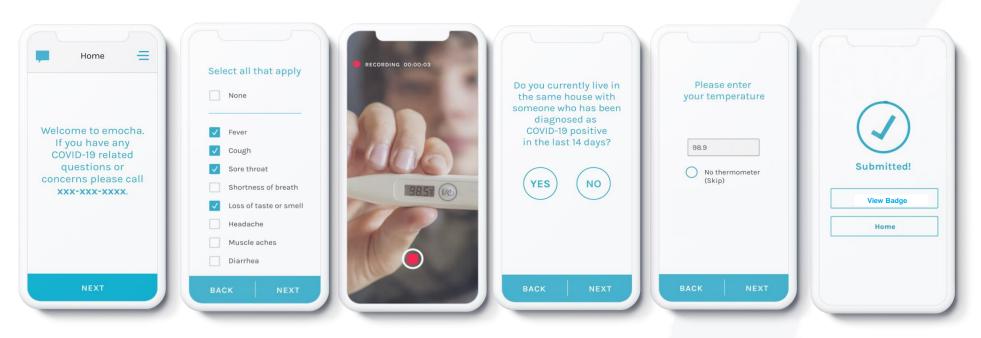


- Seek risk and situational awareness support
  - Assess job-level risk factors associated with each function of your organization, to identify types of work that may require additional protection
  - If no claims, consider using a Health Risk Assessment to identify individuals most vulnerable should they be infected by COVID-19
  - Consider segmenting your population to help you prioritize
  - Consider use of mobile applications and a dedicated Contact Tracing POC(s)





## emocha Health is a licensed Johns Hopkins mobile health service



Badge Jane Doe ID: 123423 2:35:16 PM Expiration: 6/2/20

Symptoms are tracked and individuals directed to appropriate health care resources.



# Symptom Report

Return-to-work	ork Q Participant Health Risk & Badge Status   May 25,2020 2:29:29PM							Filters
≤ Return-to-work	ID	First Name	Last Name	Risk Level	5/22	5/23	5/24	> Date
IBS 1) Population Overview	381578	Jorge	Fox	Low	2	1	1	Last 3 days
(Participant list)	610945	Irma	Williamson	Low	3	3	3	
135 3) Health Risk Assessment (Department Comparison)	668265	Victoria	Black	Medium	1	2	1	> Location
185 4) Participant Health Risk & Badge Status	799244	Ralph	Jones	Medium	1	1	1	Site A
15 <sup>4</sup> 5) Badge Status by Location	942034	Kyle	Watson	Low	1	1	1	
⊜< 6) Today's Badge Status	286026	Beth	Richards	Medium	1	1	2	> Department
ib <sup>≮</sup> 7) Badge Status by Date	742857	Darlene	Mckinney	Low	3	2	2	Include All
B\$ 8) All Participants List	392343	Lee	Cooper	-	3	2	2	
≝ <sup>5</sup> 9) Active Participants	677109	Annette	Lane	Low	1	3	2	> Badge Status
IL 10) Ignored List	424387	Randall	Pena	High	1	1	1	Include All
(g≤ 11) Declined List	730877	Jenny	Hawkins	Low	1	1	1	
12) Consent Dashboard	758065	Ann	Murphy	Medium	1	1	1	> Risk Level
마스 13) Participation 마스 14) Symptoms	297629	Shane	Simmmons	Low	1	1	3	Include All
is 15) Engagement	877494	Calvin	Warren	-	1	1	1	
	341012	Norma	Wilson	Low	3	2	2	> First Name
	705214	Stella	Robertson	High	1	1	1	Starts with
	831634	Guy	Miles	Medium	1	1	1	Type here
	343456	Lily	Nguyen	Low	2	1	1	
	890199	Max	Russell	Low	1	1	1	> Last Name
	487734	Gregory	Alexander	Low	2	2	3	Starts with
	319545	Aubrey	Bell	Low	1	1	1	Type here
	319545	Annette	McCoy	-	1	1		



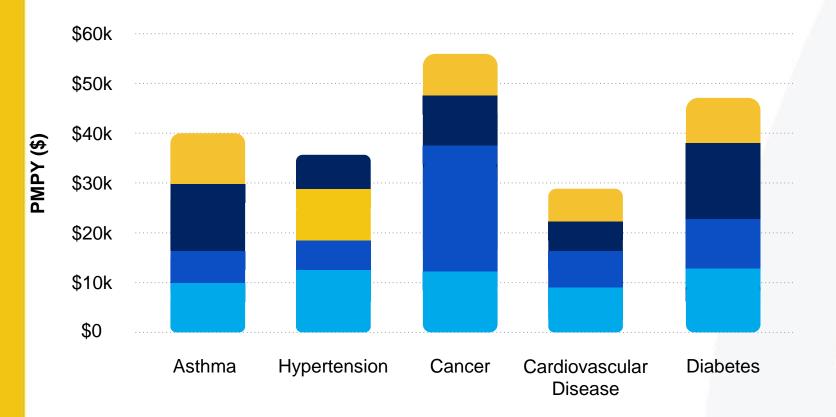
# **Overlooked Considerations**





## Behavioral Health & Chronic Conditions

#### **PMPY By Condition and Without Mental Health Need**



#### No MH

#### **Moderate MH**

Individuals with **1 or more** conditions of the following (or medication for anxiety, depression, or ADHD):

Anxiety, neuroses, Depression, ADD, Psych-physiologic, and somatoform disorders, Psychosexual, Family and, social problems

Psychological signs and symptoms, Adjustment disorder, Psychological disorder of childhood, Sleep disorders of nonorganic origin

#### Serious MH

Individuals with **2 or more** conditions of the following (or medications for anxiety, depression, or ADHD):

Anxiety, neuroses, Depression, Attention Deficit Disorder, Psych-physiologic and somatoform disorder, Psychosexual, Schizophrenia and affective psychosis, Personality disorders, Bipolar disorder, Eating disorder, Major Depression, OR Psychiatric/Behavioral medication

#### **Substance Abuse**

individuals who have a diagnosis for substance use disorder or an indication of treatment for substance use disorder (not tobacco)



# Additional Johns Hopkins Solutions









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# Thank You for Attending

**Complete Your Survey – We Value Your Feedback! Check your email for your HRCI/SHRM Certificates.** 



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