



# Deferred Care Impact

**When employees skip care, costs can increase while outcomes suffer.**

This three-step solution addresses both.





One of the unexpected impacts of COVID-19 has been employees putting off needed health care. In some cases, it's been a deferral of care. In others, people are foregoing care entirely.

**Neither of these scenarios is good medicine.**



## The reasons for people's behavior are many and often complex.

At the beginning of the pandemic, some doctors' offices temporarily closed their doors. In many places around the country, hospitals stepped back on elective procedures. People concerned about potential exposure in a health care setting stayed away. And, with economic uncertainty at an all-time high, some worried about the cost of care and skipped it, even when their symptoms were consistent with COVID.

As the economy and the health care system opened back up, the frequency of outpatient visits has almost fully recovered with people seeking and receiving care at the same level as prior to COVID-19. That means there is pent-up demand that will take time to make its way through the system. As a result, experts predict that health insurance costs will increase in 2021 as employees are willing and able to make up the care they deferred.



## The health and cost implications of not getting timely care are great.

Postponed health care can contribute to poor outcomes, as people missed important screenings—like a mammography or colonoscopy—and may have lost time in getting an initial diagnosis and beginning treatment. For those already diagnosed with a disease or condition, ongoing care may have been interrupted. Or, vaccinations were missed or postponed.



## It's not the same health care system we once knew.

Because of increased demand along with additional safety protocols associated with COVID-19, the health care system will have less capacity going forward. Physicians may be unable to see as many patients because of social distancing requirements for waiting rooms, while hospitals won't be able to schedule as many procedures each day. As cases surge unevenly around the country, capacity in certain areas can be impacted.

Even before this pandemic, employees didn't have great [health care](#) or [benefits literacy](#), and this once-in-a-lifetime scenario may present them a new level of challenge as they look to navigate their care needs going forward.



## The time to elevate employee engagement is now.

Traditional ways to communicate with employees are time-consuming and can be expensive to produce. As a result, employers often focus much of their attention on communicating with employees around choosing their benefits during annual enrollment, with less emphasis on supporting people as they use their benefits and seek care throughout the year.

Before COVID-19, this approach to benefits consumerism checked an annual box, but it has also perpetuated poor benefits decision-making and has done nothing to address rising costs as participants continue to engage in activities like using the ER for non-emergent care.



In an emerging reality where employees are navigating new delivery systems like telemedicine and new priorities around mental health, existing benefits and health care literacy challenges are amplified. Employers are in the best position to help people connect to what they need in the most effective way, while reaping the potential savings.

Guiding employees in their health care needs certainly serves them, but taking a proactive approach to supporting the workforce can also mitigate some of the potential cost implications of cancelled or deferred care. For example, studies have demonstrated that techniques like health care navigation support can offer a double-digit return-on-investment, especially around chronic conditions.



## Employees need personalized guidance and messaging.

Employers have access to a powerful suite of information needed to develop and deliver highly personalized and impactful support—individual employees' demographic data, claims data and contact data.

Using these three foundational resources, it's possible to extrapolate employee needs and potential behaviors in order to serve up support that is timely and meaningful.





Here are two simple examples.



**Employee A, a 30-year-old woman who covers her five-year-old son under her employer-sponsored health care.**

Claims history since January 1 doesn't show any pediatrician visits or immunizations for her child. This employee would be well-served with personalized messaging or support around the importance of regular check-ups and preventive care. It could include information about preventive care being fully covered.



**Employee B, a 52-year-old man whose claims history indicates he's never been screened for colon cancer.**

During annual enrollment, this employee accessed the online benefits system and asked a question about whether a colonoscopy is a covered procedure. Based on his age and inquiry, it's possible to infer he's considering this important test. This employee could be proactively messaged to connect him to care with a local center of excellence.



## Navigating care with targeted health care messaging and management is key.

The one-two punch for successfully connecting employees to appropriate and cost-effective care is a powerful benefits platform coupled with a proven solution partner who is expert in care navigation or provider guidance.

This enables you to create a rich, multi-touch ecosystem that includes both accessible self-service and personalized, targeted outreach. Together, this enhances the employee experience and can improve health outcomes, especially when employees are dealing with deferred care and facing new ways of accessing the health care system.



## As deferred care threatens to drive up costs, a proactive three-step approach can help.

Even in the absence of the pent-up demand for non-emergency health care associated with a pandemic, helping employees connect to the best care options is good practice. But, deferred and skipped care is upping the stakes, both in terms of spending and health outcomes.

Employers can address the potential cost and quality implications of deferred or cancelled care with an approach that accomplishes three key requirements:

- 1 **Helps patients find and access needed treatment.**
- 2 **Facilitates better use of available services to achieve better health outcomes.**
- 3 **Coordinates individual patient care among multiple providers and services.**

By capturing employees' attention in the space before they receive care and helping to curate their experience and drive their behavior, employers can ensure employees get the care they need, when they need it, using the highest-value providers.

Learn more about the value of a personalized employee benefits experience in this white paper.





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