

A Health Plan Showing Up in New Ways Amid COVID-19

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The idea that a crisis is an opportunity for improvement couldn't be more true now that coronavirus disease 2019 (COVID-19) has made it easier to see the problems in the American health care system while also reminding us of some of its best parts. Most critically, it is further revealing inequities for all to see as some populations, particularly communities of color, are disproportionately burdened by systemic factors such as poverty, racism, lack of access to quality health care, and more.¹ There is a dire need to demonstrate leadership in newer ways to transform and reenergize the structures and systems we depend on, from hospitals to health plans to governments that shape our health care system. Amid the current devastation wrought by the global pandemic, as a nonprofit health plan in California, we feel obligated to fight through the systemic deficiencies by engaging in innovative cross-sector partnerships, leveraging new technology to target key needs exposed by COVID-19, and addressing health inequities through technology-enabled community health workers (CHWs).

Traditionally, health plans have been viewed as necessary but not particularly benevolent actors, and they can be perceived as a siloed segment within the health care ecosystem. As our health care system is plighted by unsustainable cost, member and provider dissatisfaction, and data challenges, Blue Shield of California is working to pave a way forward toward improvement. For example, we are collaborating with companies in new ways to lower drug costs, working to offer virtual assistance services to allow providers to work at the top of their license, and enabling a secure statewide data exchange of health information benefiting both members and providers.^{2,3} These cross-sector partnerships are just a few examples of how our health plan is working in novel ways to build a sustainable health care future. As the COVID-19 pandemic has accelerated the need to innovate, new collaborations such as these are timely and needed to improve care during and after a COVID-19 world.

Although the pandemic has shone a light on the shortcomings of a system focusing mainly on disease management, it has also revealed the promise of agile technology such as

telehealth. As hospitals, clinics, and drive-through testing sites quickly mobilized to address the influx of COVID-19 testing demands, there was an immediate uptick in telehealth. We recognize that this service is not novel in itself, but COVID-19 has highlighted its critical role in care delivery; it is now being utilized as a frontline health care option to provide indirect patient care when medically appropriate, and health insurance companies such as ours have waived out-of-pocket costs to access such virtual care services in the midst of the pandemic.⁴ In addition to telehealth, digital technologies have also been leveraged in this fight. For example, Blue Shield of California has offered a digital COVID-19 screener and triage tool to its network hospitals, and members can be directed to the proper medical setting based on their answers to screening questions.⁵ As support for newer technology-enabled solutions grows, the ability to move the health care industry forward through innovation continues to accelerate.

People are not affected equally by COVID-19, nor should our response be equal. In order to eliminate inequities, reduce pandemic prevalence, deploy adequate prevention techniques, and address underlying conditions that perpetuate COVID-19 and many other health issues, all stakeholders must understand their populations. For example, Black and Latinx communities are disproportionately affected by the health and social impacts of COVID-19.⁶ There are also issues in accessing not only health care but also health information, technologies, and resources. Language preference, immigration status, and distrust of systems are other factors that need to be taken into account when looking to mobilize an appropriate response.⁷ Currently, we are working to gather meaningful data to enhance our approach in reducing these health inequities, and this effort that started prior to COVID-19 must continue for years to come. The impacts of the lack of data sharing are becoming all too obvious in this health crisis, and we are committed to working with our partners to drive the system forward.

Over the past few years, there has been a move to focus outside of the health care system, where there is a connection

to approximately 80% of health outcomes, many of which come from the social determinants of health: the food we eat, the schools we attend, our job opportunities, and more.⁸ COVID-19 has a clear social impact on health, and one of the ways Blue Shield of California is addressing this is by working to understand how social determinants of health interact with COVID-19 in marginalized populations. We are beginning to leverage community health advocates or CHWs who are uniquely equipped to identify those at risk to directly provide support to address the whole person, COVID-19 and underlying conditions alike. Although the CHW strategy is not new,⁹ it has not been fully adopted into health care practice. We are now arming CHWs with data to understand where at-risk individuals live so the CHWs can connect them to resources in their community to improve their health. This example, along with partnerships to build a technology-enabled local resource network across the state, shows the reliance and interdependency among key stakeholders caring for an individual and the community. This is important because health plans may not have the relationships that CHWs have to allow for more frequent in-person, in-home, and in-community visits. This synergistic approach not only amplifies the voices of the members, families, and friends we serve, but also allows us to partner and leverage networks and resources in meaningful ways in collaboration with like-minded organizations. This approach not only differentiates efforts from those of the past but also works to reduce disease burden by integrating behavioral, medical, and social responses to address the whole person, the whole community, and the whole state to move us closer to equity.

As we collectively continue to fight this pandemic, we are already seeing hopeful signs through new cross-sector partnerships, rapid adoption of digital and technology solutions, and empowering community engagement, which only echo the idea that a crisis is an opportunity for improvement. Rather than focusing on restoring a health care model performing less well than it should, this pandemic can be a call to action for all health care stakeholders to create a new system. The attributes we mention must be broadly embraced to guide the recovery to a more equitable and higher-performing health system in California and the United States.

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REFERENCES

1. The root causes of health inequity. In: National Academies of Sciences, Engineering, and Medicine. *Communities in Action: Pathways to Health Equity*. The National Academies Press; 2017:99-184.
2. Cohrs R. Civica Rx launches spinoff to help insurers save prescription drug costs. *Modern Healthcare*. January 23, 2020. Accessed April 23, 2020. <https://www.modernhealthcare.com/finance/civica-rx-launches-spinoff-help-insurers-save-prescription-drug-costs>
3. Manifest MedEx growing quickly as California's nonprofit health data utility. News release. *Business Wire*. July 10, 2018. Accessed April 23, 2020. <https://www.businesswire.com/news/home/20180710005483/en/Manifest-MedEx-Growing-Quickly-California's-Nonprofit-Health>
4. Health insurance providers respond to coronavirus (COVID-19). *America's Health Insurance Plans*. Accessed April 24, 2020. <https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/>
5. Reuter E. California insurer rolls out Covid-19 triage tool. *MedCity News*. March 18, 2020. Accessed April 20, 2020. <https://medcitynews.com/2020/03/california-insurer-rolls-out-covid-19-triage-tool/>
6. Artiga S, Garfield R, Orgera K. Communities of color at higher risk for health and economic challenges due to COVID-19. *Kaiser Family Foundation*. April 7, 2020. Accessed April 24, 2020. <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>
7. Matone M, Rosenquist R. COVID-19: protecting children and families during this time of crisis. *Children's Hospital of Philadelphia PolicyLab*. March 27, 2020. Accessed April 21, 2020. <https://policylab.chop.edu/blog/covid-19-protecting-children-and-families-during-time-crisis>
8. Manatt, Phelps & Phillips, LLP. Medicaid's role in addressing social determinants of health. *Robert Wood Johnson Foundation*. February 1, 2019. Accessed April 22, 2020. <https://www.rwjf.org/en/library/research/2019/02/medicaid-s-role-in-addressing-social-determinants-of-health.html>
9. Community health workers. *The Community Guide*. Accessed April 23, 2020. <https://www.thecommunityguide.org/content/community-health-workers>