



Episode 10 – In the trenches with employee benefits, COVID-19 edition

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MARCO DIAZ: I think there are going to be substantial changes to how we work, ultimately, as a result of this.

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.

My name is Steve Blumenfield from Willis Towers Watson Health and Benefits. And I'm joined today by my colleague Mark Hope, one of our intellectual capital leaders. Welcome, Mark.

MARK HOPE: Thanks, Steve. Happy to be here.

STEVE BLUMENFIELD: Happy to have you. Mark and I are also joined by Marco Diaz, SVP and Global Head of Benefits at News Corp. Welcome, Marco.

MARCO DIAZ: Thank you. Thank you for asking me to come in and join this great podcast.

STEVE BLUMENFIELD: Well, it's great to have you here. For our listeners, you may have seen Marco at our annual employee health care conference in the innovation session as well. Mark, you've been fantastic sharing perspectives on employees and on what the employer is looking for in different types of solutions. And now we're faced with COVID-19. And real questions that we have for you is what is this like, what are you facing as an employer, and what are your biggest concerns.

MARCO DIAZ: So I think a lot of what employers are facing, it's fairly multifaceted. So at one level, of course, there's just standard business continuity, keeping operations going, and those types of things. I think for the benefits professional, for we are looking at-- one is what has this done to the programs we've put in place. What programs have gained relevance versus lost some.

What is our self insured medical plan going to look like? How has COVID impacted us in terms of COVID-related claims. And then how has it impacted us in terms of all other related claims?

And then many of us are already thinking about what are our strategies for bringing the workforce home. And a lot of that will be dependent on testing and risk stratification. And a lot of the vernacular that we're used to and accustomed to when we were thinking about general terms on population health, but are now sort of acutely focused on this particular illness and how we manage it on a go forward basis.

MARK HOPE: Marco, thank you for that and for joining us today. We really appreciate it. When we think particularly about your benefit program and some of the things that you've talked about at a few of the client conferences that Steve has referenced, we know the News Corp offers an array of point solutions from concierge, medicine, to digital solutions, to telephonic solutions. And there's really been a big push in the marketplace over the last several months as employers have looked to help their populations deal and work their way through COVID-19. Have there been any solutions that you have in place that have taken more prominence than others? Things that you've seen utilization spike or people have more of an interest in?

MARCO DIAZ: Yeah. Absolutely. As a child of the 1980s, most of my life I look through the lens of the Karate Kid. At News Corp, we're very lucky in that we did all our sand the floor and paint the fence type of moves without even realizing how important the array of point solutions would be to us at a time like this.

So it's been a great moment for us to be able to fall back on a large panel of vendor partnerships out there who have helped us. I would say the biggest and most obvious ones are all the different places that we had virtual care as a component of the plan.

And the irony is that we've spent so many years trying to address site of care through our health plan and to take out, where we could, some of the inefficiency of office and ER utilization and things through the delivery of point solutions that allowed you to do things, whether we're telemedicine, mail order prescription drug. All those types of things we've been promoting with pretty traditional uptake along those lines of most people accustomed to wanting that real like in-person face-to-face interface with their provider.

And now, all of a sudden, where that's not an option, we've been lucky in that we've been able to say, well, don't forget, you have access to these things. So programs that either were, that was their whole point, whether they were like our telemedicine solution, or programs where, let's say for example, EAP had the availability of virtual visits and video visits. I think we're seeing already-- it's been early days, beta wise, but large upticks in the uptake there.

And what I'm hopeful is that when we're out of this particular crisis that that habit breaking component, so that people now using virtual care will continue to do so on a go forward basis. We've sort of broken the eggs that were maybe needed to get people accustomed to using these tools.

STEVE BLUMENFIELD: The metaphors are already flying. We have a Karate Kid with wax on and wax off and paint the fence. And we've got broken eggs. So I can see where this is going to be going. So you mentioned virtual care, Marco. And I love the notion of removing those barriers of site of care. Are there any particular types of care? Is it virtual care as in telemedicine? Or are there other types of solutions in addition that you'd say you're anticipating an uptick.

MARCO DIAZ: So I think there are three maybe. So one is definitely telemedicine. And the traditional hey, I don't feel well or some member of my family doesn't, with the ability to render diagnosis and prescribing for a subset of clinical ailments. And then of course, routing, if needed to urgent or emergency care should the circumstances merit it.

The second thing is actually-- and this is an important one and one that we've all been talking about-- is mental health. We know that there has been longtime capacity issues for in-person sessions and a lot of network issues around the cost of those sessions and affordability. So being able to get out our-- whether it's our traditional EAP telephonic resourcing, video components of that, or we have some text-based tools and resources for mental health. Those are big.

And then we've also got a separate video, cognitive behavioral therapy resources available. So we actually had quite a lot may or may not have been top of mind to employees, despite communications. But now certainly, we'll get there. So I would say those two are our big ones from the virtual care perspective.

And then the third one is our navigation services. So we've got those in a number of different places. Because navigation is very hot right now with a lot of organizations that are realizing that if they want to maximize their own potential, adding on the ability to navigate people into other of the portfolio point solutions employers have is an important component of that.

So getting people over to those navigators as a type of triage, whether their questions are COVID-related or otherwise, and having those navigators help us either directly, because it's in their wheel house, answering that question or, alternatively, getting them to our vendor partnership that would better be suited for that has been key. So it's really, we've been trying to push all three of those in a big way.

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STEVE BLUMENFIELD: On the topic of triage and getting employees to the right place, let's take a quick break to hear from Andrew Le, CEO and founder of Buoy Health on how their solution is helping employees understand their symptoms and the next steps in the age of COVID.

ANDREW LE: At Buoy, we have an AI-driven health system that's updated regularly with COVID-19 recommendations, both from the CDC and public health agencies. So employees will always receive guidance based on the latest and most reputable information.

Buoy quickly evaluates people for a risk of COVID-19 from anywhere with an internet connection and provides medically sound geo-relevant advice on what to do next. I mean, we're talking getting helpful answers in less than a minute.

We've been able to inform 90% of people coming to us concerned about coronavirus that they were at low risk and provided them with self care guidance to help them home and keep them out of ERs and virtual consults.

STEVE BLUMENFIELD: So Marco, I know we're not passing anyone in actual hallways right now just because of the majority of our workforce, your workforce working from home. But have you gotten any feedback from employees, any aha moments of wow, I know you've been pushing out all these great communications but I didn't realize that we had this? And this has been wonderful for us. Any type of feedback whatsoever that maybe would steer you in one direction versus another? And yeah, we should be doing a lot more of this or maybe less of that.

MARCO DIAZ: So I think-- and any benefits professional listening to this will agree. The nature of the employee to benefit relationship is one where you mostly hear the complaints. You don't hear a lot of, oh, thank you. This worked. This was great.

But as an inference to that, if you are not hearing noise, if you're not hearing people coming back saying, hey, I've been trying to use this, it doesn't work or why are there no resources here is usually a telling sign that actually these things are working. As a proxy for direct feedback, though, we do measure frequently utilization. So if I see higher utilization and I know, for example, with our telemedicine provider we just saw a 70% uptick. And this is like-- this is trailing data. So this is like March data.

That means to me that that the news is getting out there. People are reading it. They're tuning in. They're engaging. They're using it. And the fact that I'm not hearing from them means it's working.

And at the end of the day, that's what I want. I don't necessarily need to-- I don't want to know, necessarily, why you've called or what's going on. What I want to know is that we have, as curators of these solutions, pulled in the right vendor partners. Our role is to make sure that our employees are aware that these resources exist. And after that, I'm happy to step away and let these two professionals sort of engage with each other and render the services that are needed.

STEVE BLUMENFIELD: All right. So no clear feedback, but you can infer that things at least aren't broken. So what do you do to get the word out? It's a really difficult time to communicate with employees. I mean, for goodness sake, all of us are working from environments we never really expected to be working from with such frequency.

And we had a conversation earlier about the number of dogs and kids who are running around. And that's life. Right? And people are just very busy on emails as well now that we're all more office bound. So how do you break through that? And how have you been effective in engaging your folks?

MARCO DIAZ: Yeah. That's a great question. I think for us there's sort of two components to it. So one is our normal cadence of existing communications that we have been doing for some time. So that would be like newsletter emails. We have an Instagram account we use. We've got a website that's publicly available. And so we continue to.

And yet again, like, thank goodness we already had those tools in our toolkit. And we have been, as we've gotten such a plethora of communications from vendors on benefit changes, this has been a very dynamic time in benefits with different things being covered at 100%, whether those are popular decisions to make amongst employers or actual governmental mandates.

So we have a forum by which to sort of get those notices out there and get those updates you know to people. So that's been great. And we've continued to use those and maximize those. And of course, where in the past communications might have been on a bevy of different topics, lately everything has absolutely been COVID-related. And each of our vendors, whatever they have, whatever they're doing that can help that, so financial education, health care education, again highlighting some of these like virtual resources, that has become paramount in those communication tools.

But the other thing-- and I would say this is probably fairly universal amongst my peers and colleagues-- is this crisis itself has generated a lot of communication within organizations, whether that's from management down, within teams, leadership, in general, communicating. And it has been a good moment, I think, in the careers of benefits professionals to have a little bit of highlight to the value we bring to organizations.

Because a lot of these communications, not at all from benefits, not at all a benefits perspective, have been about, hey, we're concerned about your health and safety. Here are some things about the organization you should know that we're doing. And by the way, here are a bunch of resources available to you. So I can tell you that in a lot of our communications organizationally, in addition to whatever the core message might have been there, have been things like a highlight of our EAP, a highlight of our virtual visits, a highlight of these other things.

So it's been nice because normally whereas that responsibility falls, by and large, upon us and our vendors, as an organization, that mantle has been picked up. And I think that's where you're also seeing a lot of the utilization spikes and the attention and engagement. Because it's not just a note from the benefits team, per se.

STEVE BLUMENFIELD: And you combine all of those factors with true interest. I mean, everyone's focused on the health right now and any benefits they can access. I hadn't thought about that before. You had the channels in place in advance. And you have actually some really world class ways of doing that.

You had the opportunity arise from the focus being placed on this. And you add that to the kind of national proclivity of people at this time to be seeking information around COVID and around health. That's just actually a nice circumstance where you can make people aware of these things in a time of crisis.

You mentioned the Instagram account. I'm curious. Is that a public external account? Is that internal? I really never thought about that as a way to communicate with employees. I'm sure others have. But can you say more about what that means?

MARCO DIAZ: Yeah. No problem. I mean, when you think about the core benefits, it's for attraction and retention. And I think a lot of the work traditionally that benefits people do, being within an organization, falls on the retention side. Because it's us communicating to existing employees around the programs and assets that they have available.

But when you think about the attraction side, we wanted to do more that works for people that weren't necessarily at News Corp. And so that's when we decided to make our website mynewscorpbenefits.com publicly available so candidates, people searching for us or what have you, can also get a line of sight to what the employer value proposition is to coming to one of our portfolio of News Corp companies.

And then likewise, we did this newsletter and we realized that there was more we could be doing if the newsletter was internal. And so to help us sort of both advertise the internal newsletter but then also get those messages public, we created a News Corp benefits Instagram account. So it's just News Corp benefits, as the handle.

And we will do a lot of reposting of the great content that our own vendors share on Instagram. And then we also post our own messages. So whether it's time based, like just this week we posted on some you know COVID-related enhancements we've made to one of our programs.

And sometimes just fun stuff. We posted a picture recently of all of the benefits people on Zoom, because that's how we work now. So it's got a personal aspect to it, as well as the professional side.

STEVE BLUMENFIELD: I'm curious as to whether there were was wine in the hands of folks at the time or not. But we don't have to get into that in this podcast.

MARCO DIAZ: Right. Yeah. Only under the camera's gaze, I'm sure.

STEVE BLUMENFIELD: Just like the shorts and bathrobes we all have on under the cameras.

MARCO DIAZ: Right.

MARK HOPE: So Marco, as the world is starting to shift to think about coming back to the workplace, so on-site work where most of the workforce has been working remotely, as states start to open up and relax some of their stay-at-home provisions, what are the key elements that you're thinking about, that News Corp is thinking about when you want to start to return your employees to physical offices and locations, distribution centers, and so on? Where do you start? And where do you guys go from there?

MARCO DIAZ: That's a great question, Mark. It's not only a question employers are asking, but it's actually the question that we are all sort of thinking about right now. And there's been a bevy of resources and surveys that organizations like Towers have been putting out there that have been very helpful in us formulating our thoughts and strategies, which I will say are very organic at this moment. Because as each day passes, new data comes in related to the availability and efficacy of tests, et cetera.

So the main thought right now, I think, is how do we bring people in, who are we bringing in, and when do we bring them in. Really, in a large way also, what is the environment into which we are bringing them going to look like on a go forward basis? So there's all these different levers that you're looking at.

Luckily in the benefits world, a lot of the conversation is framed in a way that we understand. So if you think of things like risk stratification, the variables may be different than the traditional [INAUDIBLE] way of looking at it. But the point is that we are thinking about cohorts such as those that have already had coronavirus and are low risk as probably first groupings that we would look at. Individuals low risk that didn't have coronavirus maybe at a later stage, and so on and so forth.

But the unanswered questions, of course, are how do you assess this. How do you test for it? The science isn't there yet, fully, to prove that having had coronavirus has a long term immunity factor related to it. So a lot of what we're doing is just keeping our ear to the ground, leveraging a lot of our clinical resources that we have through the programs that we have to understand what are the right moves and when do they need to be made.

I think as various regions open up-- and remember that a lot of this conversation for large organizations is a global conversation. It's not just a US-based one. But even within the US, this week we see that areas like Texas and Florida are beginning to take back their stay-at-home order.

But I don't see companies, by and large, jumping on that. So I think we are all acting a little more considered and thoughtful in terms of what is the right time and how do we make those assessments in fear of, perhaps, the decisions being rendered a little too quickly. And then what we don't want, obviously as any employer, is some type of resurgence where we would then would have to migrate back out of the office again.

So right now, it's just a lot of data gathering and canvassing what others are doing. But I think at the end of the day, we will all need to have strategies related to personal protective equipment, strategies related to testing solutions. And that would be whether it's PCR testing for whether people currently have COVID-19 or antibody testing, which are generally done through blood draws and serology. That will show whether or not they have had it. And therefore, maybe there's an inferred immunity.

There is going to be contact tracing resources that we'll need, which is contact tracing is the idea around if someone were to test positive, it's the easy availability to understand whom were they in contact with prior to that. So we can give an alert or word out to those individuals to say so and so had this. Based on what we see, you were in a meeting with them the other day or whatever it is. So just to give those kinds of alerts.

And then, really, a lot on virtual work as a more permanent solution. So I think with News Corp, by and large, had a pretty robust availability for work from home already. That, of course, depends on role and those types of things.

But I think most organizations are struggling with reframing their strategies around work from home and the availability of it and who gets it and how you can maybe stagger workers coming into that offices aren't as full, people aren't as physically close to each other, and meeting rooms aren't as full, et cetera. So that'll be interesting.

Work travel will be interesting, so how often people are sent out to meetings versus those being Zoom type calls. I think there are going to be substantial changes to how we work, ultimately, as a result of this. But right now, it's all just sort of in a big mix that we're looking at and trying to make sense of it.

STEVE BLUMENFIELD: What an enormous set of variables you describe there and very eloquently. I love the notion of that risk stratification. It just makes it very real. And of course, the lack of clarity and availability on testing and contact tracing really beginning to emerge.

We've definitely heard quite a bit about the notion of virtual work, what will it be like in the environment when you return and if you return to the workplace in the same way that you did. Some other things we've heard, just to add to that list you put out there, Marco, little things that we all just take for granted like being able to sit at a conference table, having bathrooms that are cared for in a certain way and laid out in a certain way, having lunch tables and places to get lunch. There's just so many variables to think through at a facilities level in addition to the benefits pieces that make the decision about going back to work really, really critical.

So what is the role of the benefits team? The most traditional role that I think of are the things that you placed at the beginning, the how, whom, when, and how we can test and make sure that folks are safe in that environment. Are there other places that the benefits team is being asked to play around that broader set of issues? New places that aren't as typical for the benefits team.

MARCO DIAZ: Well, it's interesting because I think because you're in benefits, organizations have a habit of looking at you in some way as a clinician. It's an interesting way to sort of frame the role. So I think whenever there's something that has some clinical element to it, we tend to get tapped to say, hey, can you help so-and-so find a doctor. Can you help so-and-so figure out this issue going on? And this is no different than that.

So I do think that we have been tasked with things like keeping abreast of the science behind the testing and their efficacy and what's FDA approved and what's approved in the EU versus. News comes out all the time that an organization, let's say like LabCorp has come to the market with some test. And then there's a question, is that something we should be leveraging. Is that something we should use?

And the benefits person suddenly has to do that research and use our tools and resources to get answers to that. So I think the scientific and clinical element of the COVID-related programs that would address it and the availability of people to return to work are something that we're taking on, which is not outside of the scope of what we would do, but just outside of norms a little bit. So to me that's the bigger piece.

And then, as always, benefits and HR is a very matrixed component of an organization. So as we are always accustomed to working with risk on things like worker's comp and other insurance policies, we are now working with facilities. And we are working with our risk partners and working with other parts of organizations as we formulate policy, as we formulate strategy around what offices will look like. There is an interplay there that I think is just an organic part of the way corporations work.

STEVE BLUMENFIELD: Excellent.

MARK HOPE: So Marco, I wanted to touch on one additional point. You'd mentioned both the global and local aspect of not just the pandemic, but how you guys are thinking about returning to work and the different levers that need to be in place. So when I think about News Corp and your global footprint and then also here in the US with your almost New York-centric focus. You're nearly everywhere in the US, but a large focus in New York, New York City.

Are there things that you're learning and hearing about from your counterparts across the globe that you can leverage here in the US and vice versa that you're weighing on? Things that we're doing and learning in New York City that might be able to be shared elsewhere as you look to develop your policies and bring people back in different capacities.

MARCO DIAZ: So from a global standpoint, as we see in the news, COVID had different starting and plateau points, and now diminishing points. And so there are various regions that are in a position of return to work, of lifting of stay-at-home orders such as Asia that are in front of where we are right now. And I think really the US in general has sort of looked to some of those leads to say, OK, what's working for you, what's not working. And I would say in benefits and in HR, it's not much different around taking a look at that.

But I would say what is interesting about this situation is that corporations by and large desire to have things very uniform. Because the more uniform something is, the more easily managed and easily communicated it might be. And that could be globally uniform or at least regionally uniform around, OK, we now deem this area in a safer capacity. And we're ready for people to come back.

And coronavirus or COVID-19 has forced organizations to really come to terms with the fact that there is not going to be uniformity in terms of where we are and what is acceptable from a return-to-work perspective. So to your point, the US will be different than UK, that will be different than Asia. And even within those regions, New York will be different than California, that will be different than Texas, et cetera.

And I think, largely, companies generally have been OK with accepting that. But it goes against the grain of what a lot of other things we try to do are, where we try to find synergies and holistic policies and things like that so that we have a uniform employee experience everywhere.

STEVE BLUMENFIELD: Marco and Mark, thank you. This has been fantastic. Here's a bit of a summary of the key themes that I took out of this. From an employer standpoint, News Corp-- and likely many employers-- is absolutely thinking about things like business continuity, what you've done with your programs and claims impact, and how to bring people back from working at home into the workplace where appropriate. Indeed you mentioned that is the focus, maybe the most important focus that employers everywhere are talking about today.

But before we get to that piece of it, you did mention that preparation was really one of the keys. And you've, luckily, put the right things in place. Maybe not just luck but a bit of thought and strategy and planning on your part as well and the part of your organization and your colleagues to make sure you had things like virtual care in place.

And the three areas you saw being most drawn upon, at least today is it seems, telemedicine to serve and to route people, mental health support through existing solutions that you have. And you mentioned a number of those solutions like EAP and text-based and video CPT as well as navigation which is embedded in a variety of your solutions to help people to triage the right places.

And we had questions about how you engage your people at this time. And actually it's been quite good because people are ready to hear that message and eager. And you've, again, done the work in advance. You had the channels in place from websites to emails to Instagram account that's even publicly available.

And people want to hear information. And there's new forms being made available because of COVID. So even in this tragedy, it actually helped people to get more care and more access. And finally, as you think about bringing people back into the workplace, really focusing on how, who, and when, risk stratifying that population with regard to COVID risk.

And you talked about maybe bringing people in in stages and all the facilities and other types of considerations, personal protective equipment, whether or not there's appropriate levels of testing and contact tracing, and what's your role in that. But acknowledging, ultimately, that it may be different for different locations, domestically and globally-- different states, different countries-- based on the COVID risk environment. So is that about what I heard? Is that about correct?

MARCO DIAZ: Yeah. I absolutely agree. I would say the big payoff, really, was for folks in my role, when we're looking at and thinking about these programs and you have this gut instinct that it seems like something that is the right thing to do. And you're looking at the ROI. And maybe you're wondering about it. The big payoff for us was that we trusted our gut and we went forward. And now here's that moment where we're seeing that.

And then the other thing you said related to leveraging those teaching moments. And that's something we always talk about with communications. And it's not letting this opportunity go, which is an enormous teaching moment, to inform people of the programs that are out there and available and have always been and will continue to add value even past this crisis point.

And speaking of teaching moments, I have to say I'm very glad that homeschooling has been, I guess, engaging enough that I magically not had some little child run in here and start talking over us. This might be the longest stretch I've gone so far since this began.

STEVE BLUMENFIELD: Yeah. We're still holding out for some dogs barking or some kids running in. So let's stop there. Marco, thank you. You were just fantastic, as always. We really appreciate you being here.

MARCO DIAZ: Great. Thank you guys for having me. It was really a pleasure.

STEVE BLUMENFIELD: Mark, wonderful to talk with you. Look forward to seeing you one of these days again in the office. But thanks so much for joining as well.

MARK HOPE: Steve, thanks for having me on. And Marco, thank you very much for all the thoughtful responses that you've provided. I think this is going to be super helpful for all the folks that take a listen to this podcast. Thank you.

STEVE BLUMENFIELD: Yes. And thank you also to our listeners of the Cure for the Common Co. We appreciate you listening and hope this is of value. We look forward to hopefully returning soon to discussions with innovators. In the meantime, stay safe and be well.

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