



Making conversation

The “Great Resignation” and your health care risk profile

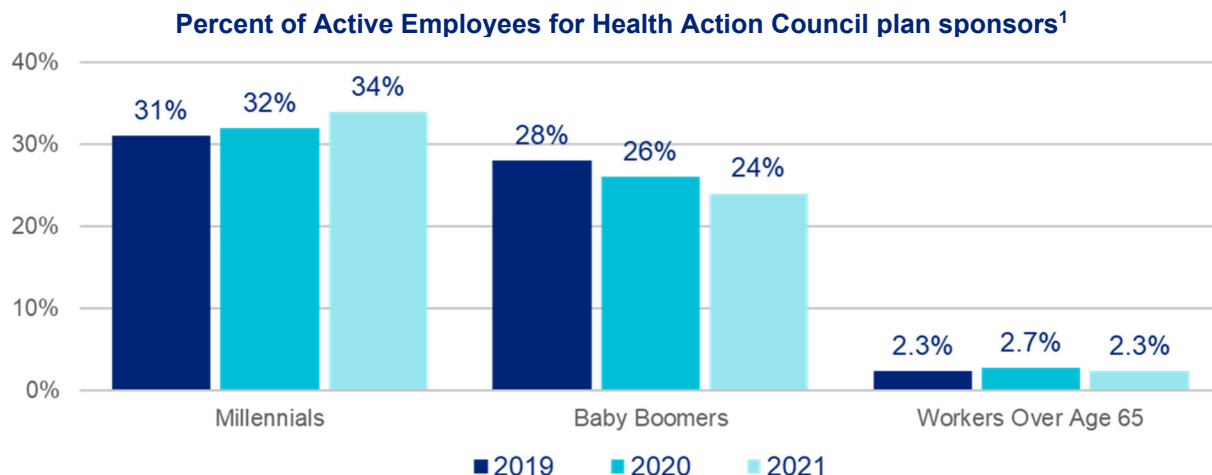
Welcome to the next installment of “Making Conversation!” My name is John Elliott and I lead a team called Collaborative Ventures Group that works on creating innovative solutions for groups of employers. Our largest and longest tenured relationship is with Health Action Council, a national business leader focused on the nexus of business and health.

Together, Collaborative Ventures Group and Health Action Council are bringing our aggregated analytics forward to foster meaningful dialogue to support self-funded employers and their strategic planning. Please know, these insights are driven by self-funded employers like yourself. Today, UnitedHealthcare and Health Action Council work with 80 self-funded employers that represent more than 320,000 members.

We hope you enjoy this month’s topic and please contact Kevin Gregory or myself, if you would like to discuss how we can apply our analytics to your health care strategy.

Who is my new workforce?

To state the obvious, 2020 and 2021 have been quite disruptive on nearly all aspects of life and the pandemic’s impact on the US labor workforce is no exception. Experts have tried to categorize these employment shifts with terms like the “Great Resignation” or the “Great Reshuffle” to understand the evolving dynamics within the labor market. Regardless of what we call this phenomena, or the global labor stats we cite, the bottom line is each self-funded employer needs to assess the risk profile of their current workforce. For our participating companies in the Health Action Council Health Plan the changes in their workforce has been significant and the risk profile has definitely changes, see the details below:



For Health Action Council member companies, their new workforce is younger as the proportion of Baby Boomers has fallen by 4%. Overall, Baby Boomers per capita costs are 230% higher than Millennials, so this suggests a favorable impact to per capita costs moving forward. This favorable impact may not be fully realized as the most vulnerable Baby Boomers, those over age 65, remain at the same proportion over the three-years.

Assess Your Current Workforce

Listed below are three key questions to assess your organization's health risk profile based on our experience within the Health Action Council Health Plan.

HOW HAS YOUR GENERATION MIX CHANGED?



Generation impact: Like no other generation, Millennials are using the health care system much differently and at a much higher rate than previous generations. As consumers of outpatient services on a per 1,000 basis, Millennials outpace their older Baby Boomers colleagues in the following services:

Emergency Room: 21% higher²

Urgent Care: 86% higher²

Virtual Care: 300% higher²

As Millennials become the dominant proportion of your workforce, your strategy will need to reflect their lack of experience in navigating the healthcare system and high demand for immediate health care services.

WHAT PERCENTAGE OF YOUR EMPLOYEES ARE MEDICARE ELIGIBLE?



Financial insecurity: As we see large proportions of Baby Boomers leaving the workforce, a key stat is the proportion of your workforce that is not retiring when they become eligible for Medicare. For Health Action Council employers, the proportion of active employees over the Medicare eligible age of 65 has stayed consistent at roughly 2.5% from 2019 – 2021, despite a drop in Baby Boomer enrollment over the same time period. As you would imagine, the annual claims costs for actives over age 65 and their families is significantly higher and can impact your trend and budgets with a slight change in enrollment. A focus on this small segment of your workforce could yield disproportionate savings for your organization.

HAS MY GEOGRAPHIC PROFILE CHANGED?



Community redistribution: Your zip code and not your DNA is the biggest determinant of your health status and outcomes. If your population has changed its geographic concentration, your employees' ability to achieve well-being has likely changed as well. For example, certain markets are diabetic hot spots, others have higher re-admission rates and limited access to high performing physicians.

Continuing the Conversation

Together, UnitedHealthcare and Health Action Council have been studying the underlying data that drives the risk profile for self-funded employers for the past six years and have developed an assessment tool to help self-funded employers. We welcome the opportunity to continue this conversation with your organization and help assess what demographic opportunities may be present in your population. We have created a data-driven Health Action Council Health Plan that focuses our dedicated resources to the specific opportunities within our member companies. If you want to continue this conversation, please feel free to contact me or Kevin Gregory to schedule time.

¹ Footnote regarding UHC enrollment information for Health Action Council plan sponsors from January 2019 through October 2021

² UHC medical claims experience Incurred January – September 2021 and Paid through October 2021



John Elliott
Vice President,
Collaborative Ventures Groups
John_Elliott@uhc.com

Kevin Gregory
Vice President,
Business Solutions
kgregory@healthactioncouncil.org

About Health Action Council: <https://healthactioncouncil.org/>