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**AMGA Member
Best Practices**

***The Value of Aligning
Clinician Benefits with
Your DEI Strategy***

webinar

The Value of Aligning Clinician Benefits with Your DEI Strategy

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“Cultural competency recognizes that members have a diverse view [and places a focus on] being able to provide and support those views.”

— **Thomas Bookman, The Partners Group**

Health systems recognize the need for greater diversity and inclusion in the workplace. Deborah Grimes, senior vice president and chief diversity officer at Ochsner Health, and Thomas Bookman, practice leader of Group Physician Advisory Services with The Partners Group (TPG), provided insights into how these healthcare groups can address equity and access issues within their benefit programs.

As Bookman explained, the goal is to create a workplace in which employees feel valued and welcome. One manner of achieving this end is to incorporate benefit offerings that reflect and build such a workplace by thoroughly understanding how these offerings affect both employees and patients. In this way, organizations can improve workplace culture while at the same time providing better care.

There are a number of practical reasons to pursue workforce diversity, as it creates a measurable positive impact. According to Bookman, healthcare organizations with a perceived balance of genders have a 15% greater likelihood of outperforming competition and increased racial and ethnic diversity leads to a 35% greater likelihood of outperforming industry averages.

Consider, too, the effect the COVID-19 pandemic has had on the talent recruitment landscape. As Bookman explained, more and more people began to take a closer look at whether they were aligned with employers who are focused on diversity and inclusion initiatives. Today, 76% of job seekers feel that a diverse and inclusive workforce is essential when evaluating companies and job offers. This consideration is as important for finding talent as it is for retaining it. (The replacement costs for a single physician are estimated between \$500,000 and \$1 million.)

According to Grimes, Ochsner began their journey toward diversity and inclusion when they examined their problems with job vacancies and retention. Ochsner took these problems as an opportunity to collaborate with the

community by going into high schools and colleges and realizing how many diverse candidates they had. From this experience, the company began introducing employee resource groups, starting with five and since doubling to 10.

Grimes said results of a 2019 employee climate survey revealed that the organization needed a more concrete strategy for achieving diversity, equity, and inclusion (DEI). That same year, the board decided to hire a chief diversity officer, and Grimes was brought on to fill that role in March 2020.

Developing Tactical DEI Clinician Benefit Alignment

Positive changes like these do not happen by accident. Bookman described the five-step framework for achieving these goals.

Tactical Alignment Framework:

1. Vision
2. Assessment
3. Measurement
4. Deliberation
5. Execution

Vision

An organization must first envision the end goal—clinician benefits that are aligned with a diverse, equitable, and inclusive workplace. Before moving forward, the organization must assess the *current* state of benefit offerings. The next step is measuring to compare and determine what areas of opportunity are important to the organization. The deliberation phase brings internal stakeholders together to collaborate on the mission and vision and to create a thorough report of the data found through assessment and measurement. Finally, the goal is brought to fruition in the execution phase.

Grimes described how her organization approached each of these steps in actualizing their goals. First, she defined Ochsner's vision for DEI with five pillars:

Ochsner's Five Pillars of DEI

1. **Care:** Provide culturally aware and equitable care
2. **Leadership:** Create a diverse and inclusive leadership
3. **Environment:** Create an inclusive environment for providers, employees, patients, and families
4. **Supplier Diversity:** Implement a comprehensive supplier diversity strategy
5. **Communication:** Create effective diversity and inclusion communication strategy

With these pillars identified, it was vital to demonstrate that Ochsner was setting out to achieve these goals.

In the area of **Care**, the organization created a health equity center in conjunction with Xavier University, called the Ochsner-Xavier Institute for Health Equity and Research (OXIHER). In analyzing the two organizations in terms of demographics, it was clear that the employee base is in fact diverse.

However, there was an opportunity to enhance diversity at the **Leadership** level. Therefore, a focus was placed on hiring at the executive vice president (EVP) level and above. Hiring practices had to be changed so that more diverse candidates were being interviewed, because—as Grimes explained—you can't make a diverse hire if you're not interviewing diverse people.

In terms of **Environment**, a large part of Ochsner's engagement data is derived from a twice-yearly employee survey about perceptions of inclusivity within the organization. Responding to the information gained from these surveys allows the organization to monitor their inclusivity index from a data perspective.

From a **Supplier Diversity** standpoint, Ochsner began examining internal minority small business owners to engage with local minority vendors.

And in terms of **Communication**, two to three cultural celebrations each month and a diversity and inclusion newsletter educate employees. The newsletter highlights diverse employees as well as the work of their employee resource groups.

Grimes said, “There’s a lot of activity to creating this culture, but doing all of this allows us to make decisions in an equitable way.”

Assessment

Bookman moved on from discussing the vision phase to the assessment process. This process, he said, has three distinct layers:

- Level 1: Benefit Suite Analysis
- Level 2: Plan Design Analysis
- Level 3: Vendor Alignment Analysis

The first layer of assessment involves “a deep dive analysis of your suite of benefits to determine if there

are noted coverage gaps,” examining those dynamics with employee benefits. Next, an organization should perform a critical review of the plan designs and offerings in place. How is the contract language structured? Is the plan’s design relevant to the current population, or does it need to be redesigned to align with your goals? Finally, Bookman encouraged organizations to “conduct vendor alignment analyses to ensure that your benefit partners demonstrate and have the same values that you share from a DEI perspective.”

Bookman took a moment to provide examples of inclusive benefits (see Figure 1).

“Inclusive benefits,” he said, “for all intents and purposes, provide access to all employees regardless of age, sex, sexual orientation, gender identity, disability, or marital status.”

In reviewing health systems, TPG has found areas of opportunity in which benefits have not yet been fleshed out to cover all of these groups. This kind of broad understanding, according to Bookman, ensures that your benefit plan is inclusive. “But,” he warned,

Figure 1: Inclusive Benefits

Below are examples of inclusive benefit provisions employers can strategically review and implement. This is not an exhaustive list.

Race & Ethnicity	Women / All Gender Care	LGBTQ+	Disabilities	Multigenerational / Aging	Veterans & Refugees
<ul style="list-style-type: none"> • Mental health support • Cardiovascular care • Outpatient medicines for diabetes and hypertension • Life insurance – congenital conditions • Multilingual and multicultural healthcare, navigators and vendors access • Nutritional education • Healthcare provider listings or directories that have information about race and ethnicity 	<ul style="list-style-type: none"> • Inclusive family planning / fertility care; adoption and surrogacy • Menopause, and climacteric care • Maternity / parental leave / childcare • Genetic screening • Ovarian / breast cancer support • HIV, PrEP coverage • HPV vaccines • Mental health support • Women’s cancer exclusions and limitations • Prophylactic mastectomy coverage 	<ul style="list-style-type: none"> • HIV, PrEP coverage • Comprehensive gender affirmation treatment and workplace supports for transgender employees • Voice therapy & feminization / masculinization benefits • Mental health support from LGBTQ+ inclusive providers • HPV vaccines • Inclusive family planning / fertility care, adoption and surrogacy • Parental Leave • LGBTQ+ specialized clinics and healthcare access 	<ul style="list-style-type: none"> • Mental health support • Body support devices, prosthesis, eyewear, and hearing devices • Life insurance • Short- and long-term disability • Return to work program, including job accommodations • Home accommodation • Cultural adaptation • Autism ABA and access to care coverage • Special language education • Caregivers’ benefits • Communication channels that are accessible for employees with vision and/or hearing loss 	<ul style="list-style-type: none"> • Cardiovascular care: devices, manometers supply, glucometer device, CPAP • Comprehensive care for chronic conditions: neurological, cancer, diabetes & hypertension • Nutritional education • Body support and hearing devices • Life insurance • Caregivers benefits • Flexible time and shifts rotation • Life transition preparation • Well-being programs • Mental health support 	<ul style="list-style-type: none"> • Prevention and treatment of infectious diseases • Mental health support • Life insurance: criminal record exclusions, mental health exclusions, suicide • Short- and long-term disability • Return to work • Multilingual and multicultural health care, navigators and vendors access • Mental health support, especially for post-traumatic stress disorder

Content from Mercer Diversity Equity and Inclusion 2021 report

Figure 2: Benefit Vendor’s Commitment and Resources

- Demonstrate commitment to meeting quality standards to ensure that members’ cultural and language needs are met.
- Embracing the principles of equal access and nondiscriminatory service delivery practices.
- Staff training with on-going cultural competency training
- Regularly measure and report members’ perspective and needs, including their cultural, language, racial or ethnic preferences.

“not every voluntary benefit solution is meant for everybody. This really does require a customization and a unique view of your population to ensure that you get maximum value from offering a voluntary benefit suite.”

Another important piece is assessing the cultural competency of vendor partnerships. “Cultural competency,” Bookman explained, “recognizes that members have a diverse view [and places a focus on] being able to provide and support those views.” Healthcare organizations can work with their respective employee benefit consulting teams to survey and interview vendors to ensure they provide resources and services that support DEI (see Figure 2).

TPG is fortunate to sit on a number of advisory boards for many of the prominent vendors with whom they work on both a regional and national basis. Said Bookman, “Having the ability to sit down at the table from a leadership perspective and engage with these organizations and help coach them on areas of opportunity really has been a distinct advantage for [TPG] and for the customers that we work with closely.”

Measurement

The next phase is measurement. How competitive are your benefit offerings, and do they meet the same needs as your competitors? What are the weaknesses in your respective offerings? Are you using a benefit budget that is aligned with your need?

Measuring these components is vital to the process of creating a highly structured approach to comparing and contrasting benefits—core benefits along with ancillary benefit lines and leave benefit evaluations.

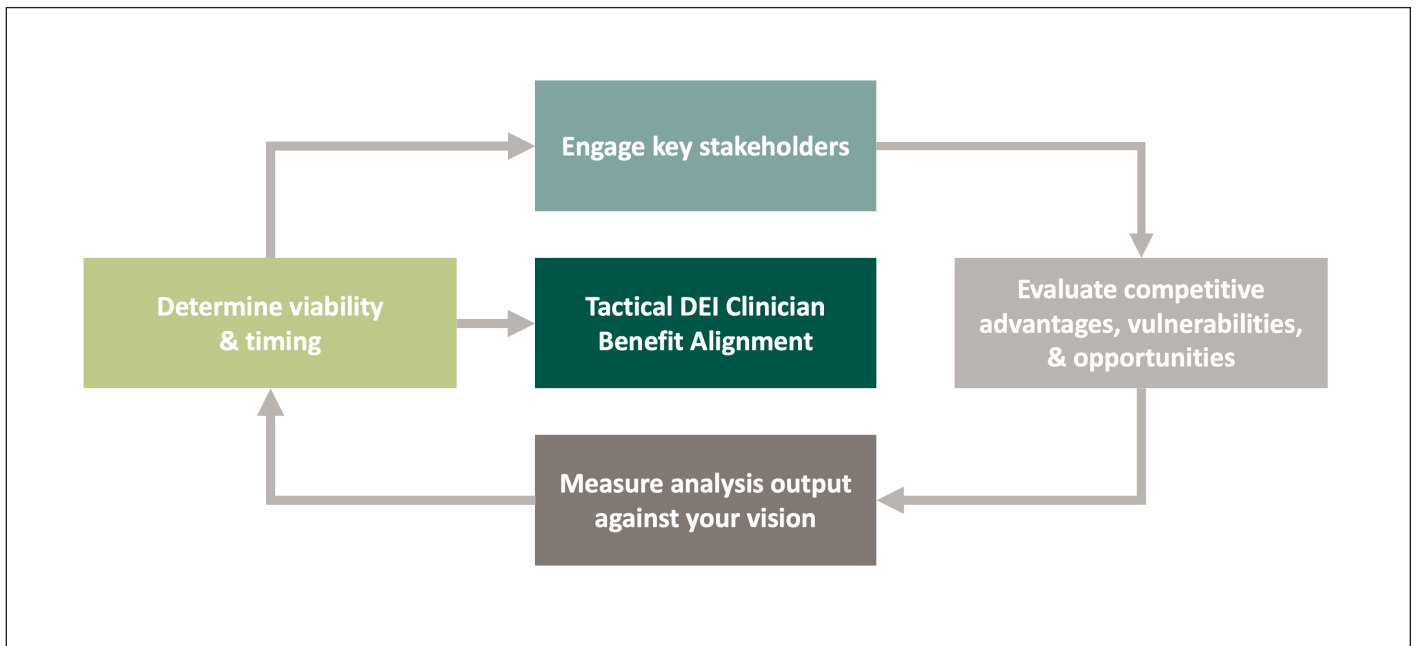
Deliberation

With these measurements obtained, deliberation can begin. This phase focuses on engaging key stakeholders within your organization on the advantages, vulnerabilities, and opportunities of benefit realignment. This collaborative process requires validation from the previous vision, assessment, and measurement work to determine viability and gain consistent consensus to start executing strategy (see Figure 3).

Bookman asked Grimes, “Can you advise how your team effectively engaged system leadership to align on benefit offerings that are equitable and inclusive?”

Grimes explained that you have to commit to looking at all of your practices from an equitable, diverse, and inclusive perspective—that you cannot just start with benefits. She gave the example of Ochsner Health’s Women Empowering Woman group, which had challenged the organization about maternity leave benefits. “Essentially, you had to use a lot of your vacation time to be eligible for the short-term benefit of maternity leave.” Grimes said it gave her organization pause to think about the effect this process was having on employees from a well-being

Figure 3: Deliberation Strategy



perspective. “You don’t want to never be able to take a vacation because you have a baby, right?” she said. “It’s the opposite—when you have a baby, you’re going to need a vacation at some point. So that make us rethink that benefit structure.”

Grimes went on to explain how, looking at benefits from the perspective of Ochsner Health’s young professionals, they realized more variations were necessary in the voluntary benefits offerings. “It’s not one-size-fits-all,” she said. Lacking variation can create situations in which employees opt out of any benefits—seeing that the core plan does not match their needs—which “could cause some despair” for employees down the line. This is why it is important to deliberate in a collaborative manner in order to determine where variation may be necessary.

Execution

Last but not least, Bookman described the execution phase. “The most important part of this final phase,” he said, “is the establishment of a three-year clinician benefit strategy roadmap. This would be a detailed project plan with key milestones to outline the journey

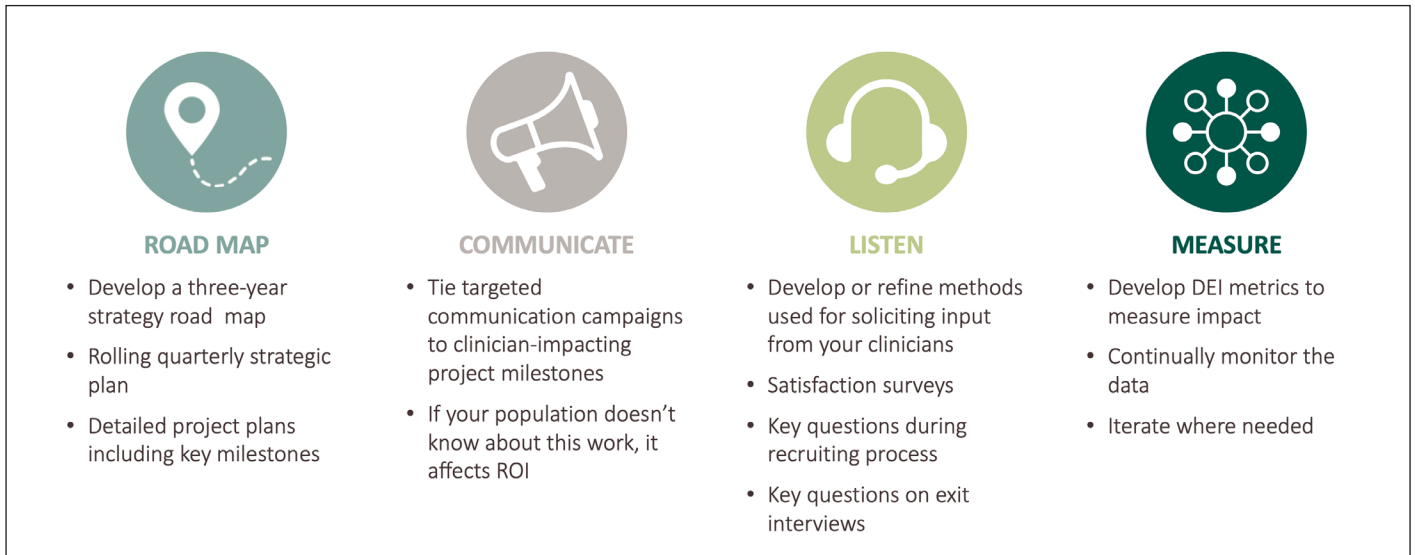
that you’re about to undertake as it relates to clinician benefit alignment.” (See Figure 4.)

Next, a targeted communication campaign helps clinicians understand the enhancements you are bringing to the table. “If you’ve made these great changes to your plan sheet and your portfolio and nobody knows about it, all that work you put in really is wasted,” Mr. Bookman explained.

Another critical step is actively listening to feedback. Soliciting input from employees through methods such as satisfaction surveys and questions during both the recruiting process and exit interviews provides invaluable information for the realignment process. Lastly, DEI metrics help measure the impact of the alignment work, and continually monitoring these data and adjusting to changing needs ensures that benefit offerings remain aligned with your goals for a diverse, inclusive, and equitable workplace.

When asked for another example for how Ochsner Health supports a robust clinician-defined benefit experience, Grimes described standards and policies in place for the LGBTQ community. “We went to our

Figure 4: The Steps of Execution



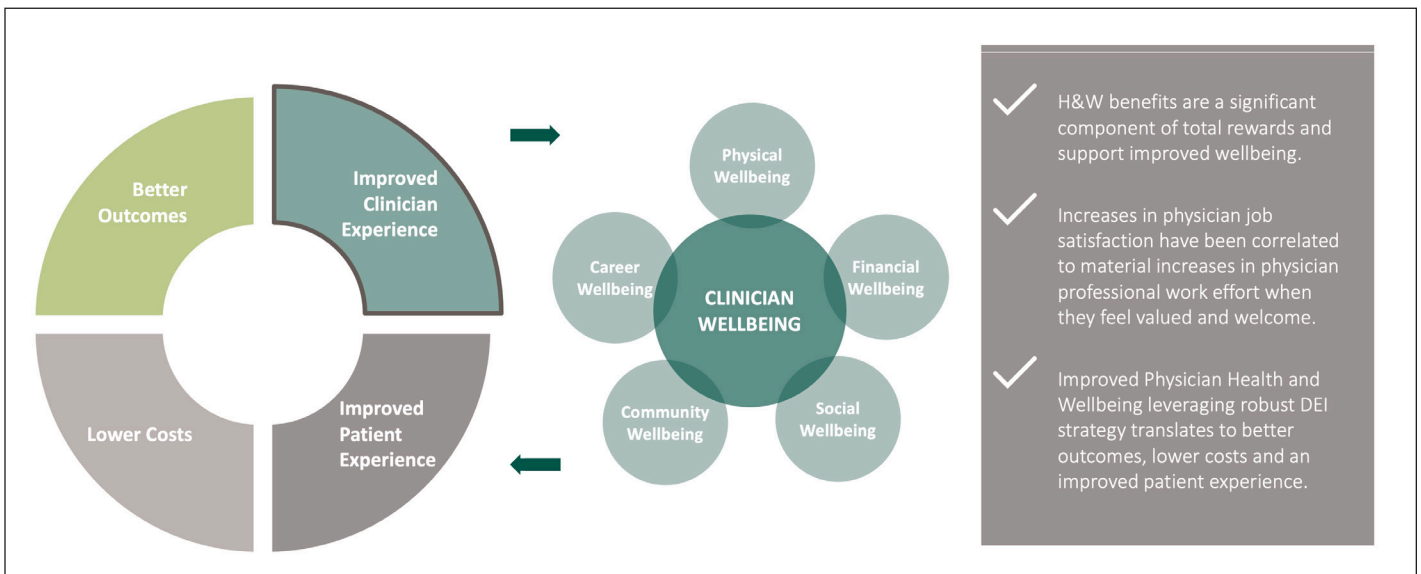
Pride group, which is our employee resource group for that community, and we started to listen and lean into partner benefits and benefits for our trans employees,” she said. “It’s never-ending, because you may have benefits that are totally inclusive for a certain standard or period in time, but you also should be open to adjusting.”

“That’s a culture that you want to create,” Grimes continued. “When things change, organizations have to change, and you have to look at whether your employee base, your clinicians, are telling you what they need.”

Bringing It All Together

“You can’t do everything,” Grimes said. “You have to acknowledge: We have limited dollars, and we want to spend those dollars wisely—but we also want to do it in a way that’s also inclusive.” She went on to describe how you have to look at your data and your employee base from the perspectives of race, gender, generational differences, and more. You have to create the space, through open forums and engagement surveys, where employees can tell you what is working well and to share opportunities for improvement. (See Figure 5).

Figure 5: Bringing It All Together



Being transparent about this process is key. “There are several things we would like to do, and we’re working on it, [but we cannot offer it] right now,” Grimes explained. “And then there are other things where we say: That’s a great idea—we’re going to implement it.”

“In my experience,” she continued, “the important part is laying down that foundation and explaining your vision and your commitment. Then you put together those tangible things—how you’re going to measure, how you’re going to perform, how you’re going to interact with one another. Whether it’s benefits or engagement opportunities, no matter what the issue, you’re going to come at it and look at it from the lens of diversity, equity, and inclusion.”

Key Takeaways

Bookman offered a summation of the key takeaways below:

- As healthcare organizations continue to fortify DEI benefit strategies, TPG provides consultation on best practices and relative benchmarking to ensure your journey is on course.
- Health and welfare benefits play a key role in attracting and retaining top physician talent and improving the clinician experience.
- Improving the clinician experience using a DEI lens supports lowering healthcare costs, improving outcomes, and improving the patient experience.
- DEI clinician benefit alignment can be optimized with a defined tactical approach and detailed analysis.

Bookman then opened the floor for questions.

Q&A

Q: *What resources did Ochsner Health engage with to support the alignment journey, and what obstacles did you encounter?*

A: **Grimes:** We felt it was really important to put together the right structure and resources to get the outcomes we needed. And what I mean by that is that we have a System Diversity Council that is chaired by our CEO, and co-chaired by myself. So all of the work that we do in this space is monitored and decided at that committee. But we quickly realized that with 35,000 employees and several thousand physicians, we needed to have a way to take that vision and those initiatives down to the regional level. We also have regional directors who partner with each of our regional CEOs—every facility, every region in three states. Those leaders also have a DEI partner, so we have regional DEI councils at the regional level. We also have six other system councils and employee resource groups for physician and employee participation. At any given time, there are thousands of individuals working on DEI initiatives. A health equity council looks at our data outcomes to seek any internal disparities, and we have committees and work groups that are tasked with responding to these data.

Q: *Can you detail how you have helped healthcare organizations and their employee benefit vendors for culturally competent resources and services?*

A: **Bookman:** One of the important things we do for our healthcare partners is collect their valuable feedback and experience with the current vendor partners in place. In addition, we thoroughly evaluate vendor partners to audit their respective commitment to deep principles, protocols, and employee training. One recent example is a large healthcare organization we work with that represents roughly 9,000 active and retired physicians. We were

tasked with doing an evaluation of their vendor partners to confirm how gender impacts the delivery of service of benefits. This was definitely an eye-opening experience for us and also for the partner that we worked with on this bottom line. There's a thorough analysis that goes into the process of vetting, engaging, and evaluating vendors overall. But we really do take a very aggressive step in engaging the vendors to deeply understand their overall commitment to design and evaluate the tools, resources, and language lines that they have available and compare them against others to make sure that our clients are getting best-in-class engagement.

Q: *What is the biggest employee benefit area of opportunity for healthcare organizations to effectively align explicit clinician benefits with the strategy? What is the best practice for evaluating offerings to identify benefit gaps?*

A: **Bookman:** The most activity we're seeing right now is really in the family-friendly benefit space.¹ These are benefits that support employees across their life stages and balancing and integrating work and family responsibilities. Family-friendly benefits can include not only parental leave and adoption benefits, but also broader caregiving benefits—caring for a spouse or a domestic partner, as an example—as well as childcare benefits and paid parental leave. Family-friendly benefits can also help companies improve their gender diversity and demonstrate value and contributions from women in the workplace. Understanding that employees have diverse needs and diverse backgrounds, they need diverse choices. So just making sure that there's proper alignment in those choices available to your clinicians and your employees is mission critical to our evaluation. Looking at the second part of your question, what is the best practice for evaluating benefits? It really does come down to working proactively to identify gaps within your respective HR and benefits team around engaging your clinicians for feedback on programs that you're offering. This is really a partnership opportunity that we see with a number of the partners with whom we work closely. We don't necessarily leave this up to you to do by yourselves. We really do come alongside you as an organization and walk lockstep with you to help you understand the value and the things to consider as they relate to vetting and identifying gaps within your benefit portfolio. So, it's really a collaborative process overall.

Q: *Can you advise what coalition benefits are worth assessing based upon current trends in the marketplace?*

A: **Bookman:** I would have to say all of them—all the great benefits that your organization offers are worth assessing and have noted value to your employees. I mentioned the family-friendly benefits as an example, but we also do quite extensive work on the integrity of healthcare organizations' medical, dental, disability, involuntary work, and sightlines. All of these important benefits are really the fabric of your employee benefit experience and need to be treated equally.

Closing Statements

In closing, Grimes reiterated the appreciation for having the opportunity to hold this discussion. She encouraged attendees to start their DEI journey based on this conversation and not to stress out about getting started. “A lot of times, this work can be a little overwhelming at first, but I can assure you that if you come at it from a lens of honesty, transparency, and inclusivity, it will involve all of us working together to create that space where everyone feels a sense of belonging,” she said. “So good luck with your journey.”

¹Wilson Towers Watkins. 2020. Employers Prioritize Family-Friendly Benefits. Accessed September 23, 2022 at wtwco.com/en-US/Insights/2020/05/employers-prioritize-family-friendly-benefits.



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