



Speakers:

SK1: Sam Kling, Corporate Communications Manager at GeoBlue

SK2: Sheldon Kenton, President and CEO of GeoBlue and Managing Director of Bupa Global.

NW: Noelle Weinrich, Corporate Project Manager at GeoBlue

Dr. K: Dr. Kennette Thigpen, VP of Clinical Crisis and Specialty Services at Workplace Options

Dr. C: Dr. Damien Cornacchia, Medical Director at GeoBlue

Opening Remarks:

SK1: “Good afternoon, thank you for joining us today. A few house keeping items before we kick off the call. If you’re playing webinar bingo, you can go ahead and mark off the ‘reminder to stay muted’ box. You’re muted when you joined today’s call, but we ask that you stay muted throughout the presentation. We do of course welcome questions. If you do have a question, be sure to send it through the question and answer feature on WebEx, and select our moderator, Noelle Weinrich as the recipient. Noelle will be fielding all of the questions. If we don’t answer your question live, we will be able to reach out to you after the event. We will also be asking you a few poll questions today throughout the webinar, so be sure to have that feature opened in WebEx. Finally, this presentation will be recorded and sent to you via email in the next few days. To begin our session, I’d like to introduce Sheldon Kenton, President and CEO of GeoBlue, and Managing Director of Bupa Global. For those of you who aren’t familiar, Bupa Global is a key member of our Blue Cross Blue Shield Global family and an international healthcare leader and innovator with brand recognition outside the U.S., similar to Blue Cross Blue Shield’s brand recognition inside the U.S. GeoBlue is owned by Bupa Global along with the consortium of Blue Plans and Blue Cross Blue Shield Association. Sheldon joins us today from his native England. Sheldon, when you’re ready.”

SK2: “Thank you Sam, and can I add my welcome to the GeoBlue team. As Sam said, I’m currently enjoying lockdown in England, and I’m very happy to be here with you to kick off this event. So, the GeoBlue team, working as we do with multinational students and other travelers, have always intrinsically recognized the strong connection between behavioral and mental health, and all-around physical well-being. But recognizing that isn’t good enough. It’s also important that we all work hard to break down the stigmas and barriers associated with the recognition of behavioral health issues. That’s tough enough in our old world, but of course in our new world where we find ourselves barraged by pandemic and other things disrupting the normal passage of life, that becomes even harder. And I think it’s probably true that if you look around you, it’s easy to see the emerging impacts of mental and behavioral health around the



world, from the mailroom to the boardroom. Our friends and colleagues at Bupa Global went slightly further than that and commissioned some work earlier this year in the white heat of the pandemic to look at how this current situation was affecting the mental well-being of decision makers, corporate executives, etcetera. And the results were, in some regards unsurprising, in some regards very surprising and in some regards relatively reassuring. And to give you a couple headlines around that, we found that 70% of respondents to the survey reported mental health symptoms since the start of the pandemic. A third of those reported significant reluctance or difficulty talking about that and a significant number of board executives have delayed seeking help on these important issues, with various reasons for that. Time, fear of speaking out, etcetera, etcetera. However, reassuringly, we found that more than half of those respondents are reconsidering the importance of health and well-being, and in particular, mental health and well-being. And of course, the extent to which that impacts decision-makers, in the world's multinationals etcetera has a direct bearing on the importance of having these discussions more broadly across their employee base. And also focusing solutions around those employees that perhaps wouldn't have gotten the attention they need and deserve in a pre-COVID environment. So that's why we're here today, to talk about how companies can better support expatriates, and recognize the unique challenges that expatriation and travel brings in a normal world, let alone the world we're entering now as we come out of a pandemic event. With that, I'd like to hand over to Noelle who's going to kick-off the remainder of the agenda. Noelle, let's get started."

Webinar:

NW: "Great, thank you Sheldon. I'm so pleased to be joined today by two individuals with a lot of experience in the treatment, and access to care for behavioral health issues, specifically with the globally mobile community. Dr. Kennette Thigpen, known affectionately as Dr. K, joined Workplace Options in May 2013, and transitioned to VP of Clinical Crisis and Specialty Services in 2019. In this role, Dr. K specializes in streamlining and implementing processes across global service centers while adapting to varying cultural contexts. Prior to Workplace Options, Dr. K held positions in juvenile justice, child welfare, mental health and accreditation organizations. Dr. K is a proud graduate of East Carolina University, home of Petey the Pirate, and has a master's degree in Social Work. She also has a PhD in International Psychology from the Chicago School of Professional Psychology. Dr. Damien Cornacchia is GeoBlue's Medical Director. He has been with GeoBlue for almost 4 years. Dr. Cornacchia is certified in internal medicine and emergency medicine. In his role at GeoBlue, he directs position-led efforts, specifically case management functions, performs clinical review medical necessity and prior authorization and maintains oversight of GeoBlue's clinical staff. Dr. Cornacchia is a proud graduate of Weidner University, and the Philadelphia College of Osteopathic Medicine. He completed his post-graduate training at the



Metropolitan System in Southeast Pennsylvania. Prior to GeoBlue, Dr. Cornacchia spent 15 years practicing emergency medicine, holding the chairman position, then transitioned to hospitalist medicine practicing in the Main Line Health system in Suburban Philadelphia. He also served as Medical Director for LifeCare Hospital of Chester County. Welcome to both of you and thank you for taking the time to educate us further on this very important topic.

So, let's get started with our first poll question, all of you on the line please participate, and starting with a very easy multiple choice, yes or no answer. Have you consulted with your clients about behavioral health issues or solutions in the last six months? So go ahead and to the right of your screen you should see the polling options. So you can go ahead and select that, I'll give you a few seconds.

Okay, and we'll give you just a couple more seconds.

Great, the poll has ended, let's see our results:

Alright, great. So more than half of you are having important conversations. Let's get a better understanding of what behavioral health means. We expect that this trend will continue to grow over time as we chip away at the stigma attached to this topic in varying degrees across the globe. So, let's get down to the basics first, to gain a better understanding about the term behavioral health. Dr. K let's start with you. We hear terms like behavioral health, mental health, emotional well-being. Do these terms all mean the same thing and what is behavioral health and how does mental health fit into that?"

Dr. K: "Thanks Noelle, and thanks for having me with you today. So, I think that's an absolutely great question, and I think people often use the words interchangeably. I think it's important to note that, in reality, there's a difference, and what I would say is that behavioral health is exactly like it sounds. It's behaviors or actions that's impacting an individual's well-being, whereas mental health is the feelings and emotions impacting an individual's well-being. Now, the two can coexist together, and I think a great example of this is an individual with anxiety. So, if a person has anxiety, that's the mental health side of things, but how they cope with that anxiety becomes the behavioral health side of things. So, if a person who has anxiety starts to cope by eating more or eating less, or sleeping more or sleeping less, or maybe self-medicating or using substances, those are all behavioral actions that are affecting a person's well-being. Now, I think what typically happens is, you have the umbrella of behavioral health, and underneath that, you have different aspects and I think physical health and mental health are two big components of that. Now I feel like individuals often use the words interchangeably because of the stigma that's associated with it. So, if a person says, 'oh, you have mental health issues' versus, 'oh, there's behavioral health issues', those have two different sounds and resonate very differently with individuals. Now one in five people self-report having a mental health issue. One in five, and that's based upon self-

reported information and we are about to embark on a tsunami of mental health issues. Again, that one in five is based upon self-reported information, so think about how many individuals are not reporting their mental health issues that are going undiagnosed. And then of course on top of that, you have the political climate of course that we're experiencing, you have the social injustice that's happening, and then of course the COVID pandemic. Not to mention, majority of us spend most of our waking hours at work. So there is a huge need to continue to talk about the behavioral health and mental health and how it's affecting our employees."

NW: "That's great, thank you, and one in five, that's certainly alarming, that statistic. So, Dr. Cornacchia, this question is for you, speaking of statistics. In 2019, internationations.org shared the expat insiders annual survey results on living abroad, which included over 20,000 participants across 187 countries across territories. The survey asks these expats about their biggest concerns regarding relocation. Among the top concerns were language barrier, distance from their home country or family, high cost of living, not being able to find friends, and effects of future finances. I know personally when I was an expat in the UK a very long time ago, I really missed my family and I also missed having a network of friends close by, so I can certainly relate to all those things. There are certainly challenges that come with being an expat, so I have a two-part question for you. The first is how do these challenges contribute to existing behavioral health conditions like depression, anxiety, and hyperactivity? And what examples can you provide about your experience helping members get the right intervention and treatment, even when they are far from home?"

Dr. C: "Thank you Noelle. As Dr. K has mentioned, there's a lot of undiagnosed mental and behavioral health issues out there, and whether or not you have an undiagnosed condition, or are quote unquote, totally normal, when you go abroad, you're going to be subjected to things that may or may not provoke and mental or behavioral health flare. It's also important to know that things like anxiety, depression and hyperactivity disorders, their symptoms may join with each other. So, if somebody has for instance a depression-like condition, and they encounter an anxiety provoking situation, their depression may worsen, and it's important to understand these things. The concerns that are brought up by the expats in the survey, it's important to realize that these things will affect different people in different ways. For instance, somebody may be very anxious about a language barrier, while others are not so much. But another person might be extremely depressed or anxious about being away from their family. So, it's important to understand that the contribution to each of these is going to depend with the individual. It's also important to understand that these things will contribute singularly and/or additively depending upon the individual's thresholds. There's often an excitement around the travel around going on an expat assignment, or a student who's going to travel abroad, and once we get by that, then all of the sudden the

reality of being in that new environment starts to set in, and then you start to realize that these things, that Noelle mentioned, these concerns, start to begin to hit home. And again, some of these things might be more predictable than others, for instance, you know when you go to different country, you're going to be dealing with different currency, different language, you're not going to have a car over there, you're going to have to use transportation that's different, maybe even food differences might be of a concern. And then there are things that are not always predictable, such as, you know, how the actual culture is going to affect you, are you going to experience some culture shock? How are you going to feel now that you're away from your friends and family, and how is that affecting you? And the distance of course, knowing that if you want to go see them, it's not going to be that easy of a trip. For some expats, they not only take themselves on assignment, but they also take their family, and that's another concern, because they're going to be concerned about the happiness of their family. If they've enrolled one of their kids into a school and that child is not doing well at all, that's going to impact the expat assignee as well, and contribute to the mental and behavioral health concerns. Realizing also that these things don't always occur with the flip of a switch, they can occur with a very insidious onset, and grow very, very slowly like a smoldering fire over time. One of the things, and I'll mention this a few times as I talk, a pre-departure program often times can identify these pain points and possibly come up with solutions that may make some of them a bit easier to take. No with regard to treatment and intervention, there are different aspects to this. One of the first things, and probably one of the most important things, is what is the local approach to mental and behavioral health in the country of location that you're going in? To the extreme, there are some places, some countries for which they really don't have a lot of dedicated, we'll say resources, to the treatment of mental and behavioral health, in such that finding appropriate therapy there may be very difficult, and in some cases, because the country, the locality, may not have the wherewithal to treat this, they look at people with these behavioral health issues as disturbing to the public, and sometimes even incarcerate them. That is the extreme, thankfully, but it's important to realize that if you're going on one of these assignments, are you encountering one of these areas. The availability of therapists locally also will be an issue, again it depends on to what degree the location devotes to mental and behavioral health issues. They may have the same concentration of therapists that say the USA does, or the UK, but they may not, and these are things that are important to know. How often do the therapists work during the day, do they just work nine-to-five, do they have on call? Are there language barriers? One of the important things that's key to counselling is language, in other words, it's not only that the person can speak the language, but if there are accents and other impediments to understanding each other, that can actually produce more anxiety in the encounter. And it could be that one of the key things that may be necessary to remedy this situation might be even family support. This has to be taken into consideration when you're going to a different location. The pressure of the job, and if you're a student, the pressure of



your studies. How is this affecting me? Where's that threshold to the point where this is too much and I have to now go home because I can't take this anymore? Where is that threshold? Do I stay or do I go? It's really important to emphasize to clients and to your insurance that it's okay to not be okay, and there is help out there for this. And a shoutout to telehealth at this point, telehealth does provide significant mental and behavioral health support, which is available for the most part 24/7, 365 in many, many countries, in many different languages. I'll give you an example of a case that we had, we actually had a member who was in the country of Tanzania, had somewhat of an underlying depressive disorder, but nothing active at the time of travel. Once they got to the country, they apparently had their depression exacerbate to the point to where they started to have suicidal ideation, and like many members and patients in this realm, their first thought was to go to an emergency department, which is not necessarily a bad idea. Well, the solution there was that they thought they were going to send them to a local counselor, and therefore at this point, they ended up calling us for advice, but our knowledge of Tanzania happens to be one of these countries that there's a possibility of a low threshold to imprison these patients because of again, the lack of resources for mental health. We made the decision that it was going to be best, for several reasons, one for the probably better quality of care and two to have this member be back with their family, to actually move them home as we did with escorts. And again, just tout for pre-departure, often times we can identify these pain points and set something up beforehand."

NW: "Thanks Dr. C. Just some interesting information related to the case that you had mentioned in Tanzania. Depression is the leading cause of disability worldwide, and suicide is the second leading cause of death in the world for those aged 15-24 years old, so that's very alarming. Nearly 800,000 people die by suicide in the world each year, roughly that's one death every 40 seconds, so certainly a very serious topic to be discussed. Okay, Dr. K over to you. We know behavioral health programs are not new. How have these programs evolved and how can employers help reduce the stigma of talking about behavioral health issues, especially in certain areas of the world where talking about and addressing personal feelings and issues is not culturally acceptable, nor the norm?"

Dr. K: "Absolutely, thanks Noelle. So, when you look at how behavioral health and mental health have evolved, if you kind of start with at one point it was happening in silos. So, you would have the physical health that would do one thing, you would have mental health that would do something else, and there wasn't much collaboration between the two. Then we kind of evolved to more of an integrated approach where you started to see physical health and mental health really start to integrate with one another, so much so that some physician offices, or physical practices, started to house or integrate psychologists or psychiatrists, or counselors within the same offices to really have that integrated approach. Now, we're moving more towards a holistic approach where we're looking at the whole person and how do we really



support someone in the whole being so that they're truly well. I definitely think that we have a long way to go, shoutout to some of our millennials who I think, they are kind of helping us to break some of the norms in regards to mental health out there, they're more likely to post on social media like, 'I went to go see my therapist,' or if they're having issues or they're having emotional concerns, they're the ones who are wearing the sweatshirts that say 'get a therapist' or 'mental health matters,' they're the ones really championing mental health, so again, although we have a long way to go, we are starting to see some movement. Now, I'm reminded of this quote that says, 'mental health needs more sunlight, more candor and more unashamed conversations', and that's definitely one way that we need to start, by one, there's often times uncomfortable conversations, unashamed conversations, it's about shedding light on mental health and how we truly offer support. And how we start by doing that is, working with our managers, because often times with leaders, managers, executives they're like, 'I don't even know how to have a conversation with someone who's having a mental health issue, I'd rather stay away from that,' and, 'what if they come into my office and start crying, what do I do now?' So, on one end you have leaders and managers who are like 'I don't even know how to address the issue.' On the other end, you have employees that are like, 'I don't want to be vulnerable, I don't want to share anything about me having mental health issues, or how I'm struggling, or how I'm stressed out and overwhelmed, because now you're going to think I can't do my job, and then if that promotion comes up, I'm not going to be eligible for that promotion'. So, we have all of those things that are going on and we try to maneuver as things evolve and change, but we also need to ensure that companies are having strategies for mental health and well-being in the workplace. Like it needs to be infused into the workplace, and so I was happy to see the poll that said 57% of individuals had already consulted with different people in regard to it. So that's one piece to it, but what steps are they truly taking. So, when we talk about the initiatives and strategies, what are your values related to mental health? What policies and procedures are related to mental health? What is your strategic plan about it? And so, it's not enough to have one training once a year on World Mental Health Day, or World Suicide Prevention Day, it's a lot more than that. And the other piece that I would really talk about it, do you have employee endorsed well-being programs? And I think there's two important things to consider when looking at that. One, it's not necessarily a one size fits all, because we're talking about culture. And so when we're talking about that culture component, yes we may have offices across the globe, and we want to make sure that everyone has that mental well-being support, or that employee endorsed program, but we also need to take that cultural context into consideration of what subculture based upon each office are we also ensuring is part of that strategic plan or that mental health initiative. And then the second piece that I would say in regard to the employee endorsed programs is, what type of communication plans are being put out? So, often times we get email communications from our vendors, and when we receive those communications, if you're like me, I get inundated with emails,

and so I'm often like 'I don't know what this is,' click delete, click delete, and now I have no clue what well-being offerings are being presented to employees. And so, ensuring that those communications are coming from somebody within the organization, so that we can ensure that people are staying up to date on information."

NW: "That's a great point Dr. K, I personally receive so much spam in my email, but if it's an email from my employer, that definitely will catch my eye more than any other type of email that I don't normally get, so great point. In terms of, you mentioned millennials, and I know that millennials are more comfortable, more familiar with using their devices, and they text a lot, right? And especially Gen Z, they're always on their phones. We got a question regarding, what about text counseling? That's something new that I've heard of. What are your thoughts on counseling through text messaging?"

Dr. K: "I think with most anything, even like telehealth and telemedicine, there's pros and cons to text-based counseling. I think the first thing that comes to mind for me is, what counselors are able to read or pick up on? If you think about going to a brick and mortar location where you're face-to-face with someone, not only are you able to hear what they're saying, but you're able to see what's not being said. You're able to notice the incongruences in people's body language, and again what they're saying, of course then we started moving to more of telephonic counseling, and again although we took away the observation piece of things, the visual side of things, we were still able to hear tones of voice to be able to recognize when something is going one way or another. Now, of course, we're moving to this text-based world, now we're taking away the visual and the audio and then we're left to kind of decide and decipher what words are on a screen. And again, if you're like me, how many times have you misinterpreted or perceived an email or text that has come through, and then when you add the cultural component to it, my goodness, and I think a great example of this is I was actually through email, it kind of shows how communicating over a device happens. I'm the type of person to get very excited, so I'm like, 'hello exclamation, exclamation, exclamation' and, 'have a great day exclamation, exclamation,' and I was communicating with someone from a different country, and they were like 'why are you yelling at me?' and I'm like 'no, I'm not yelling, I'm just super excited! I'm like, hello! How's it going!?' And then so she sent me a communication back that was in all caps, and it wasn't a big deal, but she was like, 'I'm trying to prove a point to you.' And so when it comes to text-based counseling, on one end, it's easy for people to be able to access the service. It's on demand, it's right there in the palm of their hand where they're able to do it right away, but I think there's also the other aspect of what risks are present, and when there are risks that are present, how are we truly responding? Now personally when it comes to text-based counseling, I see it more of a great way to start a conversation, to access the services, but I'm still not



completely sold on it being a full-proof way of completely doing counseling and doing sessions all together.”

NW: “Thank you, that was very helpful. So as a follow-up question, what kinds of programs tend to be more effective for a globally mobile population? How can employers most effectively support and measure these programs?”

Dr. K: “Great question. And so, I think it’s important to note that, one, you have your remote employees that are still have some that are working from home, again you also have some employees that are going to be in the office, but it’s also important to keep in consideration, your global workforce especially when you have multiple offices in multiple locations. And so, based upon what employee endorsed programs are being offered, is it truly acceptable to all across the board? The other thing that I would note is that I mentioned earlier that, it’s really important- that holistic approach, and when I talk about the holistic approach, it’s about what mental, what physical, what practical field of support is really needed? And I think what’s important to note about that, or a good example would be, we’re seeing a lot of individuals that are calling in because they’re stressed, or they’re overwhelmed, or they’re at home working, they have the kiddos there, maybe their partners there and it just seems like the weight of the world is on their shoulders. Now most people aren’t going to call you and say, ‘well first, let me tell you what my emotional needs are, and let me tell you what my physical needs are, and then my practical needs are,’ they’re typically not going to do that, so having someone that can hear the need of what’s truly needed, they can really talk to them about what’s needed. In that example where you have an individual who’s calling in because they are stressed or overwhelmed, that goes back to that mental health support that is needed. In continuing to talk to that individual, you notice that they’re having to transition back into the office, so needing to figure out, ‘what am I going to do with my kids? My nanny’s not coming back, how do I find a new nanny or, what childcare facilities do I send them to?’ So now there’s an additional stressor that’s put in that individual’s life because there’s a practical need of ‘I need to find childcare for my kiddos,’ and so if they’re at work, they’re going to become almost less productive because their main concern is my kids, not necessarily the work that’s going on. So, stress that goes unaddressed often turn into stress and anxiety. Also, in having that conversation with that individual, we start to notice some of their behavioral health needs, because they’re so stressed out, now they’re eating all the snacks in the house and they’ve gained that quarantine 20 people are talking about, or that quarantine 19 about. And so, in that conversation with the individual, you’ve heard the mental health needs, which is the stress and feeling overwhelmed, you’ve heard the behavioral aspect of that which is, now I’m eating lots of food and I’m gaining weight, and then you’re hearing that practical support which leads to additional stressors, which is I need help finding additional childcare for my individuals, so again really understanding that from a



holistic standpoint. The next thing I would say, it's really important that we get buy-in from our leaders. And so, often times, we're like, 'okay, we're making an investment, what does this mean for us though, how is this ultimately going to affect the bottom line to improve things?' So one, we have to get the buy-in from the leaders, and it's really helping to understand, what is that human factor? I feel like there's times that organizations lose the human factor because we're so focused on numbers, but people have real lives, so understanding them from that human factor is important. The other thing I would say, having those champions and ambassadors from our employees that are there to be able to support and make things go along, so it's not just something we do once a year or twice a year, but how are they championing and being ambassadors for those well-being programs along the way. I know we talk about communication right then, but I do think that communication is super important. Often times when we have these employee endorsed programs, we may talk about it when somebody is onboarded, and then we may talk about it again at re-enrollment, but what type of conversations are we having all along the way? So it's important that we have a clear communication plan to be able to talk about our well-being on mental health all along the way, so that we can make it a norm versus something that is still a stigma. Some things that I think people can start to measure is, absenteeism. So, when someone is calling out for a mental health issue, they're not going to say, 'good morning, I'm calling out because I'm stressed and having anxiety attacks,' they're most likely not going to say that. Most likely what they're going to say, 'I'm not doing well today, I'm not feeling well.' So, you're going to see, with these programs, those absences truly decrease. Another thing is, productivity where we should see an increase in productivity as a measurement for individuals where, often times we talk about absenteeism but there's also something called presentism, where people are present and supposed to be working, but maybe they're having so much anxiety about the election that they're not really doing work because they're constantly switching between CNN and ABC and CBS, and every other channel to want to know what's going on, so they're not fully present. If you can get well-being programs that are supporting staff where they can be more present and available, you're going to see productivity increase. Two other ones I would mention is, satisfaction. So, if you were to do a survey for your employees to understand, what do they value, what's working and what's not working? Often times we make decisions, and we think they're grand decisions, we think we hit it out of the ballpark, but then nobody is utilizing services and we're like, 'hey, wait a minute, what's happening?' So, it's important that we get feedback from the individuals that are truly utilizing services, which brings me to the last measure which would truly be the utilization. What is the utilization of those employee endorsed programs that are taking place, is it 0% because maybe we don't have a program or people aren't utilizing it, or is it 1%, 3%, or 5%? So, we would be able to also measure that by the utilization.



NW: “Fantastic, thank you Dr. K. Alright, why don’t we next do a poll question, question number two. Let’s jump right into it, and as you can see, there are five answers that you can select from, so you might have to scroll down if you can’t see all five in the side panel there. When was the last time you used a telehealth service for your own health or for a family member? A, within the past 1-3 months, B, 4-6 months ago, C, 7-12 months ago, D, more than a year ago, or E, never. There’s a lot of different definitions of telehealth, but just to level-set so we’re all thinking of telehealth in the same way for this particular question, telehealth is remote healthcare access that can go beyond the doctor patient relationship and can include a variety of services such as patient health education, social support, troubleshooting health issues, etc., so it does go beyond that doctor consultation component. So again, let’s see, you have a few more seconds- oh, the poll just closed, and let’s see.

Okay, wow, so 36% within the past 1-3 months, so that’s interesting, but even more interesting, 33%, never. I do believe that once you use telehealth for the first time, you definitely can easily see why people use it and you become a repeat user. To explain my own personal experience, I’ll explain it in one word: convenience. It removes travel and wait time that can be wasted with a normal office visit, so that’s really my main call out for telehealth, the convenience part of it. Speaking of wait time, here are examples of trying to access behavioral health services in other countries. The average wait time for a psychiatrist visit in France is 67 days. That’s a long time to wait, especially if you’re already feeling anxiety or stress. In 19 states in Mexico, there is only one psychiatrist, or one hospital bed for mental health. This makes telehealth services a critical lifeline for globally mobile members who may not be able or feel comfortable seeking care in person in a foreign country, for a multitude of reasons. Dr. Cornacchia, what are the primary benefits of telehealth for both providers and patients?”

Dr. C: “Well Noelle, as you just said, there’s a big convenience component to it that’s important to people. The ability to have these appointments occur on the patient’s side rather than on the doctor’s side, that is, ‘I want to make a telehealth appointment and it’s going to be during a time in my day when it’s convenient for me, not the office I want to go to,’ certainly works for a lot of expats or anybody actually, anybody around the world who is looking for a medical intervention of some sort. The appointments are also generally very easy to make, and when you make the appointment you’re not, as you just mentioned, waiting days or weeks to have your encounter occur, but usually within a few hours, and making the appointment is actually very easy, and in our case, it’s done through our app. Another aspect of telehealth that’s very convenient is travel. You no longer have to get in your car or take transportation to get to the doctor’s office, you can do it in the comfort of your home. and it give you back some time that you may have lost if you had to travel there. In addition, if you are a parent or you have an elderly loved one who is difficult to leave or you have to provide alternate care for or put them all in the car or bring them to the



office on the train, that's also an inconvenience that's alleviated by doing a telehealth visit. One other thing that's really important is the cost. Telehealth visits, for the patient in a lot of cases when it's provided as a benefit, is there's no cost to the patient for it. The costs savings is very significant when you look at what an emergency department visit or an urgent care visit verse a telehealth visit, telehealth is much less expensive than the other two. As far as clinical benefits, as Dr. K mentioned, when you're dealing with mental health and behavioral health, there are several aspects of communication, counseling by text, counseling by phone, counseling by video, counseling in person. And if you can achieve a telehealth visit by video, that's really the ultimate because as Dr. K said, being able to see things, whether it's the patient's demeanor, how uneasy they look, or to see just how bad that laceration is, helps you decide whether or not it needs an elevated level of care like going to an emergency department or an urgent care center for stitches, versus something that can be treated at home. Does that orthopedic injury look like it can wait a few days to see if it settles down, or should they go to, again, an urgent care or an emergency department for care? In addition, in many cases the telehealth visit is going to be more timely for the condition that's being sought. For instance, when you develop a sore throat, if you can't see your doctor say for three or four days, well if it's a strep infection, three or four days can be very critical to the treatment of that, and if you're waiting that long, you can get into complications that aren't necessarily going to be very positive for the patient, so timeliness is important as well. Language is a big one, specially of course when you're not in your native country. Being able to speak to somebody who speaks your language, we'll say as you do without maybe accents and other things, is important and especially as I said even more important for mental and behavioral health, you need to get rid of as many anxiety factors in that encounter as possible and language could be one of them. Another plus is that generally telehealth is going to provide follow-up. It's not always one and done, they are going to usually going follow-up with you and say, 'okay, so how are you doing since we decided to do this, or I prescribed that?' If obviously they don't think things are going the way they should, they generally are going to say, 'at this point we need you to see somebody'. With regard to mental health, generally speaking, telehealth extends the visits beyond one single follow-up and will provide, in some cases, I think our product allows for about six visits, at which point they're saying this is getting to be a little too much for telemedicine, and therefore we want this person to see a professional. There are always extenuating circumstances which may draw it out further, but that's sort of a rule of thumb. Now in this day and age and going along the travel aspect I mentioned earlier, this day and age with COVID is important to consider as well. We now seem to be going through in several, I should say in many countries, we're going through a new set of lockdowns, and being able to seek this care from home rather than having to go out and risk being exposed to people during your travel. And of course, being exposed to people that could be in that setting, be it an emergency department, urgent care, physician's office who may or may not be COVID

positive, or for that matter, have any other communicable disease, is important, so there's safety with regards to COVID and other diseases. As far as providers, one of the big pluses for regular providers is that telemedicine is one way of providing off-hours and holiday coverage, that they may or may not have set up for their office. Most offices will not provide you 24/7, 365 routine medical care over the phone. In other words, if I call my provider and say I have a cold at two in the morning, generally speaking that clinician is not going to talk to me about that at that time, they're going to say call us in the morning, or make an appointment. Or if you feel really bad, go to urgent care or the emergency department. Well, telemedicine bridges that gap and provides a place where you can go and where you can seek the medical care in a more timely manner, and therefore it fills in certain gaps. Obviously, I think one of the things about telemedicine is its accessibility on a global basis. Pretty much anywhere you can get internet, you'll be able to access telehealth. Now, it's important to realize that there may be some restrictions with regard to telehealth offerings for certain countries, but the vast majority do not have those significant restrictions on there. As I mentioned before, financially it is less expensive for the most part to seek a telemedicine consultation. Continuity of care does sometimes become an issue, but there is data exchange, i.e., medical record exchange that can occur between the telehealth vendor and the primary care or whoever is going to be following up with you, so that your continuity of care can continue. And as I mentioned, when it comes to things like mental health and the follow-up visit, there are multiple visits that are available if needed."

NW: "Thank you Dr. C, as a follow-up question, we discussed benefits, but now that telehealth is popping up on everyone's radar due to COVID-19, what are some of the myths associated with telehealth, and some barriers that providers may need to overcome?"

Dr. C: "Well, probably one of the most thought about myths with regard to telehealth at this point is confidentiality. And to debunk that myth, I want you to realize that telehealth offerings, telemedicine vendors, and even doctor's offices who are getting more and more into telemedicine as an offering for their practice, have to follow confidentiality protected health information guidelines, be it HIPPA in the United States, or GEPR abroad. And this is also enabled through secure connections, most of the time telehealth vendors are accessing the encounter via the internet, so therefore they can secure the connections rather than talking cell phone to cell phone, so there's secure connections that are established for the most part. Also, the physician patient relationship is the same with a telemedicine vendor as it is with a regular doctor, so you can be sure that the confidentiality that you and the doctor are sharing is going to be maintained with the usual rules and abilities to release as per the typical doctor visit that would occur in an office be it in the United States, or abroad. Statista.com published in September 2014, almost six years old but it's probably still about right, 'hesitation still exists among users in regard to



the privacy of personal information, and security of data systems. Approximately 33% of females reported that they were not at all comfortable sharing self-collected digital information, while about 12% of male consumers said they were very comfortable with this'. What we're seeing I believe, and I think Noelle touched on it when she said once you use telehealth once, you find out it's actually not that bad and actually there's an advantage to it. And this worked out for me. There's an ongoing paradigm shift, and if there's anything COVID did positive for us, one of the things it did was it jumpstarted the telehealth, I won't say the telehealth industry, because although the telehealth vendors certainly had a definite increase in their volume, one of the other things that happened was that the primary care offices realized that, they had to provide a telehealth, or similar type of offering, if they were going to maintain any degree of volume in their practice. Since some of their practices are financially linked to volume, they had to figure a way to do this. And then in the United States, there was a push to allow practices to get these telehealth offerings off the ground with let's say, little bit less roadblocks than there typically would be in a non-COVID area. Rest assured however, that they still remained confidential and with security. So, all in all, there really isn't a lot of risk between having a telehealth visit and going to your doctor anymore, because the same rules really apply, and I think it's important that we should have the comfort of realizing that a telehealth visit is for the most part just as safe as it is in a face-to-face visit. Now, what are physicians' point-of views on this? Well, if I had to say it in simplicity, it would be that telehealth has its place. But what's most important, and probably the one single thing that has driven home to telehealth, medicine, doctors and clinicians is that you need to know your limitations. You need to know when this does not belong on the phone, over the internet or video, this belongs in an urgent care center, this belongs in an emergency department. And as I mentioned before, for instance with behavioral health, a lot of telemedicine vendors will give you up to so many visits, in our case six, before they realize that this is a bit too complex and we need to move this into a brick and mortar, face-to-face visit if at all possible. The office visits, as I mentioned, office practices, have increased their telemedicine vendors, and providers have found out that this is a very good plus to their office, even without COVID being considered, to the point where, doctors' offices who have put into place a telehealth offering, have decided that even when the pandemic is over, they're going to be continuing their telemedicine offering, even when the pandemic is over to the tune of about 90% of practices that were polled with regard to this. When you don't go to the doctor's office, there's a reduction in staff time that's necessary, and also the thing about clean-up involved, now when you go, they're sanitize the room you were in, and of course there's the use of the PPE and the reduction of their overall flow. What's most important for the consumer, is to know what the life and limb-threatening situations are that you should not even be considering telehealth for but should be going to an urgent care facility or emergency department. But that's not always obvious, and that's something else that telehealth will also do. First thing they're going



to do when they get on the phone with a patient is, they're going to triage that call and they're going to decide, is this something that can be done with telemedicine, or is this something that belongs in a face-to-face visit? Things like colds, mild infections, rashes, many orthopedic types of injuries and vague symptoms are things that very much can be handled by telemedicine. As a matter of fact, when you look at the number of ER visits there are in total, and combine that with urgent care, probably about 60-70% of those could actually be done by telemedicine. When we look at some of the satisfaction polls, and we've gotten some comments back from some of our members, one of the other things telemedicine we've seen is being utilized for is second opinions, or well call it consultation. For instance, when a member is in a foreign country, they'll seek care in a foreign country, for some reason or another, they may not be 100% comfortable with it and they're second guessing what was done. We've had some call telemedicine and say, 'hey, I went to this doctor, this is what I got, this is what he prescribed,' and in some cases, the doctor would say, the telemedicine doctor would say, 'everything's fine, you're on the right track,' or, 'no I'm not liking that antibiotic choice, let's switch you to this,' and the switch is made, and it's just one of the ways of having a second opinion."

NW: "Thank you Dr. C. Okay, over to Dr. K, and I realize we have about 10 minutes left, so we're just going to speed things forward a little bit faster. I recently saw a report published by Market Data Forecast that the telehealth market in the US is dominating, with over 60% market share due to a surge in telehealth investments, emergence of smartphones and advanced digital devices, and increasing prevalence of chronic diseases, unfortunately. Canada, Europe, then Asia follow the US with regard to telehealth market share. Are you seeing the same trends that remote healthcare and treatment for behavioral health conditions are mainly utilized in the US, followed by Canada, Europe and Asia? And what differences do you see among different cultures and patient demographics, related to use of telehealth for behavioral health needs?"

Dr. K: "Thank you, so I'll keep this pretty short. So, I think Dr. C mentioned everything, it was amazing, so we're seeing the exact same things he was talking about when it comes to debunking some of myths or what people are thinking, more so from a cultural perspective. I think it's interesting when you look at individualistic versus collectivist societies and how individuals interact with their therapy, especially when it comes to telehealth, where for more individualistic cultures, it's 'okay, let me be in and out, give me what I want, instant gratification and move on,' where a lot of times in collectivist societies it's really about taking that time to build that therapeutic relationships, to really get to know them. And so sometimes they do prefer to go face-to-face, but with COVID we've been forced to go to this telehealth world, and I think what's really interesting is that, when we look at some of our data pre-COVID, we were seeing about 55% of individuals going face-to-face, and about 10-15% were going telephonic or video counseling, and now



of course when you're in COVID, we were doing all telehealth, and now that things are opening back up, our numbers have kind of flip flopped where we're seeing about 15% face-to-face, and about 50-55% telephonic and STC or SCC. I think what's also interesting is, you often hear people say, 'well is it still effective if I do video or telephonic counseling versus going face to face, is it still the same?' Well, when we started to look at the outcome of our data, they were right neck and neck, so when it comes to the efficacy of the treatment using telehealth, we're still in good measure."

NW: "Great, thank you Dr. K. I saw an interesting statement in a Blue Cross Blue Shield report called 'Making Full Health the Focus,' where it states that millennials want more multi-dimensional care, balancing in-person visits and digital care. I found that interesting because I bet that as Generation Z is entering the workforce, the shift in preference will be more towards digital rather than in-person care.

Okay, switching gears now on value, and that brings us to our next and final poll question. Again, if you don't see all four answer options in the side screen, just scroll down. What do you think is the most valuable aspect of a behavioral health program for clients? Increased productivity, attracting and retaining talent, early intervention leading to possible cost reduction or cost avoidance of behavioral health conditions and related physical conditions, or creating a supportive culture of health and well-being.

I'll give you just a few seconds on that one.

Okay, final answers in. Let's close down the poll.

And the survey says, 56% said creating a supportive culture of well-being, and that's the topic that Dr. K did mention earlier and ways that we can do that. Let's close the session out by talking about value. The CDC states that 75% of all healthcare costs are tied to lifestyle behaviors that can be modified, so we do have some control over that. How can brokers and consultants convey to their clients the value of applying a holistic approach to behavioral health benefits for the globally mobile? Let's hear both of your thoughts on this, and we'll start with Dr. C."

Dr. C: "Being an osteopath, the philosophy we have is that a holistic approach to a patient's care is very important, that the body is a very intertwined, intermingled, very complex machine. To give an example, things like anxiety can lead to a person developing like peptic ulcer disease or irritable bowel, maybe even tension headaches or migraine headaches. Things like having cancer may have a person develop a significant depressive disorder, or if somebody has a chronic orthopedic disorder and can't do things that they used to before, again can lead to behavioral health issues. Again, showing on the interaction between physical, behavioral, and mental health. It's important that there's a seamless care approach between global and domestic benefits with regard to this, and to realize that a pre-departure program may



be something that can identify this holistic approach, these complex issues, and help you get ready to treat them or put you in a good place before you go. It's important to know the differences between the United States and abroad, or any place you're going, with regard to what their technology is. For instance, they may not have medications, or if you're on an extremely complex chemotherapy regimen, they may not have that there, they may not have the technology to monitor your conditions. And in some cases, if you are practicing as eastern philosophy type of medical treatment, you may not be able to get that in the west. Continuity of care overall, basically is extremely important, and one really nice thing about Workplace Options is that you're basically able to get them whether you're international or domestic, so that there's a good, seamless continuum of care with regard to that. I think it's important that the employer and insurer help to advocate for things like a pre-departure programs, and for these holistic approaches to things, and they can do that through advocating through brochures, through their email, blow-outs, on their website, in order to help show their awareness. Having a wellness coaches in some complex cases may also help in keeping things from getting too complicated, or making things easier to access, whether or not you're in the United States or abroad. Dr. K, do you have any thoughts?"

Dr. K: "Absolutely, I'll just kind of share some additional ones as we wrap up. Of course, you talked a lot about the emotional and physical component, it's also important that we keep in mind the practical as well, because the practical pieces are the things that tend to stress individuals out. It's also important as far as value, you're able to recruit top performers, and I know when I'm interviewing recently, that's a question I'm starting to get, 'what are you offering to your new hires in regard to overall well-being?' We also want to be able to retain them, once we have them that's not good enough, how do we keep retaining them, so we have a happy and engaged workforce? It's about building resilience. And so of course I would bet my whole paycheck on it, 100% of organizations went through some kind of change this year, and we need resilient individuals to help and support that change. Of course, we're wanting to destigmatize mental health in the workplace, so it adds that value of being able to do that. We talked about earlier, I won't go too far into depth, in regard to reducing absenteeism and increasing productivity, getting that satisfaction from our individuals as far as doing surveys, because not only do we want to do the return on investment, but what's the value of investment? So, it's really about thinking about not only the qualitative data, but the quantitative data as well. And then the last two I would mention is, if you're in a safety sensitive position, incident reports should start to decrease, when people are having mental health issues, their concentration is impaired and the decisions that they make and the errors that they make. And so having these programs in place will help to decrease that. And then lastly, if we're in a service industry where we're a client facing, if we're helping with people's mental health, they're going to be able to serve individuals a lot better.



NW: “Thank you so much Dr. C, and Dr. K. Unfortunately, we are out of time, great discussion, but if you have any questions, please email them to events@geo-blue.com, and we’ll be sure to respond back to you. With that, we want to thank you, thank our panelists, Dr. Kennette Thigpen, Dr. Damien Cornacchia, as well as GeoBlue’s CEO Sheldon Kenton. You truly enlightened us with some great insight, and we would like to thank everyone on the line for joining us today. Please be sure to complete the short survey that will appear immediately after this webinar, and just to let you know we will have our next Pulse Live event in Q1 of 2021, so stay tuned for more details on that. Until then, in the spirit of this topic, we hope you are mindful of your emotional and physical well-being, stay healthy, stay well, and we hope to see you again at our next Pulse Live event. Take care now!”