



# Welcome

**Leading Beyond Crisis:  
What Leaders Need to Know to Respond, Recover and Thrive**

February 10, 2021

United  
Healthcare

# Agenda

## **Introduction**

Kristin Rantala, National Vice President, Sales and Client Management, UnitedHealthcare Global

## **Our Technology in Action**

Dr. Richard Migliori, M.D., Executive Vice President of Medical Affairs & Chief Medical Officer, UnitedHealth Group

## **COVID-19: Vaccines and Return to Work**

Dr. Amit Arwindekar, M.D., MBA, Medical Director for North America, UnitedHealthcare Global

## **Business Travel in the Post-Pandemic Era**

Scott McHugh, Director of Crisis Management and Security, LyondellBasell

## **Legal Trends Impacting Global Employers in 2021**

Simon Hawthorne, Chief Legal Officer, UnitedHealthcare Global

Sarah Dubinsky, Senior Associate General Counsel, UnitedHealthcare Global





# Our Technology in Action



**Dr. Richard Migliori, M.D.**

Executive Vice President of Medical Affairs and Chief Medical Officer  
UnitedHealth Group

# UNITEDHEALTH GROUP®



Helping people live healthier lives and helping make  
the health system work better for everyone



Working together to develop the next generation  
health system in a socially conscious way

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## Committed to Improving

Access

Affordability

Outcomes

Experience

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## Foundational Competencies

Clinical Excellence

Technology

Insights

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## Our United Culture

Integrity + Compassion + Relationships

Innovation + Performance

Total Confirmed Cases

## 50,913,451

Last update: 4 minutes ago

Total Deaths

1,263,089

Last update: 4 minutes

Total Recoveries

33,289,404

Last update: 4 minutes

Cases by Country/Region

(Confirmed) (Deaths)  
(Recoveries)

Texas (998,027) (19,223)

California (981,297) (18,021)

Florida (847,821) (17,179)

New York (532,180) (33,705)

Illinois (498,560) (10,563)

Georgia (407,333) (8,223)

North Carolina (294,860) (4,615)

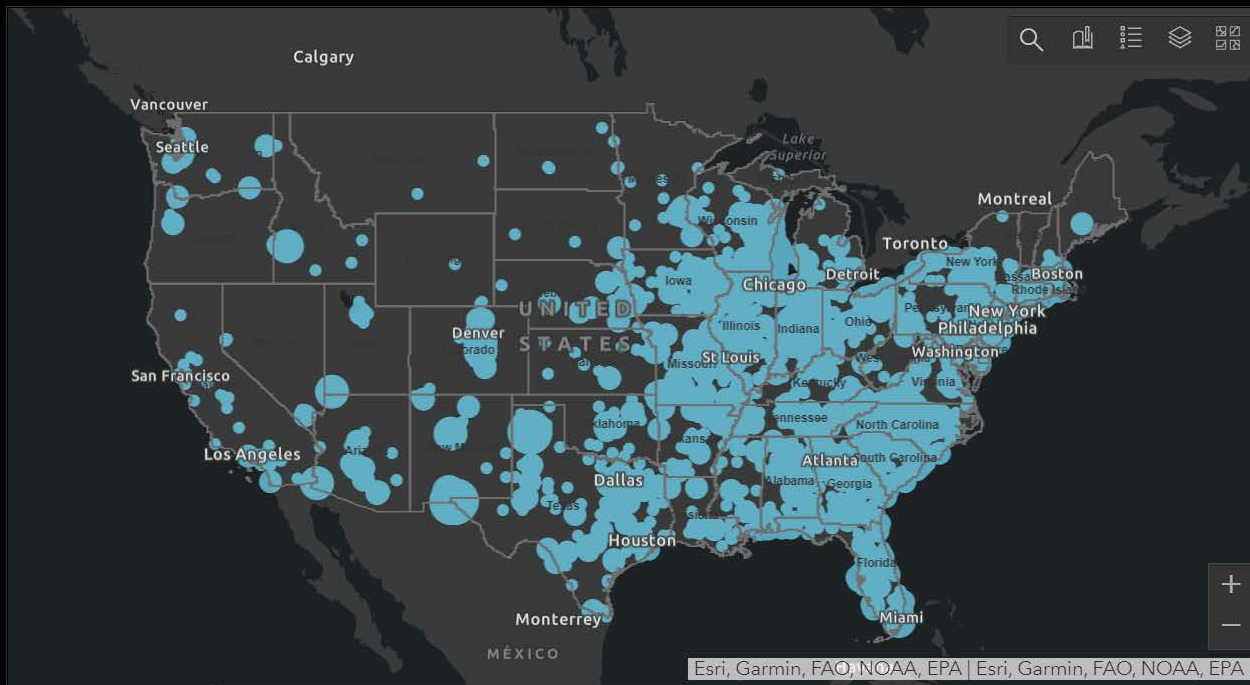
Last update: 4 minutes ago

◀ Cases by State ▶

Data Sources: JHU

CSSE, WHO, CDC, NHC, Dingxiangyuan.

UHG Human Capital, UHG Real Estate



All Cumulative Cases

Cumulative Cases Rate over Past 14 Days

Confirmed Case Rate per 100k Population

Weekly Change in Confirmed Cases

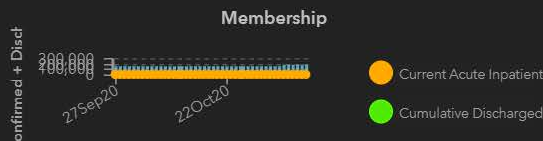
Esri, Garmin, FAO, NOAA, EPA | Esri, Garmin, FAO, NOAA, EPA

Daily Positive Confirmed Cases



Updated Daily

Confirmed COVID-19 Hospitalizations within UnitedHealthcare



Updated Daily

UHG Employee Count - USA

## 193,747

UHG Employee Count -

None

UHC Membership: Confirmed

## 98,200

Updated daily

UHC Membership: Pending Cases

## 11,487

Updated Daily

UHC Membership: Current Acute

## 4,208

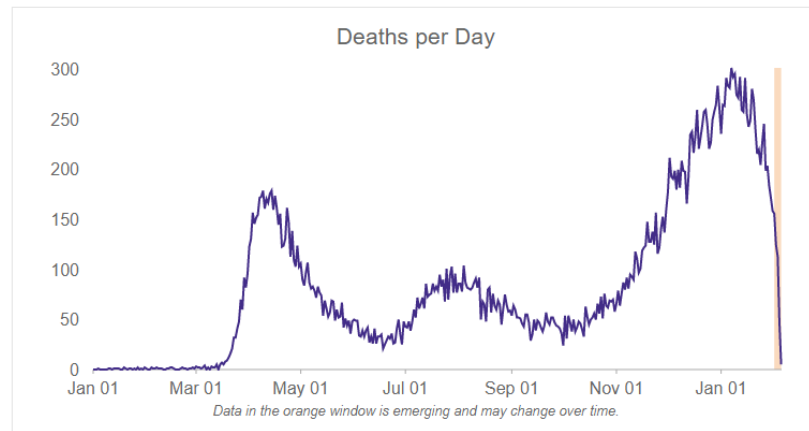
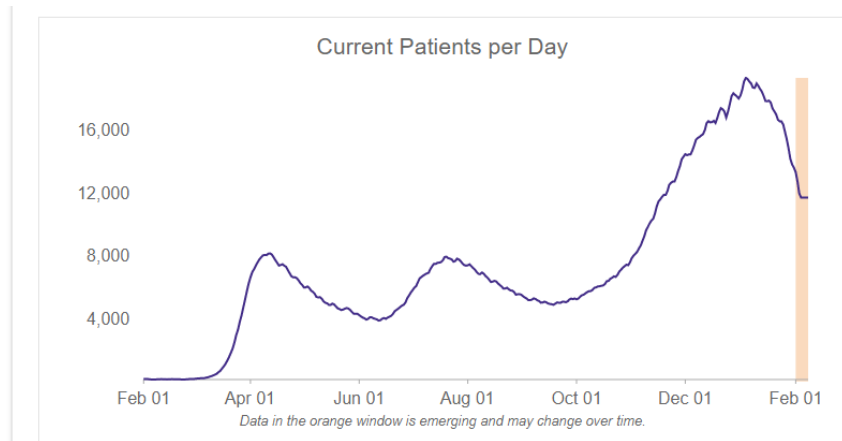
Updated Daily

UHC Membership: Total

## 92,244

Updated daily

# Optum 360 Clinical Language Intelligence



# Optum 360 Clinical Language Intelligence



## CLI Dashboard

**COVID-19**  
+ stay informed

Case Types

3 types ▼

Age Range

10 types ▼

Gender

3 types ▼

State

-- All -- ▼

City

-- All -- ▼

Data For: May 14, 2020 ▼

Click on any card or chart for more info

**Optum Enterprise CAC Data** (Last Refresh: May 15 9:02 AM EDT)

Switch to: [Optum Professional CAC Data](#)

Current Patients 3,470

New Admits 93

Inpatient 45

ER 20

Non-ER Outpatient 28

New Discharges 103

Inpatient 79

New Deaths 12

Mortality Rate 6%

Average Length Of Stay 8 days

Ventilatory Support Req'd 20%

Deaths 33%

Mechanical Ventilation Req'd 19%

Deaths 33%

**In early April 2020 Optum was able to receive near real time data from almost 500 US hospitals about COVID-19 patients**

Through Natural Language Processing analysis of the EMR we understood:

- General Mortality
- Patients on mechanical ventilation and Non invasive Ventilation Support
- Length of Stay
- Mortality for patients on Mechanical Ventilation

Legend

Historic Flu Admissions - Zipcode Pt

Flu Admissions

- 3 or more
- 2
- 1

Flu Forecast - City (cbsa) Points

- Minimal
- Low
- Moderate
- High

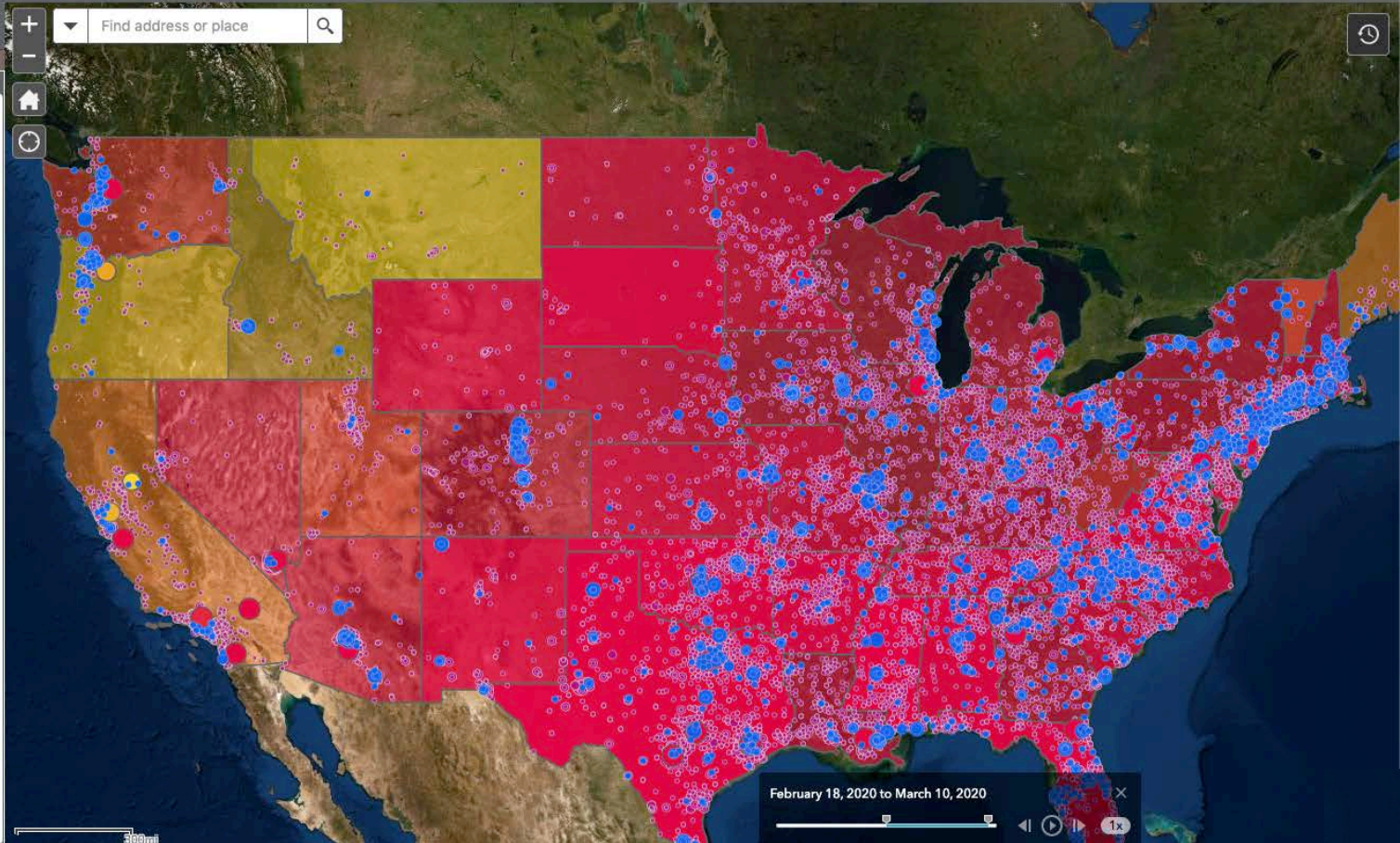
FluRx by EpiWeek - Zipcode Pt

Flu AntiViral Fills

- 21 or more
- 6 - 20
- 1 - 5

Flu Forecast - State

- Minimal
- Low
- Moderate
- High





# Return to Work Considerations

**Community  
Prevalence**

**Essential  
Roles &  
Onsite  
Necessity**

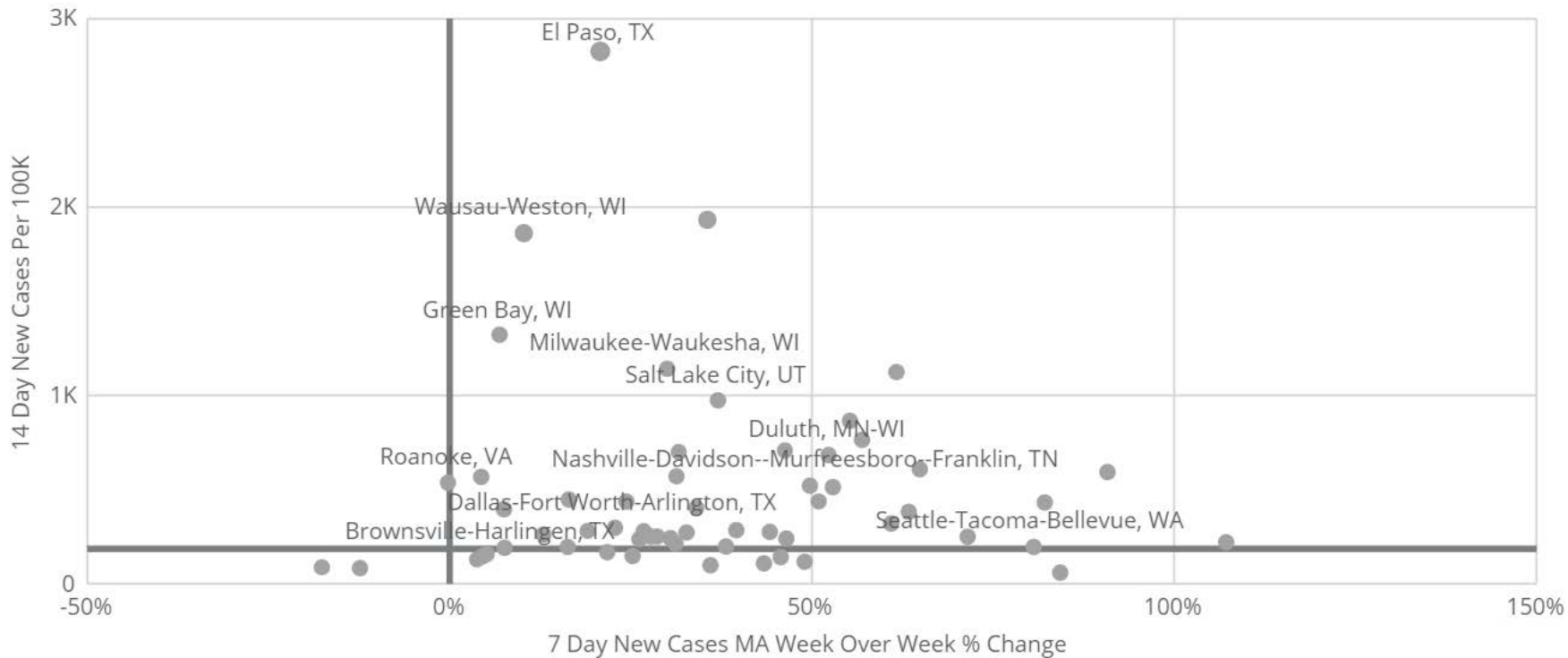
**Symptom  
Surveillance**

**Personal  
Hygiene**

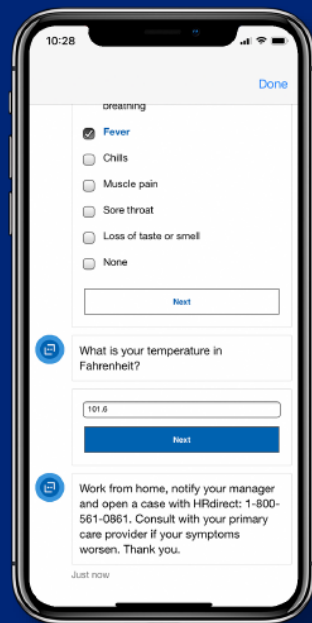
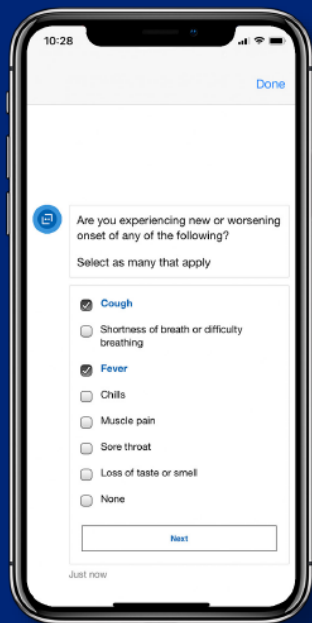
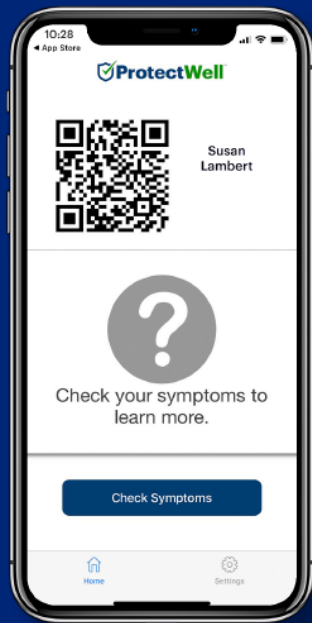
**Facility  
Hygiene**

**Physical  
Distancing**

**Facial  
Covering**



# ProtectWell: Employee App

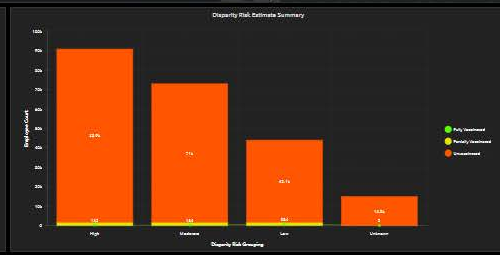
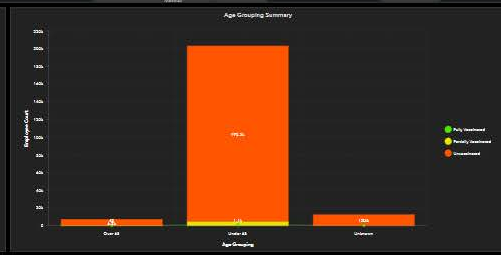
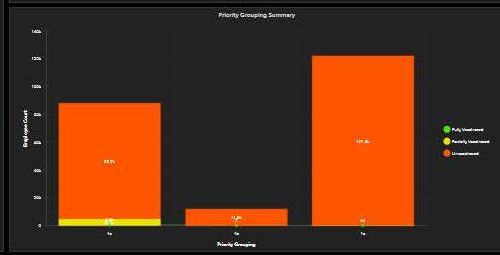
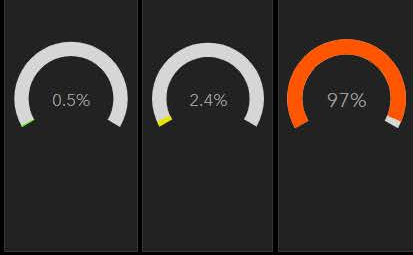
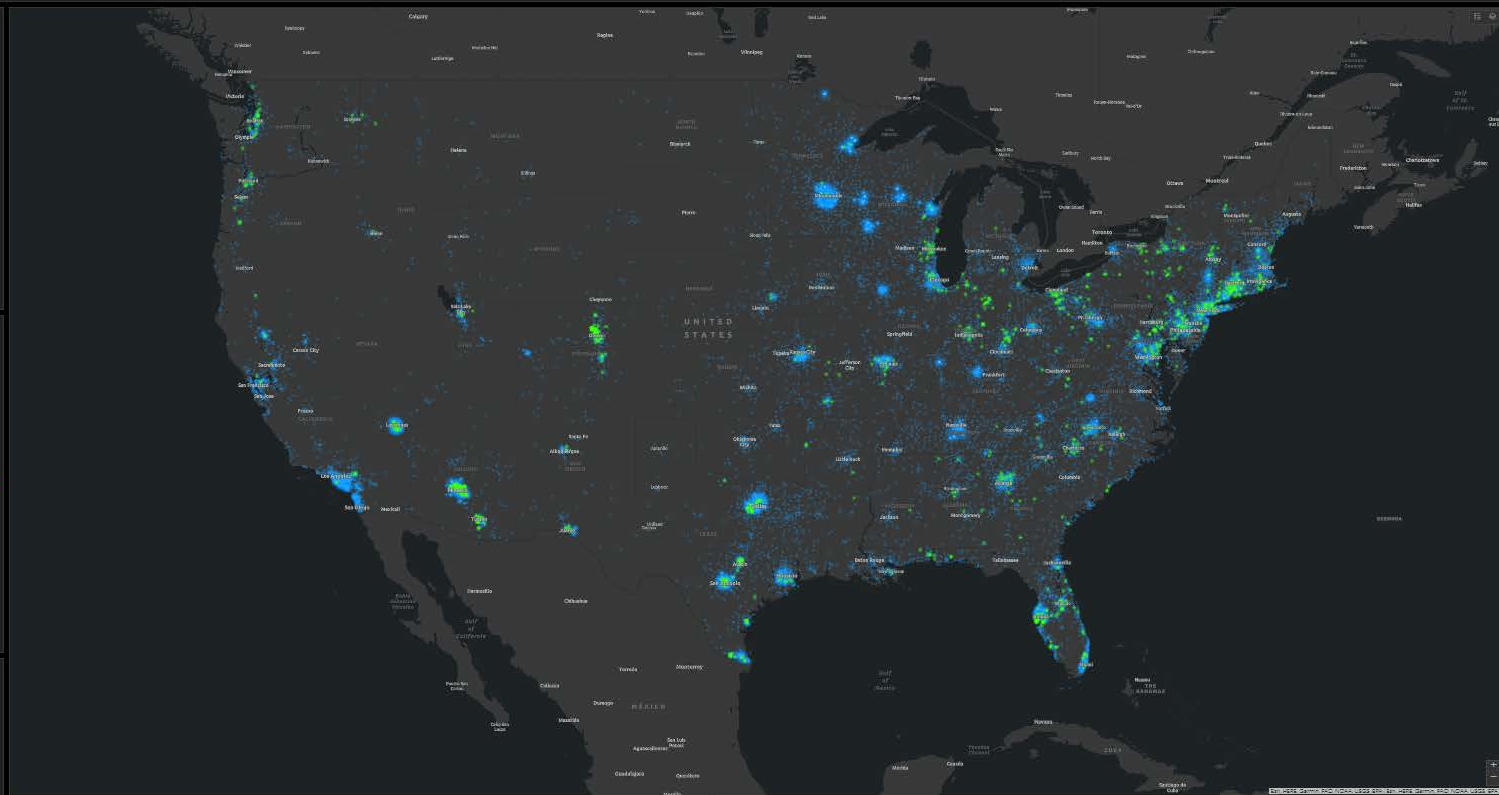


Total Employee Population Count

# 223,503

Priority Vaccination	Priority Vaccination	Unvaccinated
1,152	5,464	216,887

% Vaccinated	% Priority Vaccination	% Unvaccinated
0.5%	2.4%	97%



# But, Now What???

Better  
prediction

Facile  
genomic data  
management

Phenotype  
from genotype

Deeper health  
system  
connectivity



**Q&A**



# COVID-19: Vaccines and Return to Work



**Dr. Amit Arwindekar, M.D., MBA**

Medical Director for North America  
UnitedHealthcare Global



# **Global Vaccine Update**



# COVID-19 Vaccines Around the World

There are currently 8 vaccines approved around the world. The vaccines approved in each country will vary.

## U.S.

- Moderna

## India

- Bharat Biotech Covaxin

## UK

- Oxford/AstraZeneca
- Covishield

## Russia

- Gameleya Sputnik V
- EpiVacCorona

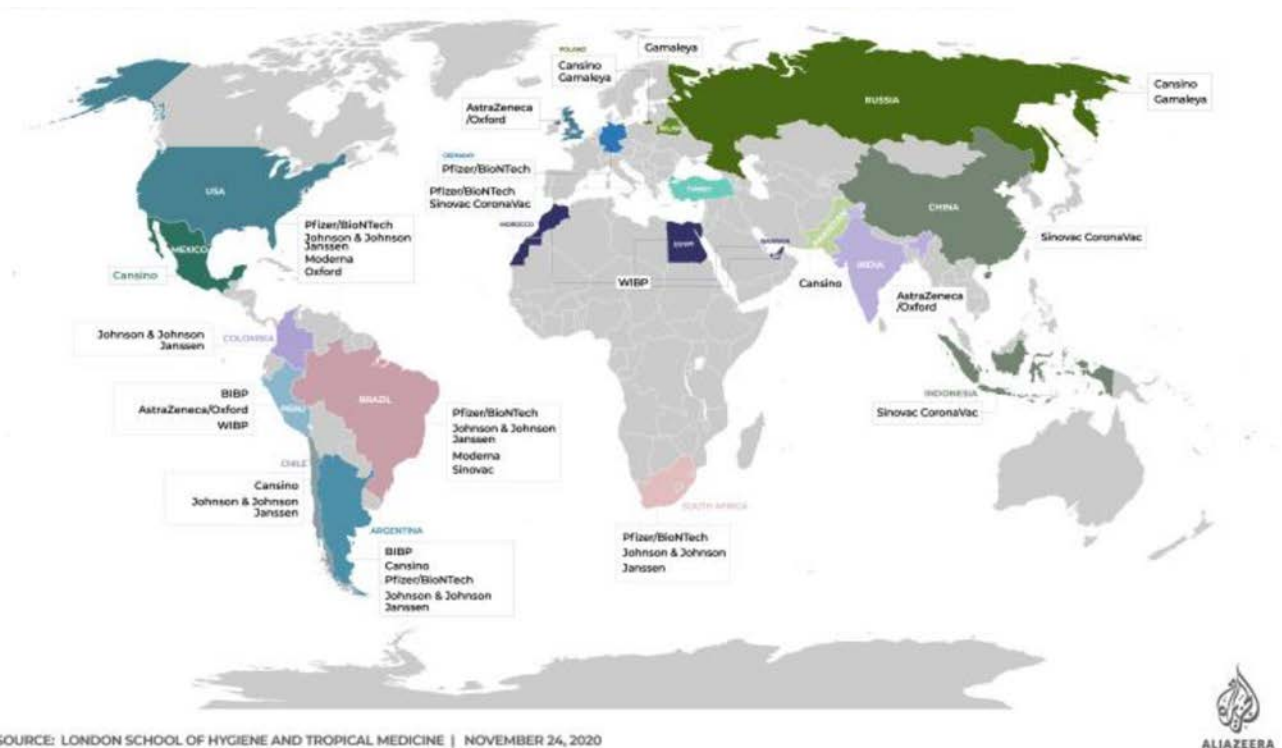
## Germany

- Pfizer-BioNTech
- Comirnaty

## China

- Sinovac CoronaVac
- Sinopharm BBIBP-CorV

# Active Clinical Trials



According to WHO, as of November 12, 2020:

**48**

Vaccines in clinical trials

**164**

Candidate vaccines in pre-clinical evaluations



# Rollout Plan

Roll out plans are determined within each country. The U.S. CDC has established a Phase 1 plan with three groups.

## Phase 1a

**~24 million**

- Health care professionals
- Nursing home residents

## Phase 1b

**~49 million**

- Frontline essential workers (non-health care workers)
- Adults aged 75+

## Phase 1c

**~129 million**

- Adults aged 65-74
- Persons aged 16-64 years with a high-risk medical condition
- Essential workers not included in Phase 1b or 1a

[Phased Allocation of COVID-19 Vaccine \(cdc.gov\)](https://www.cdc.gov/vaccines/imz/advis/phase1/)

[The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6826a1.htm)





# **Return to Worksite**

# Return to Worksite

As organizations across the globe begin planning their return to the worksite, a deliberate strategy can help make it a safer and healthier transition for everyone.



# Return to Worksite

Each organization's approach to return to worksite may look different. There are strategies to consider when building out a plan.

Review and update procedures and policies

Access to regular testing and pre-screening tools for employees

Environmental changes to promote proper personal and facility hygiene.

Access to medical care





# Case study

At the height of the pandemic, the oil, gas and seismic industry faced the challenge of keeping off-shore employees safe and healthy. The UnitedHealthcare Global Virtual Health Services (VHS) team got to work helping clients through this new situation.



Assessment of existing documented procedures



Evidence- and risk-based testing strategy



Establish isolation areas, quarantine and contact tracing guidelines



Pre-deployment screening tools



Personal protective equipment (PPE) provided for clinicians



Ongoing education and communication

## Outcome

- Reduce the impact of potential outbreaks
- Clients maintained operations





# Long-Term Impact

A return to worksite strategy will help companies and employees get back to work. Long-term outlook, work may look different than it did pre-COVID-19.

- Environmental focus on health and hygiene
- Workplace policies
  - Sick leave
  - Remote working
  - Guest or visitor
  - Travel
- Continued monitoring of health data
- Tools and resources available to employees





**Q&A**



# Business Travel in the Post-Pandemic Era



**Scott McHugh**

Director of Crisis Management and Security  
LyondellBasell

# What's the “New Normal”?

- At least through 2022 - unstable circumstances for international travel
  - Complexity of government regulations as vaccine availability is uneven
  - Mandatory quarantines will likely “ebb and flow” in many regions
  - High risk of fast-changing, seemingly uncoordinated policies
  - Airline travel costs are likely to escalate due to changes in their business models post COVID
- Managing employee safety perceptions relating to business travel will be an increasing high priority for management
  - Employees are being vocal in their concerns about COVID safety protocols when traveling
- Many businesses are discovering they can effectively cut business travel and still function
  - Economic pressure to sustain the reduced costs of business travel is enticing

**Key Takeaway:** Business travel will continue to be a difficult space for companies to manage post COVID. Companies will have to navigate the safety concerns of employees / stakeholders, as well pressure to sustain the reduction in operating costs associated with travel, and an international environment of rapidly changing local travel regulations.



# Looking ahead: Business Travel post-COVID

- An analysis of business travel in China post COVID indicates business travel in other countries will likely increase in **phases**:
  1. Regional business travel by car or train
  2. Domestic air travel for “critical” in-person meetings for new sales or vital client or manufacturing issues
  3. Regional travel for small, focused meetings, and conferences with limited gatherings (such as dinners, cocktail hours, etc.) in which masks are removed and social distancing is difficult to maintain
  4. Inter-continental travel for business; the return rate will vary significantly by industry

**Key Takeaways:** Many corporations will continue using **virtual** gatherings with improving innovative technology as a substitute for F2F meetings. Because of privacy, fraud, hacking, and counterfeiting issues, COVID “passports” (for vaccination or COVID test results) will not be an efficient or effective means of kick-starting a return to normal business travel.



# Looking Ahead: Traveler Cooperation is Key

- A survey of > 2000 US companies regarding COVID vaccines is illustrative of the complexity of developing new business travel policies.
- Due to employee relations concerns, over half of companies have already decided they will not require employees to be vaccinated – Nearly 1/3 of the others are leaning in that same direction
- Nearly 1/3 of US based employees indicate they are not inclined to get the COVID vaccine even if it is required by their employer
- Over 2/3 of companies are implementing programs to educate & influence employees about the benefits / value of a vaccine, and/or are developing incentives to encourage vaccination
- Similar surveys by travel firms determined travelers want guarantees that overseas travel is safe from COVID, and, there is a reliable means of quality medical assistance available if exposed to COVID, including paid quarantine arrangements when overseas
  - Innovative companies (i.e. airlines, hotels etc.) are developing COVID-based safety procedures for their business model to differentiate themselves from competitors
  - Airlines: Upgrades to seats that are socially distanced from others; hotels that create break-out areas with social distancing for business meals or small conferences, etc.



# Likely Outlook for Business Travel

- Post-pandemic business travel will likely never return to what was “normal” prior to 2020
- Business travel will return at a slower rate than leisure travel
  - The cost of business travel is going to increase significantly which will further put downward pressure on its rapid return
- The pressure to develop technology solutions for proof of vaccination or COVID test results will create new data privacy and asset protection / counterfeiting risks that will be very difficult to manage, and, will add more cost and complexity to business travel
- New technology, including holographic capabilities, are likely going to be developed at a much faster rate to meet a market need for high-quality, virtual experiences for in-person, face to face meetings.
- **Business traveler confidence in the COVID safety protocols will be the key to re-establishing business travel.**





**Q&A**





# Legal Trends Impacting Global Employers in 2021



**Simon Hawthorne**

Chief Legal Officer  
UnitedHealthcare Global



**Sarah Dubinsky**

Senior Associate General Counsel  
UnitedHealthcare Global

# Agenda

## I. Introduction

## II. Duty of Care in the Wake of COVID-19

- Ensuring the health, safety & wellness of employees
- Mental health and legislation around the right to disconnect
- Legal issues to consider around vaccination mandates

## III. Legal Considerations

- COVID -19 vaccine for employees - Germany
- Working overseas during the pandemic – Hong Kong
- International Telemedicine

## IV. Questions





# **Duty of Care in the Wake of COVID-19**

# Duty of Care in the wake of COVID-19

Increased focus on protection of health of employees as a result of COVID-19

Mental Health in the Spotlight

The right to disconnect

Shift from Return to Work to vaccinations

Can vaccinations be required under the law?



# Other Legal Developments

Can employers require employees to get a COVID-19 vaccine?

Employee requests to work overseas during the pandemic

International telemedicine



# Can employers require employees to get a COVID-19 vaccine?

- “no job, no job” - Pimlico Plumbers, London
- Could employer dismiss employee for refusing to have the vaccine?
- Is the vaccine a personal requirement for performing the job?
  - protection of others not self
- Berlin Court confirmed the obligation to wear masks in the workplace (October 2020)
- “I don’t want to work with someone who hasn’t been vaccinated”
- Reasonable instruction from employer
- Vaccine bonus can be granted – justifiable reason for unequal treatment
- Entitlement to sick pay for non-vaxers



# Employee requests to work overseas during the pandemic

1. Dual employment rights
2. Benefits and allowances
3. Immigration
4. Regulated roles
5. Income tax and social security
6. Risk of permanent establishment finding
7. Data protection implications
8. Return to home country



# International Telemedicine

- What is Telemedicine?
  - **“health related services and information via electronic information and telecommunication technologies”**
- International telemedicine – where medical professional is not in the same country as the patient
  - Direct to patient
  - Physician to Physician
  - Second medical opinion
- Practice of medicine
- Physician licensing and registration
- Data Privacy







**Q&A**



# Thank you

A recording of this presentation will be sent to you

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