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OUR NEWS LETTER HRSI

Experts: Starbucks training a first step in confronting bias

AP Terry Tang, Associated Press, May 28, 2018

FILE – In this April 15, 2018, file photo, demonstrators protest outside the Starbucks cafe in Philadelphia where two black men were arrested three days earlier for waiting inside without ordering anything. On Tuesday, May 29, 2018, the company plans to close more than 8,000 stores nationwide to conduct anti-bias training, a move intended to show how serious the company is about living up to its now tarnished image as a neighborhood hangout where all are welcome. (AP Photo/Ron Todt, File)

Starbucks, trying to put to rest an outcry over the arrest of two black men at one of its stores, is closing more than 8,000 stores for an afternoon of anti-bias training, a strategy some believe can keep racism at bay.

After the arrests in Philadelphia last month, the coffee chain's leaders apologized and met with the two men, but also reached out to activists and experts in bias training to put together a curriculum for its 175,000 workers.

That has put a spotlight on the little-known world of "unconscious bias training," which is used by many corporations, police departments and other organizations to help address racism in the workplace. The training is typically designed to get people to open up about implicit biases and stereotypes in encountering people of color, gender or other identities.

The Perception Institute, a consortium of researchers consulting with Starbucks, defines implicit bias as attitudes — positive or negative — or stereotypes someone has toward a person or group without being conscious of it. A common example, according to some of its studies, is a tendency for white people to unknowingly associate black people with criminal behavior.

Many retailers including Walmart and Target said they already offer some racial bias training. Target says it plans to expand that training. Nordstrom has said it plans to enhance its training after issuing an apology to three black teenagers in Missouri who employees falsely accused of shoplifting.

Anti-bias sessions can incorporate personal reflections, explorations of feelings and mental exercises. But one expert says training of this kind can have the opposite effect if people feel judged.

According to a video previewing the Starbucks training, there will be recorded remarks from Starbucks executives and rapper/activist Common. From there, employees will "move into a real and honest exploration of bias" where, in small groups, they can share how the issue comes up in their daily work life.

Starbucks has described it as a "collaborative and engaging experience for store partners to learn together." "

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Developed with feedback from the NAACP Legal Defense and Education Fund, the Perception Institute and other social advocacy groups, Tuesday's four-hour session will give workers a primer on the history of civil rights from the 1960s to present day. Workers will also view a short documentary film.

Alexis McGill Johnson, Perception's co-founder and executive director, says anti-bias training is about awareness.

"The work that we want to do is not say you're a bad person because you have a stereotype about a group, but say this is why your brain may have these stereotypes," she said.

Johnson declined to elaborate on the details of the Starbucks training. But she said Perception's workshops typically include mental exercises to show participants how bias creeps into situations. A session can include personal reflections, she said, such as, "'I was socialized to think about a group this way.'"

Johnson said the real work is for employees to apply what they learn in their everyday lives. She likened it to exercising a muscle. Some ways to practice counter-stereotyping, she said, are to look for something unique about a person that is beyond their social identity.

"It could be having a question that elicits something more interesting than, say, the weather or the traffic," Johnson said, stressing the need to "go well beyond the superficial."

In the Philadelphia incident, Rashon Nelson and Donte Robinson were asked to leave after one was denied access to the bathroom. They were arrested by police minutes after they sat down to await a business meeting. The incident was recorded by cellphones and went viral.

Nelson and Robinson settled with Starbucks this month for an undisclosed sum and an offer of a free education. They also reached a deal with the city of Philadelphia for a symbolic $1 each and a promise from officials to establish a $200,000 program for young entrepreneurs.

Starbucks has since announced anyone can use its restrooms even if they are not buying anything. According to documents Starbucks sent to store workers, employees should also think carefully when dealing with disruptive customers. A guide advises staff to consider whether the actions they take would apply to any customer in the same situation. They should dial 911 only if the situation seems unsafe.

Starbucks said the arrests never should have occurred and announced the mass closures of its stores for the afternoon of training.

Calvin Lai, an assistant professor of psychological and brain sciences at Washington University in St. Louis, said people should not place high expectations on this one day.

"We find that oftentimes diversity training has mixed effects, and in some cases it can even backfire and lead people who are kind of already reactive to these issues to become even more polarized," Lai said.

One afternoon wouldn't really be "moving the needle on the biases," especially when it's a company with as many employees as Starbucks, he said. "A lot of those employees won't be here next year or two years or three years down the line."

Starbucks has said Tuesday's sessions serve as "a step in a long-term journey to make Starbucks even more welcoming and safe for all." It is working with volunteer advisers including Heather McGhee, president of social advocacy organization Demos, and Sherrilyn Ifill, president and director-counsel of the NAACP Legal Defense Fund.

"One of the things Starbucks has to wrestle with is how to incorporate this kind of training into the onboarding of every employee," Ifill said.

That takes a sustained effort, McGhee added.

"We have really made it clear that one training is not enough, and this needs to be part of an ongoing review of their policies," McGhee said. "They really need to commit."

Defending the 'middlemen' in the battle on drug prices

By Nathaniel Weixel - 05/15/18

Pharmacy benefit managers (PBM) — the “middlemen” in drug price negotiations — are under attack, and, for the past 15 years, Mark Merritt has been the point man in charge of defending them.

Merritt, who recently underwent open-heart surgery, is stepping down as president and chief executive officer of the trade group Pharmaceutical Care Management Association (PCMA) at the end of the year, even as the PBM industry is smack in the middle of a drug pricing war involving drug companies, insurers and the Trump administration.

PBMs administer prescription drug plans for large employers and are tasked with negotiating discounts on drugs with pharmaceutical firms and insurers. As the middlemen, PBMs are being demonized by both the drug industry and President Trump

Trump put PBMs squarely in his crosshairs on Friday when he laid out his long-awaited plan to lower drug prices.

“We’re very much eliminating the middlemen. The middlemen became very, very rich, right? Whoever those middlemen were — and a lot of people never even figured it out — they’re rich. They won’t be so rich anymore,” said Trump, who made cheaper medications a key campaign promise.

“Part of our job is to stand up to the drug company lobby and defend the right of insurers, government programs, patients … to get access to affordable drugs,” Merritt said in an interview in his D.C. office last week.

Merritt says he took over PCMA at a time when few people outside of Washington knew what a PBM was, and the group was disorganized and deep in debt. He was a 38-year-old first-time CEO fresh off a job as the head of communications for PhRMA, the drug industry trade group.

“This trade association was pretty broken down when I came here,” Merritt said. “It was completely ineffective, it didn’t have a clear strategy or set of objectives. We’ve quadrupled or quintupled our budget since then.”

Merritt said he sees no problem in leaving the drug industry to run a group that’s become their prime target of opposition.

“I don’t know if I’m their public enemy No. 1,” Merritt said, noting that there’s “an inherent conflict” between PBMs and drugmakers.

“Sellers want to charge as much as they can, and we represent the buyers,” he added.

The drug price wars currently feature a lot of intraindustry finger-pointing. Pharmaceuticals blame PBMs and insurers, and insurers and PBMs both blame drugmakers.

“Are drug prices too high? Yes, and that’s something only drug companies can control,” Merritt said. “If we can get big discounts and make the actual net costs lower for patients, that’s a big success, [but] obviously we have no control over how drug companies set their prices.”

Essentially, drug companies pay the PBMs to include their drugs in an insurance benefit in order to make a profit. The PBMs negotiate a discount for those drugs, usually in the form of lower co-pays, and they make a profit by keeping a portion of that rebate for themselves.

“Our plan will end the dishonest double-dealing that allows the middleman to pocket rebates and discounts that should be passed on to consumers and patients,” Trump said Friday.

Health and Human Services Secretary Alex Azar and Centers for Medicare & Medicaid Services Administrator Seema Verma have also both decried the rebate system, portraying the PBM industry as unscrupulous middlemen. In a recent speech, Verma noted PBMs serve both drugmakers and the insurance plan.

“It’s not clear who they’re aligned with,” Verma said.

Merritt said the criticism comes with the territory.

“The administration has made a concerted effort to put everybody in health care on defense,” he said. “I think what frustrates people is the noise level. When you have a competing industry dumping $100 million of negative ads on you, nobody likes that.”

But according to sources familiar with the discussions, PCMA members are worried the group hasn’t been aggressive enough in the drug-pricing debate. Its board is tired of being demonized by the administration and felt that a change at the top was necessary.

“The industry, at the end of the day, was ready for a change,” a source familiar with the board’s negotiations said. The decision “was a long time brewing.”

Merritt said his decision to leave was personal and dismissed the notion that members were unhappy, noting that it’s hard for trade groups with large memberships to be of one mind.

“I think there are always members who want certain things, but if you look at the large picture, we’ve been through a lot of very, very tumultuous political environments, including the current one, and have fared pretty well on the bottom line,” Merritt said.

Merritt is 53 and said he never expected to spend his entire career working for PBMs, but he’s proud of his accomplishments.

He lobbied Congress as they passed the Medicare Part D program, which subsidizes the cost of prescription drugs, to make sure the PBM industry emerged unscathed. He later did the same for ObamaCare.

“We weathered those storms really well,” Merritt said. “It’s gratifying not to have any significant legislative or regulatory losses throughout this whole tumultuous period.”

Merritt refers to his open-heart surgery to replace a valve as a recent “clarifying moment.”

He said he’s not sure what his next career will be, but he’s worked across the health industry as a strategist for insurers as well as in public relations for the drug industry.

Merritt said he’s not worried about the future of the industry.

“The reality is, if you want to save money, we’re the guys who do that, and that’s what every politician wants to do,” Merritt said. “That’s why the noise, as troublesome as it is, is not indicative of what the policy solutions will be, because if the policy solutions are going to save money, they’ll use more of our PBM tools.”

Bone mass measurement (bone density)

How often is it covered?

Medicare Part B (Medical Insurance) covers this test once every 24 months for people who meet the criteria below. This test may be covered more often if it's medically necessary. This test helps to see if you're at risk for broken bones.

Who's eligible?

All qualified people with Part B who are at risk for osteoporosis and meet one or more of these conditions:

- A woman whose doctor determines both of these (based on her medical history and other findings):
  - She's estrogen deficient
  - She's at risk for osteoporosis
- A person whose X-rays show possible osteoporosis, osteopenia, or vertebral fractures
- A person taking prednisone or steroid-type drugs or is planning to begin this treatment
- A person who has been diagnosed with primary hyperparathyroidism
- A person who is being monitored to see if their osteoporosis drug therapy is working

Your costs in Original Medicare

You pay nothing for this test if the doctor or other qualified health care provider accepts assignment.

Note

Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn’t cover. If this happens, you may have to pay some or all of the costs. Ask questions so you understand why your doctor is recommending certain services and whether Medicare will pay for them.

10 Health Problems Related to Stress That You Can Fix

By R. Morgan Griffin From the WebMD Archives

Need another thing to get stressed out about? Your stress itself could be making you sick.

"Stress doesn't only make us feel awful emotionally," says Jay Winner, MD, author of *Take the Stress Out of Your Life* and director of the Stress Management Program for Sansum Clinic in Santa Barbara, Calif. "It can also exacerbate just about any health condition you can think of."

Studies have found many health problems related to stress. Stress seems to worsen or increase the risk of conditions like obesity, heart disease, Alzheimer's disease, diabetes, depression, gastrointestinal problems, and asthma.

Before you get too stressed out about being stressed out, there is some good news. Following some simple stress relief tips could both lower your stress and lower your health risks.

10 Health Problems Related to Stress

What are some of the most significant health problems related to stress? Here's a sampling.

1. **Heart disease.** Researchers have long suspected that the stressed-out, type A personality has a higher risk of high blood pressure and heart problems. We don't know why, exactly. Stress can directly increase heart rate and blood flow, and causes the release of cholesterol and triglycerides into the blood stream. It's also possible that stress is related to other problems -- an increased likelihood of smoking or obesity -- that indirectly increase the heart risks.
   Doctors do know that sudden emotional stress can be a trigger for serious cardiac problems, including heart attacks. People who have chronic heart problems need to avoid acute stress -- and learn how to successfully manage life's unavoidable stresses -- as much as they can.
2. **Asthma.** Many studies have shown that stress can worsen asthma. Some evidence suggests that a parent's chronic stress might even increase the risk of developing asthma in their children. One study looked at how parental stress affected the asthma rates of young children who were also exposed to air pollution or whose mothers smoked during pregnancy. The kids with stressed out parents had a substantially higher risk of developing asthma.
3. **Obesity.** Excess fat in the belly seems to pose greater health risks than fat on the legs or hips -- and unfortunately, that's just where people with high stress seem to store it. "Stress causes higher levels of the hormone cortisol," says Winner, "and that seems to increase the amount of fat that's deposited in the abdomen."
4. **Diabetes.** Stress can worsen diabetes in two ways. First, it increases the likelihood of bad behaviors, such as unhealthy eating and excessive drinking. Second, stress seems to raise the glucose levels of people with type 2 diabetes directly.
5. **Headaches.** Stress is considered one of the most common triggers for headaches -- not just tension headaches, but migraines as well.
6. **Depression and anxiety.** It's probably no surprise that chronic stress is connected with higher rates of depression and anxiety. One survey of recent studies found that people who had stress related to their jobs -- like demanding work with few rewards -- had an 80% higher risk of developing depression within a few years than people with lower stress.
7. **Gastrointestinal problems.** Here's one thing that stress doesn't do -- it doesn't cause ulcers. However, it can make them worse. Stress is also a common factor in many other GI conditions, such as chronic heartburn (or gastroesophageal reflux disease, GERD) and irritable bowel syndrome (IBS), Winner says.
8. **Alzheimer's disease.** One animal study found that stress might worsen Alzheimer's disease, causing its brain lesions to form more quickly. Some researchers speculate that reducing stress has the potential to slow down the progression of the disease.

9. **Accelerated aging.** There's actually evidence that stress can affect how you age. One study compared the DNA of mothers who were under high stress -- they were caring for a chronically ill child -- with women who were not. Researchers found that a particular region of the chromosomes showed the effects of accelerated aging. Stress seemed to accelerate aging about 9 to 17 additional years.
10. **Premature death.** A study looked at the health effects of stress by studying elderly caregivers looking after their spouses -- people who are naturally under a great deal of stress. It found that caregivers had a 63% higher rate of death than people their age who were not caregivers.

Find out the status of your new Medicare card

You may have heard that we started mailing new Medicare cards to everyone with Medicare. Hang tight — mailing takes some time across the country, and you might get your card at a different time than friends or neighbors in your state. **In the meantime, keep using your current Medicare card until your new one arrives.**

We've got 3 ways for you to find out when you should expect your new Medicare card in the mail:

- **Check out the map on Medicare.gov/NewCard.** Keep coming back to check the status of card mailings in your state. Once card mailings begin in your state, it'll take at least a month to finish.
- **Keep an eye on your email.** We'll send you an email update when new Medicare cards start mailing in your state.
- **Log in to your MyMedicare.gov account** to see if your new card has mailed. Don't have an account yet? Sign up now at MyMedicare.gov — it's a free, secure, and easy way to access all your Medicare information in one place.

The shrinking health spending gap

Drew Altman, Kaiser Family Foundation May 11

Reproduced from a Kaiser Family Foundation analysis; Chart: Axios Visuals

One of the laws of health care baked into the heads of every policy analyst is that health care spending almost always rises much faster than GDP. Except it hasn't really been doing that since 2010, and the gap between health spending and GDP growth is projected to continue to be small through 2026.

What we don't know: The cause. We don't know why the gap has closed (experts disagree and emphasize different factors), and we don't know if the narrowing is permanent or if the gap will widen again.

The big picture: Health spending is still growing somewhat faster than GDP, meaning it will continue to gobble up more and more of our GDP.

The details: As the chart shows, health spending grew 2.8 percentage points faster than GDP annually from 2000 to 2010, then just a half percentage point faster between 2010 and 2016. It's projected to grow only 1 percent faster than GDP from 2017 to 2026.

Have we seen this movie before? Health spending grew only one percentage point faster annually than GDP in the 1990s, when the economy boomed for much of the decade and managed care reached its peak. By the next decade, the gap widened again.

- Even if health care grows only marginally faster than GDP through 2026, it is still projected to grow to 19.7 percent of GDP in 2026 — substantially more than the next highest nation, Switzerland, at 12.4 percent.

Modest errors in the projections are certainly possible and can matter. But the narrowed gap also presents an opportunity. If we were able to shave 1 percent off the projected rate of growth in health spending, it would actually be rising at the same rate as GDP.

The impact: The health cost problem is multidimensional. Employers worry about their annual premium increases. Policymakers worry about the impact of federal health spending on the budget, and their state counterparts worry about the role Medicaid plays in their budgets.

Experts worry about the value we get for the health care dollar and work on tweaking delivery and payment to improve it. And most of all, consumers worry about paying their health care bills at a time when wage growth has been relatively flat.

The bottom line: The gap between health spending and GDP has long been a preeminent measure of cost, and it has narrowed. Now we should watch to see if the change has staying power.

What to know about traveling with Medicare

Planning to travel abroad this summer? Before you go, remember to look into Medicare coverage outside the United States.

If you have Medicare Part A (Hospital Insurance) and Part B (Medical Insurance), your health care services and supplies are covered when you're in the U.S. **However, in general, Medicare won't pay for health care services or supplies if you travel outside the U.S.** (except in these rare cases).

How often is it covered?

In general, health care you get while traveling outside the U.S. isn't covered. The 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa are considered part of the U.S.

Medicare may pay for inpatient hospital, doctor, ambulance services, or dialysis you get in a foreign country in these rare cases:

- You're in the U.S. when a medical emergency occurs, and the foreign hospital is closer than the nearest U.S. hospital that can treat your medical condition.
- You're traveling through Canada without unreasonable delay by the most direct route between Alaska and another state when a medical emergency occurs, and the Canadian hospital is closer than the nearest U.S. hospital that can treat the emergency.
- You live in the U.S. and the foreign hospital is closer to your home than the nearest U.S. hospital that can treat your medical condition, regardless of whether an emergency exists.

In some cases, Medicare may cover medically necessary health care services you get on board a ship within the territorial waters adjoining the land areas of the U.S. Medicare won't pay for health care services you get when a ship is more than 6 hours away from a U.S. port.

Medicare drug plans don't cover prescription drugs you buy outside the U.S.

That doesn't mean you have to travel abroad without coverage. Here are 3 ways you can get health coverage outside the U.S.:

1. If you have a Medigap policy, check your policy to see if it includes coverage when traveling outside the U.S.
2. If you have another Medicare health plan (instead of Original Medicare), check with your plan to see if they offer coverage outside the U.S.
3. Purchase a travel insurance policy that includes health coverage.

To contact us: go to www.healthcareil.com or Call (800) 739-4700