Healthcare
Trends & Topics
**WEBCAST SERIES**

# Healthcare Sustainability & ESG Readiness

April 30, 2024

IBDO

# With You Today

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# Learning Objectives

Examine the importance of prioritizing ESG and health equity within the healthcare industry

Discuss additional reporting frameworks and standards

Describe timely regulatory and compliance updates affecting the healthcare industry
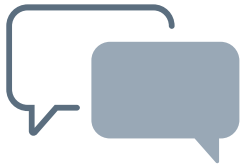
# Agenda

Sustainability & ESG State of Play

Sustainability in the Healthcare Industry

Health Equity in the United States

Healthcare and Climate

# Discussion Question #1

How far along is your organization in its sustainability journey?

| 1 | **EXPERIENCED**: Established strategies and top-down support |
| 2 | **EMERGING**: Strategies newly in place |
| 3 | **NASCENT**: Just getting started |
| 4 | **NOT STARTED**: No program/don't know |

# Sustainability & ESG State of Play

**BDO**

# Sustainability vs. ESG
WHAT'S THE DIFFERENCE?

## SUSTAINABILITY

**Umbrella Term**

▶ Refers to a company's efforts toward responsible and resilient business practices

▶ The ability to meet the needs of the present without compromising the ability of future generations to meet their own needs (United Nations Brundtland Commission, 1987)

## ESG

▶ A mechanism to quantify and report on a company's sustainability efforts and goals

▶ Collection of data and measurement of metrics crucial to business managers and investors
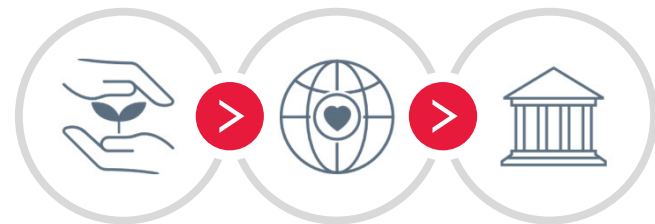
**Environmental**     **Social**     **Governance**

# Stakeholder Drivers for Sustainability

**ENVIRONMENTAL IMPACTS**

**SOCIAL IMPACTS**

**GOVERNANCE IMPACTS**

## CAPITAL MARKETS

### INVESTORS
- PE/investor requirements
- Transparent ESG disclosures
- Shareholder activism
- ESG ratings

### LENDERS
- Sustainable lending
- Green bonds
- Capital/rates based on ESG ratings

## OPERATIONS

### REGULATORS
- Expanding regulations
- Pressure for disclosure

### CUSTOMERS
- Reputation and brand risk
- Customer expectations
- Competitive pressures
- Supply chain responsibility

### EMPLOYEES
- Employee expectations
- Exec compensation tied to ESG performance

# Expanding Sustainability Regulations



Legend:
- Artificial Intelligence
- Assurance
- Aviation
- Circular Economy
- Climate Reporting
- DEI
- Electric Vehicles
- Greenwashing
- Tax
- Supply Chain Due Diligence (including Human Rights)

Map locations: Canada, U.S., UK, EU, Germany, Switzerland, Norway, India, China, Hong Kong, Japan, Philippines, Malaysia, Singapore, Australia, New Zealand, South Africa
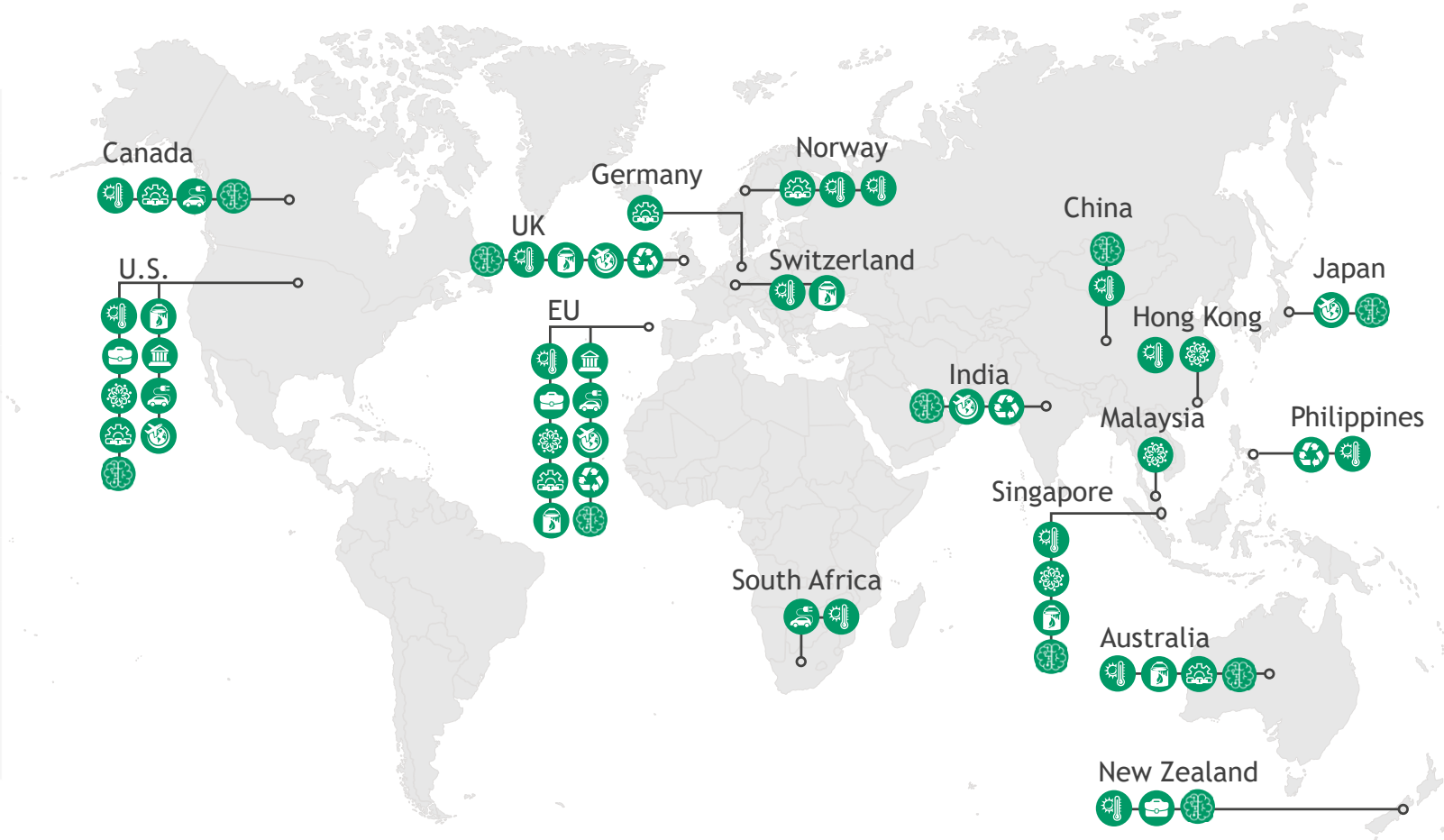
# Climate & AI Regulations Across the U.S.

AI
Climate

6* WA
3* OR
11* CA
4* AZ
8* HI
1* UT
2 / 1* CO
1 WI
4* MN
3* IL
1* TX
1* LA
1* SC
1 ME
1* VT
6* NY
4* NY
3
7*
1* / 3*
6* MD
1*
1* NJ
1* DE
1* VA
NH
MA
RI
CT
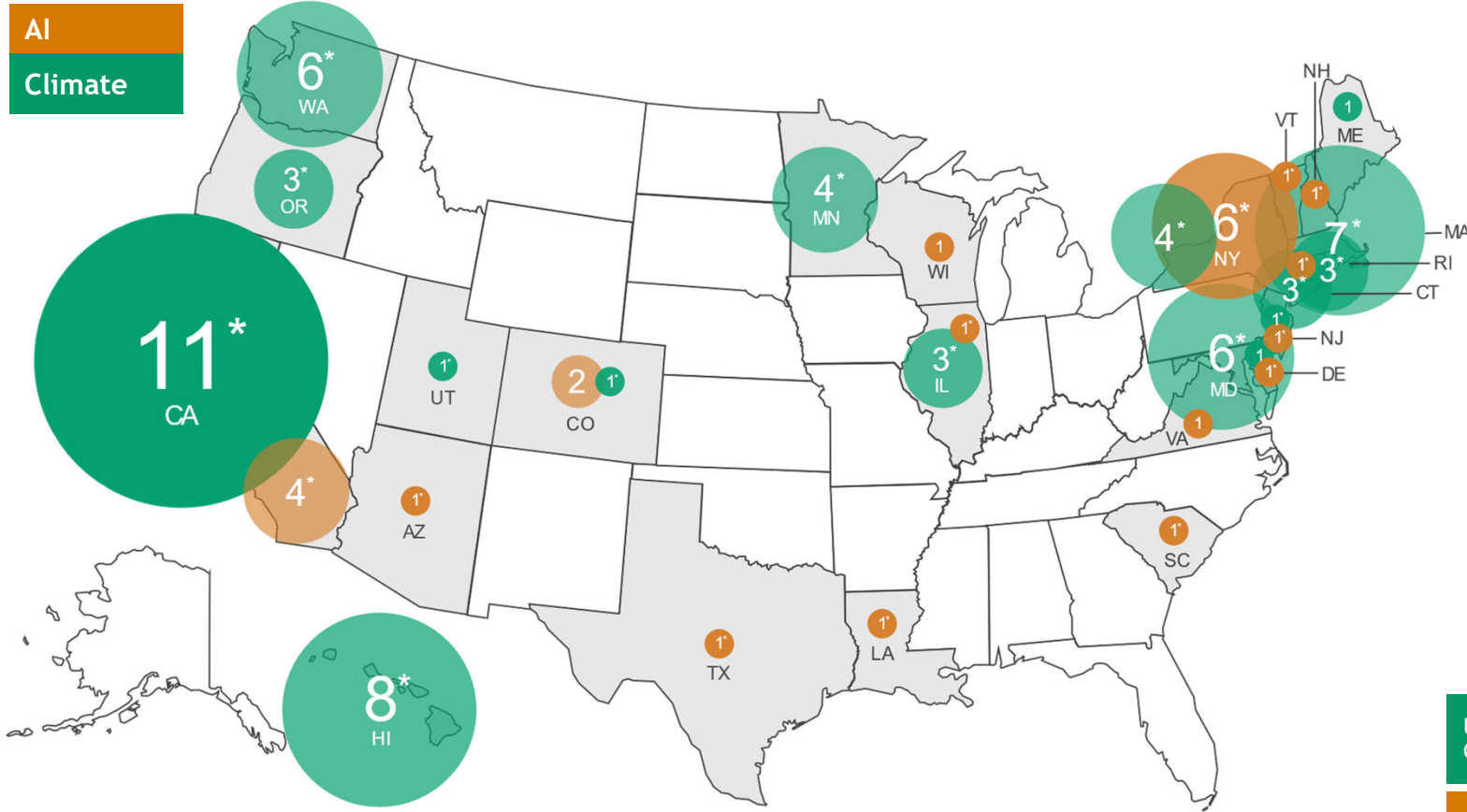
| CLIMATE REGULATIONS | ENACTED | PROPOSED |
|---|---|---|
| California | 5 | 6 |
| Colorado | | 1 |
| Connecticut | 2 | 1 |
| Delaware | 1 | |
| Hawaii | 3 | 5 |
| Illinois | | 3 |
| Maine | 1 | |
| Maryland | | 6 |
| Massachusetts | | 7 |
| Minnesota | 1 | 3 |
| New Jersey | | 1 |
| New York | | 4 |
| Oregon | 1 | 2 |
| Rhode Island | | 3 |
| Utah | 1 | |
| Washington | 2 | 4 |
| Total | 17 | 46 |

| AI REGULATIONS | ENACTED | PROPOSED |
|---|---|---|
| Arizona | | 1 |
| California | 3 | 1 |
| Colorado | 2 | |
| Connecticut | 1 | |
| Delaware | 1 | |
| Illinois | | 1 |
| Louisiana | | 1 |
| New Jersey | | 1 |
| New York | 1 | 5 |
| South Carolina | | 1 |
| Texas | | 1 |
| Vermont | 1 | |
| Wisconsin | 1 | |
| Total | 10 | 12 |

| U.S. Federal Climate Regulations | 104 |
|---|---|
| U.S. Federal AI Regulations | 13 |

*Proposed and enacted as of March 12, 2024.
**2019-2024, †2022-2024

# Expanding Standards, Frameworks, Assessments, Ratings and Rankings

## Standards and Frameworks

For non-financial sustainability reporting



## Assessments

Based on questionnaires/submissions



## Ratings and Rankings

Based on public and/or private info

# Steps Toward Reporting and Assurance Readiness

**TAKING INVENTORY**

▶ Materiality assessment

▶ Competitive landscape

▶ Corporate story

▶ Reporting standards and frameworks

▶ Current state assessment

**ESTABLISHING GOVERNANCE OVERSIGHT**

▶ ESG roles

▶ ESG goals/objectives

▶ Third party resources

▶ Progress and accountability

▶ Continuing education

▶ Board strategy and ERM agenda

**ESG REPORTING READINESS**

▶ Reporting requirements

▶ Quantitative measures and data

▶ Data collection (processes, policies, procedures)

▶ Control effectiveness

▶ Qualitative information

▶ Draft disclosures

▶ Review as reasonable shareholder

▶ Third party attestation value



THE PATH TO
ESG REPORTING
AND ATTESTATION
READINESS

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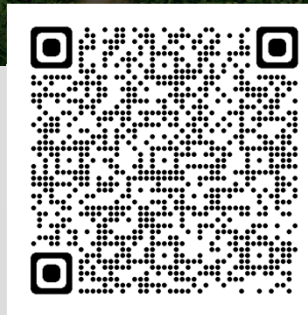
# Benefits of Becoming a More Sustainable Organization

Bolsters reputation and brand
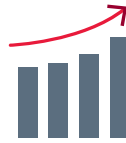
Drives competitive advantage

Helps drive innovation
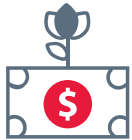
Increases operational efficiencies

Drives value creation

Contributes to talent retention

Enhances data quality

Identifies risks and builds resilience

Improves access to credit and investment
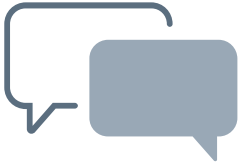
# Discussion Question #2

Who is responsible for sustainability at your organization?

| | |
|---|---|
| **1** | Chief Sustainability Officer |
| **2** | Sustainability Manager/Director/Lead |
| **3** | No dedicated staff/split roles |
| **4** | Don't know |

# Sustainability in the Healthcare Industry

# Sustainability & ESG Trends and Risks

Shift towards **value-based care** focused on quality rather than quantity

Shift towards **preventive care** through lifestyle medicine

Disparities in tech access and digital literacy - key barrier to **mHealth's** growth

Improving **health equity and access to healthcare** through innovations and community initiatives

Ensuring ethical usage of **artificial intelligence**

Digital health and electronic records key to **safeguarding patient data**

Ensuring responsible **supply chain practices** to mitigate risks

HEALTHCARE INDUSTRY
# Material Sustainability & ESG Issues

## ENVIRONMENT

- Biodiversity and resource use
- Climate change
- Ecological impacts
- **Energy management**
- Sustainable use of water
- **Waste and recycling, including chemical and biological waste**

## SOCIAL

- Access and affordability
- Customer health and safety
- Employment practices
- **Health equity**
- Impact on communities
- **Patient privacy**
- Responsible marketing and labeling
- Sustainable products and services
- Workforce health and safety
- Workforce attraction and retention
- Working conditions

## GOVERNANCE

- Board diversity
- Bribery
- **Business ethics**
- Cybersecurity and data privacy
- **Regulations**
- Risk management

HEALTHCARE INDUSTRY
# Sustainability & ESG Best Practices

## Artificial Intelligence & Machine Learning



- ▶ **Butterfly Network's** specializes in creating compact, AI-powered handheld ultrasound devices. Their technology, IQ, allows healthcare professionals to conduct ultrasound imaging on-site, be it in clinics, emergency situations, or remote areas

- ▶ **GE Healthcare's** offer digital solutions and maintenance for the entire encourage system refurbishment and recycling, and extend equipment life through software and hardware upgrades, such as AI-enhanced imaging and wider MRI bores for patient comfort

## Digital Health & Telemedicine



- ▶ **Teladoc's** Health reduces travel to clinics, cutting carbon emissions, and extends healthcare access to underprivileged and remote areas, ensuring timely support for all, regardless of location or status

- ▶ **PlushCare** provides online doctor visits and prescription services, focusing on primary care and mental health. This model offers patients quick and convenient access to healthcare

HEALTHCARE INDUSTRY
# Sustainability & ESG Best Practices

## Robotics & Automation



- **Xenex's** Germ-Zapping Robot and **UVD Robot's** contribute to SDG Goal 3 (Good Health and Well-being) through their utilization of UV light for hospital sanitation, fostering a safer and more sustainable healthcare setting

- **Steris Corp's** automated waste management solutions for healthcare facilities, including robotic systems for the decontamination and disposal of medical waste. Their technologies help ensure that hazardous materials are handled safely, reducing the risk of infection and environmental contamination.

## Electronic Health Records (EHRs)



- **Cerner's** electronic health records (EHR) and health IT solutions improve the efficiency of healthcare delivery, reducing paper waste and supporting better resource management.

- **Epic Systems Corp.'s** implementation of electronic prescribing, along with its reporting and analytics capabilities, contributes to the reduction of paper waste and promotes more efficient resource management

## HEALTHCARE INDUSTRY
# Greenwashing in Sustainability

Greenwashing in healthcare occurs when companies falsely advertise their offerings as eco-friendly. This deception can be intentional to attract eco-aware customers, or accidental due to poor environmental claim validation. Companies may knowingly exaggerate their sustainability or unknowingly mislead due to insufficient information or reliance on unverified supplier claims.

**Greenwashing includes:**

▶ Misleading environmental claims

▶ Selective disclosures

▶ Vague or ambiguous language

▶ Inadequate environmental management systems

▶ Overreliance on supplier claims

HEALTHCARE INDUSTRY

# Industry Subsectors and Leaders

## Hospitals, Health Systems and Academic Medical Centers

Tenet Health

UHS

CommonSpirit

HCA Healthcare

## Long-Term Care

amedisys

ADDUS HOMECARE

BROOKDALE SENIOR LIVING

ENSIGN GROUP

## Physician Groups, Behavioral Health and Ambulatory Care

Envision HEALTHCARE

Fresenius health care worldwide

DaVita

agilon HEALTH

## Other Medical Services and Managed Care

CVS Health | aetna

Quest Diagnostics

United Healthcare

labcorp

# Leader ESG Disclosure Information

| Category | Sustainability Report | Reporting Maturity (In Years) | Reporting Frameworks Disclosed? | Materiality Assessment Disclosed? | Materiality Assessment Conclusions | Emissions Disclosure | | | 3rd Party Attestation Performed? | DEI disclosure? | Governance-specific ESG Disclosure |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Scope 1 | Scope 2 | Scope 3 | | | |
| **HOSPITALS, HEALTH SYSTEMS AND ACADEMIC MEDICAL CENTERS** | | | | | | | | | | | |
| Tenet Healthcare Corporation | Yes | 3 | SASB, TCFD | Yes | No | No | No | No | No | Yes | Yes |
| Universal Health Services, Inc | Yes | 3 | No | No | No | Yes | Yes | No | No | Yes | Yes |
| HCA (Hospital corp. of America) | Yes | 13 | GRI, SBTi, SASB, TCFD, CDP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Common Spirit Health | Yes | 2 | CDP, SBTi | No | No | Yes | Yes | Yes | No | Yes | Yes |
| **LONG-TERM CARE** | | | | | | | | | | | |
| Amedisys | Yes | 2 | SASB | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes |
| Addus Homecare | No | 0 | No | No | No | No | No | No | No | Yes | Yes |
| Brookdale Senior Living | Yes | 3 | SASB | No | No | No | No | No | No | Yes | Yes |
| The Ensign Group | Yes | 1 | SASB | No | No | No | No | No | No | Yes | Yes |
| **PHYSICIAN GROUPS, BEHAVIORAL HEALTH AND AMBULATORY CARE** | | | | | | | | | | | |
| Envision Healthcare | Yes | 2 | No | No | No | No | No | No | No | Yes | Yes |
| Fresenius | Yes | 7 | CDP, SASB, SDG, TCFD | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| DaVita | Yes | 5 | SASB, TCFD, SBTi, SDG, CDP | Yes | Yes | Yes | Yes | Yes | No | Yes | Yes |
| Agilon Health | Yes | 2 | CDP | Yes | Yes | No | No | No | No | Yes | Yes |
| **OTHER MEDICAL SERVICES AND MANAGED CARE** | | | | | | | | | | | |
| CVS Health/ Aetna | Yes | 17 | GRI, SDG, SASB, CDP, COH4B, TCFD, SBTi | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Quest Diagnostics | Yes | 12 | SASB, SDG, CDP | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| UnitedHealth Group | Yes | 4 | SASB, CDP, SBTi | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Labcorp | Yes | 13 | GRI, SASB, TCFD, CDP, UNGC, SBTi | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

# Leader ESG Rating Comparison

| | **CDP** | **ISS ESG** | **MSCI** | **S&P Global** | **SUSTAINALYTICS** |
|---|---|---|---|---|---|
| Scoring Scale | F-A | D- to A+ | CCC-AAA | 0-100 | 0-40+ |
| **HOSPITALS HEALTH SYSTEMS AND ACADEMIC MEDICAL CENTERS** | | | | | |
| Tenet Healthcare Corporation | Climate-F, Water-F | C | N/A | 30 (PD+CR) | 34.6 |
| Universal Health Services, Inc | Climate-F, Water-F | C | CCC | 22 (PD+CR) | 30.8 |
| HCA (Hospital corp. of America) | N/A | C | AA | 27 (PD+CR) | 28.8 |
| Common Spirit Health | Climate - B | N/A | N/A | Locked | 34.2 |
| **LONG TERM CARE** | | | | | |
| Amedisys | Climate-F | C- | N/A | Not Participated | 23.9 |
| Addus Homecare | Climate-F | D+ | N/A | Locked | 18.5 |
| Brookdale Senior Living | Climate-F | C- | N/A | Locked | 33.9 |
| The Ensign Group | N/A | C- | N/A | 25 (PD+CR) | 32.1 |
| **PHYSICIAN GROUPS, BEHAVIORAL HEALTH AND AMBULATORY CARE** | | | | | |
| Envision Healthcare | N/A | N/A | N/A | Locked | N/A |
| Fresenius SE & Co. KGaA | Climate-B, Water-B | B- | A | 53 (PD+CR) | 18.2 |
| DaVita | Climate-A-, Water-B | C | AA | 62 (PD+CR) | 22.2 |
| Agilon Health | Climate-F | D+ | N/A | 22 (PD+CR) | 26 |
| **OTHER MEDICAL SERVICES AND MANAGED CARE** | | | | | |
| CVS Health Corporation | Climate-A-, Forest-B, Water-B | C | BBB | 64 (PD+CR) | 22 |
| Quest Diagnostics | Climate-C, Water-F | C | AAA | 56 (PD+CR) | 21.1 |
| UnitedHealth Group | Climate-B | C+ | AA | 66 (PD+CR) | 15.3 |
| Labcorp | Climate-B | C | AA | 33 (PD+CR) | 19.7 |

Sources: CDP, ISS ESG, MCSI, S&P, SUSTAINALYTICS

# Sustainability & ESG Reporting: Competitive Set

Information also available upon request for Healthcare industry subsectors:

▶ Hospitals Health Systems and Academic Medical Centers

▶ Long Term Care

▶ Physician Groups, Behavioral Health and Ambulatory Care

▶ Other Medical Services and Managed Care

The focus is on "Other Medical Services and Managed Care" due to high disclosure and reporting maturity for leader's companies. ESG disclosures were sourced from company websites (in ESG/sustainability sections) or their sustainability reports.

| | CVS Health / aetna | Quest Diagnostics | United Healthcare | labcorp |
|---|---|---|---|---|
| **ENVIRONMENT** | | | | |
| Biodiversity and land use | - | - | - | X |
| Climate change and resilience | X | X | X | X |
| Energy management | X | X | X | X |
| Greenhouse gas emissions | X | X | X | X |
| Waste management | X | X | X | X |
| Water management | X | X | X | X |
| **SOCIAL** | | | | |
| Community support and engagement | X | X | X | X |
| Employee diversity, equity and inclusion | X | X | X | X |
| Employee training and development | X | X | X | X |
| Employee wellbeing | X | X | X | X |
| Human rights | X | X | X | X |
| Supply chain integrity and responsible sourcing | X | X | X | X |
| Talent attraction, development and retention | X | X | X | X |
| **GOVERNANCE** | | | | |
| Business integrity, anti-bribery and anti-corruption | X | X | X | X |
| Data privacy and security | X | X | X | X |
| Political contributions | X | X | X | X |
| **ESG REPORTING & DISCLOSURES** | | | | |
| Sustainability report | Yes | Yes | Yes | Yes |
| Reporting maturity (in years) | 17 | 12 | 4 | 13 |
| Reporting frameworks disclosed? | GRI, SDG, COH4B, CDP, SBTi, SASB, TCFD | SASB, CDP | SASB, CDP, SBTi | GRI, SASB, TCFD, CDP, UNGC, SBTi |
| Materiality assessment disclosed? | Yes | Yes | Yes | Yes |
| Materiality assessment conclusions | Yes | Yes | Yes | Yes |
| Scope 1 and 2 emissions disclosure? | Yes | Yes | Yes | Yes |
| Scope 3 emissions disclosure? | Yes | Yes | Yes | Yes |
| Third party assurance performed? | Yes | Yes | Yes | Yes |
| Diversity, equity and inclusion disclosure? | Yes | Yes | Yes | Yes |
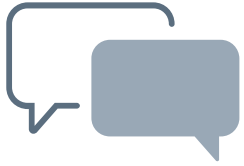
## Discussion Question #3

Are you reporting on your sustainability?

| | |
|---|---|
| **1** | Annual report with ESG information |
| **2** | Website/some external communications |
| **3** | No external reporting |
| **4** | Don't know |

# Health Equity
# in the United States

# Centers for Medicare and Medicaid Services (CMS)

CMS programs cover more than 160 million people across the country through the 3Ms - Medicare, Medicaid and the Children's Health Insurance Program (CHIP), and the Marketplace

### Medicaid

▶ Among Latino, Black, and American Indian and Alaska Native individuals, **40%** of U.S. births financed by Medicaid

▶ Black non-Latino, American Indian/Alaska Native individuals face **2-3x** higher pregnancy-related mortality than Whites

▶ Children made up **46.1%** of total Medicaid and CHIP enrollment in 49 states

### Marketplace

▶ ACA Marketplace outreach:
  • **49%** for Black consumers
  • **53%** for Latinos
  • **32%** for American Indian/Alaska Native individuals since 2020

### Medicare

▶ Annual savings of **19 million** hours in paperwork for aged and disabled people, and over **2 million** hours in state administrative burden

▶ Aimed to support **1.2 million** aged and disabled people in affording Medicare coverage and health care costs

# CMS: Health Equity Framework

▶ The CMS Health Equity Framework aligns with the [Healthy People 2000 Framework](#) and broader HHS efforts to prioritize health equity and reduce disparities.

▶ It supports the ambitious goals set by CMS for Medicaid, CHIP, and the CMS Innovation Center, emphasizing the need for dedicated efforts to address health inequalities and disparities.

▶ The Framework for Health Equity details five strategic priorities to guide the agency's actions over the next decade, aiming to operationalize health equity and address disparities in underserved communities.
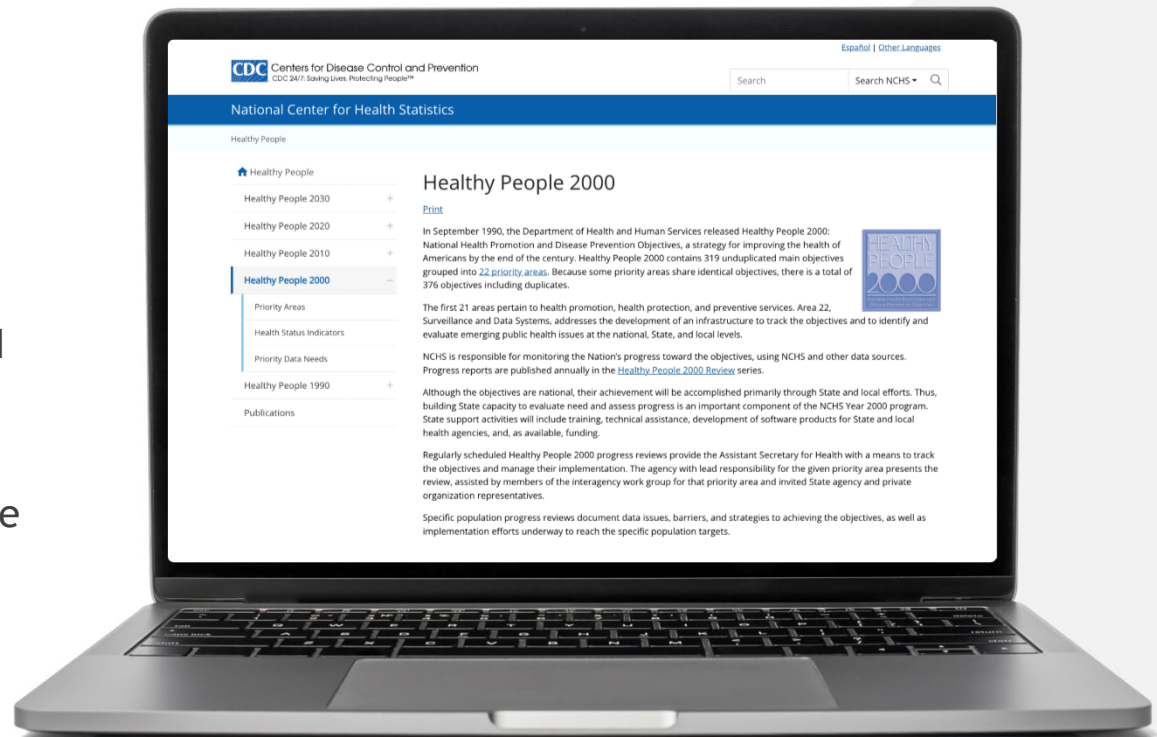
# CMS Health Equity Framework

5 PRIORITY AREAS

**PRIORITY 1**: Enhance the gathering, documentation, and evaluation of uniform data

**PRIORITY 2**: Investigate the reasons behind discrepancies in CMS programs, and amend inequities in policies and procedures to eliminate disparities

**PRIORITY 3**: Strengthen the competence of health care entities and personnel to diminish health and healthcare disparities

**PRIORITY 4**: Promote language support, health comprehension, and the delivery of culturally specific services

**PRIORITY 5**: Boost the overall accessibility to health care services and insurance coverage

# CMS Action Plan on Sickle Cell Disease

## WHO DOES IT IMPACT?

**100,000***

**Individuals affected in the United States**

(the majority of whom are Black, African American, and/or Hispanic)

- **11%** are enrolled in Medicare
- **Approximately Half** of people with SCD are enrolled in Medicaid

## CMS SCD ACTION PLAN KEY AREAS

**1**

Expanding coverage and access

**2**

Improving quality and the continuum of care

**3**

Advancing equity and engagement

**4**

Examining data and analytics

*Approximately
Source: CMS

# Inpatient Prospective Payment System (IPPS)

## FY 2024 RULE

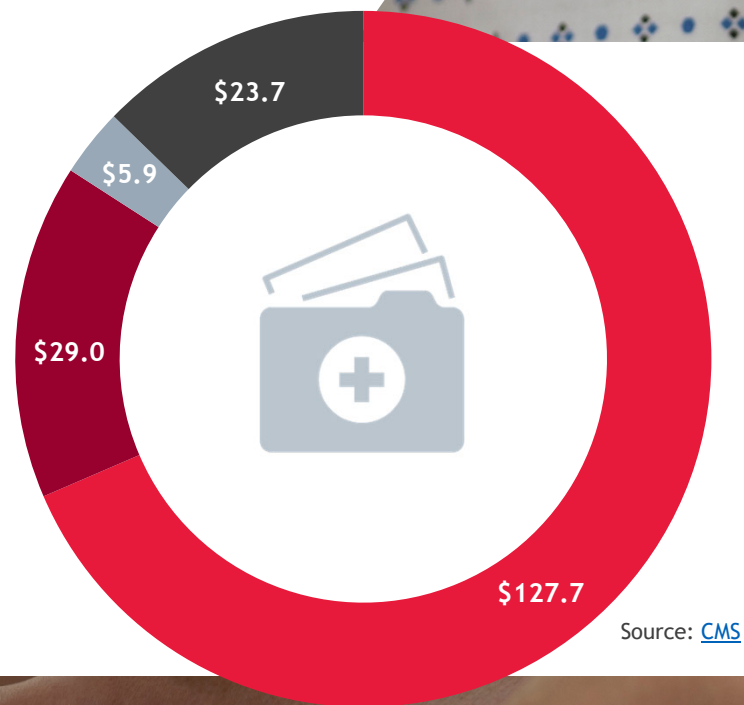Under IPPS, hospitals receive a fixed payment for Medicare inpatient stays, based on the patient's condition and treatment, not the actual care cost.

**INPATIENT HOSPITAL MEDICARE PROGRAM PAYMENTS**
(in Billions) by Type of Service in 2022

- ● Hospice — **$23.7**
- ● Home Health Agency — **$5.9**
- ● Skilled Nursing Facility — **$29.0**
- ● Inpatient, Hospital — **$127.7**



$23.7
$5.9
$29.0
$127.7

Source: CMS

# CMS Health Equity Adjustment Bonus

▶ CMS is adding a bonus to the Hospital Value Based Purchasing Program to encourage hospitals to focus on health equity

▶ Starting in FY 2026, CMS aims to financially reward hospitals for improving care for underserved populations

▶ CMS targets patients enrolled in both Medicare and Medicaid as underserved, because research shows they're at higher risk of poor health outcomes, making them a focus for health equity initiatives

# How Will the Health Equity Adjustment be Calculated?

## Measure Performance Scaler

▶ Hospital's performance for patients with dual eligibility status (DES) across four domains:

- Clinical
- Cost & Efficiency
- Safety
- Person and Community Engagement

▶ Number of points awarded based on performance across all hospitals for the domain, ranging as follows:

- 4 – performance falls in top third
- 2 – performance falls in middle third
- 0 – performance falls in bottom third

▶ Hospitals can receive a maximum of 16 points

## Underserved Multiplier

▶ Number of inpatient stays for patients with DES out of the total number of inpatient Medicare stays during the **calendar year** two years before the start of the respective program year

- Example – FY26 program year – use of total number of inpatient stays from 1/1/24 – 12/31/24

▶ A logistic exchange function will then be applied to the DES patients, as sourced from the State Medicare Modernization Act file of duel eligible beneficiaries, as demonstrated by the following formula:

$$Underserved\ Multiplier = \frac{1}{1 + e^{-(-5 + 10 * \frac{Dual\ Rank}{Max\ Dual\ Rank})}}$$

▶ Reflected as a whole number ranging from 0.0 to 1.0 (0% to 100%)

# Health Equity Adjustment

## HEA Bonus Points Calculation

▶ Product of the measure of performance scaler and the underserved multiplier

▶ Maximum HEA bonus points are capped at **10**

▶ Added to Total Performance Score (TPS)

▶ Designed to award higher points for hospitals that:
  - Serve greater percentages of underserved populations (hospital patients with DES who receive inpatient services), **and**
  - Have higher quality performance

▶ Begins with **FY26** program year

## Example of HEA Bonus Points Calculation

Assumptions:

▶ Measure Performance Scaler (**A**)
  - Clinical – Top third                                    4
  - Cost & Efficiency – Middle third                        2
  - Safety – Top third                                      4
  - Person and Community Engagement – Bottom third          0

                                                           **10**

▶ Underserved Multiplier (**B**)
  - DES population after logistic function is 40%          **0.4**

▶ **Health Equity Adjustment Bonus Points (C)**           **4.0**

| (A) X (B) = (C) |
| --- |

# Healthcare and Climate

# Health Equity is Hot, But…

▶ Environmental impacts are also key considerations

▶ Climate change is an important factor to the public right now

▶ Acknowledging and addressing climate change is something that healthcare organizations should include in their go-forward strategy

▶ Consequences of climate change to be considered are addressed on the following slides

# Rising Costs: The Inevitable Consequence of Business as Usual

## COST HEADWINDS

▶ Health system expenditures
▶ Supply chain costs
▶ Energy costs

## CLIMATE TRENDS

▶ U.S. hospitals will lose out on **$15B** of savings over 10 years if they don't reduce energy and water consumption or commit to more efficient OR purchasing.

▶ The average U.S. neurological department loses **$2.9M** annually in savings because it uses and wastes unnecessary items in surgery.

▶ Authorities such as the U.S. Department of Health and Human Services are proposing new requirements for hospitals to cut emissions and may penalize poorly-performing facilities.

# Losing Talent to Greener Employers Weakens Future Talent Pool

## TALENT HEADWINDS

▶ Retention
▶ Satisfaction
▶ Engagement

## CLIMATE TRENDS

▶ **75%** of U.S. millennials said that they would take a pay cut to work at a company with strong environmental values.

▶ Nearly **40%** of U.S. millennials—who will make up three-quarters of the workforce in six years—have chosen a job because of company sustainability.

▶ **70%** of U.S. workers said that if a company had a strong sustainability plan, it would affect their decision to stay with that company long term.

# Patients Favor Providers with a Proactive Stance on Climate Change

| PATIENT HEADWINDS | CLIMATE TRENDS |
|---|---|

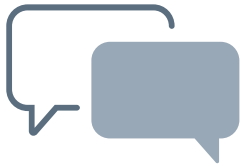**PATIENT HEADWINDS**

▶ Patient Loyalty
▶ Patient Choice

**CLIMATE TRENDS**

▶ **94%** of U.S. patients consider a hospital's sustainability programs to be important.

▶ **70%** of consumers in the U.S. and Canada think it is important that a brand is sustainable or eco-friendly.

▶ **75%** of U.S. millennials are willing to pay more for an environmentally sustainable product, compared to 57% of baby boomers.

# Examples of Healthcare Environmental Solutions

**1** Efficient **disposal** of medical waste

**2** **Waterless surgical scrubs** in the operating room

**3** Installation of **variable-speed drives** and **two-way valves**

**4** Operating room **setback program**

**5** LED **bulbs**

**6** Thermal **insulation**

**7** Improved **building footprints**

per HFMA

## Discussion Question #4

Would you like to speak with any of our presenters about the content in today's webcast?

| | |
|---|---|
| **1** | Yes, I would like to speak with **Venson Wallin** |
| **2** | Yes, I would like to speak with **Karen Baum** |
| **3** | Yes, I would like to speak with **Jesse Hertstein** |
| **4** | No, thank you |

Thank You!

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