



News Notes

• www.LVBCH.com •

Quarterly News & Updates

Over the last year, Coalition Operations and Purchasing Programs have remained committed to providing full services to members. Thank you to our employer members and associate members for your ongoing engagement as we celebrated our 40th Anniversary virtually in 2020.

While the situation with the coronavirus (COVID-19) remains difficult, nothing is more important to the Lehigh Valley Business Coalition on Healthcare than the health and safety of our members, your employees, your families, our community, and our Country.

Whether we are moving into the "new normal" or getting "back to business" our plan is to continue supporting our members, with purchasing programs that increase membership value and an ongoing commitment to providing education and networking opportunities - whether in person or virtual!

We hope you enjoy this latest e-Version of the LVBCH Quarterly News Notes!

[Visit our Website](#)

Welcome Message



Jeff Burtaine, MD
LVBCH Medical Director

This issue features an interview With LVBCH Medical Director, Jeff Burtaine, MD. Read our March 2021 interview with Dr. Burtaine to learn more about the complimentary executive physician consulting services now available to LVBCH Employer Members.

To learn more, or to schedule a consultation with Dr. Burtaine, please email: lvbch@lvbch.com.

[Read the Full Interview](#)

Welcome 2021 New Members

Please join us in extending a warm welcome to our new Coalition members - We encourage all members to get involved and participate in Coalition activities!

- Adept Group
- Alzheimer's Assoc. of Delaware Valley
- Aon
- Conner Strong & Buckelew

- Genentech
- Jaflo, Inc
- Reading Blue Mountain & Northern Railroad
- The Seltzer Group

[View All LVBCH Members Here](#)

LVBCH Updates

LVBCH Announces 41st Annual Conference & Keynote Presentations

[Read the Press Release](#)

Upcoming Events



41st Annual Conference

Looking Forward: The Next 40 Years

May 4, 5, 6, 2021

11:00 a.m. - 1:00 p.m. ET

[Register Now](#)

[More Information](#)

The Future of Healthcare

Tuesday, May 4, 2021
11:00 a.m. - 1:00 p.m. ET

Networking

Welcome to Conference: *Carl Seitz, President*

Keynote Presentation: *Dr. Don Berwick*
The Moral Determinants of Health

Moderated Panel: Innovations in Healthcare
Moderator: BSI, *Vicki Doule*

- AmeriHealth Administrators, *Dr. Reetika Kumar*
 - Capital BlueCross, *Dr. Jennifer Chambers*
 - Lehigh Valley Health Network, *Dr. Mark Wendling*
 - St. Luke's University Health System, *Dr. Rajika Reed*
-

Networking

Keynote Presenter: Dr. Don Berwick

The Future of Healthcare

"The Moral Determinants of Health"

Tuesday, May 4



Dr. Don Berwick

Former Administrator

Centers for Medicare & Medicaid Services

Founding CEO, Institute for Healthcare Improvement

The Future of Benefits

Wednesday, May 5, 2021

11:00 a.m. - 1:00 p.m. ET

Networking

Moderated Panel: Innovations in Pharmacy

Moderator: USI, *Jens Thorsen*

- Express Scripts, *Bill Patterson*
 - WellDyne, *Nick Page*
 - Keenan/USRx-Care, *Renzo Luzzatti*
 - ELMCRx, *MaryAnn Carlisle*
-

Moderated Panel: Innovations in Employee Benefits

Moderator: Univest, *Kevin Davis*

- BeneFIT Corporate Wellness, *Kendra Carey*
 - EyeMed, *Brian Boose*
 - Geneia, *Heather Lavoie*
 - United Concordia, *Donna Hunter*
-

Networking

The Future of Mental Health

Thursday, May 6, 2021

11:00 a.m. - 1:00 p.m. ET

Networking

Presentation: *Craig Kramer*

The Mental Health Moment

Moderated Reaction Panel: Innovations in Mental Health

Moderator: McGriff, *Pete Kareha*

- Geisinger, *Dr. John Bulger*
 - Geisinger Marworth, *Dr. Kimberly Kabernagel*
 - KidsPeace, *Dominick DiSalvo*
 - Mercer, *Sandra Kuhn*
-

Networking

Keynote Presenter: Craig Kramer

The Future of Mental Health

"The Mental Health Moment"

Thursday, May 6



Craig Kramer

Mental Health Ambassador

Chair, Global Campaign for Mental Health

Neuroscience External Affairs Janssen R&D,

A Johnson & Johnson Company

NOW AVAILABLE - ON DEMAND WEBINARS

Register to start watching at any time!

On-Demand Webinar

*EyeMed's Value for
LVBCH Members*



www.LVBCH.com

**EyeMed's Value
for LVBCH Members**

Register Now to Receive Link to
Recording

View Presentation Slides

On-Demand Webinar

*Discover How Obesity is
Impacting Your Organization:
Strategies Beyond Workplace
Wellness*



www.LVBCH.com

**Discover How Obesity is
Impacting Your Organization**

Register Now to Receive Link to
Recording

View Presentation Slides



September 2020

**COVID-19 Impact on Utilization
and Health Outcomes**

LVBCH Webinar



September 2020

**COVID-19 Impact on Mental Health
and Substance Abuse**

LVBCH Webinar



COVID-19 Impact on Utilization and Health Outcomes

Register Now to Receive Link to Recording

View Presentation Slides

Read the Summary

COVID-19 Impact on Mental Health and Substance Abuse

Register Now to Receive Link to Recording

View Presentation Slides

Read the Summary



EMPLOYER FORUM

All LVBCH Employer Members are invited to participate in this ongoing peer-to-peer discussion between local employers on the topics most important to you!

Thank you to all Employer Members who have participated in these calls to date – and for sharing your organizations' experiences with COVID-19. As these session progress, they will continue to focus on issues employers are facing, including the coronavirus pandemic, as well as providing ongoing assistance and resources to help you navigate your organizations questions and concerns.

Thank you also to our Spring 2021 special guest experts:
Dr. Matthew McCambridge, Lehigh Valley Health Network
& LVBCH Medical Director, Dr. Jeff Burtaine!

The next employer forum is scheduled for:
Thursday, May 20, 2021;
8:00 a.m. - 9:00 a.m.
Please contact Donna Corsi:
dmcorsi@lvbch.com for additional information.

Register Now

Recent Events

RAPIDLY CHANGING

PHARMACY BENEFITS WEBINAR:

A Lehigh Valley Case Study

Tuesday, March 30, 2021
9:00 a.m. - 10:30 a.m.

[View PBGH Presentation Slides](#)

[View USI Presentation Slides](#)

[View ELMC Rx Presentation Slides](#)

Rapidly Changing Pharmacy Benefits: A Lehigh Valley Case Study

Tuesday, March 30, 2021



www.LVBCH.com

[Register Now to Receive Link to Recording](#)

[Read the Summary](#)

[View NAHPC Presentation Slides](#)

CREATING THE FUTURE OF HEALTH CARE TOGETHER WEBINAR:

with AmeriHealth Administrators

Monday, March 15, 2021
12:00 noon - 1:00 p.m.

[View Presentation Slides](#)



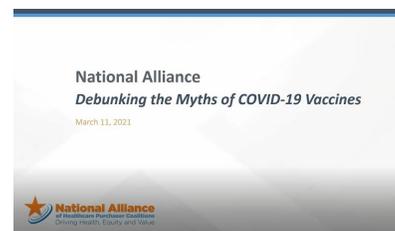
[Register Now to Receive Link to Recording](#)

[Read the Summary](#)

DEBUNKING THE MYTHS OF COVID-19 VACCINES WEBINAR:

National Alliance of Healthcare Purchaser Coalitions

Thursday, March 11, 2021
12:00 noon - 1:00 p.m.



[Register Now to Receive Link to Recording](#)

CANCER WON'T WAIT FOR THE PANDEMIC TO END WEBINAR:

Employer Strategies to Promote Timely Cancer Screenings PA Coalitions with Genentech

Tuesday, February 23, 2021
12:00 noon - 1:00 p.m.

[View Presentation Slides](#)

*Cancer Won't Wait for the Pandemic to End:
Employer Strategies to Promote Timely Cancer Screening*



[Register Now to Receive Link to
Recording](#)

[Read the Summary](#)

8th ANNUAL SYMPOSIUM:

Mental Health from a Systems Perspective

with Lehigh University's Healthcare
Systems Engineering Program

Monday, March 15, 2021
12:00 noon - 1:00 p.m.



[Register Now to Receive Link to
Recording](#)

[Read the Summary](#)

HARNESSING THE HEADWINDS OF CHANGE:

with Nicole Malachowski

Tuesday, January 12, 2021
12:00 noon - 1:00 p.m.



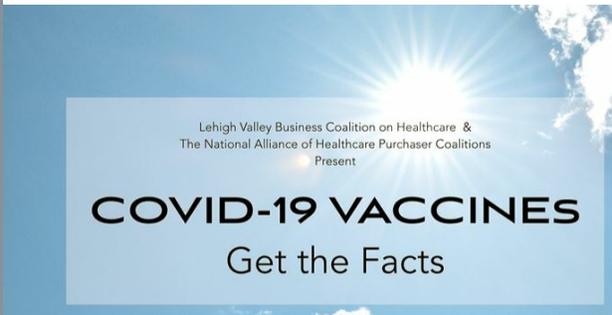
[Read the Summary](#)

National Alliance of Healthcare Purchaser Coalitions (NAHPC) Updates



LVBCH partners with the National Alliance of Healthcare Purchaser Coalitions to drive innovation, health, and value through the collective action of public and private purchasers. Together, both organizations seek to accelerate the nation's progress toward safe, efficient, high-quality healthcare and the improved status of the American population.

COVID-19 Vaccines Video Series



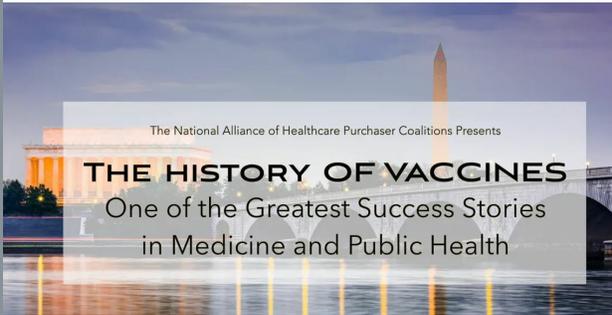
Lehigh Valley Business Coalition on Healthcare & The National Alliance of Healthcare Purchaser Coalitions Present

COVID-19 VACCINES

Get the Facts

Get the Facts (English)

Get the Facts (Spanish Translation)



The National Alliance of Healthcare Purchaser Coalitions Presents

THE HISTORY OF VACCINES

One of the Greatest Success Stories in Medicine and Public Health

History (English)

History (Spanish Translation)



The National Alliance of Healthcare Purchaser Coalitions Presents

TRUSTING VACCINES

Safety in All Three Phases

Trust (English)

Trust (Spanish Translation)

Action Briefs

Chronic Kidney Disease (January 2021)

ACTION BRIEF
Employer Strategies that Drive Value

CHRONIC KIDNEY DISEASE
PREVENTING, DIAGNOSING & DELAYING DISEASE PROGRESSION
37 million Americans have kidney disease; 80% don't know it

Every day, our kidneys filter blood to remove toxins, waste and harmful substances from our bodies to keep us healthy. These powerhouse cleaners also help keep our blood pressure, blood cells, and pH extra fluid from the body.

But our kidneys need to be protected and maintained. This is an increasing challenge in America as the incidence of chronic kidney disease (CKD) grows, adding pressure to an already stressed healthcare system, increasing costs for patients and their employers, and compromising quality and length of life.

WHY EMPLOYERS SHOULD CARE
CKD is a preventable and largely avoidable disease. One study found that type 2 diabetes patients with protein in their urine (albuminuria) cost \$16.38 less per member as those with normal levels (low albuminuria).
3. The Stages of Kidney Disease and Correlating Costs³ Further, progression of CKD through stage 1 to stage 4 – and finally to end-stage renal disease (ESRD) requiring dialysis – occurs very quickly. Today, stage 3 CKD is the most common stage in the US, likely because of late detection. Nearly half of patients reach stage 3 without knowing they have CKD, creating many to move directly into dialysis.

A staggering 88% of people with type 2 diabetes over age 50 have CKD. The American Diabetes Association recommends that everyone diagnosed with type 2 diabetes get a kidney health profile including eGFR (kidney function) and UACR (kidney damage) at diagnosis and then every year.

In a recent study, however, only 43% of those with type 2 diabetes had been assessed using UACR – an important indicator of CKD severity – up to three years after diagnosis.

1. Know the scope of the problem among the workforce and covered family members.
Many employers are not aware of the extent or prevalence of CKD (see sidebar on page 7). What is Chronic Kidney Disease?² Determine the number of covered individuals with diabetes and estimate the number likely to have undiagnosed CKD. This is a report on the new ISEE2 questions, "Kidney Health Evaluation for Patients with Diabetes," to compare with national results.

Optimal Cardiovascular Prevention and Care (January 2021)

ACTION BRIEF
Employer Strategies that Drive Value

OPTIMAL CARDIOVASCULAR PREVENTION AND CARE
IMPROVING LIVES, OUTCOMES AND AFFORDABILITY

ACTION STEPS FOR EMPLOYERS:

- Review cardiovascular cost and quality data to identify both the risks and the opportunities for prevention and improvement.
- Learn how other employers are achieving success with worksite health-promotion and health-management programs.
- Create a workplace plan of action that identifies and motivates employees to adopt healthy behaviors.
- Ensure that health plans and employee wellness programs are promoting preventive care and coordinated management with targeted outreach.

CARDIOVASCULAR DISEASE IS INCREASING, DRIVING UP COST AND HINDERING PRODUCTIVITY
This disease is today responsible for more economic and more costly than cardiovascular disease (CVD) in the number one-third of all deaths (one person dies from cardiovascular disease every 30 seconds in the US). Every once in a while, the incidence, via a downward trajectory until 2015, is now growing (see chart on page 10). By 2035, 49% of adult Americans will have at least one cardiovascular disease.
Why the epidemic is back on track? The burden of CVD is growing faster than our ability to combat it, due to increasing rates of the four main CVD risk factors: obesity, poor diet, high blood pressure, and Type 2 diabetes. Also, our strategies that apply to a single population, CVD risk increases with age.
• At age 54, the risk of CVD is just 10%.
• At age 64, the risk of CVD is 40%.
• At age 69, the risk of CVD is 80%.

Living Well with CVD
Cardiovascular disease leads to disability in the United States more than any other health condition, including stroke, cancer, arthritis, three top factors of the burden and cost burden.
• **Diabetes**, starts with elevated blood glucose levels that cause many health-related problems.
• **Cholesterol** (low-density lipoprotein) is the main source of artery-clogging plaque.
• **Hypertension**, it's now known that hypertension is an independent risk factor.
Because preventive care is not enough, it is imperative that plan design include coverage that encourages patients to seek closely with their doctors on a timely and meaningful basis, including early diagnosis, leading to better health and lower cost of care.

Health Policy in Transit

Health Care Provisions in the Consolidated Appropriations Act

February 18, 2021

February 18, 2020
Page 1 of 2

Health Policy in Transit
A Purchaser Viewpoint



Health Care Provisions in the Consolidated Appropriations Act of 2020 (H.R. 133)

On December 27, 2020, President Trump signed the Consolidated Appropriations Act, which funds the government through September 30, 2021. The \$1.4 trillion legislation includes approximately \$900 billion in COVID relief, and several significant health care provisions.

Surprise Billing

Contained within the CAA is the "No Surprises Act," which prohibits providers from balance billing patients in certain specific instances. Generally applicable to plan years starting on or after January 1, 2022, group health plans and health insurance issuers must apply in-network cost-sharing to out-of-network emergency services and covered items and services performed by an out-of-network provider at an in-network facility. Cost-sharing amounts paid for these services must count towards the individual's in-network deductible and out-of-pocket maximum. Plans and issuers must also send initial payment or denial directly to the provider/facility within 30 days. To resolve payment disputes, the CAA creates an IDR process by which a plan or issuer and an out-of-network provider can negotiate and/or arbitrate the payment amount for the furnished item or service. The IDR process involves submission of offers by both sides with the arbitrator choosing one of the offers (i.e. "baseball style" arbitration) and specifies factors that the arbitrator must consider or is prohibited from considering. Finally, air ambulance providers generally cannot send patients surprise bills for more than the in-network cost-sharing amount.

Transparency

The CAA contains several provisions related to overall transparency between and among health care stakeholders. Among the various transparency-related provisions, the legislation prohibits gag clauses on price and quality information. Plans and issuers cannot enter into provider contracts that restrict, directly or indirectly, the disclosure of provider-specific cost and quality information. Additionally, the contract cannot restrict plans and issuers from electronically accessing deidentified claims and encounter information for enrollees, including financial information (such as the allowed amount, provider information, service codes, and any other data element included in claim or encounter transactions). Furthermore, contracts cannot restrict plans and issuers from sharing such information with a HIPAA business associate. In addition, the law requires disclosure of agent/broker compensation. Covered service providers must disclose to plan fiduciaries a description of services and any direct or indirect compensation that they reasonably expect to receive for brokerage services or consulting. In an effort to increase transparency regarding PBMs, plans and issuers must annually report to the Secretaries of HHS, Treasury, and Labor detailed information regarding plan spending, the cost of plan pharmacy benefits, enrollee premiums, and any manufacturer rebates received by the plan or issuer.

March 23, 2021

March 23, 2021

Health Policy in Transit
A Purchaser Viewpoint



Health Care Provisions in the American Rescue Plan Act of 2021

On March 11, 2021 President Biden signed into law the [American Rescue Plan Act of 2021](#), a \$1.9 trillion COVID-19 relief package. While healthcare was not a major focus of the bill, there are several healthcare-related provisions included in the legislation.

COVID-19 testing and vaccines

The law includes several provisions to improve the nation's vaccine and testing capacity. It allocates \$10 billion for the purposes of carrying out activities under the Defense Production Act. Specifically, the funding can be used for the manufacturing and procurement of medical supplies and equipment related to combating the COVID-19 pandemic, including diagnostic products, personal protection equipment, drug, medical devices and biological products.

More than \$70 billion is allocated for the COVID-19 vaccines, testing and workforce efforts, with \$15 billion geared toward enhancing, expanding and improving the nationwide distribution and administration of vaccines. These strategies include increasing access, especially in underserved communities, increasing vaccine confidence and funding the research, development, manufacturing and procurement of vaccines, therapeutics and other ancillary supplies. The law further assigns \$6 billion for the research, development, manufacturing, production and purchasing of vaccines, therapeutics and other ancillary products, as well as \$1 billion for efforts to boost vaccine confidence. With respect to testing, the law allocates almost \$48 billion to continue implementation of an evidence-based national testing strategy with a focus on components such as detection, diagnosis, tracing and monitoring.

Expansion of COBRA subsidies

The law provides federal subsidies valued at 100% of the health insurance premium for eligible individuals and families to remain on their employer-based coverage. The law requires the former employer to pay the COBRA premium for subsidy-eligible individuals, the federal government will then reimburse the former employer for this cost. Employers are required to provide written notice to employees who become eligible for this subsidy. This applies to employees who lose employment completely or have their hours reduced such that they are no longer eligible for employer-provided coverage. However, individuals are not eligible if they quit voluntarily, if they are eligible for these subsidies if COBRA resulted from other qualifying events, including death of or divorce from the covered employee, the covered employee becoming entitled to Medicare, or loss of dependent child status. The provision covers premiums for up to six months and is temporary; subsidies can be paid for coverage months no earlier than April 1, 2021 and no later than September 30, 2021. When these subsidies end, individuals can choose to continue unsubsidized enrollment through COBRA. Regulations and/or other guidance will come jointly from the Departments of Labor and Treasury.

Temporary expansion of health insurance marketplace financial assistance

The law further reduces the cost of Marketplace coverage for all subsidy-eligible individuals and families by increasing the dollar value of the premium tax credit subsidies. For example, individuals making between 100% and 150% of the federal poverty level (FPL) will not pay anything in Marketplace premiums. In addition, the law expands eligibility for the tax credit subsidies to more individuals. Specifically, more households above 400% FPL, the current maximum eligibility threshold, are newly eligible for subsidies. These changes are temporary and in effect for tax years 2021 and 2022. In addition, the law expands eligibility for marketplace coverage to individuals who receive at least one week's worth of unemployment compensation during 2021.

Leapfrog Updates



LVBCH continues to develop its relationship with the Leapfrog Group, serving as a Regional Leader. In this role, LVBCH invites and encourages hospitals across Pennsylvania to complete the annual Hospital Survey that assesses hospital safety, quality, and efficiency based on national performance measures.

Best Maternity Care Hospitals Announced

Newsweek List powered by data from Leapfrog (February 2021)

February 16, 2021 – Newsweek announced its 2021 list of [Best Maternity Care Hospitals](#). The distinction recognizes facilities that have excelled in providing care to mothers, newborns, and their families, as verified by the 2020 Leapfrog Hospital Survey. Best Maternity Care Hospitals is part of Newsweek's Best Health Care series, powered by data from [The Leapfrog Group](#).

Hospitals named as a Best Maternity Care Hospital have fully met The Leapfrog Group's standards for [maternity care](#) on evidence-based, nationally standardized metrics. This includes lower rates of early elective delivery, NTSV C-section, and episiotomy, as well as compliance with process measures including newborn bilirubin screening prior to discharge and blood clot prevention techniques for mothers delivering via C-section. Best Maternity Care Hospitals have also demonstrated a commitment to safety via the fall 2020 [Leapfrog Hospital Safety Grade](#).



Pennsylvania Health Care Cost Containment

Council (PHC4) Updates

COVID-19 Hospitalizations in Pennsylvania - March to June 2020 (January 2021)



COVID-19 Disaster Emergency Report (January 2021)

COVID-19 Disaster Emergency Report
Pennsylvania Health Care Cost Containment Council

A Pennsylvania report on the effect of the COVID-19 disaster emergency on hospitals and health care facilities in the Commonwealth.

Submitted to:
The Secretary of the Department of Health and the Secretary of the Department of Human Services.
The Chair and Minority Chair of the Appropriations Committee of the Senate and the Chair and Minority Chair of the Health and Human Services Committee of the Senate.
The Chair and Minority Chair of the Appropriations Committee of the House of Representatives, the Chair and Minority Chair of the Health Committee of the House of Representatives and the Chair and Minority Chair of the Human Services Committee of the House of Representatives.

January 2021

Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400, Harrisburg, PA 17101
717-232-6787/www.phc4.org

Employer Meetings with Purchasing Partners



LVBCH Employer Meeting (March 2021)



LVBCH Employer Meeting (March 2021)

Guest Articles from Purchasing Partners



Supporting Our Communities During COVID-19



Supporting Our Plan Members Virtually



Evernorth Embarc Benefit Protection: A New Pathway for Affordable Access to Expensive Care

Fighting Dry Mouth During COVID-19



The Silent Disease an Eye Exam Can Detect



Spring Into Health



Employer Well-Being in this New Norm



2021 USI Benefits Benchmarking Study

Open Enrollment in a Remote World: Lessons from the Pandemic



Putting Analytics into Action

COVID-19 Partner Resources

Select each partners link below to visit their websites' COVID-19 & coronavirus related resources.





POPULATION HEALTH SOLUTIONS



60 West Broad St. • Suite 306 • Bethlehem, PA 18018 • P: 610-317-0130

Our affiliation with these national organizations is a value-added benefit for our members.

