



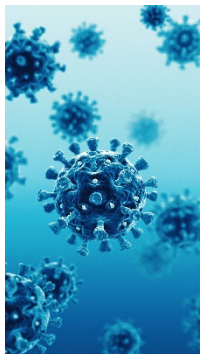
## Weekly Bulletin – July 15, 2022



### WHAT'S NEW THIS WEEK?

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#### Action Briefs – The Post-Crisis COVID-19 Era



The pandemic is not over. Waves of variants and sub-variants are keeping the disease active, further disrupting employee mental and physical health and wellbeing and productivity. The employer and employee Action Briefs available below offer helpful action steps for navigating COVID-19 in the current environment. Karen van Caulil, President and CEO, and Rosa Novo, Board Chair, participate in the National Alliance of Healthcare Purchaser Coalition's COVID-19 Advisory Council, the group that works with the National Alliance to produce these materials.

[COVID-19 Post-Crisis Planning for Employers](#)

[Working Well During the Post-Crisis COVID-19 Era](#)

To view these and other Action Briefs from the National Alliance of Healthcare Purchaser Coalitions, click [here](#).

We'd also like to share *COVID-19 Lessons Learned*, a new educational video developed by the National Alliance and the Advisory Council. To view, click [here](#).

For additional COVID-related resources, please click [here](#) to visit our COVID-19 Resources webpage.



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### PROJECT/EMPLOYER LEARNING COLLABORATIVE (ELC) OPPORTUNITIES AVAILABLE TO OUR EMPLOYER MEMBERS

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#### Diabetes/Obesity ELC

Our Diabetes/Obesity ELC wrapped up on Wednesday, July 13 with Jenny Goins from the Kentuckiana Health Collaborative presenting what actions employers need to take to reduce obesity and diabetes via support of lifestyle management and value-based benefit design. Karen van Caulil, President & CEO of the

Florida Alliance presented the business case for including the National Diabetes Prevention Program as a covered health benefit.

There were many resources mentioned in the ELC this week as follow up to our health equity ELC discussion a couple of weeks ago. For these items and materials from this week's ELC and all of the sessions, please click [here](#) to review the materials we have permission to share.



*Jenny Goins  
President/CEO  
Kentuckiana Health Collaborative*

Also on July 13, the Institute for Clinical and Economic Review (ICER) released a Draft Evidence Report which reviewed four medications approved by the US Food and Drug Administration for the treatment of obesity. These anti-obesity medications were mentioned in the ELC this week. **(To access the report click [here](#) then scroll down to “Submit a Public Comment” where you can click on Draft Evidence Report.)** Preliminary findings indicate that the four medications added to usual care all reduced body weight compared to the usual care alone (which included standard diet and activity and lifestyle change recommendations). The findings underscore the need for a multi-prong approach to weight and obesity management to include lifestyle change programs like the National Diabetes Prevention Program.

The draft report marks the midpoint of ICER's eight-month process of assessing these treatments and findings should not be considered to be final conclusions.

### **Path Forward Behavioral Health Benefits Survey**

The Purchaser Business Group on Health is fielding a survey on behavioral health benefits as part of their Path Forward for Mental Health and Substance Use initiative to improve care for mental health care and substance use disorders. The Florida Alliance, along with the Midwest Business Group on Health, Kentuckiana Health Collaborative, Silicon Valley Employers Forum, and Washington Health Alliance are also participating in the survey meant to help compare benefit designs and understand potential barriers to mental health parity. A summary report and comparison by coalition will be shared with all participants.

We hope you will take 15 minutes to complete the survey. The information you provide will be helpful for us in Florida as we plan our Mental Health/Substance Use Employer Learning Collaborative that is kicking off in late August (stay tuned for more details).

Thank you in advance for your participation in the survey! Click [here](#) to access the survey.





## IN CASE YOU MISSED IT

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### Florida Alliance Board Member in the News!



The Consolidated Appropriations Act of 2021, along with the transparency in coverage rule issued in November 2020, require health plans to make their negotiated rates public starting July 1, 2022. While hospitals have been slow in complying with a similar requirement for hospital prices that took effect in 2021, mass compliance with the transparency in coverage rule among employers is expected.

It will take time for all of us to digest the huge loads of data like that from the RAND 4.0 Hospital Price Transparency

Study comparing hospital prices paid by Medicare to prices paid by employers and private health insurers and make use of it, but patients and employers are going to demand better prices, so insurance companies are going to have to negotiate better prices.

In an interview with Bloomberg Law, **Ashley Bacot, Vice Chair of the Florida Alliance for Healthcare Value Board of Directors**, points out that initially an employer, combining data from RAND with data from the hospital value dashboard and the National Academy for State Health Policy Hospital Cost Tool, may be willing to pay more for providers that have lower hospital readmissions. However, over time those employers may learn that other employers in the same market are paying lower prices for the same services and changes will result. Thank you to Ashley for his willingness to speak to the reporter on this issue!

To read the Bloomberg article, click [here](#).

A reminder that we will have a deep-dive training on the hospital value dashboard and a strategy session on what to do with the information on August 16<sup>th</sup> from 1 pm – 5 pm. You should have a calendar invitation sent via Outlook. Please reach out to [karen@flhealthvalue.org](mailto:karen@flhealthvalue.org) if you have any questions.

### New Publication Highlights Coverage Gap for Cancer Screening Follow-up Care

While the Affordable Care Act requires public and private health plans to cover the initial screening test for breast, cervical, colorectal, and lung cancer without consumer cost-sharing, research from the Center for Value-Based Insurance Design (V-BID) indicates that the out-of-pocket costs for necessary



follow-up after the initial screening for each of these four cancers are common, substantial, and increasing over time.

The problem of cost-related barriers for follow-up evaluations for post-initial cancer screening has contributed to ongoing efforts to eliminate cost-sharing for the entire cancer screening process. Recent national attention has shined a light on the negative impact that this coverage gap for follow-up care has on patients. According to Dr. A. Mark Fendrick, Director of the Center for Value-Based Insurance Design at the University of Michigan, “the distinction between whether a test is billed as ‘screening’ and ‘diagnostic’ is a technical one and a requirement to pay substantial amounts out of pocket for follow up care puts already vulnerable individuals who have been told that they may have cancer in a very difficult position.”



*Dr. A. Mark Fendrick*

Click [here](#) to read more about why removing barriers to evaluation and testing following initial cancer screening remains a top priority issue for the V-BID Center.

Coverage issues like this will be discussed in our upcoming oncology learning collaborative. Look for additional information on this ELC coming soon.



## MEMBER BENCHMARKING REQUESTS

### Employers' Policies on Tuition Reimbursement

Employer Member Orange County Government is seeking information regarding employers' policies on tuition reimbursement. The County is seeking copies of employers' policies regarding tuition reimbursement that reflects eligibility guidelines and the amount of the reimbursement allowed.

Please direct responses to Patrick Peters at [Patrick.Peters@ocfl.net](mailto:Patrick.Peters@ocfl.net) or Christina Bankuty at [Christina.Bankuty@ocfl.net](mailto:Christina.Bankuty@ocfl.net)

