



Weekly Bulletin – August 25, 2023



WHAT'S NEW THIS WEEK?

Welcome to our Newest Member of the Board of Directors

Welcome to our newest member of the Board of Directors, **Susan McBroom!** Susan is the Director of **Human Resources for the Patriot Rail Company.**



Susan has 30+ years of human resources and railroad industry experience, holding various roles such as HRIS Coordinator, Manager HR, Manager SAP HR/Payroll Support and most recently as Director of Human Resources at Patriot Rail Company.



Susan is currently a member of the American Short Line and Regional Railroad Association (ASLRRA) and serves on the ALSRRA HR Committee, is a member of the League of Railway Women, and SHRM.

Thank you, Susan, for agreeing to serve on the Board! We look forward to working with you!



Employer Member Educational Programs, Reports, Resources, And Employer Learning Collaboratives (ELC)

Follow-up: Coverage of Anti-Obesity Medications

On Thursday, August 24, we hosted a discussion on coverage of anti-obesity medications (AOMs) and current issues and concerns.

Thank you to The Walt Disney Company Benefits Analytics and Innovation Manager, Brock Hoglund, and to Dr. Bruce Sherman, Medical Advisor to the National Alliance of Healthcare Purchaser Coalitions, for sharing their knowledge and expertise!

We would also like to thank webinar sponsor and Affiliate Member Novo Nordisk.



If you were unable to attend the discussion or would like to see/download a copy of the presentation, please visit our Diabetes/Obesity ELC webpage - click [HERE](#). Also included on the webpage are reference materials discussed during the webinar. We are working with the medical team at Novo Nordisk on developing responses to the clinical questions asked at the webinar. We will add their responses to the webpage when we receive the information, along with posting the recording of the webinar once it is processed.

If you have any questions, please contact Karen van Caulil at karen@flhealthvalue.org

Summer Book Club - A Review of a *Playbook for Employers: Addressing Pharmacy Benefit Management Misalignment*

We are concluding our review of the National Alliance of Healthcare Purchasers Coalitions “*A Playbook for Employers: Addressing Pharmacy Benefit Management Misalignment.*” This session’s review starts on page 10.



Click [HERE](#) to go to the playbook.

Follow the money...all the money. Ask yourself, are the consulting/advisor fees reasonable for the services being rendered? If not, maybe the work is being subsidized from someone/something else. All vendors and advisors should be required to disclose any conflicts with the submission of the RFP and should disclose annually.

To avoid conflicts, consider following an accounting concept of separation of duties. **There are two main functions of the pharmacy benefit offering, the strategy and the management of the benefit. These aspects should be assigned to two different advisors.**

The main steps to a vendor selection process are:

- 1) RFP creation and evaluation (strategy function) – Make sure the questions and responses are not stacked towards a traditional business model or rethink the process entirely! For example, traditional models are excluded. Only transparent models can submit a proposal. See page 27 for additional points.
- 2) Contracting (strategy function)
 - a. Must have transparency. Do not let that requirement be removed during negotiations.
 - b. OWN YOUR DATA! Get it on a regular basis and “deposit” the data with an independent third-party data warehouse, not the advisor. More information on this topic on page 27.
 - c. Remove all references to “preferred” audit providers – oftentimes they are owned by the PBM. See pages 27-28 for additional information.
 - d. Pages 24 – 26 have standard contract language to cover “Fiduciary-Like” aspects.
- 3) Implementation and Daily Management of the Contract (management function)
- 4) Evaluation of the Contract, Services Levels, and Outcomes (strategy function)
 - a. Verify all promises made during the RFP and contracting process are implemented.

- b. Review contract for defined and measurable performance and pricing guarantee and savings.

Bottom line, if an advisor, PBM, PBA, etc. does not agree with the points above or in the playbook, they are NOT your partner.

Please email Ashley Tait-Dinger at ashley@flhealthvalue.org if you have any questions.

REMINDER - YOU MUST REGISTER: Employer Member Benefit: Webinar – Impact of COVID-19 on Employee Health – Wednesday, August 30, 11:00AM – 12:00PM ET

Join a panel of national experts including Florida Alliance President and CEO, Karen van Caulil, on August 30th for this live, virtual event. **The panel will discuss how employers can transition their COVID-19 related efforts to long-term management of COVID-19. This discussion is timely with the current uptick in cases and hospitalizations.**

Featured Panelists



Wendy L. Wright, MD
Wright & Associates
Family Healthcare



Mark Cunningham-Hill, MD
Northeast Business Group
on Health



Mike Thompson
National Alliance of Healthcare
Purchaser Coalitions



Karen van Caulil, PhD
Florida Alliance for
Healthcare Value

This webinar is hosted by Moderna. To register, click [HERE](#).

A calendar hold for this webinar has also been sent. If you have any questions or need help registering, please contact Lisa Hain at lisa@flhealthvalue.org

Download Links Now Working: Employer Member Benefit: Resource – 2023 Employer Select Respiratory Disease Playbook

Last week's Weekly Bulletin included a link to Pfizer's *2023 Employer Select Respiratory Disease Playbook*. The playbook contains education and resources on two critical respiratory illnesses that can be managed if vaccination schedules and treatment protocols are followed: COVID-19 and pneumococcal disease.

Pfizer has since alerted us to the fact that the original Playbook contained links to important downloadable resources that were not working. We have reposted the Playbook with usable links which you can access [HERE](#). You can also find the Playbook posted on our new [Disease Prevention and Management](#) webpage.

Please contact Karen van Caulil at karen@flhealthvalue.org if you have any questions.



In Case You Missed It

Payers Declare War on Corporate Hospitals: Context is Key (The Keckley Report)



Six notable associations, including the National Alliance of Healthcare Purchaser Coalitions, have announced a new partnership, **Better Solutions for Healthcare (BSH): “An advocacy organization dedicated to bringing together employers, consumers, and taxpayers to educate lawmakers on the rising cost of health care and provide ideas on how we can work together to find better solutions that lower healthcare costs for ALL Americans.”**

BHS asserts that the cost of providing employee health coverage has increased 47% over the last ten years with “hospitals serving as the number one driver of healthcare costs.”

BHS pledges to:

- Promote hospital competition
- Enforce federal price transparency laws for hospital charges
- Rein in hospital price mark-ups
- Insure honest billing practices

Read the full article [HERE](#).

Please contact Karen van Caulil at karen@flhealthvalue.org if you have any questions.

Blue Shield of California to Drop CVS Health's Pharmacy Benefit Manager

Blue Shield of California says it will jettison the complicated system that Americans use to pay for drugs, and create something that aims to be better, with partners including Amazon.com and entrepreneur Mark Cuban. **Blue Shield of California said it will drop CVS Health's Caremark, and instead work with a selection of companies that each perform a designated function.** Working with these partners, Blue Shield aims to negotiate prices with pharmaceutical manufacturers with a simple net price structure that is supposed to eliminate rebates and hidden fees.



To read the full article, originally posted in *The Wall Street Journal*, click [HERE](#).

Please contact Karen van Caulil at karen@flhealthvalue.org if you have any questions.

Fixing the Scandal that is American Health Care

Americans are among the least health people in the world, and among the most likely to die early. People in Mississippi have a lower life expectancy than those who live in Bangladesh.



This *New York Times* article explores the most heart-rending symbol of America's failure in health care: Avoidable amputations that result from poorly managed diabetes.

Among the recommended fixes are expanding access to medical care; more aggressively addressing behaviors like smoking, overeating and drug abuse; and making larger society-wide steps to boost education and reduce child poverty.

Read the full *New York Times* article [HERE](#). Please contact Karen van Caulil at karen@flhealthvalue.org if you have any questions.

Employers Project 7% Rise in Healthcare Expenditures for 2024

The International Foundation of Employee Benefit Plans recently released findings from its Pulse Survey focusing on healthcare cost trends. U.S. corporate employers anticipate a seven percent increase in healthcare costs for 2024. The survey, completed primarily by self-funded employers, cited utilization due to chronic health conditions, catastrophic claims, specialty/costly prescription drugs, and cell-gene therapy as the top reasons for the expected increase in cost. To read the full article, click [HERE](#). An infographic highlighting the survey results can be viewed [HERE](#).



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