



Weekly Bulletin – September 27, 2024

This Weekly Bulletin is a benefit of your organization’s Employer Membership in the Florida Alliance and is meant to ONLY be shared within Employer Member organizations unless approval has been given by the Florida Alliance CEO.



WHAT’S NEW THIS WEEK?

Value-Based Purchasing of Healthcare – A Practical Course for Employers Seeking Greater Value from their Health Benefit Spending

In collaboration with the Florida Alliance, the Greater Philadelphia Business Coalition on Health, HealthcareTN, the University of Central Florida (UCF) Continuing Education Department, and the UCF School of Global Health Management and Informatics, this new course is available as a virtual learning program starting in January 2025. Registration is open now! President and CEO Karen van Caulil is one of the instructors.

The course is tailored for benefits professionals aiming to enhance their expertise in crafting a comprehensive benefits strategy. Through value-based purchasing of health benefits for a defined population, participants will learn to optimize health outcomes, promote health equity, and manage costs effectively.

The course features eight weekly modules, which students can complete asynchronously. Each module includes a recorded lecture with a PowerPoint presentation, supplemental videos, and readings. Students are also encouraged to engage in the course discussion board. Additionally, an optional weekly live Zoom chat will be held on a weekday evening for real-time interaction with faculty and peers.



Throughout the first seven weeks, students will develop a Customized Action Plan (CAP) to apply their newfound knowledge to their work environment. In the eighth week, students will share selections from their CAP for discussion and feedback from faculty and fellow students.

Click [HERE](#) to read the course brochure to see the topics covered.

Click [HERE](#) to register for the course.

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



Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals

The Leapfrog Group worked alongside researchers at The Johns Hopkins University to conduct a study that found that hospitals were aware of their problems with diagnostic errors. The National Academies of Sciences, Engineering, and Medicine define diagnostic error as (a) failure to establish an accurate and timely explanation of the patient’s health problem(s) or (b) failure to communicate that explanation to the patient.

Roughly 1 in 10 diagnoses is incorrect, and one in 20 outpatients in the U.S. will experience a diagnostic error every year!

In 2022, Leapfrog published its first report “Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals,” which was intended to assist hospitals in addressing diagnostic errors.



The report was updated in July 2024 by incorporating recent advances in quality measurement, field-testing practices, and feedback from hospitals. New resources and strategies for improving diagnosis safety and quality have been added.

The recommendations in this report will likely become key talking points at the meetings we hold with our employer members and the healthcare systems.

Click [HERE](#) to read the full report from Leapfrog.

If you have any questions about the Leapfrog Report, please reach out to Ashley Tait-Dinger at ashley@flhealthvalue.org

As a reminder, President and CEO Karen van Caulil serves on a technical expert panel for the Society to Improve Diagnosis in Medicine (SIDM) and this issue is a top priority for SIDM. If you would like more information about the work of SIDM, please contact Karen at Karen@flhealthvalue.org



HEALTH POLICY

Newly Released Catalyst for Payment Reform Research Study Sheds Light on Opportunities for Florida to Control Health Prices Through Policy

In Florida, skyrocketing healthcare costs compel state leaders to consider policy interventions to reduce prices. The purpose of this research was to better understand the overall environment in Florida to determine policy action on healthcare prices and which corrective policies are viable options in Florida.



Thank you to the Florida Alliance Employer Members who were interviewed for this project and shared their perspectives on the challenges they face and their reactions to potential policy interventions.

The recommended policies to pursue in Florida were **mandatory merger notifications, a prohibition on facility fees for outpatient services, and a prohibition on anti-tiering and anti-steering clauses in network contracts.**

A podcast was recently recorded with Florida Alliance President and CEO Karen van Caulil about the results of the study. We will share the podcast once it is available. Two other coalition leaders participated in the podcast – Chris Syverson from the Nevada Business Group on Health and Bret Jackson from the Economic Alliance of Michigan. Catalyst for Payment Reform conducted this research in their states, as well.

Click [HERE](#) to read the Florida report.

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



MEMBERSHIP UPDATE

Thank you to **Patriot Rail** and **The School District of Palm Beach County** for renewing your Employer Membership!



Memorial Healthcare System has renewed their Healthcare Advisory Council Membership!



PeopleOne Health, Pfizer, and Progyny have renewed their Affiliate Membership!



We are kindly requesting that our Employer Members introduce us to other organizations that would be good members of the Florida Alliance and would support our mission and work. Please share their contact information:

- **Karen van Caulil** at karen@flhealthvalue.org for employer connections
- **Ashley Tait-Dinger** ashley@flhealthvalue.org for solution providers that could become Affiliate Members

Healthcare Advisory Council Members are an invitation-only group. The Florida Alliance Board of Directors issues the invitation to join. Please reach out to Karen if you have any questions about this category of membership.

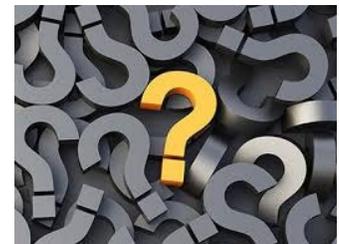


MEMBER BENCHMARKING REQUEST

ACTION ITEM: Have you conducted a review or audit of your medical and pharmacy claims?

An Employer Member has asked us to collect the following information. Have any employers conducted a 100% review of claims or an audit on medical and/or pharmacy claims? If so, will you please provide the following information:

- Name of company who performed the service
- Was it a 100% review or an audit? If an audit, do you know what percentage of claims was reviewed?
- How long did it take to perform the review/audit?
- What was the data period in years (example: 1 year or 3 years of claims)?
- Did you get out of the process what you expected? (Yes or No only)



Please check all services you contracted for:

- Pharmacy rebate
- Pharmacy market check pricing
- Purchase verification
- Prescription classification, including alignment with market changes and FDA updates
- Fraud, waste, and abuse, as well as erroneous prescribing
- Overrides approval
- Step therapy adherence
- ALL OF THE ABOVE

Please send your response to Ashley Tait-Dinger at ashley@flhealthvalue.org and if you have any questions, please reach out to Ashley.

For ease, the questions are also copied in the body of the email accompanying the bulletin. If you reply to all, Ashley will receive your response.



IN CASE YOU MISSED IT

FTC Sues Prescription Drug Middlemen for Artificially Inflating Insulin Drug Prices – *press release from FTC – Protecting America’s Consumers*

The Federal Trade Commission (FTC) has sued three of the largest prescription drug benefit managers (PBMs), Caremark Rx, Express Scripts (ESI), and OptumRx, along with their affiliated group purchasing organizations (GPOs). The FTC alleges that they have engaged in anticompetitive and unfair rebating practices that have artificially inflated the list price of insulin drugs, impaired patients’ access to lower list price products, and shifted the cost of high insulin list prices to vulnerable patients.



In a press release, the FTC alleges that “the three PBMs created a perverse drug rebate system that prioritizes high rebates from drug manufacturers, leading to artificially inflated insulin list prices. The complaint charges that even when lower list price insulins became available that could have been more affordable for vulnerable patients, the PBMs systemically excluded them in favor of high list price, highly rebated insulin products. These strategies have allowed the PBMs and

GPOs to line their pockets while certain patients are forced to pay higher out-of-pocket costs for insulin medication.”

The Florida Alliance team will continue to follow this issue.

Click [HERE](#) to read the full press release.

If you have any questions, please reach out to Ashley Tait-Dinger at ashley@flhealthvalue.org