



THE EMPLOYERS' *Voice*

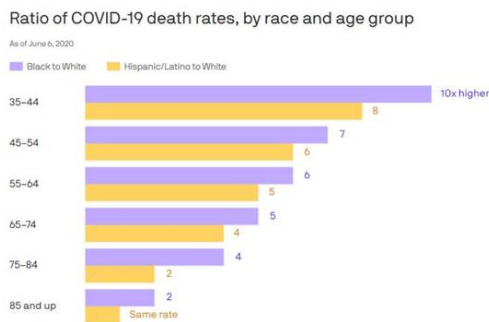
Stay in the know with the Employers' Forum of Indiana

July 2020

Dear Colleagues,

The COVID-19 pandemic and the tragic deaths of Mr. George Floyd and Ms. Breonna Taylor, among others, have made evident two pervasive faults in our society: poor public health infrastructure and the injustice racism imparts within the criminal justice system.

Upon reviewing U.S. COVID-19 deaths by race (see below), we observe the devastating effect of inherent racial biases within our healthcare system. It is the ugly truth that we must face.



Adapted from Brookings; Chart: Naama Ahmed/Avoca

Each of us is in a position to be part of the solution. I challenge you to consider what you will do, no matter how small of a step it may be, to address these issues. Please send me your ideas, policies, and training materials, as the Forum is committed to sharing information across stakeholders. You may wish to read the following articles, and if interested, donate to a local organization focused on achieving civil and social equity. Thank you for your partnership and leadership.

Gloria Sachdev
President and CEO, Employers' Forum of Indiana

Show Your Support



Local Organizations focused on Achieving Civil and Social Equity

- [National Association for the Advancement of Colored People \(NAACP\) of Indianapolis](#)
- [Indianapolis Urban League](#)
- [United Negro College Fund of Indiana](#)
- [The LoveLand Foundation](#)

Coronavirus COVID-19 Resources

[Employer Re-Open Resources](#) (Employers' Forum of Indiana)

Re-opening resources for employers compiled by EFI. Topics include employer-specific re-opening guidelines, state, national, and federal re-opening guidelines, antibody testing, contact tracing, masks, predictive tools, insurance coverage, and more.

[Challenges of "Return to Work" in an Ongoing Pandemic](#) (The New England Journal of Medicine)

This article seeks to identify the major public health challenges faced by private entities in resuming on-site operations, and explores ways in which this might be done most effectively, consistent with applicable regulations. For additional resources, review our compilation of [Employer Re-Open Resources](#).

[Axios Vitals](#) (Axios)

Top coronavirus COVID-19 news in 10 minutes or less. Subscribe to keep up with health care politics, policy and business, by health care reporter Caitlin Owens.

[COVID Stimulus Watch](#) (A public service of Good Jobs First)

COVID Stimulus Watch assembles CARES Act recipient data and combines it with information about each firm's history of regulatory violations, previous government assistance, federal tax avoidance, and CEO and worker pay practices.

[The Health and Economic Impacts of COVID-19 Interventions](#) (RAND)

Facing the rapid spread of the COVID-19 pandemic, state and local leaders have taken unprecedented measures to protect their communities. These interventions are having wide-ranging effects on the health, economy, and social well-being of populations. Use this tool to help plan a recovery roadmap by estimating the effects of non-pharmaceutical interventions on health and economic outcomes.

[Amid the Coronavirus Crisis, a Regimen for Reentry](#) (The New Yorker)

Health-care workers have been on the job throughout the pandemic. What can they teach us about the safest way to lift a lockdown?

[Debunking Myths in the Surprise Billing Debate](#) (Arnold Ventures)

The COVID-19 pandemic has underscored the health care affordability crisis facing many Americans and the need for surprise billing protections. Congress already has developed effective bipartisan compromise solutions that could be enacted now.

[The Crisis of COVID-19 Heightens the Need for Surprise Billing Protections](#) (The Source on Healthcare Price & Competition)

Earlier this year, the federal government appeared poised to address the problem of surprise billing, but the coronavirus pandemic shifted policy priorities before Congress had a chance to act. While some lawmakers may try to include surprise billing protections in the next COVID-19 stimulus package, the pandemic and its ripple effects make action by lawmakers to address surprise billing critical.

Upcoming Events

All events will be held virtually through Zoom, unless noted otherwise.

JULY 8

All Stakeholder Meeting

Surprise Billing

July 8, 2020 | 12:30 – 1:30 p.m. ET

[Register Now](#)

AUGUST 19

All Stakeholder Meeting

Anticompetitive Language in Contracts

August 19, 2020 | 11:30 a.m. – 2 p.m. ET

[Register Now](#)

[Click here to watch the recording of our All Stakeholder Meeting on June 23, 2020](#) or visit our Meetings page for information and presentation materials from past meetings.

[VISIT MEETINGS PAGE](#)

National Conference Rescheduled for September 18, 2020

2nd Annual Hospital Price Transparency Conference: Path to Affordability

We are excited to announce that our national conference has been rescheduled for September 18, 2020. Join us for this one-day event to hear the results of round three of the National Hospital Price Transparency study (“RAND 3.0”), learn about the variability of value among hospital systems, participate in interactive panel discussions, and network with industry colleagues.

Thanks to a generous grant from the National Institute for Healthcare Reform, Forum members have the opportunity to attend this conference at no charge. For non-members, there will be a small registration fee to cover costs.

Registration will open soon – watch your email for details!

Deadline Extended for Healthcare Innovation Award Nominations

You now have until August 1, 2020, to submit nominations for the new Healthcare Innovation Award!

Recipients should have demonstrated excellence in one or more of the following:

- Advancement of knowledge through research, teaching, publications, or technology as it relates to the field of healthcare
- Commitment to dynamic, high-quality healthcare delivery
- Dedication to underserved and low-resourced populations
- Innovation in addressing a timely issue or challenge in healthcare
- Leadership in healthcare policy at the local, state, federal, or international level

Nominations for 2020 must be submitted by the deadline, **Saturday, August 1, 2020 at 11:59 PM ET**. Awards will be presented during the September 18 National Hospital Price Transparency Conference in Indianapolis. Read more about the award or submit a nomination by visiting the link below.

[SUBMIT A NOMINATION](#)

Legislative Updates

Database of State Laws Impacting Healthcare Cost & Quality

Presented by

THE SOURCE
ON HEALTHCARE PRICE & COMPETITION

 catalyst
FOR PAYMENT REFORM

Presented by The Source on Healthcare Price and Competition, in collaboration with Catalyst for Payment Reform. Viewers can freely access this data base to search inactive, in progress and enacted legislation regarding anticompetitive contract language. This data base can be filtered by key issues, jurisdiction, status of bills, and statutes in the U.S.

[Click here to visit the database.](#)



2020 Indiana Legislative Session – Healthcare Issue Summary Document

The 2020 Indiana Legislative session brought many healthcare issues to light, addressing topics from smoking age to surprise billing. In an effort to keep you updated, we created a legislative summary document which you can access here.

[Click here to visit the summary document.](#)

Redesigned Employer Price Transparency Project Website

launching soon!



We are excited to unveil a project we have been working on, in partnership with Catalyst for Payment Reform—the creation of a new and improved Employer Hospital Price Transparency Project website. This site will be updated with new material to assist employers in using hospital price and quality transparency information to make healthcare more affordable and achieve higher value for their expenditures.

The redesigned EmployerPTP.org site will go live August 1, 2020!

Made possible from a generous grant to the Forum by the National Institute for Healthcare Reform.

Member Spotlight

Dr. Lakshmi Aggarwal

Job Title: MD, Physician Lead for OCM and Value-Based Care

Organization: Fort Wayne Medical Oncology and Hematology

Years as an Employers' Forum Member: Two

How has your membership at the Forum impacted you?

I was originally invited to the Forum as a guest, I heard about the RAND 1.0 study presentation...it was certainly an eye opener, and sparked my interest in wanting to learn more about our healthcare system in general. I have to admit, I had very little knowledge about the workings of different components of the healthcare system beyond my capacity as a practicing oncologist. Once I started attending forum meetings, I realized that I was swimming with the right fish but was in the wrong pond. Last 2 years of attending forum meetings has provided a steep learning curve. I am impressed by the depth of knowledge of most of the attending members and their generosity in freely sharing their knowledge. (I did run into several Glorias who are a force of nature).

What, if anything, sparked your passion for healthcare?

There are three separate events which occurred at about the same time: my group of 16 oncologists volunteered to participate in CMS-OCM project which is a value based care model, I was invited to join community oncology Alliance as a board member, and we joined the Employers' Forum. Between all these three different associations, I got to see a 30,000 foot overview of the healthcare ecosystem with its different components with competing agendas and priorities. I think all parts of the system know the same alphabet but speak a different language. Terms such as hospital charge master, 340 b pricing, balance



billing, DIR fees, spread pricing, drug rebates, co-pay, deductible, Medicare part B/part D, donut hole, anti-kickback statute are now familiar terms. I am now all in trying to comprehend this system with all its complexity, some of which is clearly by design to make the system opaque. I believe for the patients' sake, doctors need to understand the complex system they expect patients to navigate. The price of everything we do is now relevant. In these incredible times where immunotherapy and CAR-T hold the promise of revolutionizing oncology- these are indeed "the best of times, the worst of times".

What is your favorite and least favorite food?

My favorite food is a whole category—dessert. Least favorite—meat (I am vegetarian).

Special Limited Time Offer for EFI Members



COURSE SALE

use code
save15%
for 15% off our CE Courses
valid through 7/31/2020

 learning.overdoselifeline.org

Accredited Online Courses for Healthcare Clinicians, Layperson, Law Enforcement

Now through July 31, register for one or more of Overdose Lifeline's courses and save 15%!

In partnership with Purdue University, Purdue University College of Pharmacy, Office of Continuing Education, and funding through Employer Forum of Indiana, Overdose Lifeline has developed online continuing education (CE) courses and a 20-hour Certificate Program on Addiction / Substance Use Disorder with an Opioid Specialization.

Begin learning in four easy steps:

1. Visit <https://learning.overdoselifeline.org>
2. Select your CE credit track and browse the available courses
3. Make your selection, and enter code **save15%** during check-out
4. Begin your course at your convenience (courses will remain active in your account for 6 months)

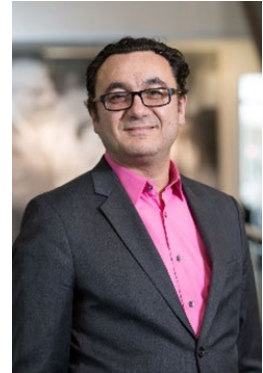
Special Thank You

Big thank you to Dr. Malaz Boustani for presenting on Delirium and its impact on brain health. A recent [New York Times article](#) captures the symptoms of Delirium during and post hospitalization. We encourage you to read through the articles and familiarize yourself with Delirium prevention.

[Watch Dr. Malaz Boustani's Presentation - Delirium Impact on Brain Health](#)

Resources from Dr. Boustani's Presentation:

- [Center for Information and Implementation Science](#)
- [Preserving Your Brain Health During Illness or Surgery](#)
- [Delirium Harms Brain Health](#)
- [Global Council on Brain Health](#)
- [Staying Sharp](#)
- [Delirium in Elderly People](#)
- [Impact and recognition of cognitive impairment among hospitalized elders](#)
- [Delirium in Hospitalized Patients: A Systematic Evidence Review](#)



In the News

Employers

[Physician Prices And The Cost And Quality Of Care For Commercially Insured Patients](#) (Health Affairs)

An analysis of the relationship between prices paid to 30,549 general internal medicine physicians and the cost and quality of care for 769,281 commercially insured adults.

Health Care Industry

[A Real Market in Medical Care? Singapore Shows the Way](#) (Wall Street Journal)

If the U.S. wants lower costs, better outcomes, faster innovation and universal access, it should look to the country that has the closest thing to a functioning health-care market: Singapore.

[Make Transparent Health Care Prices A Price Of Any Future Aid To The Health Care Industry](#) (Health Affairs)

It's time for Congress to stop focusing its efforts on supporting the wealthy health care and health insurance industries and it's time for these industries to help American families and businesses and drop their fight against health care price transparency. This starts by equipping Americans—both families and employers—with tools to be better purchasers of health care.

[Wide State-Level Variation In Commercial Health Care Prices Suggests Uneven Impact Of Price Regulation](#) (Health Affairs)

Prices charged for health care services in the commercial insurance market are high and vary widely within and between market areas. Indiana is ranked #3 for inpatient and #2 for outpatient out of 48 regarding high hospital prices.

Hospitals

[Study: Medicare spent \\$2.6 billion in 2018 on undelivered post-op visits](#) (Modern Healthcare)

A new CMS-funded study suggests surgeons are overpaid for certain bundled procedures and proposes a solution it says could save the agency billions of dollars annually.

[How Rich Investors, Not Doctors, Profit From Marking Up ER Bills](#) (ProPublica)

TeamHealth, a medical staffing firm owned by private-equity giant Blackstone, charges multiples more than the cost of ER care. All the money left over after covering costs goes to the company, not the doctors who treated the patients.

Pharmacy

[Lower Prices and Greater Patient Access — Lessons from Germany’s Drug-Purchasing Structure](#) (The New England Journal of Medicine)

Dr. James Robinson from the University of California-Berkeley explores why Germany typically pays far less than the US for the same prescription drugs. The German system for determining drug prices features collective negotiations on the part of competing health plans. It also creates incentives for agreement, limits price increases not justified by new evidence, and avoids heavy burdens on physicians and patients.

[Increasing Divergence in Drug Prices Between the United States and Germany After Implementation of Comparative Effectiveness Analysis and Collective Price Negotiations](#) (Journal of Managed Care & Specialty Pharmacy)

Commercial health insurers and Medicare pay significantly higher net prices for physician-administered drugs than do insurers in Germany, with the divergence growing after the mandate in Germany that new drugs be subject to comparative effectiveness assessment and collective price negotiations. The experience of Germany may be of special value for the current U.S. debate over pharmaceutical pricing reform, given the demographic, economic, and health system similarities between the 2 nations.

Interested in becoming a Forum member? Contact Gloria at gloria@employersforumindiana.org.

Do you have a suggestion or contribution for our next newsletter? Contact us at meetings@employersforumindiana.org.