



# THE EMPLOYERS' Voice

Stay in the know with the Employers' Forum of Indiana

November 2020 | Issue 6

## Welcome from the Forum!

The year is flying by and despite the challenges this year has brought; I hope we have each grown in understanding, compassion, inclusion, and integrity. We recognize your extraordinary contributions during this pandemic and wish you and your families all the best.

In this issue of *The Employers' Voice*, we invite you to view presentations from the September 18th National Hospital Price Transparency conference, explore the Aunt Bertha social care network, welcome Beth Keyser and Stephanie Motter to our healthcare community, and review some recent articles of interest. Please continue to send pertinent news and resources, given that the purpose of this newsletter is to provide a platform for sharing information amongst our diverse health care community.

Thank you to all who are working to align payment and value of health care services provided.

**Gloria Sachdev**  
President and CEO, Employers' Forum of Indiana  
[Email Gloria](#)

## National Conference Available On-Demand

### Watch our 2020 National Conference Sessions!

We hope you had a chance to join us LIVE for our 2nd Annual National Hospital Price Transparency Conference: Path to Affordability. **If you missed the live event or want to re-watch some of your favorite sessions, recordings are now accessible at the link below.**



[WATCH ON-DEMAND](#)

## Upcoming Meetings & Events



### Recent Meetings

All-Stakeholder Meeting

November 13, 2020

[View the Agenda & Presentations](#)

[VISIT OUR MEETINGS PAGE](#)

### Upcoming Meetings

- Feb 25, 2021
- May 6, 2021
- Sept 17, 2021
- Nov 4, 2021

## RAND 3.0 Report and Data Now Available

# Nationwide Evaluation of Health Care Prices Paid by Private Health Plans

## Findings from Round 3 of an Employer-Led Transparency Initiative

Christopher M. Whaley, Brian Briscoombe, Rose Kerber, Brenna O'Neill, & Aaron Kofner

A new study published by the RAND Corporation reveals that a large sample of employers and private insurers across 49 states and District of Columbia pay, on average, 247% of what Medicare pays for the same hospital services, including both facility and professional fees for inpatient and outpatient care.

### Results for Indiana from the RAND 3.0 report include:

- In 2018, private insurers, on behalf of employers and employees, paid Indiana hospitals 304% of what Medicare would have paid for the same hospital services, making Indiana the state with the sixth highest prices in the nation for total hospital prices. Total hospital price includes hospital facility fees (which are fees paid to the hospital for inpatient and outpatient services) and professional fees (which are fees paid to practitioners, such as physicians, for inpatient and outpatient services).
- In 2018, Indiana had the fourth highest facility prices in the nation at 340% of Medicare.
- In 2018, Indiana had the fourth lowest professional fees in the nation at 131% of Medicare.
- The study findings note wide variability of prices across health-systems ranging from 168% to 387% of Medicare in 2018 (health care systems in Indiana was defined as organizations with two or more hospitals).
- Looking at just inpatient prices (facility fees plus professional practitioner fees), prices ranged from 134% to 328% of Medicare in 2018.
- When comparing just outpatient prices (facility fees plus professional practitioner fees), prices ranged 186% to 442% of Medicare in 2018.
- Hospital quality and safety information is also widely variable and does not correlate with price.

**Indiana has high quality and lower price hospital options available, as well as low quality and high price hospital care.**

[READ THE REPORT](#)

Visit [employerptp.org](http://employerptp.org) to learn more about the study, download the supplemental data, view recordings from our National Conference, and more!

# Aunt Bertha Connects People to Services

## Aunt Bertha at [FindHelp.org](https://findhelp.org)

Aunt Bertha's network connects people seeking help and verified social care providers that serve them.



Thousands of nonprofits and social care providers serve their communities. But for most people, navigating the system to get help has been difficult, time consuming, and frustrating. Too many Americans are suffering, and they don't need to.

Aunt Bertha is a social care network that connects people and programs — making it easy for people to find social services in their communities, for nonprofits to coordinate their efforts, and for customers to integrate social care into the work they already do.

Learn how [Aunt Bertha software connects patients to services](#) (Indiana Business Journal).

## Member Spotlight

### Meet Beth Keyser

President, Anthem Blue Cross Blue Shield, Indiana

#### What's the biggest challenge you have faced in your career?

The biggest challenge I have faced in my career is developing strategies to improve health in international markets. I learned that healthcare is not only complex, it is local and impacted by deep cultural differences and consumer expectations.

#### If there were a way to fix an issue in healthcare in one day, what issue would you choose? Why?

There will always be a need for precise and specialized medical care for chronic health issues but consider how many health issues could be avoided if our healthcare system sought to make the healthy choice, the easy choice. It begins with a focus on each individual's lifestyle and delivering quality care that emphasizes making healthy choices.

#### What is the best advice you have ever received OR what is advice you want to share with others?

I had the joy of meeting Oprah Winfrey earlier in my career. She said something that will always resonate with me: "Passion is the log that keeps the fire of purpose blazing." Each of us is given just one lifetime and a finite number of days. What will we do with that time? Or said another way, what gets us out of bed each morning? For me, her words continue to encourage me to use my passion aligned with Anthem's purpose to improve lives and the health of communities.



### Meet Stephanie Motter

MHA, MSN, RN, President of IU Health Plans

#### Tell us how you got to the position you are in today.

My healthcare career has involved both direct patient care and a variety of administrative leadership roles that revolve around a simple notion of making healthcare work better and cost less. I started my healthcare career nearly 20 years ago directly caring for patients in the role of nurse practitioner. The part that appealed to



me most was getting “upstream” of chronic conditions through education and prevention, getting patients and families engaged early and often, and ultimately improving health.

I have brought that perspective to the administrative and leadership positions into which I pivoted mid-career. I am proud of the work I led around preventing the use of risky catheters and reducing bloodstream infections in vulnerable patients with end-stage kidney disease. Most recently and before IU Health, I led a small provider/payer organization in Colorado. We developed high-value clinically integrated networks and population health services. Our provider networks and services were offered to individuals on and off the exchange and to employer groups. We partnered with HR and benefits professionals on “value-based” insurance design, improving access to care, securing a medical home and other high-impact programs which delivered sustainable health outcomes and cost containment.

I see my opportunity at IU Health Plans as an extension of my previous work. I was hooked during the recruiting process when top leadership routinely expressed a sincere commitment to making Indiana one of the healthiest states.

### **What do you think is the most challenging aspect of our healthcare system today?**

I believe the most challenging aspect is the payment model on which the entire U.S. healthcare system and incentives are based. For decades, providers have been paid on volume, not value. I am pleased to participate in curating and executing the IU Health value-based care strategy and helping the organization migrate to a more diversified reimbursement model portfolio.

### **What is your idea of the perfect Saturday?**

Sports are a big part of my life. My perfect Saturday would be starting the day with a run and then either rooting for my kids at one of their sporting events, or attending or watching a game with friends or family.

## **Report: Anticompetitive Contracting Practices in Healthcare Markets**

### **Preventing Anticompetitive Contracting Practices in Healthcare Markets**

*Katherine L. Gudiksen, Alexandra D. Montague, Jaime S. King, Amy Y. Gu, Brent D. Fulton, and Thomas L. Greaney*

As unrelenting consolidation in healthcare provider and insurer markets continues, policymakers need additional options to protect the public from escalating healthcare prices and low-quality care. High healthcare prices result from multiple factors, including third-party payers dampening consumers’ price sensitivity, patients and providers demanding expensive healthcare technologies, and healthcare markets consolidating. While these factors are visible, dominant insurers and healthcare providers can also use terms in their insurer-provider contracts in anticompetitive ways that thwart competition and lead to higher prices or lower quality but remain hidden from public view.



With support from [Arnold Ventures](#) and in collaboration with the [Nicholas C. Petris Center on Health Care Markets and Consumer Welfare](#) in the School of Public Health, UC Berkeley, The Source conducted a 50-state survey that examines the potential for policymakers, antitrust enforcers, and state officials to increase scrutiny over five contracting practices - most-favored-nations clauses, all-or-nothing provisions, exclusive dealing arrangements, anti-tiering/anti-steering clauses, and gag clauses— that have the potential to create anticompetitive harms. In the newly released research report "[Preventing Anticompetitive Contracting Practices in Healthcare Markets](#)", we identify and recommend a range of legislative and regulatory options for states seeking to mitigate potential harms arising from the anticompetitive use of these terms.

READ THE REPORT

Source: *The Source*. “[Just Published: Research Report on Preventing Anticompetitive Contracting Practices in Healthcare Markets](https://sourceonhealthcare.org/just-published-research-report-on-preventing-anticompetitive-contracting-practices-in-healthcare-markets/)” <https://sourceonhealthcare.org/just-published-research-report-on-preventing-anticompetitive-contracting-practices-in-healthcare-markets/>

## In the News

### Employers



#### [2020 Employer Health Benefits Survey](#) (KFF)

This annual survey of employers provides a detailed look at trends in employer-sponsored health coverage including premiums, employee contributions, cost-sharing provisions, offer rates, wellness programs, and employer practices. The 2020 survey included 1,765 interviews with non-federal public and private firms.

### Healthcare Industry



#### [What drives health spending in the U.S. compared to other countries](#) (Health System Tracker)

In 2018, the U.S. spent nearly twice as much per capita on health expenditures as comparable countries. Most of the additional dollars the U.S. spends on health compared to peer nations goes to providers for inpatient and outpatient care. The U.S. also spends more on administrative costs, though perhaps not as much as people think, and spends significantly less on long-term care.

#### [2020 Scorecard on State Health System Performance](#) (Commonwealth Fund)

The Commonwealth Fund’s 2020 Scorecard on State Health System Performance assesses all 50 states and the District of Columbia on 49 metrics that measure health care access, quality of care, service use, costs of care, health outcomes, and income-based health care disparities.

#### [Major U.S. Health Insurers Report Big Profits, Benefiting From the Pandemic](#) (The New York Times)

Some of the largest companies, including Anthem, Humana and UnitedHealth Group, are reporting second-quarter earnings that are double what they were a year ago. While insurance profits are capped under the Affordable Care Act with the requirement that consumers should benefit from such excesses in the form of rebates, no one should expect an immediate windfall.

### Hospitals

#### [South Bend area physicians make series of moves to compete with hospitals, drive down costs](#) (South Bend Tribune)



For the past several months, private physician practices throughout the area have taken a series of steps they say are aimed at preserving independence while also seeking to compete with hospitals by driving down the costs of healthcare.

[California's Sutter Health Settlement: What States Can Learn About Protecting Residents from the Effects of Health Care Provider Consolidation](#) (Milbank Memorial Fund)

Over the past 20 years, Sutter Health, a nonprofit hospital chain based in Sacramento, California, made numerous acquisitions and reported an operating revenue of \$13.3 billion in 2019. In 2014, a group of large payers sued Sutter in a case that was later joined by the California attorney general. Plaintiffs argued that Sutter had used its dominance to force insurers to place Sutter facilities in favored positions in health plan networks and to withhold information about pricing from payers.

[What We Know About Provider Consolidation](#) (KFF)

The COVID-19 pandemic has led to dramatic decreases in health care spending, as patients and providers have delayed a wide range of health care services. The decrease in service use and spending resulted in a decline in revenue for many providers at the same time that some are facing increased costs due to the pandemic. Depending on the severity and duration of revenue loss, some hospitals and physician practices may find it difficult to operate independently, which could increase the rate of consolidation among health care providers.

[Hospitals charge a lot more when Wall Street owns them](#) (Axios)

Hospitals owned by private equity firms rake in almost 30% more income than hospitals that aren't, according to new research published this week in JAMA Internal Medicine.

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## Pharmacy



[Pharmacists in Ohio managing care as providers—and getting paid for it too](#) (Modern Healthcare)

An insurer-led experiment adds community pharmacists to care teams in the hopes of managing chronic conditions and reducing hospital re-admissions.

[FDA Approves Merck's GARDASIL 9 for the Prevention of Certain HPV-Related Head and Neck Cancers](#) (Merck)

U.S. Food and Drug Administration (FDA) has approved an expanded indication for GARDASIL9 for the prevention of oropharyngeal and other head and neck cancers caused by HPV Types 16, 18, 31, 33, 45, 52, and 58. The oropharyngeal and head and neck cancer indication is approved under accelerated approval based on effectiveness in preventing HPV-related anogenital diseases.

[Special Report: Big Pharma wages stealth war on drug price watchdog](#) (Reuters)

Over the past five years, the Institute for Clinical and Economic Review (ICER) has pressured drugmakers to lower the cost of nearly 100 drugs. It aims to play a similar role with emerging COVID-19 treatments and vaccines.

[Startup PBM Capital Rx, Walmart partner to shed light on specialty, mail-order drug prices](#) (Fierce Healthcare)

Startup pharmacy benefit manager Capital Rx is teaming up with Walmart to bring greater transparency to specialty and mail-order prescriptions.

[HHS Expands Access to Childhood Vaccines during COVID-19 Pandemic](#) (U.S. Department of Health & Human Services)

The U.S. Department of Health and Human Services (HHS) **issued a third amendment** to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to lifesaving childhood vaccines and decrease the risk of vaccine-preventable disease outbreaks as children across the United States return to daycare, preschool and school.

[Biosimilar One-Pager](#) (Biosimilars Forum)

Print a one-pager highlighting the biosimilars cost savings opportunity in Indiana. Simply select 'Indiana' from drop-down menu in the top right corner and the builder will automatically generate your one-pager.

Interested in becoming a Forum member? Contact Gloria at [gloria@employersforumindiana.org](mailto:gloria@employersforumindiana.org).

Do you have a suggestion or contribution for our next newsletter? Contact us at [meetings@employersforumindiana.org](mailto:meetings@employersforumindiana.org).



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