

### Coalitions Spur Collective Impact

Fighting back against the increasing trend of healthcare provider consolidation, and rising costs, p. 2.

### First Do No Harm Report

Washington Health Alliance Reports on Waste Caused by Overtreatment, p. 3.

## Proven Health Care Cost Reduction Through Strength in Numbers

# COALITION'S RESPONSE TO COVID-19



In response to this continually changing COVID-19 crisis, here is a summary of some of the actions the Coalition and our partners are taking on behalf of our participating plans, to keep everyone safe and well:

**Aetna:** Plans may opt into a COVID-19 protocol that waives participant:

- Costs associated with inpatient hospitalization related to COVID-19
- Cost-sharing associated with telemedicine visits, including Teladoc and for in-network providers providing virtual care

In accordance with Federal law, cost sharing for COVID-19 testing is automatically waived.

To minimize unnecessary travel, Aetna urges participants to use its Crisis Response Lines and 24x7 access to the Aetna Nurse Medical Line. In addition, case managers are contacting members most at risk for COVID-19.

**CVS/Caremark and National CooperativeRx:** All participating plans were automatically enrolled into its recommended COVID-19 program. That program waives:

For updated information on the projected spread of COVID-19 and how it may affect your state's healthcare resources, check out the Institute for Health Metrics and Evaluation's online tool at <https://covid19.healthdata.org/projections>.

**Stay safe. Stay well.**

- Early refill limits on 30-day prescriptions for maintenance medications at any in-network pharmacy
- Delivery charges for home delivery of all prescription medications from local CVS pharmacies

It also:

- Extends prior authorizations for 90 days for prescriptions due to expire March 23 to June 30
- Places quantity limits on certain medications used in treating people with COVID-19.

**Coalition Health Centers:** As recommended by the CDC and Department of Health, all patients with respiratory symptoms should call the clinic before coming for an appointment. (Walk-ins are not being accepted at this time.) Coalition Health Center team members will pre-screen on the phone and work with medical providers to determine a care plan.

Contact Rachel Lawler, director Medical & Training Services, at [rlawler@beaconhss.com](mailto:rlawler@beaconhss.com) or 907-375-4334, with questions.

### **Providence Alaska Medical Center:**

The PHC has negotiated, through a temporary amendment to the Alaska Regional Hospital PPO Agreement, the inclusion of Providence Hospital, which is the designated primary COVID-19 response facility in Anchorage, as an in-network facility for all services beginning April 1 through May 31.

"Alaska Regional Hospital remains the Coalition's preferred in-network hospital and it is equipped to treat COVID-19 patients. But we are relieved to be able to offer this additional option, if it is needed, to our member plans and their participants at this difficult time," said Fred Brown, the Coalition's executive director.

You can find details regarding these changes and additional updates regarding the Coalition's response to the COVID-19 crisis at [phcoalition.org](http://phcoalition.org). Or, please contact the Coalition by phone at (907) 474-4226 or (888) 474-4226, or by email at [info@phcoalition.org](mailto:info@phcoalition.org). □

# COALITIONS SPUR COLLECTIVE IMPACT



“Everyone understands the importance of collective action and can take pride in the impact they can achieve,” said Fred Brown, executive director of the Pacific Health Coalition.

The Coalition is proud of the collective impact that we achieve for our member plans and their participants. Collective impact is characterized by five elements. First is a common agenda, like the Coalition’s agenda to “ensure that workers and their families have access to value- and quality-based health care benefits and services.” Second is shared measurements, as provided by our Coalition vendors and service providers. Third is fostering mutually reinforcing activities, evidenced by our quarterly meetings and educational offerings. Communication is the fourth element, which we provide through our newsletter, website and membership meetings. The fifth element is having a “backbone organization” to support the group’s work. That would be the Coalition itself.

One example of the collective impact the Coalition provides is cost reduction for our member plans who participate in the programs negotiated and offered by the Coalition. “We are fighting back against

the trend of increasing healthcare provider consolidation, and rising health care costs by introducing more competition,” said Brown, “In Alaska, for example, because of our size, and ability to support our Coalition Health Centers, as well as our contracts with BridgeHealth, Anchorage Fracture and Orthopedic Clinic, and the new Mat-Su Community plan, we are disrupting the marketplace, causing some local providers to reconsider their business models.”

“We and other coalitions are proof that health care reform doesn’t have to come from politicians, insurance firms or health care providers,” he said. “We all have a role to play and if you’re not involved, you could get left behind.”

## Experience the Full Benefits of Membership

Brown also notes that member plans risk leaving “hundreds of thousands of dollars on the table when they elect not to take advantage of the immense benefits the Coalition makes available.” In 2019, those combined savings totaled \$500 million for participating Coalition member plans.

*“While the savings we achieve are certainly significant, the*

*Coalition can only realize its full collective impact for cost reduction when our member plans fully participate in the programs that are being offered,”* said Brown.

Another example of the advantages achieved by Coalition membership is the opportunity to learn from and share with other member plans. “The quarterly meetings are intended to be sessions where representatives of our member plans can discuss issues with others who have had similar experiences,” said Brown. “If you have a topic you would like to explore or learn more about in an upcoming meeting, get in touch with me, Randy Scott or Pat Shier.”

Finally, member plans are encouraged to share the information and educational material presented at the Board of Directors meetings and in the newsletters with their respective funds/members/governing boards and advisors. “Randy Scott, Pat Shier and I are also available and happy to attend Trust and other fund-related meetings”, said Brown.

To learn more about joining the Pacific Health Coalition, email [info@phcoalition.org](mailto:info@phcoalition.org) or call 888-474-4226. □

## Washington Health Alliance Reports on Waste Caused by Overtreatment

In late 2019, the Washington Health Alliance (WHA) released its latest **First Do No Harm** report ([wahealthalliance.org/alliance-reports-websites/alliance-reports/](http://wahealthalliance.org/alliance-reports-websites/alliance-reports/)), examining just how much people in that state pay for wasteful health care services.

“We are fortunate to be part of a group like the WHA that defines value as delivering high-quality health care and a good patient experience at a fair price,” said Randy Scott, the Coalition’s member services representative in the Pacific Northwest (Washington, Oregon and Idaho). “When the WHA makes data like this available, it can spur conversations among physicians and health care consumers about how best to improve and protect the health of patients.”

### Waste Found in More Than Half of Services Measured

The WHA analyzed its All Payer Claims Database for 2014-2017 using the Milliman Medinsight Health Waste calculator to look at 47 treatments and services. In the report, low value (also called overuse or waste) refers to medical tests and procedures that have been shown to provide little benefit, and in many cases, have the potential to cause physical, emotional or financial harm to patients.

In each of the four years studied, nearly 850,000 Washingtonians received at least one low-value service per year, with an estimated cost of \$703 million over the four years.

Overall, 51% of the services measured were found to be wasteful. Eleven common tests, procedures and treatments accounted for more than 90%

of overuse. The top five were:

1. Opiates prescribed for acute low back pain in the first four weeks of treatment
2. Annual cardiac screening, EKG or other tests for low-risk individuals without symptoms
3. Antibiotics prescribed for acute upper respiratory and ear infections
4. Pre-operative baseline laboratory studies for patients without significant systemic disease undergoing low-risk surgery
5. Eye imaging tests for patients without significant eye disease or symptoms

### *Five Questions That Can Reduce Overtreatment*

Asking these five questions can help people make sure they receive the right amount of care — not too much and not too little.

- Do I really need this test, treatment or procedure?
- What are the risks?
- Are there simpler, safer options?
- What happens if I don’t do anything?
- What are the costs?

Download a poster showing the five questions and share it with your plan participants: [https://www.choosingwisely.org/wp-content/uploads/2018/03/5-Questions-Poster\\_8.5x11-Eng.pdf](https://www.choosingwisely.org/wp-content/uploads/2018/03/5-Questions-Poster_8.5x11-Eng.pdf)

“With U.S. health care spending approaching 18% of GDP, we can’t afford to waste health care dollars on low-value services,” said Scott. “Working side-by-side with organizations like WHA and similar coalitions, we can make a difference.” □

## THE PACIFIC HEALTH COALITION QUARTERLY MEMBERSHIP MEETINGS

June 10:  
Anchorage

September 24:  
Annual Education Session (rescheduled) and Board Meeting

12:00 noon (PDT)  
Teamster Union Hall  
Tukwila, WA

November 10:  
Anchorage

All meetings will be held in person and by teleconference through Microsoft Teams. For questions about how to attend by teleconference through Microsoft Teams, please contact Fred Brown or Pat Shier. □

## INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS (IFEBP) 66TH ANNUAL CONFERENCE

Honolulu, HI

- November 15–18, 2020
- November 16: Coalition/ CooperativeRx Reception □

3000 A Street, Suite 300  
Anchorage, AK 99503

## READ ABOUT THE PHC'S RESPONSE TO COVID-19, P. 1.

*Since 1994, the Pacific Health Coalition (aka HCCMCA) has been helping member health plans control health care costs by negotiating better pricing on health benefits and services than these same plans could achieve on their own. Currently, there are 48 member health plans throughout the United States.*

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## Brown Elected President of the National Labor Alliance of Health Care Coalitions

In 2019, after 15 years on its board, including three as secretary, Fred Brown, the Pacific Health Coalition's executive director, was elected president of the National Labor Alliance of Health Care Coalitions (NLA).

Formed in 1996, the NLA serves as an advocate for building a better health care system for the 6 million covered lives represented by the 22 coalitions which currently form its membership.

"Much like the PHC, the National Labor Alliance works with its member coalitions to form strategic partnerships



with organizations that provide advantages in service, quality and cost," said Brown.

Brown cites the example of the NLA introducing the Pacific

Health Coalition's contract with BridgeHealth across the U.S. The goal is to give each participating group access to better tiered pricing and lower costs. Brown is looking to incorporate this contracting strategy into the NLA's telemedicine product, among others.

"The vision of both our PHC members and that of the NLA align with BridgeHealth," said Brown. "We look forward to great outcomes and bringing down the cost of healthcare for Coalition and National Labor Alliance members, while at the same time improving the patient experience." □