



News Notes

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Quarterly News & Updates

Over the last year, Coalition Operations and Purchasing Programs have remained committed to providing full services to members. Thank you to our employer members and associate members for your ongoing engagement as we celebrated our 40th Anniversary virtually in 2020.

While the situation with the coronavirus (COVID-19) remains difficult, nothing is more important to the Lehigh Valley Business Coalition on Healthcare than the health and safety of our members, your employees, your families, our community, and our Country.

Whether we are moving into the "new normal" or getting "back to business" our plan is to continue supporting our members, with purchasing programs that increase membership value and an ongoing commitment to providing education and networking opportunities - whether in person or virtual!

We hope you enjoy this latest e-Version of the LVBCH Quarterly News Notes!

Visit our Website

Welcome Message



Carl Seitz, President

Goodbye Zoom, Hello In-Person!

As we enter the third quarter of 2021, the Coalition is pleased to announce a "return" to normal for meetings and in-person events. This includes an in-person networking opportunity at Steel Stacks on July 15. [Please register to join us for this event.](#)

We also hope you will "save-the-dates" of August 26 for an event at Weathered Vineyards, and September 14 for our 4th Annual Documentary Screening with Lehigh University's Healthcare Systems Engineering Program.

We look forward to seeing you live, and in-person, soon!

Welcome 2021 New Members

Please join us in extending a warm welcome to our new Coalition members - We encourage all members to get involved and participate in Coalition activities!

- Mercer
- Vinart

- Trustmark Health Benefits

[View All LVBCH Members Here](#)

LVBCH Updates

LVBCH Releases 40th Annual Report



Upcoming Events

Live & In-Person:

Welcome Back Networking for Employer Members



- Thursday, July 15, 2021
- 1:00 p.m. - 3:00 p.m.
- ArtsQuest Center at Steel Stacks

[Register Now](#)

Save-the-Dates

Thursday, August 26, 2021 - Networking Event

- Networking Event
- At Weathered Vineyards

Tuesday, September 14, 2021 - Documentary Screening

- 4th Annual Documentary Screening with Lehigh University's Healthcare Systems Engineering Program
- At ArtsQuest Center at Steel Stacks

****More information about these events and registration information will be coming soon!****

Employer Forum



All LVBCH Employer Members are invited to participate in this ongoing peer-to-peer discussion between local employers on the topics most important to you!

Thank you to all Employer Members who have participated in these calls to date – and for sharing your organizations' experiences with COVID-19. As these session progress, they will continue to focus on issues employers are facing, including the coronavirus pandemic, as well as providing ongoing assistance and resources to help you navigate your organizations questions and concerns.

Thank you also to our Summer 2021 special guest experts:
Jack Gross, Gross McGinley
Amanda Buss, Cancer Support Community of the Greater Lehigh Valley

SAVE-THE-DATE

The next employer forum will be a special in-person breakfast scheduled for:
Thursday, August 12, 2021;
8:00 a.m. - 9:00 a.m.
Employer members will receive an invitation to register.
Please contact Donna Corsi: dmcorsi@lvbch.com for additional information.

On Demand Webinars: *Register to start watching at any time!*

On-Demand Webinar

EyeMed's Value for LVBCH Members



 www.LVBCH.com


EyeMed's Value for LVBCH Members


Register Now to Receive Link to Recording

View Presentation Slides

On-Demand Webinar

Discover How Obesity is Impacting Your Organization: Strategies Beyond Workplace Wellness



 www.LVBCH.com

Discover How Obesity is Impacting Your Organization

Register Now to Receive Link to Recording

View Presentation Slides



September 2020

COVID-19 Impact on Utilization and Health Outcomes
LVBCH Webinar



COVID-19 Impact on Utilization and Health Outcomes

Register Now to Receive Link to Recording

View Presentation Slides

Read the Summary



September 2020

COVID-19 Impact on Mental Health and Substance Abuse
LVBCH Webinar



COVID-19 Impact on Mental Health and Substance Abuse

Register Now to Receive Link to Recording

View Presentation Slides

Read the Summary

Recent Events



41st Annual Conference

Looking Forward: The Next 40 Years

May 4, 5, 6, 2021

****Please note - you must register to view each presentation by selecting the "Watch the Recording" links below. Following registration you will receive a confirmation email for each presentation you register to view, with the link to view each recording.****

Dr. Berwick Keynote -
Read the Summary

Dr. Berwick Keynote -

May 4 - Speakers



Keynote Speaker

Dr. Don Berwick

*Former Administrator
Centers for Medicare & Medicaid Services
Founding CEO, Institute for Healthcare Improvement*

Panel: Innovations in Healthcare



Vicki Doule

*Senior Vice President
BSI Corporate Benefits*



Dr. Reetika Kumar

*Medical Director & Vice President
Clinical Services for AHA & CSI*



Dr. Jennifer Chambers

*Senior Vice President & Chief Medical Officer
Capital BlueCross*



Dr. Mark Wendling

*Executive Director
Lehigh Valley Health Network*



Dr. Rajika Reed

*Vice President, Community Health
St Luke's University Health Network*

[Watch the Recording](#)

[Healthcare Panel -
Read the Summary](#)

[Healthcare Panel -
Watch the Recording](#)

[Pharmacy Panel -
Read the Summary](#)

[Pharmacy Panel -
Watch the Recording](#)

Panel: Innovations in Pharmacy



Jens Thorsen
Employee Benefits, Practice Leader
USI Insurance Services



Bill Patterson
Senior Director
Express Scripts



Nick Page
Chief Clinical & Strategy Officer
WellDyne



Renzo Luzzatti
President
US-Rx Care



MaryAnn Carlisle
Chief Operations Officer & Chief Revenue Officer
ELMCRx Solutions

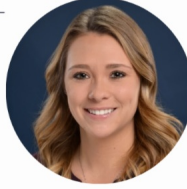
[Benefits Panel -
Read the Summary](#)

[Benefits Panel -
Watch the Recording](#)

Panel: Innovations in Employee Benefits



Kevin Davis
*VP and Senior Benefits Consultant
Univest Insurance, LLC*



Kendra Carey
*Health Educator and Strategic Wellness Consultant
BenefIT Corporate Wellness*



Brian Boose
*Regional Vice President
EyeMed Vision Care*



Heather Lavoie
*President and CEO
Geneia*



Donna Hunter
*Vice President, Strategic Business Development
United Concordia*

[Craig Kramer Keynote -
Read the Summary](#)

[Craig Kramer Keynote -
Watch the Recording](#)

[Mental Health Panel -
Read the Summary](#)

[Mental Health Panel -
Watch the Recording](#)

May 6 - Speakers



Keynote Speaker Craig Kramer

*Mental Health Ambassador
Chair, Global Campaign for Mental Health
Neuroscience External Affairs Janssen R&D,
A Johnson & Johnson Company*

Reaction Panel: Innovations in Mental Health



Pete Kareha

*Employee Benefits Consultant & State EB
Practice Leader, McGriff insurance*



Dr. John Bulger, DO

*Chief Medical Officer
Geisinger Health Plan*



Dr. Kimberly Kabernagel, DO

*Medical Director
Geisinger Marworth*



Dominick DiSalvo

*Corporate Director of Clinical Services
KidsPeace*



Sandra Kuhn

*Behavioral Health Consulting Group Leader
Mercer*

[View Annual Conference Speakers & Panelists Biographies](#)

THANK YOU SPONSORS!

*We would like to send a special **THANK YOU** to our sponsors.
Without your support, this event would not be possible.*

PREMIER SPONSORS



PLATINUM SPONSORS



GOLD SPONSORS



SILVER SPONSORS & SPECIAL THANKS: ASR Media, Sanofi, Social T Marketing

CONGRATULATIONS RAFFLE PRIZE WINNERS!

Thank you to all sponsors that supported raffle opportunities throughout the conference. Below are all winners and corresponding prize sponsors.

Barbara Lenci, KidsPeace
Gift card sponsored by:
BeneFIT Corporate Wellness

Mary Garcia, Service Tire Truck Centers (STTC)
Gift card sponsored by:
United Concordia Dental

Tricia Tamburelli, Blue Mountain School District
Gift card sponsored by:
ELMX Rx Solutions

Caitlin Leidy, Lehigh University
Gift card sponsored by:
Geisinger Health Plan

Gregg Holland, Weiler Abrasives
Gift card sponsored by:
Consumer Medical

Mary Lou Karoby, Northampton County
Gift card sponsored by:
AmeriHealth Administrators

Megan Schaffer, Northwestern Lehigh School District
Gift card sponsored by:
Univest

Joe Thayer, PESA
Gift card sponsored by:
St. Luke's University Health Network

Angela Connell, Adept Packaging
Gift card sponsored by:
BSI

Susan Grella, Buzzi Unicem
Gift card sponsored by:
HMK

Shakirah Griffin, City of Easton
Gift card sponsored by:
Highmark

Alexis Foreman, Redner's Markets
Gift card sponsored by:
EyeMed

Karen Deitchman, Lehigh Valley
Academy
Gift card sponsored by:
Keenan/USRx-Care

Jessica Delgrosso, MCS Industries,
Gift card sponsored by:
LVBCH

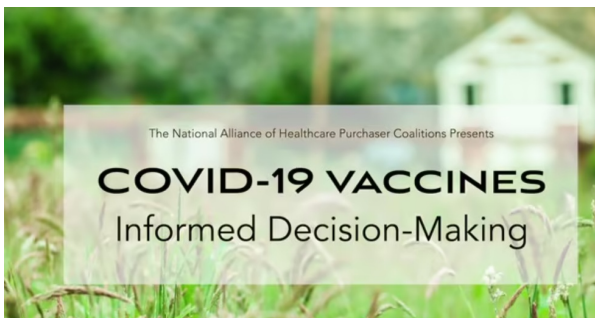
National Alliance of Healthcare Purchaser Coalitions (NAHPC) Updates



LVBCH partners with the National Alliance of Healthcare Purchaser Coalitions to drive innovation, health, and value through the collective action of public and private purchasers. Together, both organizations seek to accelerate the nation's progress toward safe, efficient, high-quality healthcare and the improved status of the American population.

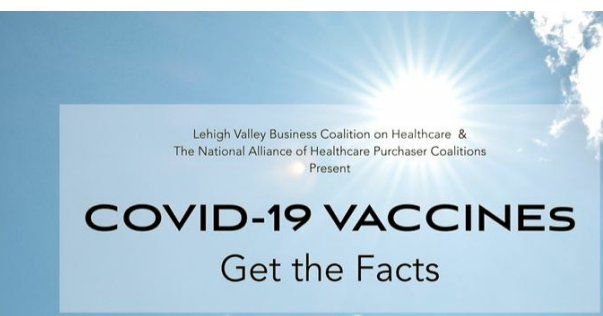
COVID-19 Vaccines Video Series

NAHPC's new video, "[COVID-19 Vaccines: Informed Decision-making.](#)" features clinicians and everyday people who have highly personal stories to share. The goal of the video is to lessen anxiety for those who still have not received the vaccine and may lack the information they need to make an informed, confident decision to get vaccinated. ***Please share with employees and on your social channels and networks.***



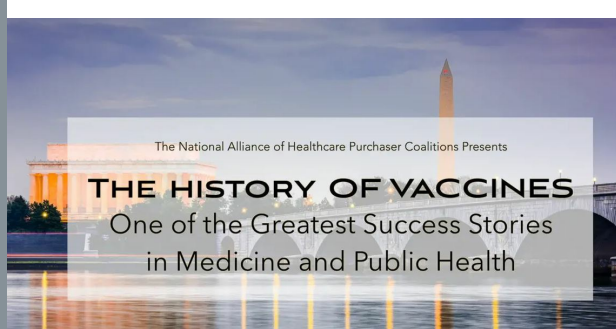
*****NEW VIDEO*****

[Informed Decision-Making](#)



[Get the Facts \(English\)](#)

[Get the Facts \(Spanish Translation\)](#)



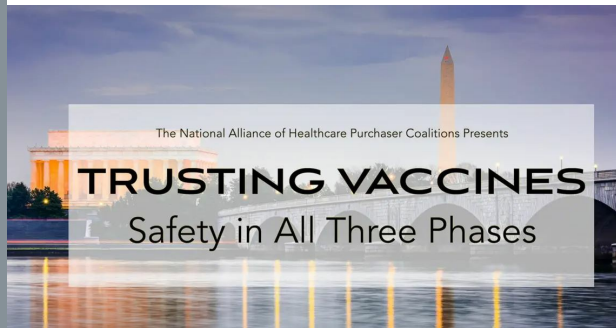
The National Alliance of Healthcare Purchaser Coalitions Presents

THE HISTORY OF VACCINES

One of the Greatest Success Stories
in Medicine and Public Health

History (English)

History (Spanish Translation)



The National Alliance of Healthcare Purchaser Coalitions Presents

TRUSTING VACCINES

Safety in All Three Phases

Trust (English)

Trust (Spanish Translation)

Action Brief

Mitigating High Cost Claims: A Closer Look at Hemophilia (April 2021)



MITIGATING HIGH-COST CLAIMS A CLOSER LOOK AT HEMOPHILIA

ACTION STEPS FOR EMPLOYERS:

1. Use value-based insurance design to ensure that health plans support patients with hemophilia and their families.
2. Set expectations that health plans and other providers cover new evidence-based treatments.
3. Ensure Hemophilia Treatment Centers are in all networks.
4. Accommodate employees with bleeding disorders by providing on- or near-site support.
5. Educate and cover health plan members with hemophilia, connecting them to the right health benefits and care management resources.

Although hemophilia is a rare disorder affecting about 25,000 people in the US, it ranks among the highest-cost healthcare conditions, averaging \$270,000 per claimant annually.¹

As with many rare diseases, hemophilia commonly requires lifelong treatment. Because of hemophilia's low incidence, employers often have little to no understanding of the disease and what makes treatment so costly. Most employers hand off the development of hemophilia cost containment strategies to intermediaries, such as pharmacy benefit managers (PBMs), carriers, TPAs or pharmacy consultants. While these vendors may develop appropriate strategies that result in the lowest total cost of care, conflicts can exist that increase employer cost unnecessarily. When it comes to ensuring optimal patient outcomes at the lowest total cost of care, employers should first consider having dialogue with hemophilia experts, before simply handing off the strategic development and implementation to vendor partners who may be conflicted. This will help them gain insight into the key cost levers that drive spend, as well as which traditional plan design strategies can create access barriers that can have a significant impact on spend.



"When it comes to rare diseases, like hemophilia, copy accumulator adjustment programs, and step therapy, fail-first language can backfire when implemented as a one-size-fits-all strategy. For patients and payers alike, the unintended consequences that can result from these obstacles can be catastrophic."

—Eileen Kunkin, Senior Director of Policy Solutions, National Hemophilia Foundation

Health Policy in Transit

DOL Issues Additional Guidance on Parity Compliance (April 19, 2021)



DOL issues additional guidance on Parity Compliance

The Consolidated Appropriations Act, 2021 (Section 203 of Title II of Division BB) entitled, Strengthening Parity in Mental Health and Substance Use Disorder Benefits, was signed into law on December 27, 2020, and amended the Mental Health Parity and Addiction Equity Act of 2008 (Parity Law) to provide greater requirements for Parity Law compliance and enforcement. On April 2, 2021, the Departments of Labor and Health and Human Services (DOL and HHS, respectively) issued additional regulatory guidance clarifying the impact of this statutory amendment.

The new statutory language and regulatory guidance make it clear that, as of February 2021, group health plans and insurance issuers must perform and document the comparative analyses of the design and application of nonquantitative treatment limitations (NQTs) on benefits and make these analyses available to state or federal authorities upon request.

An NQTL is any limitation placed on benefits, such as reimbursement rates, provider network admission standards, medical management tools such as pre-authorization and concurrent review, exclusions of levels of care or provider-types, etc.

The Parity Law requires specific comparative analyses for each NQTL that demonstrate how each NQTL is applied comparably and no more stringently to behavioral health benefits than to medical and surgical benefits, both as written and in operation. These analyses can be very detailed and often require quantitative definitions and outcomes data.

While the Parity Law and its Final Rules have been in place for almost 8 years, there has been inconsistent compliance and enforcement with respect to this aspect of the law. Federal and state agencies have now escalated their oversight and will be looking to group health plans and insurance issuers to provide these detailed analyses at any time.

DOL and HHS are now required to enforce compliance, and if a health plan or issuer does not provide sufficient comparative analyses as described in statute and regulatory guidance when requested, DOL and HHS are required, upon a final determination of noncompliance, to notify all individuals enrolled in the plan or health insurance coverage that the health plan or issuer is not in compliance with this law.

Key Areas of Focus & Challenge

Several key areas are of particular concern to DOL and HHS, thus comparative analyses in these areas are especially important:

- Pre-authorization and concurrent review of inpatient and outpatient services, including denial rate disparities
- Network admission standards, including reimbursement rate disparities

Plan sponsors may not easily be able to perform these comparative analyses and will likely be heavily reliant on their vendors to do this on their behalf. This may be particularly burdensome if plan sponsors are relying on multiple or different vendors for behavioral health and medical services.

This burden may be mitigated if health plans have utilized qualified third parties to review and certify parity compliance with NQTLs.

Rethinking How We Mitigate High Cost Claims (April 2021)

Rethinking How We Mitigate **HIGH-COST CLAIMS**

The Problem: Few (if any) employers have the size, resources or focus to address rapidly escalating high-cost claims with specialized resources across the spectrum of circumstances. **Since 2016, the number of health plan members with claims \$3M+ has doubled**, heightening sustainability concerns. Elimination of annual and lifetime maximums through the Affordable Care Act and the dysfunction of the reinsurance market has made this a top priority for every employer, purchaser and market.

High-Cost Claims Defined:

- Unpredictable/Infrequent for individual employers
- Claims costing \$50,000 or more per year
- Cost outliers that are frequently lasered
- Often for severe, debilitating disease conditions

Facts about high-cost claimants

JUST **1.2%**

OF ALL HEALTH PLAN MEMBERS ARE HIGH-COST CLAIMANTS ...but they make up 1/3 of total health care spending



29x

Average member cost

53% CHRONIC CONDITIONS



\$122,382

Average annual cost

47% ACUTE CONDITIONS

WeHear@us@work

"High-cost claims are the biggest threat to employer-sponsored healthcare coverage today. Only through collective employer action can these risks be mitigated."

Michael Thompson
National Alliance President & CEO

Strategies will vary based on duration of expenditures and quality or quantity of options

Long-duration Treatment

Multiple Effective Options

Hemophilia
Multiple sclerosis
Multiple myeloma
Autoimmune
Cystic fibrosis
End-stage renal disease (ESRD)
Hereditary angioedema

Limited Options

Spinal muscular atrophy
Metastatic cancers
Duchenne muscular dystrophy
Immune globulin (palliative)
Congenital anomalies (lifelong)

Short-duration Treatment

Lymphoma
Premature birth
Spine surgeries
Immune globulin (therapeutic)
Inherited retinal dystrophy (RPE65)

Spinal muscular atrophy
Neutrotrophic keratitis
Transplant
Congenital anomalies
Idiopathic pulmonary fibrosis
Sepsis
Trauma and burns



National Alliance Offers Tools to Build the Bridge to Sustainability

- Action Brief: Biosimilars in the Pharmacy Benefit
- Employer Rx Value Report
- Employer Rx Value Framework Infographic
- 2020 Employer Roundtables on Drug Management Report



Leapfrog Updates



LVBCH continues to develop its relationship with the Leapfrog Group, serving as a Regional Leader. In this role, LVBCH invites and encourages hospitals across Pennsylvania to complete the annual Hospital Survey that assesses hospital safety, quality, and efficiency based on national performance measures.

Employer Satisfaction Survey

How Satisfied Are You With Your Health Plan Partnership?

The Leapfrog Group is collecting insights through this brief employer survey to better understand how happy you and other employers across the country are with your health plan. This survey is specifically assessing how satisfied you are with your health plans helping you get value for your investment in health benefits: the highest quality health care at the best price. This information will help better communicate to health plans what employers want.

Average survey completion takes less than 5 minutes! Responses will be held confidential. Aggregate results are expected to be shared following survey close. If at least five LVBCH coalition members respond, we will be able to receive an aggregate report of our coalition-specific responses.

To make sure you are included in LVBCH reporting, please make sure to answer the following question: #6. Do you belong to a business group on health: Answer -> Yes
If Yes, which one: Answer -> LVBCH

Thank you in advance!

COMPLETE SURVEY



LEAPFROG
HOSPITAL
SAFETY GRADE

A B C D F

Spring 2021 Leapfrog Hospital Safety Grades

56 Pennsylvania Hospitals Earn "A" Grades

The Leapfrog Group's independent grading system assigns "A," "B," "C," "D" and "F" letter grades to general acute-care hospitals in the U.S. based on their ability to protect patients from avoidable errors, injuries, accidents and infections. In Pennsylvania 125 hospitals were graded, and 56 earned an "A," 31 earned a "B," 30 earned a "C," 8 earned a "D" and none earned an "F." Only one Pennsylvania hospital – St. Clair Hospital located in Pittsburg – has received 'Straight As' since 2013.

LVBCH would like to recognize our local hospital systems and their hospitals that received an "A" including: Geisinger's Geisinger Medical Center, Bloomsburg, Lewistown, Shamokin Area Community Hospital campuses; Lehigh Valley Health Network's Cedar Crest, Hazleton, Muhlenberg, and Pocono campuses; Penn State Health's St. Joseph Campus; and St. Luke's University Hospital Network's Allentown, Anderson, Monroe, Quakertown, Sacred Heart, and Bethlehem campuses.

[READ THE PRESS RELEASE](#)

Pennsylvania Health Care Cost Containment Council (PHC4) Updates

COVID-19 Analysis: Sepsis Among Patients Hospitalized with COVID-19 (April 2021)

Research Brief: Maternal Hospitalizations and Sepsis (May 2021)

April 2021

PA Health Care Cost Containment Council
PHCA
COVID-19 Analyses

Sepsis among Patients Hospitalized with COVID-19

This research brief focuses on patients hospitalized with COVID-19 who also had a diagnosis of sepsis. Sepsis is a life-threatening condition characterized by a system-wide inflammatory response to infection that can worsen to acute organ dysfunction. This research brief examines Pennsylvania residents and non-residents of all ages who were hospitalized with COVID-19 and discharged from a Pennsylvania acute care hospital from March through September 2020. As these hospitalizations occurred during the first seven months of the COVID-19 pandemic, the results form a basis for future analysis and comparison as subsequent data becomes available. The results in this report were not adjusted for age or other patient characteristics to avoid masking important sociodemographic differences.

There were **26,266** COVID-19 hospitalizations in Pennsylvania between March and September 2020. **30.5%** (or 7,998) of these patients also had a diagnosis of sepsis. In general, patients who had COVID-19 and sepsis had higher in-hospital mortality rates and stayed in the hospital longer, with a higher percentage needing mechanical ventilation.

- The in-hospital mortality rate for patients with COVID-19 and sepsis was **30.5%**, compared to **7.6%** of patients with COVID-19 who did not have sepsis. Overall, patients hospitalized with COVID-19 between March and September had an in-hospital mortality rate of **14.5%**.
- The average length of stay for patients with COVID-19 and sepsis was **12.5 days**, compared to **7.2 days** for patients with COVID-19 who did not have sepsis. Overall, patients hospitalized with COVID-19 stayed in the hospital an average of **8.8 days**.
- Mechanical ventilation was used in **33.0%** of patients with COVID-19 and sepsis, compared to **5.9%** of patients with COVID-19 who did not have sepsis. Overall, mechanical ventilation was used in **14.2%** of patients hospitalized with COVID-19.

Among patients hospitalized with COVID-19:

- 33.9%** of those ages 65-84 had sepsis, a rate that was statistically higher than the rate for the rest of the state.
- 10.4%** of those 24 years and younger and **22.4%** of those ages 25-44 had sepsis; both rates were statistically lower than the rates for the rest of the state.

Rate of Sepsis by Age Category

Age Category	Rate of Sepsis (%)
Age 24 and younger	10.4%
Age 25-44	22.4%
Age 45-64	28.0%
Age 65-84	33.9%
Age 85 and older	33.8%
Statewide Rate (10.5%)	10.5%

1

May 2021

PA Health Care Cost Containment Council
PHCA
Research Briefs

Maternal Hospitalizations and Sepsis

This research brief focuses on patients hospitalized for a delivery or other pregnancy-related condition who also had a diagnosis of sepsis. Sepsis is a life-threatening condition characterized by a system-wide inflammatory response to infection that can worsen to acute organ dysfunction. Included are Pennsylvania female residents and non-residents ages 12-55 who were hospitalized for a maternal stay and discharged from a Pennsylvania acute care hospital from October 2015 through September 2020. For the maternal stays with a diagnosis of sepsis, the sepsis could have developed prior to the hospitalization or during the hospital stay. The results in this report were not adjusted for age or other patient characteristics to avoid masking important sociodemographic differences.

There were 698,576 maternal hospitalizations in total during this five-year timeframe; sepsis was present in 4,794 (0.69%) of these stays. This represents approximately 1 out of every 145 maternal hospitalizations, or 6.9 per 1,000.

- The average length of the maternal hospital stay was longer for cases with sepsis (5.1 days) compared to those without sepsis (2.7 days), a statistically significant difference.
- The in-hospital mortality rate was higher for maternal stays with sepsis (0.30%) compared to those without sepsis (0.03%). This difference was also statistically significant.

By Age Category

Maternal Stays without Sepsis

Age Category	Percentage
Age 18-24	2.9%
Age 25-34	34.5%
Age 35-44	30.0%
Age 45-54	29.5%
Age 55-64	1.2%
Age 65-74	1.2%
Age 75-84	1.2%
Age 85-94	1.2%
Age 95-104	1.2%

Maternal Stays with Sepsis

Age Category	Percentage
Age 12-17	3.1%
Age 18-24	13.1%
Age 25-34	30.7%
Age 35-44	26.4%
Age 45-54	2.8%
Age 55-64	2.8%
Age 65-74	2.8%
Age 75-84	2.8%
Age 85-94	2.8%
Age 95-104	2.8%

- In comparing maternal patients without sepsis to those with sepsis, sepsis was more likely among patients ages 12-17 and 18-24 and less likely among patients ages 30-34 and 35-39.
- While patients 12-17 years comprised 1.2% of maternal stays without sepsis, they comprised 2.6% of maternal stays with sepsis. Patients 18-24 years comprised 21.5% of maternal stays without sepsis, but they comprised 30.9% of maternal stays with sepsis.
- While patients 30-34 years comprised 30.6% of maternal stays without sepsis, they comprised 22.7% of maternal stays with sepsis. Patients 35-39 years comprised 14.5% of maternal stays without sepsis, but they comprised 12.1% of maternal stays with sepsis.

1

Financial Analysis 2020: General Acute Care Hospitals (June 2021)

JUNE 2021

Financial Analysis 2020

General Acute Care Hospitals

An Annual Report on the Financial Health of Pennsylvania Hospitals

Volume One
Pennsylvania Health Care Cost Containment Council

Employer Meetings with Purchasing Partners

Capital BLUE

LVBCH Employer Meeting June 2021

geneia®
Geneia LLC

Guest Articles from Purchasing Partners



Emerging Therapeutics: Obesity

Weight Loss



Watch Your Mouth This Summer



Allergy Relief



Supporting Employees Workplace Transition and COVID-19



Help Your Employees Get Back on Track with Health Coaching

COVID-19 Partner Resources

Select each partners link below to visit their websites' COVID-19 & coronavirus related resources.





60 West Broad St. • Suite 306 • Bethlehem, PA 18018 • P: 610-317-0130

Our affiliation with these national organizations is a value-added benefit for our members.

