



News Notes

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Quarterly News & Updates

While the situation with the coronavirus (COVID-19) remains in flux, 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. The Coalition's operations and purchasing programs remain committed to providing full services to members.

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!

Thank you to our employer members and associate members for your ongoing engagement!

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!

The Coalition remains committed to the health and safety of our members, as well as continuing to offer in-person opportunities for our largest events in 2022.

We hope you will "save-the-dates" for the following events:

- 9th Annual Healthcare Symposium
 - Tuesday, March 22
 - At Lehigh University
- 42nd Annual Conference
 - Wednesday, May 11th
 - At DeSales University

We look forward to seeing you live, and in-person, in 2022!

Welcome 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!

- Accolade
- American Cancer Society

- Combined Insurance
- Hine Hydraulics

[View All LVBCH Members Here](#)

LVBCH Updates

LVBCH Extends Dental Partnership

Delivering More than \$1 Million Per Year in Savings to Members

Lehigh Valley Business Coalition of Healthcare announced the extended partnership with United Concordia Dental to remain the preferred dental carrier for LVBCH's Employer Members.

It is estimated that the extended partnership will save LVBCH's employer members more than \$1 million per year over the six-year contract.

Exclusive rates are available to both self-funded and fully insured employers. To learn more please talk to your broker or benefits consultant or reach out to the teams at LVBCH and United Concordia.

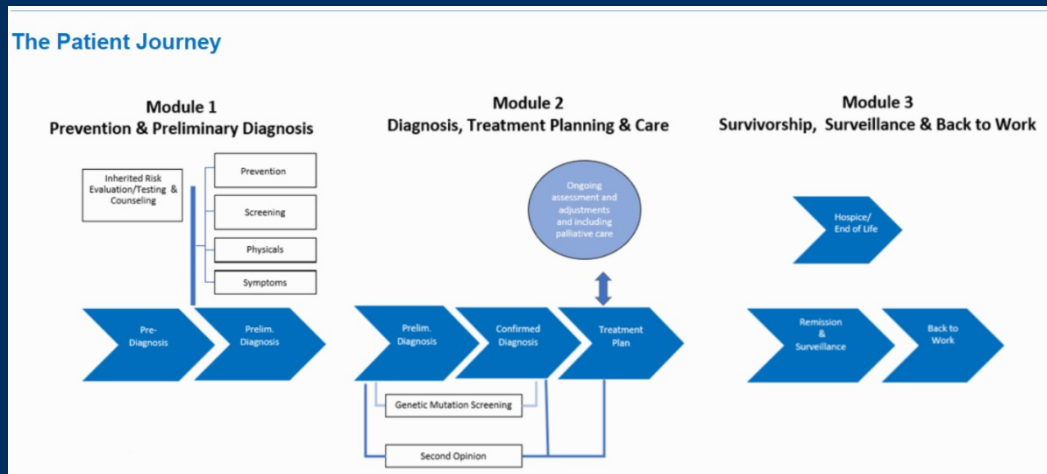
[Read the Press Release](#)

LVBCH Receives Grants from National Alliance of Healthcare Purchaser Coalitions

LVBCH Hosts Employer Learning Modules for Oncology

Lehigh Valley Business Coalition of Healthcare was one of several national coalitions selected as a recipient of the National Alliance of Healthcare Purchaser Coalitions (NAHPC) grant for Oncology.

As part of the grant opportunity, LVBCH employer members are invited to participate in a three-part virtual learning module on Oncology covering the patient journey.



Module 1: Prevention & Preliminary Diagnosis was hosted by NAHPC on October 6, 2021.

Module 2: Diagnosis, Treatment Planning & Care will be hosted by LVBCH on Wednesday, November 3, 2021, 8:00 a.m. to 9:30 a.m. This interactive session will feature local providers in the Lehigh Valley.

Module 3: Survivorship, Surveillance & Back to Work will be hosted by LVBCH on Wednesday, December 1, 2021, 8:00 a.m. to 9:30 a.m. This interactive session will feature local representatives from the Lehigh Valley.

Oncology Action Briefs from NAHPC:

Module 1
Understanding and Supporting the Patient-Centered Cancer Journey

ACTION BRIEF
Employer Strategies that Drive Health, Equity and Value

ACHIEVING VALUE IN CANCER CARE
UNDERSTANDING AND SUPPORTING THE PATIENT-CENTERED CANCER JOURNEY

BASE THE PURCHASER'S STRATEGY ON THE CANCER PATIENT'S EXPERIENCE

The cancer journey is an ongoing experience, not a one-time event. It is a process that begins with diagnosis and continues through treatment, survivorship, and end-of-life care. The patient-centered journey is the foundation of a high-quality cancer care experience. This action brief highlights the impact of the patient-centered journey on the cancer care experience and provides a framework for employers to support their employees' cancer care journey.

1. Use the patient-centered journey to frame your cancer care strategy.

Use the patient-centered journey to frame your cancer care strategy. This means understanding the patient's experience from diagnosis through treatment, survivorship, and end-of-life care. This approach allows employers to tailor their support strategies to the patient's needs at each stage of the journey.

2. Tailor networks for cancer care.

Employers should tailor their networks to support the patient's journey. This includes providing access to a variety of care options, including primary care, specialty care, and supportive care services. Employers should also consider the patient's preferences and needs when designing their networks.

3. Align employees with quality care.

Employers should align their employees with high-quality care. This includes providing access to evidence-based care and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

4. Increase the use of high-effective prevention techniques.

Employers should increase the use of high-effective prevention techniques. This includes providing access to cancer screening and other preventive services. Employers should also consider the patient's preferences and needs when designing their support strategies.

Module 2
Diagnosis, Treatment Planning and Care for Cancer Patients

ACTION BRIEF
Employer Strategies that Drive Health, Equity and Value

DIAGNOSIS, TREATMENT PLANNING AND CARE FOR CANCER PATIENTS

Employers have significant opportunities to influence treatment outcomes and the patient experience for cancer patients in their organizations. A study of seven multidisciplinary-related health plans that were ranked "The National Cancer Institute FrontRunner" found that 75% were cancer-related. This action brief addresses the patient's experience with the health care delivery system. This includes the time from diagnosis through treatment to the end of care. This action brief highlights the impact of the patient-centered journey on the cancer care experience and provides a framework for employers to support their employees' cancer care journey.

1. Confirm psychosocial support for patients & caregivers.

Employers should confirm psychosocial support for patients and caregivers. This includes providing access to counseling, support groups, and other psychosocial services. Employers should also consider the patient's preferences and needs when designing their support strategies.

2. Tailor networks for cancer care.

Employers should tailor their networks to support the patient's journey. This includes providing access to a variety of care options, including primary care, specialty care, and supportive care services. Employers should also consider the patient's preferences and needs when designing their networks.

3. Promote patient-centered treatment plans.

Employers should promote patient-centered treatment plans. This includes providing access to evidence-based care and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

4. Manage pharmaceutical value.

Employers should manage pharmaceutical value. This includes providing access to affordable medications and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

5. Align employees with quality care.

Employers should align their employees with high-quality care. This includes providing access to evidence-based care and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

6. Identify & manage disparities in care.

Employers should identify and manage disparities in care. This includes providing access to high-quality care for all employees and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

Module 3
Survivorship, Surveillance, & Back to Work

ACTION BRIEF
Employer Strategies that Drive Health, Equity and Value

SURVIVORSHIP, SURVEILLANCE & BACK TO WORK

The National Cancer Institute reports that the overall cancer death rate in the US has declined 40% by 2016. This decline is due to a combination of factors, including earlier diagnosis, improved treatment, and better survivorship care. This action brief addresses the patient's experience with survivorship, surveillance, and back to work. This includes the time from diagnosis through treatment to the end of care. This action brief highlights the impact of the patient-centered journey on the cancer care experience and provides a framework for employers to support their employees' cancer care journey.

1. Promote advance care planning.

Employers should promote advance care planning. This includes providing access to advance care planning services and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

2. Cover and promote palliative and hospice care.

Employers should cover and promote palliative and hospice care. This includes providing access to palliative and hospice services and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

3. Support cancer survivorship.

Employers should support cancer survivorship. This includes providing access to survivorship care services and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

4. Address demands on employees who are caregivers.

Employers should address the demands on employees who are caregivers. This includes providing access to caregiver support services and supporting the caregiver's preferences and needs. Employers should also consider the caregiver's financial and logistical needs when designing their support strategies.

5. Monitor payment reform.

Employers should monitor payment reform. This includes providing access to information about payment reform and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

6. Learn from COVID-19.

Employers should learn from COVID-19. This includes providing access to information about COVID-19 and supporting the patient's preferences and needs. Employers should also consider the patient's financial and logistical needs when designing their support strategies.

LVBCH Convenes Employer Roundtable on Biosimilars

Lehigh Valley Business Coalition of Healthcare was one of several national coalitions selected as a recipient of the National Alliance of Healthcare Purchaser Coalitions (NAHPC) grant for Biosimilars.

As part of the grant opportunity, LVBCH facilitated an invite-only roundtable of local employer members discussing current challenges to implementing biosimilars along with the best practice strategies for making formulary and benefit design decisions. The roundtable, held virtually on October 13, 2021 included employers of various sizes and representing diverse industries. The discussion provided an opportunity for employers to share thoughts and needs. The process serves as a first step and a report summarizing results of nationwide roundtables is expected later this year.

Upcoming Events

Save-the-Dates

9th Annual Healthcare Symposium

- March 22, 2022
- At Lehigh University

42nd Annual Conference

- May 11, 2022
- At DeSales University

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 sessions 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 Fall 2021 special guest experts:

- Loren Speziale, Gross McGinley
- Meloney Sallie-Dosunmu, City of Allentown

Register Now: The next employer forum is scheduled for:

- Thursday, October 28, 2021;
- 8:00 a.m. - 9:00 a.m.
- Via Zoom

For more information please contact Donna Corsi: dmcorsi@lvbch.com.

Employer Members Only - Register Now

On Demand Webinars:

Register to start watching at any time!

On-Demand Webinar

*EyeMed's Value for
LVBCH Members*

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Impacting Your Organization:
Strategies Beyond Workplace
Wellness*

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EyeMed's Value for LVBCH Members

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Recording

View Presentation Slides

Discover How Obesity is Impacting Your Organization

Register Now to Receive Link to
Recording

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September 2021

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 2021

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

Broker Webinar:
Pharmacy Cost Savings
*Introducing ELMC Rx Solutions &
Keenan Pharmacy*

September 21, 2021

 **ELMC Rx Solutions**

 *Keenan Pharmacy Services*
A Keenan Solution

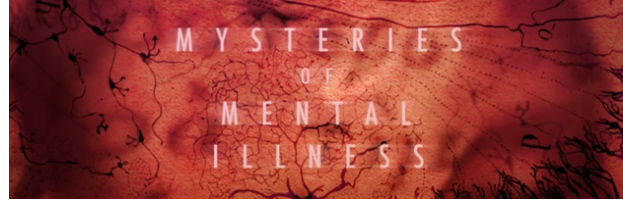
4th Annual Documentary Screening

Mysteries of Mental Illness - New Frontiers

Cosponsored with Lehigh University's Healthcare Systems Engineering Program

September 14, 2021
At ArtsQuest Center at Steel Stacks
Expert Reaction Panel:
• Cathy Kromer, Northampton County

- Brad Moyer, HealthAdvocate
- Michael Stocker, HMK Insurance



[Read the summary](#)

[Register now to receive link to the expert reaction panel recording](#)

Live & In-Person Welcome Back Networking

With a Focus on Recruitment and Retention

August 26, 2021
 At Weathered Vineyards
 Recruitment & Retention presented by:

- Meloney Sallie-Dosunmu
- HR Director
- City of Allentown



[Read the summary](#)

Live & In-Person

Welcome Back Networking

July 15, 2021
 At ArtsQuest Center at Steel Stacks



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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.

Making Comparative Effectiveness Research a Stronger, More Relevant Tool for Employers (2021)

Employee Health Matters Debunking COVID-19 Vaccine Myths (2021)

Making Comparative Effectiveness Research a Stronger, More Relevant Tool for Employers



EMPLOYEE HEALTH MATTERS

DEBUNKING COVID-19 VACCINE MYTHS

THE VIRUS, NOT THE VACCINE, IS THE ENEMY

Myths are common when new vaccines come on the market. Instead of focusing on the positive truth that dangerous illnesses can be wiped out, myths based on fear and a lack of knowledge can cause people to reject safe and effective vaccines. These myths and facts will help clear up false information.

AMERICAN COVID-19 INCIDENCE AND DEATHS:

- Over 32 million have been diagnosed with COVID-19
- Over 580,000 have died

AMERICAN COVID-19 VACCINATION IMPACT:

- The US has given over 260 million doses (as of May 10, 2021). Of those vaccinated, fewer than 6,000 people have contracted the virus. This represents just 0.007% of the 84 million Americans with full protection against the virus.
- CDC and FDA recommend that women younger than age 50 be aware of the rare risk of blood clots with low platelets after vaccination with Johnson & Johnson's Janssen vaccine. Read more here.

Source: Centers for Disease Control and Prevention, May 10, 2021

COMMON COVID-19 VACCINE MYTHS AND FACTS

MYTH: Vaccines don't work.

FACT: Vaccines work. Smallpox, polio, diphtheria, mumps, measles and rubella have nearly been eliminated in the US through vaccination. More recently, the human papillomavirus (HPV) vaccine has been proven to protect against infection in about 80% of young women. Most important, all of the approved COVID-19 vaccines have been found to be 100% effective in preventing severe illness, hospitalizations and death.

MYTH: The COVID-19 vaccine was developed too quickly to be safe.

FACT: Work on these vaccines relies on deep research and technology that began decades ago. Development and approval were sped up due to the COVID-19 public health crisis. In the past year, governments, businesses and scientists from around the world worked closely together to shorten the timelines without compromising safety. Clinical trials met strict safety standards.

MYTH: The vaccine won't prevent COVID-19.

FACT: Pfizer and Moderna vaccines are 95% effective in preventing COVID-19 illness; Johnson and Johnson's vaccine is 72% effective, but has an 85% effectiveness rate in preventing severe cases. All three vaccines have been 100% effective in preventing hospitalizations from COVID-19.

MYTH: I can get COVID-19 from the vaccine.

FACT: It is medically impossible to get COVID-19 from a vaccine. There are no live viruses in the vaccines, so they cannot infect anyone. All vaccines cause the body to make proteins that prevent infection. These proteins may experience a range of side effects, including the vaccine in building immunity.

MYTH: The chances of getting COVID-19 aren't high enough for me to risk a vaccine.

FACT: It is true that the risk of dying from COVID-19 varies by age and health factors, but no one has been immune to getting or dying from the virus. We will only achieve "herd immunity" if 70%-80% of Americans become vaccinated. The Kaiser Foundation estimates that 60 million US adults are at risk of serious complications, so when you get vaccinated, you are also protecting those around you.

MYTH: Vaccine side effects are harmful.

FACT: The CDC reported mild to moderate reactions to the vaccine, including pain at the injection site, fatigue, headaches, muscle aches, and chills. All reactions subside within 48 hours and have no long-term complications. The risks of COVID-19 are much greater than any reaction to the vaccine.

Cannabis and the Workplace Employer Strategies that Support a Healthy Workforce (2021)

Cannabis and the Workplace

Employer Strategies that Support a Healthy Workforce



Achieving Value: Medical Side of Drug Benefits (August 2021)

ACHIEVING VALUE MEDICAL SIDE OF DRUG BENEFITS

A Deep Dive Powered by eValue8™



Action Brief

Supporting Employees with Cardiovascular Disease (CVD) through Aspirin Therapy (August 2021)

SUPPORTING EMPLOYEES WITH CARDIOVASCULAR DISEASE (CVD) THROUGH ASPIRIN THERAPY

ACTION STEPS FOR EMPLOYERS:

1. Educate employees about how daily aspirin therapy can help prevent heart disease and stroke in certain at-risk patients.
2. Encourage employees to discuss aspirin therapy with their doctor.
3. Ask health plans to encourage providers and members to make aspirin therapy a priority when appropriate.
4. Ensure that benefit design supports the appropriate use of aspirin therapy.

"Aspirin can be a powerful intervention to help people prevent major cardiovascular events."

—John M. Clancy, executive director, National Research on Stroke Prevention & Stroke Prevention

A recent study from the Patient-Centered Outcomes Research Institute (PCORI) reinforces the positive impact of aspirin, regardless of dose, in preventing heart attacks and strokes in people living with heart disease. The study's conclusion is that 81 mg and 325 mg doses of aspirin have similar health benefits when taken daily.

Studies like arthritis one, which increases our understanding of how best to prevent CVD events, are critical. CVD is the leading cause of death for men and women among most racial and ethnic groups. In fact, about 655,000

Americans die from heart disease each year; heart disease causes one in every four deaths. Many patients who survive a CVD event develop complications such as heart failure or stroke.

Through this Action Brief of the National Alliance, in partnership with PCORI, addresses how employers can support employees and their family members who are living with heart disease by promoting and supporting appropriate aspirin use.



"Aspirin is the most commonly used medication to combat heart disease."

—William D. Galetta, MD, Duke University and principal researcher on the PCORI aspirin study

CVD IS A PRIMARY HEALTHCARE ISSUE FOR EMPLOYEES AND EMPLOYERS

Every 40 seconds, someone in the United States has a heart attack. CVD profoundly impacts an employee's quality of life, often disrupting family stability, income security, and the health and well-being of other family members.

The financial impact spreads to the employer, as well. Heart disease and stroke cost employees in expenses and lost productivity, creating a strong motivation for them to take steps to reduce the risk and

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.

Leapfrog Releases Patient Experience Report

Indicates Patient-Reported Signs of Safety Problems, Particularly for Pediatrics

The Leapfrog Group, a national watchdog organization of employers and other purchasers focused on health care safety and quality, today released its Patient Experience Report, which analyzes results of evidence-based and tested surveys that are administered to patients by hospitals and Ambulatory Surgery Centers (ASCs) across the country. The report analyzes patient experience in three different settings of care: adult inpatient hospitals, hospitals that treat pediatric patients, and facilities that provide same-day surgeries. The report is based on results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys, reported through the Leapfrog Hospital Survey, Leapfrog Ambulatory Surgery Center (ASC) Survey, and the Centers for Medicare and Medicaid Services (CMS).

New report by The Leapfrog Group indicates patient-reported signs of safety problems, particularly for pediatrics

Ambulatory surgery centers garner some of the most favorable patient experience ratings, but significant challenges persist for all settings of care

WASHINGTON, July 8, 2021—The Leapfrog Group, a national watchdog organization of employers and other purchasers focused on health care safety and quality, today released its [Patient Experience Report](#), which analyzes results of evidence-based and tested surveys that are administered to patients by hospitals and Ambulatory Surgery Centers (ASCs) across the country. The report analyzes patient experience in three different settings of care: adult inpatient hospitals, hospitals that treat pediatric patients, and facilities that provide same-day surgeries. The report is based on results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys, reported through the Leapfrog Hospital Survey, Leapfrog Ambulatory Surgery Center (ASC) Survey, and the Centers for Medicare and Medicaid Services (CMS).

Across facilities, the Leapfrog analysis suggests:

- For children receiving hospital care, too many parents and guardians do not feel comfortable raising concerns about errors.
- Many adult inpatients may not fully understand what they need for the continuation of their care after being discharged from the hospital.
- Patients do not give high ratings to hospital communications about medications, a critical problem for patient safety, since medication errors are one of the most common dangers patients face in health care settings.
- Patients were more favorable about ASCs, which had more positive ratings than hospital-based day surgery.

"Patient experience surveys are the voice of the American patient, and that voice should be the first authority we listen to," said Leah Binder, president and CEO of The Leapfrog Group. "We are worried about signs of patient safety problems, particularly in pediatric units, where parents appear hesitant to raise concerns about mistakes. We also see issues with communication that can lead to patient harm. Outpatient facilities and particularly ASCs appear to be rated more favorably by their patients, which is promising, but all facilities have work to do."

Because CMS requires general hospitals to report this information, adult inpatient patient experience survey results are readily available to the public from CMS on its [Care Compare website](#). Pediatric inpatient patient experience surveys are not required by CMS, and patient experience surveys for same-day surgical care at hospitals or ASCs are also not required. The annual Leapfrog Hospital Survey and Leapfrog ASC Survey ask facilities to voluntarily report the results of their patient experience surveys. Leapfrog then makes these results publicly accessible on its [ratings website](#). Participation in the Leapfrog Surveys is free for hospitals and ASCs, and the results of these surveys are free for consumers and purchasers to access. Visit [www.leapfroggroup.org](#) for more information.

What Patients Think About Their Hospitals and Ambulatory Surgery Centers An Analysis of Patient Experience Surveys

Report Highlights

- Adult patients receiving inpatient hospital care overwhelmingly reported that they had been provided information on symptoms to monitor when they left the hospital, but on average, only half indicated that they clearly understood their transition to home. Additionally, adult inpatients were less likely to report the most positive rating regarding their experience with communication about medications.
- Patients tend to report positive experiences in both hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs), with ASCs performing better on all four domains of patient experience.
- For children receiving hospital care, a lower percentage of parents and guardians, on average, reported positive experiences about their ability to report concerns.

Introduction

Patients are at the core of health care delivery. What patients report about their experience while receiving care can play a key role in transforming health care delivery to be more patient-centered and in improving the safety and quality of care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are standardized patient surveys designed to measure patients' experience with the care they (or their children) received in a health care setting. Results from the CAHPS surveys can help patients make informed decisions about where to seek care and help providers set priorities for improvement based on how their performance is perceived by patients. Because CAHPS surveys are nationally standardized, they offer a fair comparison across providers.

The CAHPS Hospital Survey (HCAHPS) is the most well-known and widely used of the CAHPS surveys. Hospital-level survey results are collected and then publicly reported by the Centers for Medicare and Medicaid Services (CMS) on its [Care Compare website](#) and also used to generate [Patient Survey Ratings](#). The Leapfrog Group uses HCAHPS domains which have a direct tie to patient safety in calculating [Leapfrog Hospital Safety Grades](#).

Less widely known, though just as valuable, are two other CAHPS Surveys: the CAHPS Child Hospital Survey (Child HCAHPS), which measures the experience of pediatric patients and their parents or guardians in hospitals, and the CAHPS Outpatient and Ambulatory Surgery Survey (OAS CAHPS), which measures the experience of patients undergoing same-day surgery in hospitals or ASCs. Leapfrog recognizes the tremendous value these patient experience surveys can provide to those choosing where to seek care, so Leapfrog asks facilities participating in the Leapfrog Hospital Survey and Leapfrog Ambulatory Surgery Center (ASC) Survey about the results of the Child HCAHPS and OAS CAHPS Surveys administered to their patients. Without Leapfrog's public reporting of these data, patients may struggle to find information on the experience of other patients at an ASC, HOPD, or hospital providing pediatric care. Leapfrog and its health care purchaser constituency call on all hospitals and ASCs across the U.S. to participate in the annual voluntary Leapfrog Surveys in order to provide patients with this critical data on quality and safety.

Where the data comes from

This report analyzes patient experience data collected by hospitals and ambulatory surgery centers (ASCs) through a standardized survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS). Information on CAHPS results for adult patients in hospitals is obtained from the Centers for Medicare and Medicaid Services (CMS), which requires general hospitals to publicly report their CAHPS results. Information on the experience of pediatric patients and same-day surgery patients, however, is not required by CMS, so this report uses data voluntarily provided by those facilities on the 2019 and 2020 Leapfrog Hospital Survey, the 2020 Leapfrog Ambulatory Surgery Center (ASC) Survey, and limited data from CMS when available.

The Leapfrog Surveys are developed with guidance from volunteer Expert Panels and receive scientific guidance from the Johns Hopkins Armstrong Institute for Patient Safety and Quality. Quality and safety data by facility for those that participate is available at [www.ratings.leapfroggroup.org](#) on measures such as maternity care, medication safety, infection rates, and surgical volumes.

READ THE PRESS RELEASE

VIEW THE REPORT

Pennsylvania Health Care Cost Containment Council (PHC4) Updates

Data to Help Cancer Surgery Patients (August 2021)

Contact: Joe Martin at jmartin@phc4.org

TITLE: PHC4 RELEASES NEW DATA TO HELP CANCER SURGERY PATIENTS

HARRISBURG—August 26, 2021—The Pennsylvania Health Care Cost Containment Council (PHC4) released today new data to help cancer patients and their families make decisions about cancer surgical care in Pennsylvania.

The new results show the number of cancer-related surgeries performed at Pennsylvania hospitals in Fiscal Year 2020 (July 1, 2019 through June 30, 2020). Hospital surgical volume is reported for 11 types of cancers including bladder, brain, breast, colon, esophageal, liver, lung, pancreatic, prostate, rectal, and stomach cancer. Readers can sort the data based on county, hospital, and number of cases for each cancer surgery type.

"The scientific literature has shown clearly the importance of the relationship between hospital surgical volumes and patient outcomes," said Joe Martin, PHC4's Executive Director. "This report serves as another tool in the toolbox for cancer patients and their families to use when considering treatment options."

The analysis shows that many hospitals performed only one or two surgeries for some of these cancers. For cancers of the bladder, esophagus, liver and stomach, a third or more of the hospitals performed only one or two surgeries in FY 2020 as highlighted in the table below.

Cancer	Total Number of Surgeries Performed in PA	Number of Reported* Hospitals that Performed the Surgery	Reported* Hospitals that Performed Only One or Two of these Surgeries	
			Number of Hospitals	Percent of Hospitals
Bladder	1,052	100	36	36.0%
Brain	1,280	41	5	12.2%
Breast	14,861	123	7	5.7%
Colon	3,372	128	10	7.8%
Esophagus	335	35	12	34.3%
Liver	528	38	19	50.0%
Lung	2,288	67	11	16.4%
Pancreas	519	29	8	27.6%
Prostate	2,800	72	9	12.5%
Rectum	903	87	24	27.6%
Stomach	295	51	27	52.9%

*Does not include children's hospitals or hospitals that closed or merged.

COVID-19 Disaster Emergency Report (September 2021)

COVID-19 Disaster Emergency Report

Pennsylvania Health Care Cost Containment Council

A Pennsylvania report on the effect of the COVID-19 disaster emergency on hospitals and health care facilities in the Commonwealth

Submitted to:

The Secretary of the Department of Health and the Secretary of the Department of Human Services.
The Chair and Minority Chair of the Appropriations Committee of the Senate and the Chair and Minority Chair of the Health and Human Services Committee of the Senate.
The Chair and Minority Chair of the Appropriations Committee of the House of Representatives, the Chair and Minority Chair of the Health Committee of the House of Representatives and the Chair and Minority Chair of the Human Services Committee of the House of Representatives.

September 2021



Pennsylvania Health Care Cost Containment Council
Joe Martin, Executive Director
225 Market Street, Suite 400, Harrisburg, PA 17101
717-232-6787/www.phc4.org



Number of Cancer Surgeries Performed in Pennsylvania Hospitals State Fiscal Year 2020 (July 2019 – June 2020)

County	Hospital Name	Number of Cancer Surgeries Performed										
		Bladder	Brain	Breast ¹	Colon	Esophagus	Liver	Lung	Pancreas	Prostate	Rectum	Stomach
Statewide ²		1,056	1,296	11,867	3,389	335	528	2,298	519	2,800	904	296
Adams	WellSpan Gettysburg			30	13					2	2	
Allegheny	Allegheny General	32	105	189	83	17	35	85	36	72	30	11
	Allegheny Valley			25	10							
	Forbes	8	2	120	38			21		4	14	2
	Heritage Valley Kennedy			10	4		1					
	Heritage Valley Sewickley	7		50	19			1		2	1	
	Jefferson	9		114	37		1	17		17	14	2
	St Clair	10		238	44	2	1	40	1	101	19	4
	UPMC East	4		129	28			6				3
	UPMC Magee-Womens	1		797	4		1					
	UPMC McKeesport	1		2	8			1		1		
	UPMC Mercy	38	6		29	7		53		75	6	
	UPMC Passavant	6		216	92	18	30	83		41	51	2
	UPMC Presby Shadyside	85	229	105	134	47	137	174	88	301	30	29
UPMC St Margaret	8		59	32					17	8	1	
West Penn	2		86	21	26	5			10	5	1	
Armstrong	ACMH	2		38	9	2					1	
Beaver	Heritage Valley Beaver	4		103	26			27		3	5	
Bedford	UPMC Bedford	3										

Source: Pennsylvania Health Care Cost Containment Council hospital data for patients age 18 years or older; www.phc4.org

¹Breast cancer counts include surgeries performed in inpatient and outpatient settings.

²Children's hospitals and hospitals that have closed or merged are not listed in the report, but all surgeries performed by these facilities are included in the statewide totals.

Note: Blank cells indicate no surgeries were performed.

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