



October 2022

**NAWHC NOW!** provides information on surveys, activities, programs and resources offered by the National Association of Worksite Health Centers, as well as from other industry sources related to onsite, near-site, mobile and virtual worksite clinics. Visit [www.nawhc.org](http://www.nawhc.org) for details and membership information.

## EDUCATION

### **Coming out of the Pandemic: What's the Future of Worksite Health Centers? - November 15, 2022 -11:00 am - 12:30 pm CT**

Join us for a reprisal of an interactive discussion at the Annual Forum with leaders of the worksite health center movement to hear what they learned during the height of the pandemic and their perspectives on how onsite, near-site and virtual health centers need to adapt for the future.

Participating in the discussion are the following:

- Phil Berry, CEO, Northwind Pharmaceuticals
- Jon Leizman, MD, Chief Medical Officer, Premise Health
- David Hines, Director, Benefits, Metro Nashville Public Schools
- Kim Hutton, MD, Chief Medical Director, Evernorth
- Adam Johnson, Chief Strategy Officer, Everside Health
- Kathryn Quadracci Flores, MD, President, QuadMed

[Register at this link](#). There is no cost for members.

### **Removing Smoke from the Mirrors: Comparing Vendor-Reported Results with Actual Performance – Recording now available**

Members now have access to the recording of this month's webinar on how to evaluate your center or health benefit program results, so they are valid. Find it on the [www.nawhc.org](http://www.nawhc.org) website, under the "Resources" tab, in the list of programs under "NAWHC Webinars."

## NAWHC ORGANIZATION

### **Volunteers Needed for V. 7, "Guidebook on Measuring the Performance of Worksite Health Centers"**

Members are invited to volunteer for an ad hoc committee to review NAWHC's **Guidebook on Measuring the Performance of Worksite Health Centers**, now in its 6<sup>th</sup> edition. We are seeking employers, health providers, vendor partners, consultants and others to review the current version to evaluate its existing content, determine how to streamline the document and to suggest new areas for inclusion. Participants are expected to review the current *Guidebook* and participate in 2-3 calls. Member can review the *Guidebook* in the Resources section of the website under "Measuring the Value of Worksite Health Centers."

If interested, contact Larry Boress at [lboress@nawhc.org](mailto:lboress@nawhc.org). If you don't want to be on the ad hoc committee but have suggestions on how to improve the current version, please send them along.

## BENCHMARKING

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### ***Global Medical Trends Survey Findings***

In 2021, Willis Towers Watson conducted the [Global Medical Trends Survey](#) of over 200 insurers representing 61 countries. The U.S. medical trend data are drawn from the Willis Towers Watson National Trend Survey. Key findings in 2021 for 2022 included:

- After dropping to 4.8% in 2020 and rebounding to 8.1% in 2021, the projected healthcare benefit cost trend is expected to continue at a similar level for 2022, at a global average of 8.1%, with the average medical trend in the U.S. projected at 7.6%.
- Respondents ranked musculoskeletal disorders, potentially attributable to poor ergonomics in employees' work-from-home environment, as the top condition by incidence of claims followed by cardiovascular diseases and respiratory conditions.
- Cancer, which in prior surveys held the top spot, dropped to number five by incidence likely due to deferred treatments during the pandemic; however, cancer continues to be a top condition affecting medical costs, followed by cardiovascular and musculoskeletal disorders.
- Insurers expect mental and behavioral disorders to be the fastest-growing condition by incidence in 2022, followed by cancer and musculoskeletal disorders.
- Insurers ranked contracted networks of providers (75%) and preapproval for scheduled inpatient services (67%) as the top two cost management methods. Telehealth (63%) moved up from number five in the 2020 survey to number three.
- Overuse of care by medical practitioners (64%) recommending too many services continued to be the most significant factor contributing to rising medical costs related to employee/provider behavior.
- COVID-19 has produced and will continue to be the biggest impact to global medical trend variation, with the volatility from COVID-19 to extend into 2022 and beyond.

### ***Managing Health Care Inflation***

Preliminary results from the 2022 [Mercer survey](#) of employers on their health benefit directions found three strategies most employers are planning to adopt or have adopted to manage health care costs:

- To manage the cost of high-cost specialty drugs, 50% of employers surveyed say they are taking focused action, including plan design changes to steer patients to a specialty pharmacy; focusing on the site of care; seeking support from drug manufacturers to lower member out-of-pocket costs; demanding integrated care management from PBMs and health plans; and mitigating claims risk via authorization programs, stop loss coverage or captives.
- To improve chronic conditions, employers will use and expand on targeted programs aimed at specific health conditions.
- To steer employees to high-value care, 34% of employers are using various network strategies, including alternative networks, high-performance networks and COEs, to steer employees to high-value care. Among jumbo employers (20,000 or more employees), this figure jumps to 62%.
- Advanced primary care, where the focus is on prevention, care coordination, and robust connections with both community-based services and other employer-sponsored programs was the choice of only 13% of survey respondents. However, other Mercer and NAWHC surveys have shown that over a third of employers use this approach as offered through their worksite health centers.



## RESOURCES

### **CDC Policy Recommendations**

Last week, CDC released a [media statement](#) confirming recommended updates to the 2023 childhood and adult [immunization schedules](#), which includes incorporating additional information for approved or authorized COVID-19 vaccines.

ACIP also voted on updated pneumococcal vaccine recommendations for adults who previously received PCV13. This includes:

1. Adults who have received PCV13 only are recommended to receive a dose of PCV20 at least 1 year after the PCV13 dose or PPSV23 as previously recommended to complete their pneumococcal vaccine series.
2. Adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak who have received both PCV13 and PPSV23 with incomplete vaccination status are recommended to complete their pneumococcal vaccine series by receiving either a dose of PCV20 at least 5 years after the last pneumococcal vaccine dose or PPSV23 as previously recommended.
3. Shared clinical decision-making is recommended regarding administration of PCV20 for adults aged  $\geq 65$  years who completed their vaccine series with both PCV13 and PPSV23. If a decision to administer PCV20 is made, a dose of PCV20 is recommended at least 5 years after the last pneumococcal vaccine dose.

Please visit our website at [www.nawhc.org](http://www.nawhc.org) and be sure to check in and sign-up at the [NAWHC LinkedIn Group](#) to stay abreast of developments *in NAWHC and in worksite health and wellness*.