

Health Care Quarterly Report—Q3

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1. Access and Assisted Living

[Shepherd Premier Aims to Open 30 Small-Home Communities By 2022](#)

Aug 11th, 2019 via *Senior Housing News*

Small-home senior living provider, Shepherd Premier Senior Living, offers an alternative to traditional large-scale apartment building-styled senior living. The McHenry, Illinois-based company has honed its model since 2014 and specializes in 16-bed houses within suburban neighborhoods that provide independent and assisted living options and memory care. A one-to-five ratio of staff to residents allows for stronger bonds and more personalized care as well as the incorporation of spirituality and religious practices. “Any fear of death, we want to take it off the table,” said Partner and COO Theresa Maskrey. Shepherd Premier aims to develop 30 small-home communities over the next three years starting with a \$21 million project in Huntley, Illinois that involves 144 beds over nine properties. Estimated monthly rates will range from \$5,000 for a shared room to \$6,000 for a private room. While immediate growth plans involve Illinois, the company plans to expand into warmer climates, including Florida, in the future.

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1. Access and Assisted Living *(continued)*

[America's Aging Population is Leading to a Doctor Shortage Crisis](#)

Sep 6th, 2019 via *CNBC Business News*

The Association of American Medical Colleges (AAMC) has sounded the alarm concerning the issue of doctor shortages throughout the country. Not only is the percentage of the American population over the age of 65- and thus likely to need more medical care- predicted to increase by nearly 50% in the next 10 to 15 years, but one-third of the current physician workforce will be older than 65 within a decade. Based on a fifth annual study, *The Complexities of Supply and Demand*, the AAMC projections show a shortage of between 46,900 and 121,900 physicians by 2032. States with the worst shortages, like Arizona, which has the fourth-fastest population growth rate, yet ranks 44th of the 50 states for total active primary caregivers, have begun to implement changes. Efforts include eased accreditation requirements for out-of-state doctors transferring in; need-based fee reductions and waivers for nursing licenses; and increased residency program options and availability for medical graduates. However, states cannot solve the issue alone. On a federal level, the AAMC supports the bipartisan Resident Physician Shortage Reduction Act of 2019 ([S. 348](#), [H.R. 1763](#)), which would increase Medicare funding for 3,000 new residency positions per year for the next five years. Both House and Senate versions of the legislation have been introduced and are currently awaiting committee action.

2. Future of Healthcare

[Amazon Care May Be to Healthcare What Amazon Prime is to Shopping](#)

Sep 27th, 2019 via *Los Angeles Times*

Amazon has kept quiet about Haven, the joint venture it formed last year with Berkshire Hathaway and JPMorgan Chase, with hints of a health care industry disruption. However, during the last week of September, Amazon potentially revealed a sneak peek with a test rollout of a health services app piloted for its Seattle-area Amazon employees. Called "Amazon Care," the app provides video conferencing with health care providers, the issuance of online prescriptions, a drug delivery service via courier and, if necessary, the dispatch of Mobile Care nurses to employees' homes or other designated locations of their choosing within the service area. Professional services are provided by Oasis Medical Group, a Seattle health clinic. Industry experts have long predicted the advent of telemedicine incorporated into daily life and Amazon, with its size, financial backing, and technological mastery, could soon change everything. "It's sort of a no-brainer," said James Robinson, director of UC Berkeley's Center for Health Technology. "This is a company that already owns a good part of the internet."

[Best Buy CEO Eyes Health Care as Retailer's 'Next Big Thing'](#)

Sep 24th, 2019 via *Bloomberg News*

Best Buy is looking for a “next big thing” and has set its sights on healthcare-related electronics and services for America’s aging population. In the past year, it has spent approximately \$1 billion toward this aim with acquisitions of GreatCall, Inc., an emergency response system company geared toward seniors, as well as Critical Signal Technologies and others that design wearable monitoring devices that allow for seniors to safely remain living within their homes. Best Buy’s plan encompasses everything from sales of fitness machines to health-monitoring services and is predicted to produce between \$11 billion and \$46 billion in long-term revenue. Starting in time for the upcoming holiday season, internet-connected fitness devices will be available at select stores. “We are uniquely well-suited to be in people’s homes with technology. We can help with the tech side of health,” said Corie Barry, Best Buy’s new CEO. In furtherance of this goal, a Chief Medical Officer position has been created within the company and Daniel Grossman, a Mayo Clinic physician and prior Senior Director at medical-product maker Medtronic, will fill the role on Oct. 1st.

[NYC Online Pharmacy Startup Capsule to Bring Prescription Drug Delivery Nationwide](#)

Sep 16th, 2019 via *NY Observer*

While virtual pharmacies may not yet account for much of the \$333 billion US prescription drug industry, the technology and telemedicine trend is on the rise. The manhattan-based prescription delivery startup, Capsule, has seen “exponential” growth since its 2016 launch, according to its founder and CEO Eric Kinariwala. Capsule offers a user-friendly app, an on-demand pharmacist chat option and free two-hour delivery, currently via messenger services in New York City. It intends to compete with virtual pharmacy companies like Amazon’s PillPack, GoodRX and Blink Health, which could soon be a reality as Capsule just announced receipt of a \$200 million investment toward expansion of its operations. Kinariwala has stated that Capsule will be available in all major US cities within the next 18 to 36 months.

[Walmart's First Healthcare Services 'Super Center' Opens](#)

Sep 13th, 2019 via *Forbes - Innovation*

Consumer healthcare is changing. Pharmacies now offer patients easier access to primary and wellness care at a low cost, as opposed to the outdated focus on simply selling products. Walmart may not have been first to make the transition, but it is quickly joining the health services push, in direct response to Walgreens Boots Alliance’s outpatient offerings and CVS’s HealthHUBs effort. The new “Walmart Health” supercenters will provide low-priced health services such as dental, optometry, audiology, x-ray examinations, laboratory tests, mental health counseling, and wellness education, performed by familiar local medical professionals either contracted or employed by Walmart. Service options and availability will be greatly expanded beyond the current offerings of the smaller 1,500 square-foot “Care Clinics” in operation in Georgia, South Carolina, and Texas stores. The first 10,000 square-foot “Walmart Health” opened inside the Dallas, Georgia Walmart store on September 13th. Led by Sean Slovenski, former senior VP of Health and Wellness for Humana, the model is slated to expand to Calhoun, Georgia early next year.

2. Future of Healthcare *(continued)*

Inside North Carolina's Big Effort to Transform Health Care

Aug 26th, 2019 via *International Herald Tribune Reuters business*

One of the country's most ambitious attempts at health care provision and payment transformation is underway in North Carolina. Moving from the traditional fee-for-service model to payments based on patient health outcomes may not be a completely new concept, but the state's programs are the most extensive- largely due to the fact that the two biggest insurers in the state, the Department of Health and Human Services as the state's Medicaid provider and Blue Cross Blue Shield of North Carolina, are on board. Primary care clinics are being grouped into "accountable care organizations" with shared training, technology and combined patient populations that will produce health outcome data to determine reimbursements. Blue Cross has contracted with five of the state's biggest health systems in linking payments to population quality measurements as opposed to individual stays, tests or surgical procedures. The insurer pays providers a set, monthly amount per patient based on population health data and how the money is spent or saved is up to the provider. This motivated the Duke University Health System, for example, to prescribe generic drugs and push preventative programs like depression screening and counseling, which notably reduced depressive symptom reoccurrence by 50 percent within one year. Dr. Thomas Owens, president of Duke University Hospital in Durham, said such programs will be continued and expanded.

3. Litigation

Federal Judge Directs Oversight of Mississippi's Mental-Health System

Sep 4th, 2019 via *Wall Street Journal*

On Sept. 3rd, U.S. District Judge Carlton Reeves found the state of Mississippi in violation of the Americans with Disabilities Act, the culmination of a month-long trial that brought to light the conflict between states and the federal government with regard to the management of mental health care in America. Former U.S. Attorney General Loretta Lynch brought the lawsuit against Mississippi based on the state's allegedly inadequate response to a 2011 Justice Department investigation that found the state to be "unnecessarily institutionalizing persons with mental illness." The court ruled that Mississippi's confinement of the mentally ill in state-run psychiatric hospitals and jails without sufficient community integration services unlawfully discriminates against adults with mental disabilities. Mississippi requested more time for improvement and argued that the federal government's micromanagement would violate the principles of federalism, but Judge Reeves decided on the necessity for outside oversight. The judge will appoint a "special master" to develop and implement changes to the mental health service provision system, with both governments able to nominate three candidates each for the job. The likelihood of a Mississippi appeal is unclear, though lawyers appeared to be laying the groundwork during the trial.

Universal Health Services Says It's Closing in on Settlement of Billing Fraud Investigation

Sep 5th, 2019 via *Becker's Hospital Review - Legal & Regulatory*

A compliance agreement is in the works between the Office of the Inspector General (OIG) for the US Department of Health and Human Services and Universal Health Services (UHS), a Pennsylvania-based acute care and behavioral health facilities operator, according to an announcement made by UHS finance chief Steve Filton on September 4th. The agreement is part of a settlement package related to a False Claims Act investigation brought by the US Department of Justice and numerous state attorneys general offices into UHS's allegedly unlawful Medicare and Medicaid billing practices for non-qualifying services performed at 30 of its behavioral health facilities. UHS agreed to a \$127 million resolution although the company admitted no wrongdoing. Additionally, a related criminal investigation was closed with no charges filed. If UHS's compliance program is approved, the OIG will likely allow for its continued participation in Medicare and Medicaid programs.

Trial Approaching in Sutter Health Antitrust Case

Sep 23rd, 2019 via *Modern Healthcare - Breaking News*

Jury selection began Sept 23rd in a closely watched health care industry class-action antitrust case that could have far-reaching implications for the future of health system consolidations and medical costs. Sutter Health, a health system behemoth with 12,000 physicians in 24 hospitals in 19 counties in Northern California, is alleged to have bought up its area competition and then leveraged its dominance to fix insurance plan pricing, which resulted in upwards of \$756 million in overcharges, in violation of the Cartwright Act, California's primary antitrust law. The lawsuit first began with a 2014 civil suit brought by employer-funded health plans and union trusts, many of which use insurers as administrators. The case was consolidated with one brought by California Attorney General Xavier Becerra in 2018. Antitrust suits usually result in settlements as they carry the risk of triple damage awards at trial, however, Sutter Health intends to fight. It argues the case represents an attempt by insurance companies to maximize profits and claims its "all or nothing" insurance contract negotiation approach is designed to save patients from surprise medical bills. The trial is expected to last 60-90 days with opening arguments scheduled for October.

4. Federal and State Issues

[California Wipes Out Debt for Doctors Who Agree to See Low-Income Patients](#)

Jul 26th, 2019 via *Kaiser Health News*

[CalHealthCares](#), a new student loan debt relief program in California, aims to combat the growing issue of health care professional shortages and increase access to care for vulnerable populations. California has the largest Medicaid population in the nation, with more than 13 million patients, including half of the children in the state, otherwise uninsured. Escalating medical school costs have driven new doctors away from low paying pediatrics specialties and rural or low-income areas. These factors, plus a steadily growing aging population in the state, have led to predictions of a shortfall of 4,700 primary care physicians by 2025. CalHealthCares, funded by revenue from Proposition 56, which implemented a tobacco product tax, will provide eligible doctors with up to \$300,000 in debt forgiveness if they agree to accept Medi-Cal, California's version of Medicaid. Additionally, recipients must focus one-third of their working hours on Medi-Cal patients over five years. Nearly 1,300 providers applied for CalHealthCares consideration in its first round of awards, which resulted in 247 physicians given \$58.6 million and 40 dentists provided with \$10.5 million in debt relief. The next round of applications will be assessed in January.

[New N.H. Law Regulates Health Care Mergers](#)

Aug 11th, 2019 via *Valley News - News*

As the merging of health care organizations becomes more frequent in New Hampshire, concerns have grown about how such transactions affect competition and medical costs. When health system officials objected to questioning during a review of the Dartmouth-Hitchcock Medical Center and GraniteOne merger earlier this year, state Rep. David Luneau, (D-Hopkinton), decided it was necessary to codify and ensure the continued allowance of governmental scrutiny with the introduction of [HB 552](#). The legislation, signed by Gov. Chris Sununu in late July, expands upon an existing statute ([NH Rev Stat § 7:19-b \(2013\)](#)) and provides the director of the New Hampshire Charitable Trusts Unit with specific authority to ask merging health care organizations how the transaction will affect the community's "access to quality and affordable physical and mental health care services." Additionally, the bill extends the time allotted for review and requires more than one public hearing on proposed health system combinations.

Mental Health Clinic Program Stands to Again Lose Funding Without Extension

Sep 16th, 2019 via *Inside Health Policy*

Funding for the Certified Community Behavioral Health Clinics (CCBHCs) demonstration program, an initiative based on the Excellence in Mental Health and Addiction Act designed to increase access to mental health services within community-based settings regardless of ability to pay, hangs in the balance. CCBHCs have dramatically improved not just access to behavioral health care, but also the ability to fight the opioid epidemic and the fostering of partnerships surrounding diversion programs and hospital stay reductions to improve care and reduce recidivism. The designated CCBHC pilot program funding ended on June 30th, was extended through mid-September, and is now entangled in partisan squabbling over the fiscal 2020 budget. On September 27th, President Trump [signed](#) a government-wide stopgap funding bill, H.R. 4378 (116), and temporarily averted another government shutdown. The bill made its way through the Senate on September 26th and passed the House on September 19th. It will temporarily continue funding for government programs, including the CCBHC demonstration program, and buy politicians more time for negotiations on the 12 2020 spending bills, until November 21st. After that, it's anybody's guess as lawmakers will still need to reach some consensus on the fiscal bills to avoid loss of funding and a Thanksgiving shutdown. The biggest budgeting hurdle continues to be the issue of border security and legislation in support of wall funding

Push on 'Surprise' Medical Bills Hits New Roadblocks

Sep 5th, 2019 via *The Hill - Policy*

A bipartisan package of bills that advanced out of the Senate Health Committee in June, along with a [similar measure](#) from the House Energy and Commerce Committee in July, stalled going into the Congressional August recess. In September, the House Education and Labor Committee also called off a potential vote on [a version](#) of surprise billing legislation. Seen as one of the most promising methods to tackle health care costs this year via items such as increased rate transparency and in-network charging for emergency room visits, the efforts have been met with aggressive lobbying and political concerns given the approaching 2020 elections. Doctor and hospital groups fear that, with insurers likely to set one-size-fits-all pricing and no mechanism in place to resolve payment disputes, severe pay cuts to doctors and hospitals would result. On the political front, Republicans are apprehensive about opening up further health care debates after negative pre-existing condition exposure and Democrats dislike the potential appearance of a health care win for President Trump while the administration continues to support ongoing litigation that attempts to overturn the entirety of the Affordable Care Act. The likelihood of passage of surprise medical billing reform, and whether Senate Majority Leader Mitch McConnell (R-Ky.) will even allow a floor vote, remains unclear.

5. Industry News

[CVS Hires Fitbit Executive to Lead Consumer Health](#)

Sep 6th, 2019 via *CNBC Business News*

Adam Pellegrini joined CVS on Sept. 9th as Senior Vice President of Transformation, Consumer Health Products. CVS has looked to reshape its business model toward the health services market after its recent acquisition of health insurer, Aetna, and the launch of its in-store HealthHubs. Pellegrini's role will be focused on the development of customer-focused healthcare products and services. This will be a familiar field for Pellegrini who previously led the healthcare division at Fitbit. He had been with the company since 2016 as the Vice President of Digital Health.

[Gut Health Start-Up uBiome Files for Bankruptcy Five Months After FBI Raid](#)

Sep 4th, 2019 via *CNBC Business News*

UBiome, the gut health technology start-up mired in controversy, filed for Chapter 11 bankruptcy in Delaware on September 4th. Last May, the company was raided by the FBI over its suspect billing practices and its co-founders, Jessica Richman and Zachary Apte, were placed on administrative leave. Clinical operations were also suspended pending an accompanying board investigation. UBiome intends to emerge under new ownership and will continue to sell one of its health tests while it seeks a buyer.

[Walmart Taps Former Humana Exec to Lead Health Unit](#)

July 17th, 2019 via *Healthcare Dive - News*

Sean Slovenski joined Walmart as Senior Vice President of Health and Wellness on August 1st. This is seen as a strategic hire as Slovenski possesses a strong track record in the development of health care and wellness businesses from concept to viability and Walmart's intention is to put more focus on expanding into this industry. Additionally, Slovenski worked for health insurer Humana, Inc. from 2010 to 2013, his last title being that of Vice President of Innovation, which has renewed speculation that the two companies will forge a partnership. Most recently, Slovenski was President of Population Health at Healthways, a digital health company acquired by ShareCare, which has also been a Walmart partner since 2016.

[Health Net Appoints J. Brian Ternan as CEO](#)

Sep 16th, 2019 via *BioPortfolio Latest News*

J. Brian Ternan is the new President and CEO of Health Net of California and California Health & Wellness as of September 16th. He brings nearly 30 years of health care industry leadership experience. Most recently, Ternan served as Senior Vice President at health insurer Anthem, Inc. and President at Anthem Blue Cross of California. He previously spent 8 years as a top Aetna executive as well as at United Healthcare before that.

6. Behavioral Health

[Suicide Rates Climbing, Especially in Rural America](#)

Sep 6th, 2019 via *Medical Xpress News*

A study by researchers at The Ohio State University, published in the JAMA Network Open journal on September 6th, highlighted an alarming increase in suicide rates in recent years and identified factors affecting at-risk populations. Data from 1996 to 2016, which included 453,577 suicides by adults 25 to 64 years old, showed that suicide rates jumped by 41 percent in the final three years of the evaluation. Suicide was most common among men and those aged 45 to 54, and the rates were highest in rural counties with low-income populations and in counties that were home to high percentages of veterans. Rates were highest in Colorado, New Mexico, Utah, and Wyoming; in the Appalachian states of Kentucky, Virginia, and West Virginia; and in the Ozarks states of Arkansas and Missouri. In these areas, lack of insurance, underemployment, poverty, low educational attainment, and high social fragmentation were identified as risk factors. In more urban areas, counties with a higher prevalence of gun shops saw higher suicide rates. While the results of this study may seem discouraging, the data trends can provide focused direction with regard to the implementation of future preventative measures and social programming. Communities would benefit by considering reductions in access to firearms; enhancements to coping and counseling opportunities; strengthened economic assistance; and the promotion of social connection activities.

[Johns Hopkins Launches a Pioneering Psychedelic Research Center](#)

Sep 4th, 2019 via *Fortune Magazine*

On September 4th, researchers at Johns Hopkins announced receipt of a \$17 million gift from private donors to cover the launch of the new Center for Psychedelic and Consciousness Research at Johns Hopkins Medicine. It is believed to be the first academic institution in the US- and the largest in the world- focused on the interplay between psychedelics and their effects on the brain's biology and function, learning, memory, behavior, and mood. Because the subject substances, such as psilocybin, MDMA and other mind-altering psychedelics, are classified as illegal by regulators, the center will not receive federal funding and is reliant on private donations to advance this emerging field of study. The recent gift will cover operational expenses for the first five years and will allow the center to employ a team of six faculty neuroscientists, experimental psychologists, and clinicians, as well as five postdoctoral scientists. The team believes psychedelics can be used in the treatment of a broad range of conditions, including Alzheimer's, addiction and PTSD. "Our scientists have shown that psychedelics have real potential as medicine, and this new center will help us explore that potential," said Paul B. Rothman, CEO of Johns Hopkins Medicine.

6. Behavioral Health *(continued)*

'Trauma Doesn't Go Away by Itself.' How El Paso is Tackling Mental Health Stigma After the Walmart Mass Shooting

Aug 20th, 2019 via *TIME Headlines*

If anything remotely positive can be said to have come out of the mass shooting at a Walmart in the border town of El Paso, TX on May 3rd, it may be what behavioral health practitioners in the area describe as a “turning point” in public perception surrounding mental health care. El Paso County is 83% Hispanic and the existence of a machismo culture and common belief that issues should be handled privately in the family can be difficult barriers to overcome. Additional factors include high uninsured rates, language barriers and a shortage of local mental health professionals. 2017 data from the Substance Abuse and Mental Health Services Administration showed that only 36% of Hispanics with a mental illness received treatment. Since the shooting, however, mental health providers say more people have been open to talking about the effects of trauma. Emergence Health Network’s 24-hour crisis hotline noted an increase of almost double the number of calls that it used to receive before the shooting. Free walk-in clinics, open forums, weekend presentations on coping and a counseling cooperative group have since been created to reach more of the traumatized population, with an emphasis placed on the importance of no-cost and no insurance, identification or proof of citizenship requirements. “Just like you wouldn’t walk around with a broken leg and not ask for help, you shouldn’t walk around depressed and not feel that it’s okay and proper to ask for help,” said mental health professional Corinne Chacon.

7. Mergers and Acquisitions

[Exact Sciences to Buy Genomic Health for \\$2.8 Billion](#)

Jul 29th, 2019 via *CNBC News*

On July 29th, Wisconsin-based cancer diagnostics company Exact Sciences announced its \$2.8 billion acquisition of California-based health company Genomic Health. Both businesses develop diagnostic screening tests for various cancers, including breast, colorectal and prostate. The deal is expected to close by the end of 2019.

[VSP Makes Another Vision Company Acquisition](#)

Aug 27th, 2019 via *Biz Journal - Healthcare*

On August 27th, the not-for-profit vision insurance subsidiary of VSP Global, VSP Vision Care, acquired Community Eye Care, North Carolina's largest vision insurance company with a network that spans approximately 4,000 doctors and 252,000 members. California-based VSP is the Sacramento region's second-largest private company after Sutter Health. This move comes just two months after VSP's announced agreement to purchase Texas-based eyewear retailer Visionworks, its biggest network investment to date.

[Judge Approves CVS-Aetna Merger](#)

Sep 5th, 2019 via *Chain Drug Review*

On September 4th, US District Judge Richard Leon approved a Justice Department settlement that solidified pharmacy chain CVS's \$70 billion acquisition of Aetna, the nation's third-largest health insurer. The judge spent several months in deliberation, which included the consideration of live witness testimony, a first in court reviews of merger settlements. Critics had expressed concerns about a lack of competition in the field and resulting financial harm to consumers, but the judge ultimately found the testimony unpersuasive and believed the markets to be competitive.

[The \\$16 Billion Blue Cross Deal with Cambia Health is Put On Hold](#)

Sep 24th, 2019 via *Biz Journal - Insurance*

Proceedings regarding the \$16 billion strategic affiliation between health insurer Blue Cross Blue Shield of North Carolina (BCBSNC) and Oregon-based total health care solutions company Cambia Health, were temporarily suspended pending the resolution of a criminal case involving BCBSNC's CEO. Patrick Conway was arrested on charges of driving while impaired and misdemeanor child abuse following an accident on Interstate 85 in June, but BCBSNC did not disclose the information until mid-September. "Transparency and integrity of leadership are imperative to Cambia management and our board," Cambia said in a statement. With headquarters planned for both Durham, NC, and Portland, OR, the new entity was to include shared management, administrative, operational and other corporate services and would have covered more than six million people. Conway was slated to serve as the global CEO. The BCBSNC board recently announced that Conway will remain President and CEO of BCBSNC. He is scheduled to appear in court on October 8th.

8. Insurance

Health Insurers Set to Expand Offerings Under the ACA

Aug 22nd, 2019 via *Wall Street Journal*

Many insurers with Affordable Care Act (ACA) offerings will grow their plan options for next year. Oscar Insurance currently offers ACA plans in nine states and will soon add six more; Anthem already provides some ACA coverage in California and Virginia, but will increase plan options there; Bright Health is adding Nebraska, which currently has just one ACA insurer; and Cigna and Centene both plan expansions next year. It appears that the market is stabilizing after previous sharp rate increases allowed for revenue growth suitably compatible with claim costs. However, “it’s a good news/ bad news situation,” said Geoff Bartsh, a vice president with insurer Medica, as the overall insurance market has actually been reduced. A Kaiser analysis showed coverage for 13.7 million in the first quarter of this year, compared to 14.4 million in last year’s and 18.8 million in 2015’s first quarter, likely due to the cancellation of the financial penalty for lack of insurance as well as prohibitively high plan costs.

Majority of U.S. Doctors Believe ACA Has Improved Access to Care

Sep 5th, 2019 via *Drugs.com Pharma News*

A report published in the September issue of the peer-reviewed Health Affairs journal examined how US physicians’ impressions of the Affordable Care Act (ACA) had changed over a five-year implementation period. M.D. candidates from the Mayo Clinic Alix School of Medicine readministered a 2012 survey to 489 doctors in 2017 and found that a slight majority, 60 percent, held favorable opinions of the ACA and its role in the improved access to insurance coverage and medical care for many Americans. The net positive result was in spite of 43 percent’s complaints that the ACA had reduced the affordability of health plans and increased administrative burdens

Cost of Employer-Provided Health Coverage Passes \$20,000 a Year

Sep 25th, 2019 via *Wall Street Journal*

Between January and July of this year, the nonprofit Kaiser Family Foundation conducted its annual healthcare coverage poll of 2,012 randomly selected employers. Results showed a five percent increase in premiums to \$20,576 for a 2019 employer-provided family plan. Employers covered 71% of that cost, on average, with employees then responsible for the remainder, which averaged an increase of eight percent to \$6,015. The average out-of-pocket deductible for singles increased as well, to \$1,655. The Kaiser Foundation also noted that the rate of growth in health coverage costs surpassed increases in inflation and wages- unpleasant news for the typical American worker.

9. Technology

[DeepMind's AI Could Predict Serious Kidney Injury Up to Two Days Before it Strikes](#)

Aug 1st, 2019 via *CNN Technology News*

Deep learning, an artificial intelligence model designed to mimic brain function as it ingests volumes of data, learns and forms predictions, is being developed for use within the healthcare industry. A research paper published in the August edition of the journal, *Nature*, discusses efforts by Alphabet's AI research arm, DeepMind, the US Department of Veterans Affairs and others to collaborate on a predictive system for acute kidney injury detection. The researchers hope to save lives, reduce the need for dialysis and envision a smartphone app down the line that would alert doctors to potentially serious kidney problems in patients before they occur. The AI software built for the project analyzed the anonymized electronic health records of more than 700,000 predominantly male adult patients and successfully detected 56% of all serious kidney problems up to 48 hours in advance of the occurrence of such incidents. Additionally, nearly 90% of the issues that were severe enough to warrant dialysis were predicted. There is much continued work to be done as the AI system also produced two false detections for every true kidney injury alert, but the technology shows promise for the diagnostic and preventative care application of deep learning in the medical field.

[Got Insomnia? CVS Health Has an App for You](#)

Sep 24th, 2019 via *New York Times - Most Recent*

Pharmacy benefits manager CVS Health, which administers drug plans for nearly one-third of the country, has a new employee health benefit to offer to employers. Sleepio, a digital therapy app that combats insomnia with the use of a cartoon therapist and a series of six weekly behavior modification lessons, can be made an available no-cost benefit option for employees administered via smartphone. Online health treatments, as opposed to in-person sessions with health professionals, have been gaining attention as potentially more affordable and accessible alternatives to traditional therapeutic methods. Skepticism in the medical community remains, however, as many apps make vague wellness claims without evidence of results. CVS Health intends to mainstream and expand its offerings for employers after careful curation including rigorous scientific review. Sleepio is backed by published studies and user reports of milder insomnia and reductions in the length of time taken to fall asleep. The app is available without a prescription and CVS Health encourages employers to cover its download and other associated costs for employees.

[Tampa General Opens NASA-Like Command Center with GE to Track Patients' Health](#)

Aug 20th, 2019 via *Biz Journal - Technology*

On August 20th, Tampa General Hospital, in collaboration with GE Healthcare, unveiled its new CareComm center, an 8,000-square-foot NASA-like hub in the hospital's old server room. The center contains 20 artificial intelligence apps, 38 large screens, 32 workstations, and a conference room and houses all the key department heads who were previously scattered throughout the hospital. Using artificial intelligence and predictive analytics, the CareComm capitalizes on efficiency, ease of communication and improved patient monitoring to eliminate excess cost and delay and reduce instances of readmission, which are down by five percent since December, when operations first began. Tampa General President and CEO John Couris said he anticipates a total combined cost savings of \$60 to \$80 million. The \$13.5 million center is the first of its kind in Florida and fourth in the world, following Johns Hopkins in Baltimore, Oregon Health and Sciences University in Portland and Humber River Hospital in Toronto.
