

HEALTH CARE CABINET -- EDUCATION WORKGROUP

CHARTER

This Education Committee will develop for recommendation to the Health Care Cabinet, a proposal for the exploration of education for the consumer, provider, payer, prevention and health promotion efforts and role of pharmacists regarding effective use and cost of medications

Recommendations for Consideration and Discussion

1. Making education and transparency a priority

a. **Administrative:** All recommendations for Administrative Policy and Legislation by any of the other three working groups created by the Health Care Cabinet to explore distinct elements of the impact of pharmaceutical costs on Connecticut's healthcare system, *should include* a comprehensive education requirement incorporating the elements developed by the Healthcare Education Work Group. (Healthcare Cabinet, HC)

b. **Administrative:** The recommendation is for total transparency regarding

- Cost, including value based pricing, prescription cost determination and cost containment
- Treatment
- Coupons
- Direct Consumer advertising
- Policy, and
- Legislative and Administrative Initiatives

Audiences to receive transparency information must include at least: Consumers, Prescribing Providers, Payers, Patients/Caregivers, Regulators, Pharmacists, Manufacturers, Non-prescribing Providers, Employers, Insurance plans, and Community Health Workers (Dept. of Public Health, DPH, Medicaid, Office of State Comptroller, OSC, CT Insurance Dept., CID, Office of Consumer Protection, OCP, Office of the Healthcare Advocate, OHA, State Innovation Model, SIM)

2. Sustainability – Effective educational efforts require ongoing stewardship and emphasis

Administrative: It is recommended that there be one ownership entity having oversight for the recommendations set forth by the Healthcare Cabinet Education Workgroup and in concert with the other Healthcare Cabinet Workgroups. This includes, among other tasks, implementation of the area of scope set forth by the Healthcare Cabinet Education work group including the target audience, scope, methodology, transparency and quality measures and sustainability. (HC)

3. Administrative and Legislative: Using foundational principles of communication, educate Connecticut prescribers on the importance of discussing Patient Rights and Empowerment Transparency, Education on Cost and Treatment Options and the Impact of Direct to Consumer Advertising and Coupons

- a. Educate prescribers on the importance of discussing with patients:
 - i. Medication costs and barriers
 - ii. Alternative treatments or medications with those who cannot afford the first choice
 - iii. Referrals to programs for assistance
 - iv. What problem or symptom each medication targets, if it is a cure to the problem, symptom relief and/or for health maintenance or prevention
 - v. Help patients living with scarce resources thoughtfully set priorities in filling prescriptions based on their values, needs and resources
 - vi. Discuss tradeoffs, warning signs, discomfort, and other consequences of forgoing prescriptions or limiting doses (DPH, OSC, CID, SIM, Medicaid/DSS, OHA, and Higher Education, HE)
- b. Include prescribers' communications with patients about their ability to pay for medications, effectiveness, priority setting and consequences of skipping medications or doses into meaningful value-based performance measures for payment (OSC, CID, SIM, Medicaid/DSS)
- c. Align payers on best treatment guidelines and integrate into academic detailing (DPH, OSC, Medicaid/DSS, HE)
- d. Require that direct-to-consumer and provider advertising in Connecticut include the retail price of the medication and the expected/average improvement in symptoms and/or cure rate (number needed to treat) and the probability of improvement (legislative)
- e. Create an independent academic detailing program to give providers balanced information on the costs and comparative effectiveness of medications (DPH, OSC, Medicaid/DSS, HE)
- f. It is essential to recognize and address the need to customize communications for each audience on the impact of disparities, social determinants of health and cultural competence when designing and utilizing any educational modalities. (DPH, OSC, Medicaid/DSS, CID, SIM, HE)

Target audiences for education include, but are not limited to: Consumers, Prescribing Providers, Payers, Caregivers, Regulators, Pharmacists, Manufacturers, Non-prescribing Providers, Employers, Insurers and Community Health Workers

4. Administrative: Quality Methods of Measuring and Monitoring content are critical to ensure that educational messages are consistent and effective

- Hold all sources accountable for consistency and continuity of the message
- All stakeholders must participate in an independent review process that safeguards consistency and continuity of the message
- Policies and decisions from the review process must be in writing and publicly available

- The process must include public input
- Integration of all treatment options, including non-pharmacy options are included in communications
- Communications with consumers and prescribers must balance use of lifestyle change and wellness interventions with pharmaceutical use
- Promote patient-centered engagement and shared decision making in communications about treatment options. (DPH, OSC, CID, OCP, OHA, Medicaid/DSS, SIM, HE)

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