Value Based Insurance Design Consortium
June 18, 2018 Meeting
Feedback Report

The VBID Consortium had the following feedback regarding proposed changes to the VBID templates presented during the June 18, 2018 meeting. The following responses are proposed to address this feedback. A rationale is provided for multiple options for modifications were suggested for recommendations. Text in red indicates an area where the team is still seeking guidance on the recommendation.

Recommendation	Strategies	Consortium Feedback	Response
General	N/A	**Update**: Need to define terms, such as Centers of Excellence, High value and low value care. Need to spell out for employees how these are determined.	**Update**: Include guiding principles and applicable definitions as part of templates. Guiding principles define high value providers and a "consumer-centric" approach.
1. Patient navigation for specific services	Encourage use of patient navigation services through health plan programs or primary care for colorectal cancer screening and hypertension	Aligns with VBID goals, no modifications requested **Update**: Suggested modification: Add in that patient navigation services may also be through consultant/specialist.	Incorporate recommendation into VBID templates, with suggested modification: "Encourage use of patient navigation services through health plan programs or *health care providers* for colorectal cancer screening and hypertension" **Update Rationale**: Health care provider includes primary care and specialty care. Patient navigation may be provided through any care provider, or through a health plan program.
2. Bariatric surgery for morbid obesity	Reduce cost sharing for bariatric surgeries performed at Centers of Excellence	Aligns with VBID goals but modification suggested: Include that screening and pre-surgery procedures should take place at Centers of Excellence	Modify recommendation to "Reduce cost sharing for all services related to bariatric surgeries performed at Centers of Excellence, including pre- and post-surgery screenings and care"
3. Add diabetes self-management education (DSME) and diabetes prevention programs (DPP)	Incentivize use of evidence-based DSME and DPP programs	Aligns with VBID goals, no modifications requested	Incorporate recommendation into VBID templates
4. Add VBID prescription drug strategy recommendations	Mail order programs: Reduce cost sharing for 90-day supply prescriptions for maintenance medications	Aligns with VBID goals but modification suggested: Reduce cost sharing for 90-day supplies, allowing employers to	Modify recommendation to "Reduce cost sharing for 90-day supply prescriptions for maintenance medications"

		negotiate mail-order rates with retail pharmacies	Add an implementation tip that employers can work with their PBMs to negotiate mail order 90-day supply rates with retail pharmacies.
	Specialty drug management: Provide no cost pharmacist and case management support to patients with complex needs	Aligns with VBID goals. Suggested making a stronger connection between these strategies and using high value networks (e.g. advanced networks) that	Incorporate recommendation into VBID templates. Add an implementation tip that these strategies work best when used with high value provider network strategies, as many of these networks already provide pharmacist support and case management to patients with complex medical needs.
	Precision benefit design: Reduce cost sharing for clinically indicated alternative therapies, like targeted cancer drugs and genomic medicine. Cover costs for genomic testing and refer employees to clinical trials	Aligns with VBID goals but modifications suggested: If referring employees to clinical trials, must be transparent about whether insurance covers any adverse events that may result from clinical trial **Update**: For clinical trials, there is variation in what costs plans will cover for care related to trials, and responsibility for coverage if there is an adverse reaction or poor outcome. Needs to be case by case basis.	Incorporate recommendation into VBID templates. **Update**: Add a guiding principle that insurance coverage and cost sharing are transparent to all employees. Change recommendation for employers to refer employees to clinical trials to "some therapies may be available through clinical trials. Coverage for clinical trials may be determined on a case by case basis."
4a. Prescription Drug Implementation Strategies	Automatic generic substitution: Ensure members use effective, lower cost alternatives when available and appropriate • Ensure the plan notifies all affected patients proactively prior to the change going into effect • Include a prior authorization process so that patients in need of a waiver can apply for one	Suggested adding that plan will notify all patients *and their prescribing providers* when switching patients from brand name to generic or to a new generic. Suggested requiring patients to try new generic before granting a waiver. Suggested plans follow dispense as written policy Suggested employees pay the difference between generic and brand name costs	Incorporate implementation tip: Ensure the plan notifies all affected patients and their prescribing providers proactively prior to the change going into effect. Add implementation tip: Include a waiver process for providers to indicate when dosage is critical or patient has tried the generic and it has not worked for them. In cases of waivers, employees may pay the brand name price or the generic price, but should not be penalized.

		when using a brand name when a generic equivalent it available. Emphasized importance of transparency for consumers and providers when changes are made to their medication to avoid adverse effects of switching to medications that may be less effective for controlling their condition. PBMs and pharmacies should not be allowed to change a medication that keeps a patient stable without first notifying the patient and the patient's physician. **Update**: Need to address co-pay accumulators and ways to ensure that ALL patients (even those who cannot take a generic due to medical conditions or those who require a new specialty tier med) can afford their medications. Important to make sure that it is easy for employees/families to take the correct meds (avoid pill splitting or impossible medication regimens) and in the case of depression, have a thorough medical evaluation of all their co-morbidities and medications to make sure that their medications are not contributing to the problem.	State that this recommendation applies to only generic substitution, and not therapeutic substitution **Rationale**: This is intended to address both consumer concerns with lack of transparency when generic substitutions are made, and employer concerns with a waiver process discouraging employees from trying generics. This is similar to the State employee plan policy, which has proven to work in practice. **Update**: Potential strategy: <u>precision copay assistance programs</u>: connects consumers to patient assistance resources for clinically appropriate medication and foregoes utilization management and accumulators. High value drugs are determined based on alignment with professional societies' guidelines. Precision copay assistance strategies could help address co-pay accumulators for high value drugs. **Update Rationale**: VBID addresses financial barriers to high value services, such as by reducing out-of-pocket costs for prescription drugs that are clinically necessary for that patient. The type of medication regimen prescribed, and evaluation of how medications will impact the patient's comorbidities and health, is between a physician and a patient and outside the scope of the insurance design strategy.
	Limit changes to drug formularies to once per year to help members manage their conditions while controlling costs • Ask your health plan to grandfather in members with certain medications when making changes to drug formularies	No suggested modifications	Incorporate implementation tip in templates

	Employers can work with their pharmacy benefits manager to ensure there are employee protective provisions in their plan	No suggested modifications	Incorporate implementation tip in templates
5. Expand recommended Centers of Excellence services	Steer employees towards COEs for: transplant surgery, knee or hip replacement, heart surgery, obesity surgery, spine surgery, fertility centers, cancer centers, or substance abuse. Implementation tip: Use "smart shopper" program (like State of CT HEP plan) that rewards employees who select COEs or other high value providers	Aligns with VBID goals, no modifications requested **Update**: Who determines COEs? Is it merely cost effective as identified by a payer, or a "center" identified by a professional society?	Incorporate recommendation into VBID templates **Update**: Add guiding principles to templates that define how high value provider should be determined: based on transparent quality and cost measures. Add <u>definition of COEs</u> and specify that they are based on both cost and quality and may be identified by professional societies, consumer groups, government entities, or payers.
6. Recommend steerage towards appropriate site of care (primary care, urgent care, ED)	• Waive cost sharing for primary care visits • Waive cost sharing for telemedicine or virtual visits • Reduce costs sharing for urgent care compared to Emergency Department visits • Waive Emergency Department cost sharing if visit results in hospital admission, or if employee was referred to ED by a provider (via waiver) • Develop employee education campaign on when to use each site	Aligns with VBID goals but modifications suggested: • Use term "reduced" instead of waived to give employers options for differential cost sharing structures • Modify recommendation to communicate that intent is to incentivize people towards appropriate sites of service through differential cost sharing between primary care, urgent care and ED • For waived ED cost sharing, retroactively waive for all visits that were appropriate for ED use based on diagnosis • Allow for e-consults for primary care physicians	Modify recommendations to: • "Encourage appropriate use of site of service by reducing cost sharing for primary care visits compared to urgent care visits, and reducing cost sharing for urgent care visits compared to ED visits." • "Reduce or waive ED cost sharing if reason for visit is determined by plan to be appropriate, person was referred by another clinician, or visit results in a hospital admission." • Add implementation tip: "For all site of care strategies, provide employee education and communications on appropriate use of each site" • Put e-consults recommendations in "parking lot" for next year's consideration **Rationale**: Revisions reflect true intent of recommendation to incentivize employees to use appropriate sites of services depending on their clinical situation.

		Update: Suggested modification: Add specialist referral as appropriate site of care. Reduce cost sharing for visits to specialty care if person was referred by another clinician. More consideration is needed for the role of specialists in chronic care. Specialist referrals can reduce use of the ED, and ED referrals often simply result in specialist referrals. The middle step can be eliminated in many cases.	The State is in the process of developing recommendations for e-consults as part of their primary care modernization work. The Consortium will revisit e-consult recommendations in the future to align with the primary care modernization recommendations. **Update**: Modify recommendation to "Encourage appropriate use of site of service by reducing cost sharing for primary care visits compared to urgent care *and specialist visits*, and reducing cost sharing for urgent care visits and *specialist visits* compared to ED visits." **Update Rationale**: The intent of this recommendation is to drive employees towards appropriate site of care, which is often primary care. If patients need specialty care for chronic conditions, our VBID recommendations for chronic conditions suggest reducing cost share for all visits related to chronic conditions, which would include specialist visits.
7. Discourage use of Low Value Care	• Education: Use Choosing Wisely® to educate employees on low value services and how to talk to their doctor about necessary care • High Value Providers: Steer employees towards high value providers • Insurance: Require pre-authorization for identified low value services	Aligns with VBID goals, no modifications requested **Update**: Consumers suggested removing "Branded drug use when chemically equivalent generics are available" as low value service. Consumers emphasized concerns with lack of transparency when being shifted to a generic that may impact control of a health condition. Consumer protections are recommended as part of prescription drug implementation strategies.	Incorporate overall recommendation into VBID templates, but remove "Branded drug use when chemically equivalent generics are available" as low value service. **Update Rationale**: This is addressed in prescription drug implementation strategies, which also provides guidance on consumer protections for automatic generic drug substitution.