

STATE OF CONNETICUT
State Innovation Model
Value Based Insurance Design Consortium
Meeting Summary
Tuesday, February 2, 2016
9:00 am – 11:00 am

Location: Litchfield Room, CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill

Members Present: Alvin Ayers; Lesley Bennett; Mary Bradley; James Cardon; Patrick Charmel; Michael Dimenstein; Tekisha Everette; Desmond Hussey; Robert Krzys; Thomas Meehan; Nancy Metcalf; Fiona Mohring; Steven Moore; Catherine Olinski; Hugh Penney; Krista Sperry; Bonnie Stewart; Michelle Vislosky; Deremius Williams; Steven Wolfson; Thomas Woodruff

Members Absent: Mary Ellen Breault; Jennifer Herz; Cheryl Lescarbeau; Russell J. Munson; Amy Tippet-Stangler; James Wadleigh

Other Participants: Michael Chernew; Cathy Cuddy; Sandra Czunas; Mark Fendrick; John Freedman; Bruce Landon; Jenna Lupi; Mark Schaefer; Faina Dookh

The meeting was called to order at 9:05 am.

1. Introductions

The Consortium members and V-BID Initiative staff introduced themselves, including Dr. Woodruff, who will be the Consortium Chair.

2. Public Comments

There were no public comments submitted for discussion.

3. Consortium Charter

Dr. Woodruff reviewed the draft Consortium Charter with the members.

4. SIM Goals

Dr. Mark Schaefer reviewed the goals of the State Innovation Model grants. Connecticut is one of the highest states per capita in health care spending, but also has a long way to go in addressing health disparities. Dr. Schaefer also reviewed the statewide initiatives (of which V-BID is one) and the more targeted initiatives associated with the SIM grant.

5. V-BID Landscape

Dr. Woodruff gave a quick recap on clinical nuance and opened up the discussion to Desmond Hussey, of United HealthCare, and Mary Bradley of Pitney Bowes, to discuss some of their experiences with V-BID principles. Mr. Hussey noted that United has utilized some cost-sharing levers to promote behavioral change in their employee health care plan. Ms. Bradley recapped the success Pitney Bowes has had in utilizing V-BID principles in reducing cost-sharing for brand name prescription drugs for chronic conditions. Ms. Bradley also expressed the hope that the Consortium would discuss incentives that can fund HSA accounts, in addition to reducing copays.

6. Project Goals

Dr. John Freedman reviewed the over-arching project goal of producing a model template for Employer V-BID plans in Connecticut, and introduced Alyssa Ursillo who reviewed the specific deliverables, the role of the Consortium, and the timeline.

The question was raised whether the goals of the V-BID initiative would include Medicaid and Medicare. Dr. Freedman confirmed that the focus of this project is strictly to develop a template for the commercial, employer marketplace.

7. Learning Collaborative

A suggestion was made that we include health care brokers and advisory groups in the Learning Collaborative.

Thomas Meehan noted that the Better Health Conference will be taking place at Foxwood Casino around the same time as the Learning Collaborative and may be a good opportunity for patient engagement. Robert Krzys agreed that patient engagement is critical to the success of the Learning Collaborative.

8. V-BID Model Plan Concepts

Dr. Freedman and Dr. Mark Fendrick reviewed the concepts of model V-BID plans, highlighting the fact that some concepts, such as no cost-sharing for Preventive Services, have already been implemented by the Affordable Care Act.

Dr. Fendrick also noted that a key aspect to the success of HEP was that it was voluntary--- members had to “opt-in” by signing an agreement to comply with the V-BID standards, thereby increasing overall adherence. He also noted that a large majority of state employees chose to enroll in HEP, and the Consortium should consider an “opt-in” feature in the V-BID template.

Patrick Charmel asked what actuaries are saying about the return on investment of implementing V-BID plans. Dr. Fendrick responded that the ROI depends a lot on the specifics of the V-BID plans. V-BID plans that are “carrot-only” have often taken two or three years to be cost neutral. V-BID plans that increase cost sharing for low value services could be immediately cost neutral. Actuaries generally believe that if applying V-BID principles to the specified 8 chronic conditions, that within 5 years the Triple Aim will be met.

One member noted that it may be difficult to incentivize use of high-value providers and networks for national employers in Connecticut.

Dr. Steven Wolfson raised the question of how to define high-performing providers, and how we can factor in ease of access into the V-BID plans. It was suggested that primary care selection may be a key to getting members engaged and should be discussed further.

9. Next Steps

Members will be sent instructions for selecting their nominees for the Executive team, a Discussion Guide Document to submit comments and questions, as well as information on their primary point of contact.

The next meeting will be March 22, 2016.

The meeting adjourned at 11:05 am.