

STATE OF CONNECTICUT
State Innovation Model
Value Based Insurance Design Consortium Webinar
Meeting Summary
Wednesday, June 1, 2016
2:00 pm – 4:00 pm

Members Present: Alvin Ayers; Lesley Bennett; Mary Bradley; Mary Ellen Breault; James Cardon; Patrick Charmel; Michael Dimenstein; Tekisha Everette; Jennifer Herz; Desmond Hussey; Robert Krzys; Cheryl Lescarbeau; Thomas Meehan; Fiona Mohring; Steven Moore; Russell J. Munson; Catherine Olinski; Hugh Penney; Deremius Williams; Steven Wolfson; Thomas Woodruff

Members Absent: Joseph Dorazio; Nancy Metcalf; Amy Tippet-Stangler; Michelle Vislosky; James Wadleigh

Other Participants: Cathy Cuddy; Mark Fendrick; John Freedman; Bruce Landon; Jenna Lupi; Rachel Pieciak; Mark Schaefer; Alyssa Ursillo; Sandra Czunas; Faina Dookh

The meeting was called to order at 2:05 pm.

1. Approval of March Meeting Minutes

The Consortium approved the minutes for both the April 27th Consortium Webinar and the May 24th optional webinar.

2. Public Comments

There were no public comments.

3. Review of Employer Manual Table of Contents and Plan for Feedback

Cathy Cuddy gave a brief overview of the Employer Manual. She explained that the templates would be included in the Manual and be framed by the V-BID guiding principles and communication and implementation strategies. The Manual will also include online and visual resources for employers, and appendices describing relevant state and federal regulations. Ms. Cuddy noted that the feedback from focus groups and individuals throughout this project have been used to inform the Manual's content.

Ms. Cuddy informed the Consortium that the Employer Manual will be sent to the full Consortium for feedback following this meeting. After a two week comment period, Freedman will make changes based on the feedback. The Consortium will discuss any issues raised during the June 30th webinar.

Mary Bradley asked how the Employer Manual will be distributed among employers. Jenna Lupi explained that this would be the charge of the Learning Collaborative, which will kick-off this fall. The group will help determine how and to whom the Manual will be distributed. Ms. Bradley suggested that health plans may help distribute the Manual. Alyssa Ursillo noted that the Learning Collaborative will include health plan representatives. Dr. Thomas Woodruff asked Desmond Hussey and Deremius Williams if they would be willing to distribute it to their companies. Both agreed that they would need to identify the best representatives to disseminate materials but they would be interested in being part of the process.

Ms. Bradley pointed out that because the Learning Collaborative is scheduled to kick-off in the fall, this will close the door on 2017 plan offerings. Ms. Lupi and Dr. Woodruff confirmed this, and emphasized that the extension of work into the summer and early fall will allow for additional recruitment and planning efforts for the Learning Collaborative.

4. Review and Finalize V-BID Templates

Ms. Ursillo began review of the V-BID templates. She explained that the goal was to gain the Consortium's support for the templates, which will be presented to the SIM Steering Committee on June 9th. Ms. Ursillo explained that during the discussion of the templates, key feedback from Consortium members will be discussed and that Ms. Cuddy will make edits to the template during the meeting to avoid an additional feedback period.

Disincentives for Low-Value Services

Ms. Ursillo explained some of the key consumer, provider and employer concerns that surfaced during the template feedback period. Bob Krzys expressed the consumers' concerns that incorporating disincentives into the V-BID template could lead to a downwards engagement in uptake of V-BID by pitting consumers against providers. He suggested that low value services be addressed on the provider side through the SIM metrics and performance-based contracts. Cheryl Lescarbeau noted that physicians have been engaging in these conversations with patients for a long time and it is often the patient pushing for these services. Dr. Woodruff reiterated the need for consumer education on low-value services, through programs such as *Choosing Wisely*®. Dr. Steven Moore added that the timing of education on low-value services matters and that early interventions should happen for at-risk patients. Dr. Woodruff suggested that leveraging *Choosing Wisely*® as a consumer education initiative was one strategy, and could be expanded to include patients with chronic conditions.

There was a brief discussion of how to distribute consumer education materials and the potential role for smart technology to target communications to the most appropriate audiences. Ms. Cuddy explained that communication and education initiatives and the development of strategic dissemination plans would be the charge of the Learning Collaborative.

Mr. Ayers asked if there was a way to categorize services as "no value", and exclude these from coverage. Dr. Bruce Landon responded that there are few clinical situations in which services are considered "no" or "low" value in all clinical situations. Mr. Hussey agreed with this and also noted many plans already do not cover certain services for certain clinical situations.

Ms. Ursillo asked the group if they would be in favor of removing the disincentives component of the templates in favor of a recommended patient-provider education strategy. The Consortium agreed to this proposal. Tekisha Everette noted that the Consortium should consider the fact that certain demographics groups are not interested in shared decision making and cautioned the group against assuming this was a shared interest among all patients.

Outcomes-Based Incentives

Ms. Ursillo summarized issues raised with outcomes-based incentive mechanisms. Ms. Everette voiced her concern that it did not take into account social determinants that may impact a patient's ability to achieve an outcome. She clarified that her concern was around having premium reductions based on outcomes, which may not be allowed under nondiscrimination laws. Dr. Moore proposed that incentives not only be earned for achievement on certain outcomes, but also on improvement on certain outcomes. Pat Charmel added that in order for

V-BID to work, we need to align patient and provider incentives and that he would advocate for an outcomes-based approach to help achieve that. Ms. Everette voiced her concern over having a compulsory, outcomes-based V-BID program and explained that for a program to be outcomes-based it needs to be voluntary. The group agreed. Ms. Cuddy updated the language in the template to address this concern. Mr. Hussey emphasized the importance of health plans being able to measure outcomes.

Dr. Moore suggested that outcomes be stratified and patients have the ability to earn graded incentives. Ms. Everette suggested changing the wording to note that meeting required targets does not have to mean falling within a “normal” range for a biomarker, but could also mean improving or maintaining a certain health status. Dr. John Freedman concurred that a measurable improvement in health could be considered an outcome. Mary Ellen Breault emphasized that regulations require that outcomes-based programs offer an alternative for those who cannot reach the desired outcome. Ms. Ursillo clarified that the templates include language stating this.

The conversation shifted towards a discussion of state and federal regulations. Because V-BID is not a wellness plan, some members were concerned over what regulations to look to for guidance on implementation. Dr. Mark Fendrick verified that there is no specific guidance for V-BID plans, and reiterated that the components within the V-BID templates are recommendations and cautioned the group against becoming too prescriptive. Ms. Ursillo proposed that for the sake of the templates, “outcomes” be defined as “maintaining” or “improving” certain health measures and to include examples. Mr. Hussey suggested that the language remain vague because several employers and health plans may already be doing certain programs and we do not want to stifle these. The Consortium generally agreed to keep the language vague to allow flexibility, but understand that “outcomes” could include improving or maintaining a certain health status. Ms. Everette asked whether the part of the implementation guidance that referred to premium reductions could be removed. The Consortium agreed that suggested examples like this could be removed from the templates, but that the examples of what employers are already doing should remain. Ms. Cuddy made these changes to the template.

High-Value Providers

Ms. Ursillo reviewed feedback on the recommendation to incentivize high value primary care and specialty care physicians. Ms. Lescarbeau noted that while she does not oppose the idea of high value providers, there is no standard for measuring this and so we should hold off on making this a recommendation. Mr. Hussey explained that despite not having a standard way of defining “value”, this is the direction that health plans are going and we need to recognize that. Dr. James Cardon emphasized that “value” and its definition will be an ever-moving target. Ms. Ursillo reminded the Consortium that it is not expected for this group to achieve a standard definition of value, but that as part of the V-BID guiding principles, any definition of value should be transparent and use both cost and quality metrics.

Mr. Charmel asked why the recommendation was only for high value physicians, and not facilities and hospitals. Ms. Ursillo clarified that there was concern raised that while tiering of hospitals exists, it is not yet based on cost and quality metrics in Connecticut. Mr. Charmel and other Consortium members felt that on the contrary, Connecticut hospitals are rated according to these metrics. Ms. Bradley suggested that the term “provider” be used in place of “physician”. The group agreed with this change, and to keep the recommendation around incentivizing high value providers.

Other Issues

Dr. Freedman asked if the Consortium members would like to raise any additional concerns. Jennifer Herz asked why the examples in the Basic Plan Template were of self-insured employers rather than fully-insured employers, when the template was recommended for fully-insured employers. Ms. Cuddy clarified that there was only one example that the team could find of a fully insured employer implementing V-BID. Ms. Herz noted that while she supported the idea of having a template for fully-insured employers, the lack of fully-insured examples raised concern that fully insured employers may not be able to implement a V-BID plan. Dr. Mark Schaefer explained that the Connecticut team planned to engage health plans this month around whether they could offer this type of plan to the fully insured market.

Ms. Ursillo asked if the Consortium was in support of the templates and if they could be presented to the SIM Steering Committee. Ms. Herz asked how these would be presented to the Steering Committee. Dr. Schaefer clarified that while they would explain that the templates were developed with input from the Consortium and that the Consortium generally supported the recommendations, they would not present this as something in which every Consortium member had given consensus on every piece of the templates. They would also note any areas that were more contentious among Consortium members. The Consortium agreed that they generally supported the templates and that they could be presented to the SIM Steering Committee on June 9th.

5. Upcoming Learning Collaborative

Ms. Cuddy described the Learning Collaborative and upcoming Design Session. The goal of the Learning Collaborative is to create a community of stakeholders to promote the uptake of V-BID among employers and to share lessons learned, develop best practices and disseminate these findings across the state. Ms. Ursillo asked that Consortium members recommend people who could be recruited to the Learning Collaborative.

6. Next Steps and Upcoming Meetings

The V-BID Templates will be presented to the SIM Steering Committee on June 9th. The Freedman team will send the Employer Manual to the full Consortium for their review; issues raised will be discussed during the June 30th webinar. Freedman will work to schedule a Learning Collaborative Design Session for the end of June in preparation for the official Learning Collaborative Kickoff in the fall.

The meeting adjourned at 4:00pm.