STATE OF CONNETICUT
State Innovation Model
Value Based Insurance Design Consortium Webinar
Meeting Summary
Wednesday, April 27, 2016
9:00 am – 10:30 am

Members Present: Mary Bradley; Mary Ellen Breault; James Cardon; Patrick Charmel; Joseph Dorazio; Tekisha Everette; Jennifer Herz; Desmond Hussey; Robert Krzys; Cheryl Lescarbeau; Thomas Meehan; Nancy Metcalf; Fiona Mohring; Steven Moore; Russell J. Munson; Hugh Penney; Janice Perkins; Amy Tippett-Stangler; Steven Wolfson; Thomas Woodruff; Sandra Czunas; Doreen Damy; James Wadleigh; Michael Dimenstein;

Members Absent: Alvin Ayers; Lesley Bennett; Catherine Olinski; Michelle Vislosky; Deremius Williams

Other Participants: Cathy Cuddy; Mike Chernew; John Freedman; Bruce Landon; Jenna Lupi; Sandra Czunas; Rachel Pieciak; Mark Schaefer; Alyssa Ursillo; Christine Cappiello; Janet Perkins

The meeting was called to order at 9:02 am.

1. **Approval of March Meeting Minutes**
   After review, it was determined that a comment attributed to Jennifer Herz was not accurate. The minutes were previously amended and an updated version will be sent to Ms. Herz to verify the changes. The Consortium approved the amended minutes.

2. **Public Comments**
   There were no public comments.

3. **Review of Project Timeline**
   Alyssa Ursillo described the changes made to the original project timeline and the reasons for extending the timeline for Consortium activities. Ms. Ursillo reviewed the timeline for the remaining project deliverables.

   Ms. Ursillo responded to questions regarding the employer survey and focus group. The employer survey was vetted with the employer and business association Consortium representatives and the Executive Committee in advance of distribution. . FHC circulated the Employer Survey to Consortium members with the meeting materials. The survey response period will close May 4th. There will be a follow-up, employer focus group with the option to attend in-person or via phone.

4. **Overview of Final Deliverable**
   Ms. Ursillo provided the group with an overview of the final deliverable for the first round of the CT SIM VBID Initiative. The templates will be packaged as part of a larger "V-BID Employer Manual" which will include: background for template designs and recommendations; justification of the development of recommendations; strategies for overcoming implementation barriers; communication materials; and resources for implementing V-BID plans for employers.

Jennifer Herz suggested developing additional options for small employers aside from plan design so that they can be eased into adopting V-BID. She gave an example of an employer that incentivizes employees to watch a video to help them make decisions about undergoing surgery. Dr. Thomas Woodruff mentioned another employer that provides gift cards to employees who undergo recommended screenings.

Dr. Mark Schaefer recommended that FHC and the CT Team speak offline regarding the extent to which companion methods that Ms. Herz suggested, that do not fall within the plan design or V-BID templates, could be included in the final deliverable to employers.

5. Discussion of V-BID Templates

Ms. Ursillo reviewed the V-BID model that guided the development of the templates. She then guided the conversation to discuss the two, proposed template plan designs: the V-BID Premium Plan Template and the V-BID Basic Plan Template.

Ms. Ursillo described the format of the templates to demonstrate how the recommendations will be framed for employers. Each template presents a set of recommended V-BID components that include a "core benefit plan design" which is recommended for all employer types and then additional benefits and components that employers may choose to implement. Along with each template are justifications for why each component and the core benefit design is included and examples of different employers that have implemented these components.

<u>V-BID Premium Template Discussion</u>

Ms. Ursillo explained that of the two plan designs the Premium Plan is more comprehensive and includes all V-BID components from the V-BID conceptual model.

Ms. Ursillo outlined the applicable employer types for the template and the rationale behind targeting these employer types. She clarified that HSA-HDHPs were not recommended for this template due to IRS guidelines that may present challenges to some employers with implementing the condition-specific components of the V-BID Premium Plan. Ms. Ursillo recommended that employers with HSA-eligible HDHPs seek legal guidance if they choose to implement the Premium Plan. Russell Munson asked for clarification on what qualifies employers as "small, "mid-sized" or "large". Ms. Ursillo clarified that small was under 50, but there was no formal definition of mid-sized or large.

Some members of the group expressed concern for making certain benefits required (i.e. the core benefit plan). Dr. Schaefer explained that the intent of the templates are not to mandate anything, but rather to provide employers with a package of recommendations to implement to achieve V-BID. Mary Bradley was concerned that if an employer is able and willing to implement some but not all of the recommended components, that there is a risk of them withdrawing their participation. Dr. Schaefer assured her that V-BID uptake by employers is voluntary and emphasized the language surrounding the recommendations is critical for communicating the flexibility of the plan design.

The Consortium then discussed each component of the Premium Plan. Ms. Bradley suggested that 'or' be added between each bullet of the incentive mechanisms to demonstrate the flexibility of selection. With regard to the core benefit plan design, Mike Chernew emphasized that the services recommended in the core benefit plan need to be high-value. The group proposed that nutritional counseling and tobacco cessation assistance drugs be included as an additional benefits. Mary Bradley noted that incentives could also be outcomes based, and this

needs to be made very clear for employers who are already implementing outcomes-based approaches. Cheryl Lescarbeau noted that it is more complicated for payers to track based on outcomes than participation.

The Premium Plan includes the option of having disincentives for use of low-value services. Ms. Ursillo explained that the takeaway from the Template Design Work Groups was that several members were hesitant to include this component in the plan design; she advised the Consortium that if employers choose to implement this component, first they will need to evaluate which low-value services contribute the most wasted spending. Tekisha Everette and Steven Wolfson re-emphasized their concern with placing any increased cost sharing on the patient for low value services, as patients are often not educated about this and the onus should be on the provider to not recommend low value services. Dr. Bruce Landon noted it can be easier for the provider to convince the patient that they do not need a service or drug when it will be high cost to them, such as using name-brand drugs over generic drugs. Ms. Ursillo and Dr. John Freedman emphasized this is why this is an additional, but not recommended component in the template.

Ms. Ursillo guided the discussion to the second component of the Premium Plan, which is to change incentives for specific services by clinical condition. She explained that the goal of recommending each employer target two conditions was to allow flexibility for employers to choose which conditions most affect their employee population. The Consortium agreed with the minimum recommendation of two conditions. Dr. Wolfson suggested that Plavix, aspirin, and Clopidogrel be added to the list of drugs for reduced cost sharing for Coronary Artery Disease. He also suggested if digoxin level testing is included for Congestive Heart Failure, digoxin should be included. Steven Moore commented that the drugs listed to treat substance abuse disorders, methadone and suboxone, only apply to opioid abuse, and that additional evidence-based treatments services be included for substance abuse and depression. Ms. Bradley suggested that "Disease Management Programs" be changed to "Condition Management Programs" because treatment decision support was not a disease management program, and suggested healthy maternity programs be added.

There was some conversation around how reduced cost sharing for office visits related to clinical conditions could be administered in the physicians' office, as the physician's office may not know the visit is related to a clinical condition at the point of service. Desmond Hussey noted that employers, or the state could offer rebates or coupons for these visits.

The Consortium then discussed the final component of the Premium Plan which is to change incentives for visits to high-value providers. Ms. Ursillo explained that the Template Design Work Group agreed that the definition of value needs to be based on both cost and quality and that in the future, definitions might include additional parameters such as accessibility and patient centeredness, etc. Dr. Woodruff noted that this might be aspirational and should perhaps be an additional benefit given the current landscape of provider performance measurement in the state. Dr. Schaefer noted that the language in this section was unclear as to whether the recommendation was to incentivize towards providers who were simply part of an arrangement that measured based on cost and quality, or if it was to incentivize based on the providers' performance on these cost and quality metrics. Dr. Freedman concluded that it should be based on performance, and suggested this section be edited to reflect this.

There was also a brief discussion on the role of the SIM Quality Council Provisional Core Measure Set in defining high value. Mr. Hussey asked if plans would be required to use these

measures, and noted that all plans use different metrics to determine which providers are to them "high value", especially in the case of ACOs. Dr. Freedman clarified that while all plans may have their own way of defining value, the point was that they have clearly defined metrics that are communicated to providers.

6. **Next Meeting and Next Steps**

Ms. Ursillo noted that FHC will follow up with a discussion guide to gather additional feedback on the templates, especially the Basic Plan that was not discussed. She reminded the group that the Employer Focus Group will meet May 12th from 12-1pm and the next Consortium meeting will be June 1st. Ms. Bradley suggested that once the team set up another webinar for the Consortium to give feedback on the revised templates before the June meeting. FHC and the Connecticut team will discuss this possibility.

The meeting adjourned at 10:31 am.