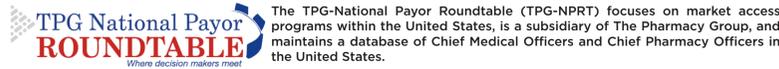


Survey Results of Contemporary US Health Plan Policies - Affordable Care Act (ACA), Digital Technologies, Value Based Contracting (VBC) and Comparative Effectiveness Research (CER)

Richard A. Brook, MS,MBA^{1,2}; Jeff A. Carlisle, BA^{1,3}; Jim E. Smeeding, RPh, MBA^{1,4}

¹TPG-National Payor Roundtable, Glastonbury, CT; ²The JeSTARx Group and Better Health Worldwide, Newfoundland, NJ; ³The Pharmacy Group, Glastonbury, CT; ⁴The JeSTARx Group, Dallas, TX



BACKGROUND

- Health plan management is rapidly evolving and tools are being incorporated into practice management for administering health care. This poster covers 4 Critical areas of contemporary interest:
 - The ACA (affordable care act):
 - Has been under fire with payers making business decisions regarding continuation or elimination of ACA coverage
 - Deductibles and coverage vary by plan and paye
 - Has led payers to speculate about the Trump administration's impact on access, quality and costs
 - Digital technologies, including web and PDA (personal digital assistant) applications continue to grow within patient management, and various services. Budget impacts are expected as these technologies evolve and are adapted
 - Value Based Contracting (VBC) is evolving for various disease and service categories with growth predicted in this technique
 - Cost Effectiveness Research (CER) utilization has grown in volume and application as better evidence has evolved

OBJECTIVES

- To gain a better understanding of health plan management and contemporary tools

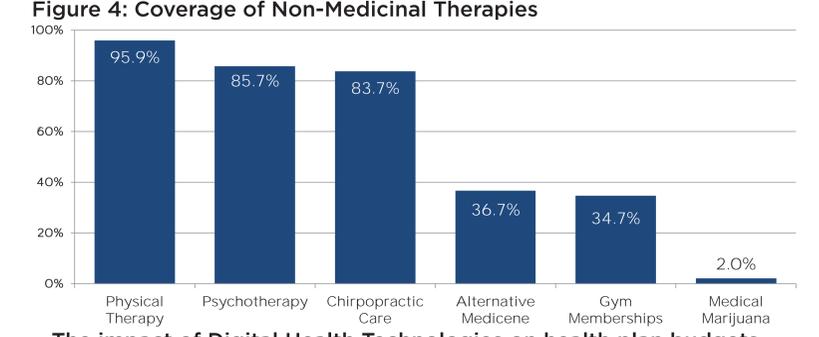
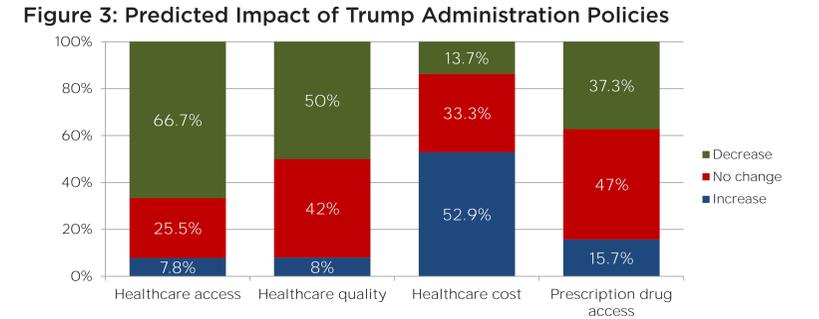
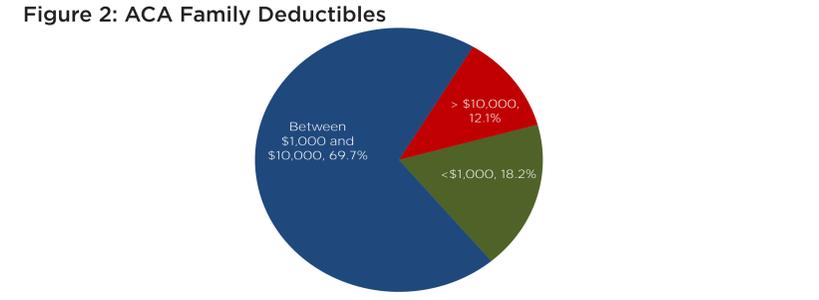
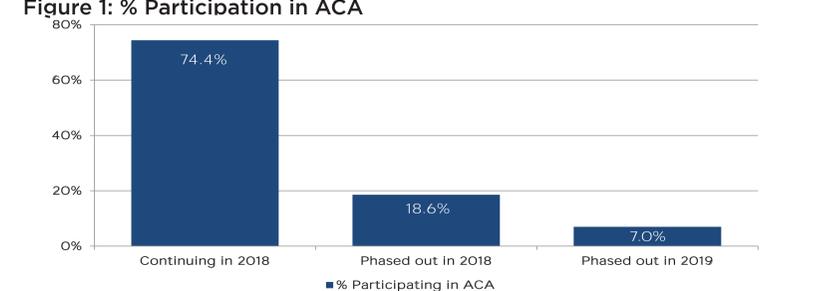
METHODS

- An online, interactive survey was developed with 69 questions and topics included:
 - Material or financial incentives were not offered for completion of the survey
 - Participation in affordable care act (ACA) plans and expected family deductibles
 - Predictions on the impact of the Trump administration regarding healthcare access, quality and costs
 - The growing use and availability of digital technologies and their budget impact
 - Use and expectations for Value Based Contracting (VBC)
 - Cost Effectiveness Research (CER) uptake and use
 - Access to information and use of Evidence Based Medicine (EBM)
- Invitations to participate were sent to Medical and Pharmacy Directors working with US health plans, PBMs, and insurers from the TPG-NPRT database in November 2017
 - Survey invitations were received and reviewed by 247 managed care decision makers

RESULTS

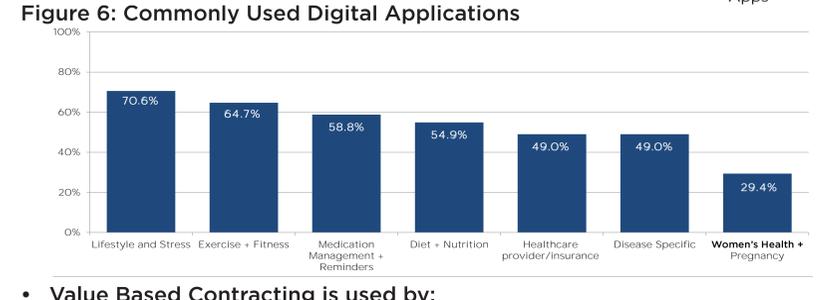
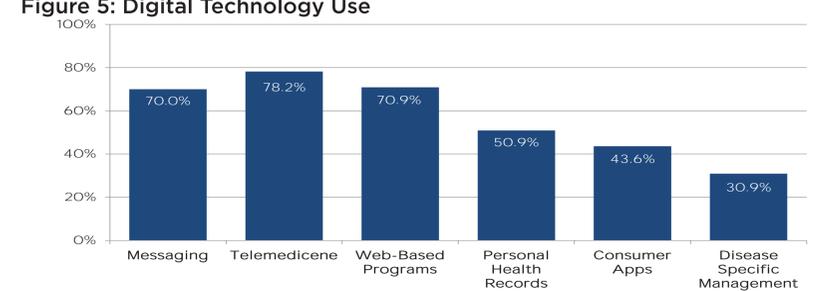
- Most advisors expect their plans to continue to offer ACA-based plans in the future (Figure 1) with family deductibles shown in Figure 2
- The majority of advisors believe Trump Administration policies (Figure 3) will:
 - Decrease healthcare access
 - Increase healthcare costs
 - Either decrease of have no change on healthcare quality or prescription drug access
- In addition to covering traditional medical care and prescription drugs, health plans cover a variety of non-medicinal therapies (Figure 4)

RESULTS CONTINUED

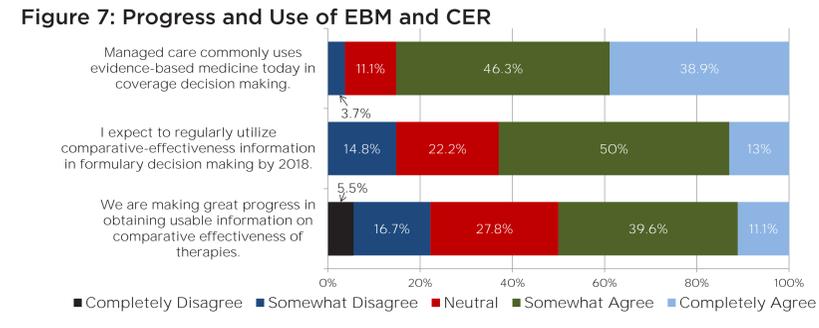


- The impact of Digital Health Technologies on health plan budgets is expected to raise costs (22%), be budget neutral (60%) and decrease costs (18%), some categories where Digital Technologies will be used are shown in Figure 5 and some commonly used digital applications are shown in Figure 6

RESULTS CONTINUED

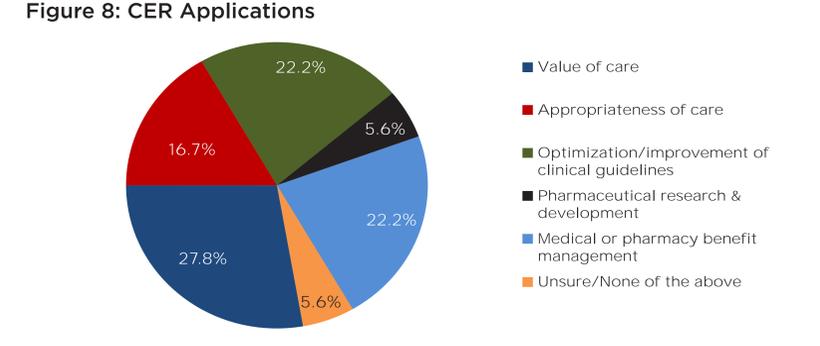


- Value Based Contracting is used by:
 - 45% of plans for services (14% across various services, and 31% in limited areas) and
 - 36.2% of plans for Pharmaceuticals
- The use of Value Based Contracting is expected to increase by 45% of plans, while 55% do not plan on using in 2018
- Disease areas that are using VBC for prescriptions include, but are not limited to, Oncology, Hepatitis-C, Multiple Sclerosis, Diabetes and Specialty Rx products
- Evidence Based Medicine (EBM) and Comparative Effectiveness Research (CER) progress is shown in Figure 7
 - 85% of respondent believe that Managed Care uses evidence based medicine (EBM) in coverage decision making
 - 63% expect to regularly use CER in formulary decision making this year
 - 50% believe we have usable information today for CER
 - CER is being applied to value of care decisions, clinical guidelines as well as medical and pharmacy benefit management



RESULTS CONTINUED

- The area of health care or health delivery expected to be most affected by emerging CER are shown in Figure 8



CONCLUSIONS

- With the rapidly shifting health care marketplace, politics and regulation are affecting payers' willingness to participate in the ACA
- Health plan coverage continues to cover most therapies. Medical Marijuana was mentioned as an alternative medicine consideration and will grow as FDA approved therapies enter the marketplace
- Digital Health tools offer more information and insights into care and are generally expected to be budget neutral
- Value based contracting is growing but slower than expected, 45% of respondents do expect this to increase
- CER and EBM continues as a promising tool but the quality of information still demands improvement

CITATION

Citation: Brook RA, Carlisle JA, Smeeding JE. Survey Results of Contemporary US Health Plan Policies - Affordable Care Act (ACA), Digital Technologies, Value Based Contracting (VBC) and Comparative Effectiveness Research (CER). *J Manag Care Spec Pharm.* 2018;24(4-a):s101 Available at www.TPG-NPRT.com



SPONSORSHIP: TPG-NPRT (National Payor Roundtable)