

Eleven

V-BID Center

Years



CENTER FOR VALUE-BASED INSURANCE DESIGN
UNIVERSITY OF MICHIGAN

V-BID SUMMIT 2016

PRECISION MEDICINE NEEDS
PRECISION BENEFIT DESIGN



OCTOBER 26, 2016
ANN ARBOR, MI

The University of Michigan Center for Value-Based Insurance Design (V-BID Center) is the leading advocate for development, implementation, and evaluation of clinically nuanced health benefit plans and payment models. Since 2005, the Center has been actively engaged in understanding the impact of innovative provider facing and consumer engagement initiatives, and collaborating with employers, consumer advocates, health plans, policy leaders, and academics to improve clinical outcomes and enhance economic efficiency of the U.S. health care system.

For more information, find us at www.vbidcenter.org and follow us @UM_VBID.



WELCOME

On behalf of the University of Michigan Center for Value-Based Insurance Design, we welcome you to Ann Arbor and the 2016 V-BID Summit: Precision Medicine Needs Precision Benefit Design.

Since the launch of the V-BID Center in 2005, our research, education, and policy efforts have made significant strides in advancing our mission to implement the concept of clinical nuance into payment reform initiatives and health plan benefit designs, so that consumers, providers, and payers are able to achieve the best patient-centered outcomes for the money spent.

Determining and enhancing value have become a centerpiece of health care reform discussions. Today, a broad range of healthcare stakeholders from across the nation have come together to address the opportunities and challenges of aligning payment reform and consumer engagement initiatives, confront the growing problem of underinsurance, and tackle the need to identify and reduce the use of low-value care. Your diverse expertise will drive the discussion as we pursue improved quality, enhanced patient experience, and cost-containment. The resulting information gleaned from this engaging dialogue promises to shape our work moving forward.

We are gratified by your participation and commitment to changing the health care cost discussion from “how much” to “how well.” As always, we hope today’s conversation promotes innovative ideas and establishes new and productive relationships.

Enjoy your time at the Big House,



A. Mark Fendrick, M.D.



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AGENDA

Welcome and Opening Remarks

Marschall Runge, University of Michigan Health System

8:15-8:30 am

SESSION 1

ALIGNING PRECISION MEDICINE WITH PRECISION PAYMENT AND BENEFIT DESIGN

8:30-10 am

David Cowling, California Public Employees' Retirement System

Claire Levitt, Deputy Commissioner, NYC Mayor's Office of Labor Relations

John Rother, National Coalition on Health Care

Moderator: **Clifford Goodman**, Lewin Group



Break

10-10:15 am

SESSION 2

INSURED, BUT NOT COVERED – REDUCING UNDERINSURANCE

10:15-11:45 am

Gary Bacher, Smarter Healthcare Coalition

Michael Chernew, Harvard University

Robert W. Dubois, National Pharmaceutical Council

Moderator: **Clifford Goodman**, Lewin Group



Networking Lunch 11:45-1:15 PM / Stadium Tours 12:15-1:00 PM

Afternoon Remarks

Debbie Dingell, Congresswoman, U.S. House of Representatives

1:15-1:25 pm

SESSION 3

DETERMINING VALUE

1:25-2:45 PM

Eleanor Perfetto, National Health Council

Jason Spangler, Amgen Inc.

Richard Wilke, ISPOR

Moderator: **Clifford Goodman**, Lewin Group



Break

2:45-3:00 PM

SESSION 4

ADDRESSING LOW-VALUE CARE

3:00-4:30 PM

William Hazel, Secretary of Health and Human Services, Commonwealth of Virginia

Lynn Quincy, Consumers Union

Daniel Wolfson, ABIM Foundation

Moderator: **Clifford Goodman**, Lewin Group



Closing Remarks

4:30-4:45 PM

PRESENTERS



Gary Bacher serves as Co-Director of the Smarter Health Care Coalition and is the Founding Member of Healthspieren, LLC, a growing and innovative health care consulting and legal services firm. He brings well over a decade of leadership in health care, operating at the intersection of public policy, law, regulatory affairs, and business development. He has specific expertise in managed and organized systems of care, Medicare and Medicaid, and health care reform. He focuses on strategic and creative problem solving and innovation, and as of late has been particularly focused on health system transformation, including the creation of health care exchanges and the

integration of care delivery and payment models across acute, post-acute, and long-term care settings. Through his work with the Coalition, Healthspieren, a nationally ranked Washington, D.C. law firm, premier health care trade association, and one of the nation's leading health care companies, Gary has become a recognized national expert on health care reform, working with a wide range of health plans, providers, employers, state-based exchanges, and governmental organizations. He has also served as a policy and legal adviser on a broad range of issues, including fraud and abuse, antitrust, HIPAA, government payment systems, and FDA rules and regulations. Gary holds a JD from Stanford Law School, an MPA from Princeton University's Woodrow Wilson School, and a Bachelors' degree from Georgetown University's School of Foreign Service



Michael Chernew, PhD, is the Leonard D. Schaeffer Professor of Health Care Policy and the Director of the Healthcare Markets and Regulation (HMR) Lab in the Department of Health Care Policy at Harvard Medical School. Dr. Chernew's research activities focus on several areas, most notably the causes and consequences of growth in health care expenditures, payment reform, and Value-Based Insurance Design (V-BID). Dr. Chernew is a member of the Congressional Budget Office's Panel of Health Advisors and of the Institute of Medicine Committee on National Statistics. Dr. Chernew is the former Vice Chair of the Medicare Payment Advisory Commission,

which is an independent agency established to advise the U.S. Congress on issues affecting the Medicare program. In 2000, 2004 and 2011, he served on technical advisory panels for the Center for Medicare and Medicaid Services that reviewed the assumptions used by the Medicare actuaries to assess the financial status of the Medicare trust funds. In April 2015, Massachusetts Governor Charlie Baker appointed Dr. Chernew to the Massachusetts Health Connector Board of Directors. Dr. Chernew is Research Associate of the National Bureau of Economic Research. He currently serves as Co-Editor of the American Journal of Managed Care and Editor for the Journal of Health Economics. In 2010, Dr. Chernew was elected to the Institute of Medicine of the National Academy of Sciences and served on the Committee on the Determination of Essential Health Benefits. Dr. Chernew earned his undergraduate degree from the University of Pennsylvania and a doctorate in Economics from Stanford University.



David Cowling is a research scientist at CalPERS since 2012. David currently is leading a multi-agency team to evaluate the introduction of a price transparency tool to CalPERS members, coordinating a research project on integrated health management, and evaluating the impact of health plan characteristics on member health plan selection. Previously, David was the Chief of the Evaluation and Knowledge Management Section of the California Tobacco Control Program (CTCP), where he led studies on the impact of the smoke-free workplace law on bar and restaurant revenue, developed new methods for the evaluation of the anti-tobacco media campaign, and the

evaluation of California's in-school tobacco use prevention education program. He has over 20 peer reviewed publications in journals such as Health Economics, Tobacco Control, Journal of the American Medical Association, American Journal of Public Health, and Statistics in Medicine. David obtained a Ph.D. in Epidemiology and an M.S. in Statistics from the University of California, Davis, and a B.S. in Mathematics from California State University, Bakersfield.



Congresswoman Debbie Dingell was elected to represent Michigan's 12th District in the U.S. House of Representatives in November 2014. Before being elected to Congress, Dingell was the Chair of the Wayne State University Board of Governors, and for 30 years, served one of Michigan's largest employers, the General Motors (GM) Corporation, where she was President of the GM Foundation and a senior executive responsible for public affairs.

An active civic and community leader, Dingell is a recognized national advocate for women and children. She successfully fought to have women included in federally-funded health research, and advocated for greater awareness of issues directly related to women's health, including breast cancer and women's heart health. She is a founder and past chair of the National Women's Health Resource Center and the Children's Inn at the National Institutes of Health (NIH).

Dingell has also led a number of efforts and initiatives related to young people and education stemming from her role as a WSU Governor and co-chair of the Children's Leadership Council, a business-led advocacy group that promotes investment in early childhood education. She chaired the Michigan Infant Mortality Task Force, the Baby Your Baby public education campaign that reduced infant mortality rates in Michigan, and has served on the board of Michigan's Children, the only statewide independent voice working to ensure that public policies are made in the best interest of children from cradle to career.

PRESENTERS



Robert W. Dubois, MD, PhD, is the chief science officer and executive vice president of the National Pharmaceutical Council (NPC). In this role, he oversees NPC's research on policy issues related to the appropriate role of real-world evidence in decision-making, how best to determine value of health care services, the relationship between access and health outcomes, and approaches to maintain an environment supportive of innovation. Dr. Dubois, who is board certified in internal medicine, brings more than 25 years of experience in health care research, with a particular focus on understanding and ensuring that patients receive high value health care.

He has co-founded and led various health care research organizations in developing quality research with practical application. Most recently, he was the Chief Medical Officer at Cerner LifeSciences, where he focused on comparative effectiveness and the use of an electronic health records infrastructure to implement clinical change. Prior to joining Cerner in 2001, Dr. Dubois co-founded Protocare Sciences and was its executive vice president, chief medical officer, and later its CEO. Throughout his career, Dr. Dubois' primary interest has centered on defining "what works" in health care and finding ways for that evidence to inform health care decision making. He is a recognized expert in the areas of defining best practice, disease management and appropriateness of care. He has authored 150 peer-reviewed articles on comparative effectiveness, evidence-based medicine, the development of practice guidelines and determining the optimal use of high-cost medical services. Dr. Dubois received his AB from Harvard College, his MD from the Johns Hopkins School of Medicine and his PhD in Health Policy from the RAND Graduate School. He is a member of the Medicare Evidence Development and Coverage Advisory Committee, Steering Committee for the Electronic Data Methods Forum, and the Advisory Board of the Institute for Clinical and Economic Review. Additionally, he is the associate editor of the Journal of Comparative Effectiveness Research and is on the editorial board for Health Affairs and The American Journal of Managed Care.



Clifford Goodman, PhD, is a Senior Vice President at The Lewin Group, a health care policy consulting firm based in Falls Church, Virginia. Dr. Goodman has 30 years of experience in such areas as health technology assessment, evidence-based health care, comparative effectiveness research, and payment. He directs studies and projects for an international range of government agencies; pharmaceutical, biotechnology, and medical device companies; health care provider institutions; and professional, industry, and patient advocacy groups. His recent work has involved such areas as oncology, cardiovascular disease, diabetes, blood

disorders, obesity, end-stage renal disease, HIV/AIDS, follow-on biologics, diagnostic testing, pharmacogenomics, personalized medicine, and organ donation and transplantation. Dr. Goodman is an internationally recognized health policy issues moderator and facilitator of expert panels, health industry advisory boards, and workshops. Dr. Goodman served as Chair of the Medicare Evidence Development & Coverage Advisory Committee (MEDPAC, 2009-12) for the US Centers for Medicare and Medicaid Services. He served as President of the professional society Health Technology Assessment international (HTAi, 2001-13), and is a Fellow of the American Institute for Medical and Biological Engineering. He received a Ph.D. from The Wharton School of the University of Pennsylvania, a Master of Science from The Georgia Institute of Technology, and a Bachelor of Arts from Cornell University



William A. Hazel Jr., MD, practiced orthopedic surgery in Northern Virginia until becoming Secretary of Health and Human Resources for the Commonwealth of Virginia in January of 2010. As a founding member of Commonwealth Orthopedics and Rehabilitation, Dr. Hazel gained extensive experience working in our health care system while helping to lead a large group practice. Dr. Hazel has served as a Trustee of the American Medical Association, Speaker and President of the Medical Society of Virginia, President of the INOVA Fair Oaks Hospital Medical Staff, and Chair of the Medical Affairs council of the INOVA Health System. Dr. Hazel received his

BS in Civil Engineering at Princeton University in 1978. He earned his Medical Degree at Duke University School of Medicine in 1983 and completed his Orthopedic Surgery Residency at the Mayo Clinic in 1988 before returning home to Virginia. As Secretary, Dr. Hazel oversees 11 state agencies with over 16,000 employees including such diverse programs as Medicaid, Behavioral Health, Social Services, as well as Aging and Rehabilitation. These combined agencies spend approximately one-third of Virginia's budget. During his first term as Secretary, he led the Virginia Health Reform Initiative and helped establish the Virginia Center for Health Innovation. He served as the Founding Chair of ConnectVirginia, Virginia's health information exchange. He negotiated an agreement with the Department of Justice to improve services to individuals with Intellectual and developmental disabilities. He has become nationally recognized for leading an enterprise Information technology transformation in Health and Human Resources. He has devoted significant energy towards improving the effectiveness and efficiency of the HHR agencies.



Claire Levitt is Deputy Commissioner for the New York City Mayor's Office of Labor Relations, where she is responsible for overseeing health care strategy for the 1.2 million employees and retirees of the City of New York. She has been tasked with managing the City's initiative to save \$3.4 billion in health care costs over four fiscal years and recently reported that in its first two years, the project has been successful in meeting its goals through a series of joint labor-management strategies focused on value based plan design and population health initiatives. As a former Executive Vice President of Amalgamated Life Insurance Company, her responsibilities included

oversight of all health related operations including claims processing, customer service, implementation and mergers, actuarial, provider relations, managed care, care management and the implementation of the Affordable Care Act provisions. Ms. Levitt was concurrently the President of Alicare Medical Management, an affiliate company of Amalgamated Life that is an industry leader in delivering quality care management solutions. Ms. Levitt is a member of the Board of Directors of the Northeast Business Group on Health and has served on the Boards of Directors of the Medicare Rights Center, the National Association of Independent Review Organizations (NAIRO), and the National Association on Drug Abuse Problems. She graduated with Honors from Binghamton University, and holds an M.S. with a specialty in Health Management from New York University.

PRESENTERS



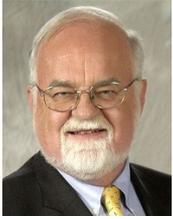
Dr. Eleanor Perfetto was named Senior Vice President of Strategic Initiatives for the National Health Council in July of 2015. Her work focuses on patient engagement in all aspects of the health care ecosystem. She is also Professor of Pharmaceutical Health Service Research at the University of Maryland and currently serves as a Board Chair for the Pharmacy Quality Alliance and a board member for the Center for Medical Technology Policy. Dr. Perfetto was with Pfizer for over seven years, most recently as Senior Director, Federal Government Relations. In the past, she served as a member of the CMS MedCAC; co-chair of the NQF's Alzheimer's Disease and Related Dementias

Project and on the Patient-Reported Outcomes Expert Panel; and was member of the DIA Board of Directors, and is also a past President. She holds BS and MS degrees in pharmacy from the University of Rhode Island, and a PhD from the University of North Carolina School of Public Health. She served in the U.S. Public Health Service as senior pharmacoepidemiologist at the Agency for Health Care Policy & Research (now AHRQ) and began her government career serving for 6 years as an Indian Health Service pharmacist. Dr. Perfetto is an advocate for patients with head-trauma-related dementias and their families. In May 2007, she received the Alzheimer's Association New York City Chapter Advocacy Leadership Award. In 2010, she received the Alzheimer's Association National Capital Area Chapter Award for Advocacy & Awareness. In 2012, she received the Legacy Award from the Concussion Legacy Foundation, for which she is a past president.



Lynn Quincy is Director of the Healthcare Value Hub at Consumers Union, the policy and advocacy division of Consumer Reports. The Healthcare Value Hub is a center that monitors and synthesizes evidence to help consumer advocates work on health care cost, quality and value issues. More generally, Ms. Quincy works at the federal and state levels on a wide variety of health policy issues, with a particular focus on health care costs, transparency, consumer protections, and consumers' health insurance literacy. Recent work includes: convening an annual national conference for advocates on rising health care costs, a mixed methods study to better understand how to better

engage consumers around health care cost and value issues, consumer-testing explanations of the new health premium tax credit; studying consumer reactions to new health insurance disclosure forms; launching an initiative to measure consumers' health insurance literacy; and a study that examines the use of "choice architecture" in health plan chooser tools. Ms. Quincy serves as a consumer expert in several venues, including advising on the development of new enrollee satisfaction surveys, advising CMS on new provider payment reforms, and on an advisory group that focuses on consumer price transparency. Prior to joining Consumers Union, Ms. Quincy held senior positions with Mathematica Policy Research, Inc., the Institute for Health Policy Solutions and Watson Wyatt Worldwide (now Willis Towers Watson). She holds a master's degree in economics from the University of Maryland.



John Rother, JD, is President and CEO of the National Coalition on Health Care, America's oldest and most diverse group working to achieve comprehensive health system change. The Coalition's membership of more than 80 participating organizations includes medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities, and persons with disabilities. Prior to joining the Coalition in 2011, Mr. Rother served as the longtime Executive Vice President for Policy, Strategy, and International Affairs at AARP. There he led the development

of AARP's policy positions and advocacy strategies. Under his leadership, AARP engaged in robust public policy research and analysis, public education, and advocacy on health and retirement issues at the federal, state and international levels. Mr. Rother wrote numerous articles and was a frequent speaker on health, retirement security, the federal budget, and the boomer generation. From 1981 to 1984, Mr. Rother was Staff Director and Chief Counsel for the U.S. Senate Special Committee on Aging under the direction of Chairman John Heinz (R-PA). From 1977 to 1981 he served as Special Counsel for Labor and Health to U.S. Senator Jacob Javits (R-NY). Mr. Rother is a graduate of Oberlin College and the University of Pennsylvania Law School. He is a member of the DC Bar, the National Academy of Social Insurance, and the Gerontological Society of America. In 2010 Mr. Rother received the Robert Ball Award for Outstanding Achievements in Social Insurance from the National Academy of Social Insurance for "lifetime advocacy to strengthen Social Security and Medicare."



Marschall S. Runge, M.D., Ph.D. The University of Michigan Board of Regents appointed Marschall S. Runge Executive Vice President for Medical Affairs and CEO of U-M Health System effective March 2015 and Dean of the Medical School effective January 2016. Before coming to Michigan, Dr. Runge was executive dean for the University of North Carolina (UNC) School of Medicine, the Charles Addison and Elizabeth Ann Sanders Distinguished Professor of Medicine at UNC-Chapel Hill (UNC-CH), chair of the UNC-CH Department of Medicine, and principal investigator and director of the NIH-funded North Carolina Translational and Clinical Sciences (NC TraCS)

Institute, one of 55 medical research institutions working together as a national consortium to improve the way biomedical research is conducted across the country.

An honors graduate of Vanderbilt University with a B.A. in Biology and a Ph.D. in Molecular Biology, Dr. Runge earned his M.D. from the Johns Hopkins School of Medicine, where he was an intern and resident in internal medicine. He then completed a cardiology fellowship at Harvard's Massachusetts General Hospital and was a faculty member at Harvard prior to subsequent career moves. Dr. Runge has been a physician-scientist for his entire career, combining basic and translational research with the care of patients with cardiovascular diseases and education. He is the author of over 200 publications in the field and holds five patents for novel approaches in healthcare.

PRESENTERS



Jason Spangler, MD, MPH, FACPM, is Executive Director at Amgen, Inc. He serves as the lead in representing the function and company on healthcare quality issues and on engagement with Federal payer agencies in the U.S. He also contributes to policy issues and activities demonstrating the value of its medicines and provides clinical support to the government affairs team. Prior to joining Amgen, Dr. Spangler was the chief medical officer at Partnership for Prevention – a national, non-profit health policy consultant with the public health and policy group at Pfizer, Inc. Dr. Spangler is a Fellow of the American College of Preventive Medicine (ACPM) and serves

as the ACPM's Alternate Delegate to the American Medical Association. He is a member of the National Quality Forum Cardiovascular and Health and Well-Being Standing Committees. He represents Amgen on the National Quality Forum Supplier-Industry Council, the National Committee for Quality Assurance Industry Council, and the Steering Committee of the Kidney Care Quality Alliance. He also serves on the Advisory Board of the University of Michigan Center for Value-Based Insurance Design. Dr. Spangler graduated from the University of Pennsylvania and received his MD at the Pennsylvania State University College of Medicine. He completed his internal medicine residency at the University of Pittsburgh Medical Center and his general health preventive medicine residency at Johns Hopkins Bloomberg School of Public Health, where he was chief resident. He is board certified in general preventive medicine/public health.



Richard J. Willke, Ph.D., became ISPOR's first Chief Scientific Officer in April 2016, following nearly 25 years in the pharmaceutical industry with Pfizer and its legacy companies. In his CSO role at ISPOR, Dick's responsibilities are to develop, lead, support and direct strategic initiatives related to research, scientific, and content priorities to accomplish the organization's mission to promote health economics and outcomes research excellence to improve decision making for health globally. While with Pfizer his final position was Vice President, Outcomes & Evidence, lead for Cardiovascular/Metabolic, Inflammation & Immunology, the last in a succession of HEOR group lead

roles. He received a Ph.D. in economics from Johns Hopkins University in 1982, concentrating in econometrics and labor economics. Prior to joining Pfizer's legacy company Upjohn in 1991, he was a member of the economics faculty at Ohio State University as well as a senior economist at the American Medical Association Center for Health Policy Research. Dick has served on the ISPOR Board of Directors (2007-09), was Chair of the ISPOR Institutional Council in 2010, and was co-chair of the ISPOR Good Research Practices Task Force on Cost-Effectiveness Analysis in Randomized Clinical Trials in 2003-2005 as well as its 2014-15 reprise to revise and update that Report. He has co-taught many ISPOR short courses on this topic as well as on "Transferability of Cost-Effectiveness Data between Countries." He was also a member of the Health Outcomes Committee of PhRMA from 1998-2009, having been its chair from 2002-2004. He has served as a co-editor for Value in Health, on the editorial board for Farmeconomia, on AHRQ, NIH, and PCORI project review study sections, and is a member of the Ohio State University Economics Advisory Board.



Daniel Wolfson is Executive Vice President and Chief Operating Officer of the ABIM Foundation, a not-for-profit foundation focused on advancing medical professionalism and physician leadership to improve the health care system. Mr. Wolfson has been instrumental in leading the Choosing Wisely® campaign (www.choosingwisely.org), a multi-year effort engaging more than 70 medical specialty societies to promote conversations between physicians and patients about utilizing the most appropriate tests and treatments and avoiding care that may be unnecessary and could cause harm. Previously, Mr. Wolfson served for nearly two decades as the founding President and

Chief Executive Officer of the Alliance of Community Health Plans (formerly The HMO Group), the nation's leading association of not-for-profit and provider-sponsored health plans. During his tenure, Mr. Wolfson earned national recognition for spearheading the development of the Health Plan Employer Data and Information Set (HEDIS™). Before serving at the Alliance of Community Health Plans, Mr. Wolfson was the Director of Planning and Research at the Fallon Community Health Plan. During that time, he led the product development team that launched the nation's first Medicare risk contract with the Health Care Financing Administration. Mr. Wolfson received his master's degree in health services administration from the University of Michigan, School of Public Health. Prior to graduate school, Mr. Wolfson worked in the Social Services Department of Massachusetts General Hospital, counseling and discharge planning for spinal cord patients, amputees and stroke patients.

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POLICY IMPACT

Annual Update

- CMS Expands Medicare Advantage V-BID Model Test
- U.S. House Introduces Bipartisan "Access to Better Care Act"
- JAMA Article Identifies Steps to Implement V-BID
- U.S. Senate Committee on Armed Services Testimony
- GOP Health Plan Extends Role of Bipartisan V-BID Concept



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\$600K in grant funding
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34 national presentations



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Resources

Infographics

- Low-Value Care
- Tricare & V-BID
- Clinical Nuance
- Synergies At Work

Videos & Comics

- Understanding Clinical Nuance
- Reward The Good Soldier
- High-Value Health Plan Woman

Briefs & White Papers

- Dynamic Benefit Design
- Role of Cost-Sharing in Health Disparities
- Enhancing Flexibility in HSA-HDHP Design
- Incorporating V-BID in Medicare Advantage



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