



SCHOOL OF PUBLIC HEALTH

CENTER FOR VALUE-BASED INSURANCE DESIGN

UNIVERSITY OF MICHIGAN

Using Value-Based Insurance Design to Increase Use of High Value Care, Enhance Equity, and Eliminate Low Value Services

A. Mark Fendrick, MD

University of Michigan Center for
Value-Based Insurance Design

www.vbidcenter.org



THE UNIVERSITY OF
CHICAGO





**I PUBLISHED
BUT STILL PERISHED**

Health Care Costs Are a Top Issue For Purchasers and Policymakers: Solutions must protect consumers, reward providers and preserve innovation

- Innovations to prevent and treat disease have led to impressive reductions in morbidity and mortality
- Irrespective of remarkable clinical advances, cutting health care spending is the main focus of reform discussions
- Underutilization of high-value care persists across the entire spectrum of clinical care leading to poor health outcomes
- Our ability to deliver high-quality health care lags behind the rapid pace of scientific innovation

Star Wars Science



Flintstones Delivery



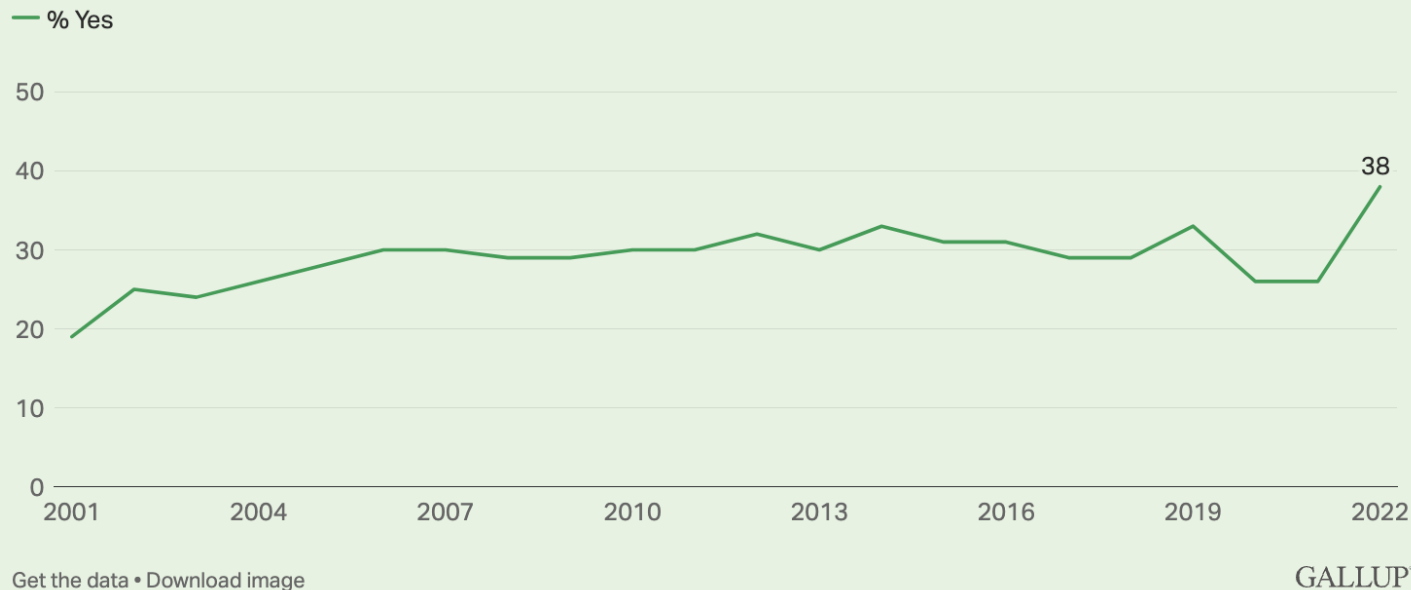
Moving from the Stone Age to the Space Age: Change the health care cost discussion from “How much” to “How well”

- Everyone (almost) agrees there is enough money in the US health care system; we just spend it on the wrong services and in the wrong places
- Moving from a volume-driven to value-based system requires a change in both how we pay for care and how we engage consumers to seek care
- The most common patient-facing strategy - consumer cost-sharing – is a ‘blunt’ instrument, in that patients pay more out of pocket for **ALL** care regardless of clinical value

Americans Do Not Care About Health Care Costs; They Care About **What It Costs Them**

Record High in U.S. Putting Off Medical Treatment Due to Cost, 2001-2022

Within the last 12 months, have you or a member of your family put off any sort of medical treatment because of the cost you would have to pay?



Health care costs are among the leading causes of:

- Personal debt
- On-line fundraisers
- Personal bankruptcy

EDITORIAL | [VOLUME 122, ISSUE 8, P699, AUGUST 2009](#)

[Download Full Issue](#)

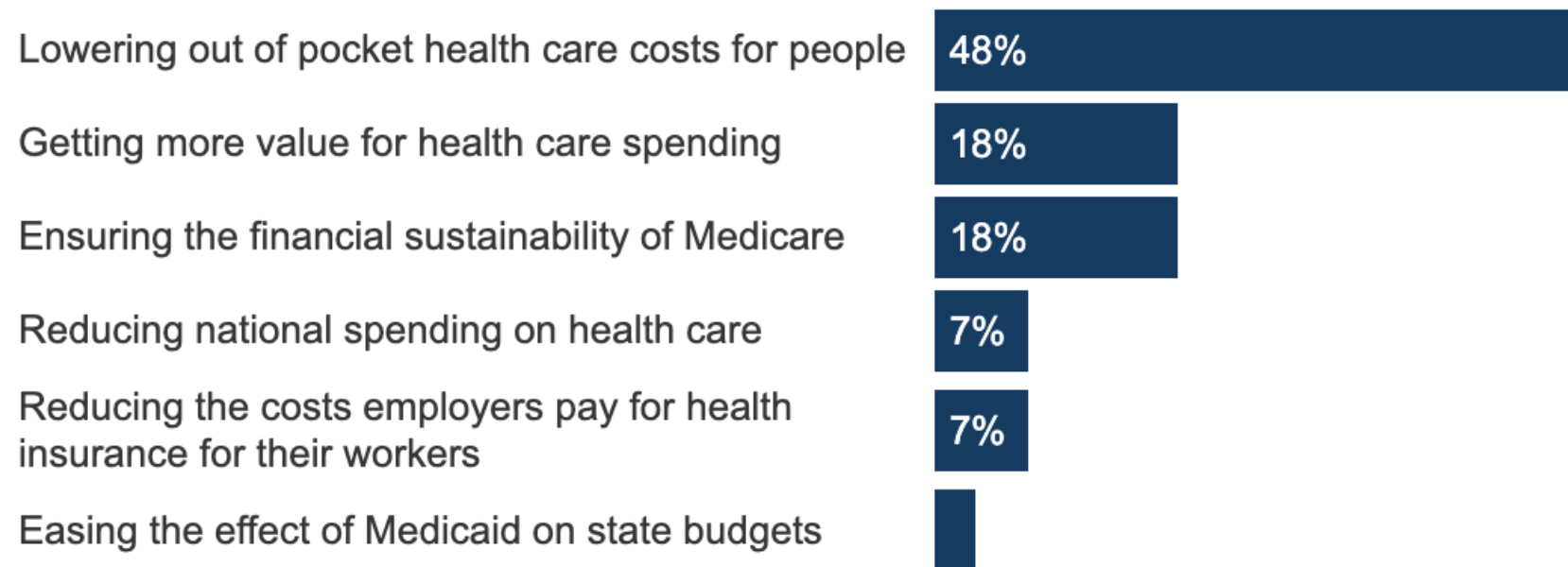
Only in America: Bankruptcy Due to Health Care Costs

James E. Dalen, MD, MPH

Americans Do Not Care About Health Care Costs; They Care About **What It Costs Them**

Most Voters Say Out Of Pocket Costs Are Top Health Priority

Which of the following health care priorities do you think is most important for the country to address?



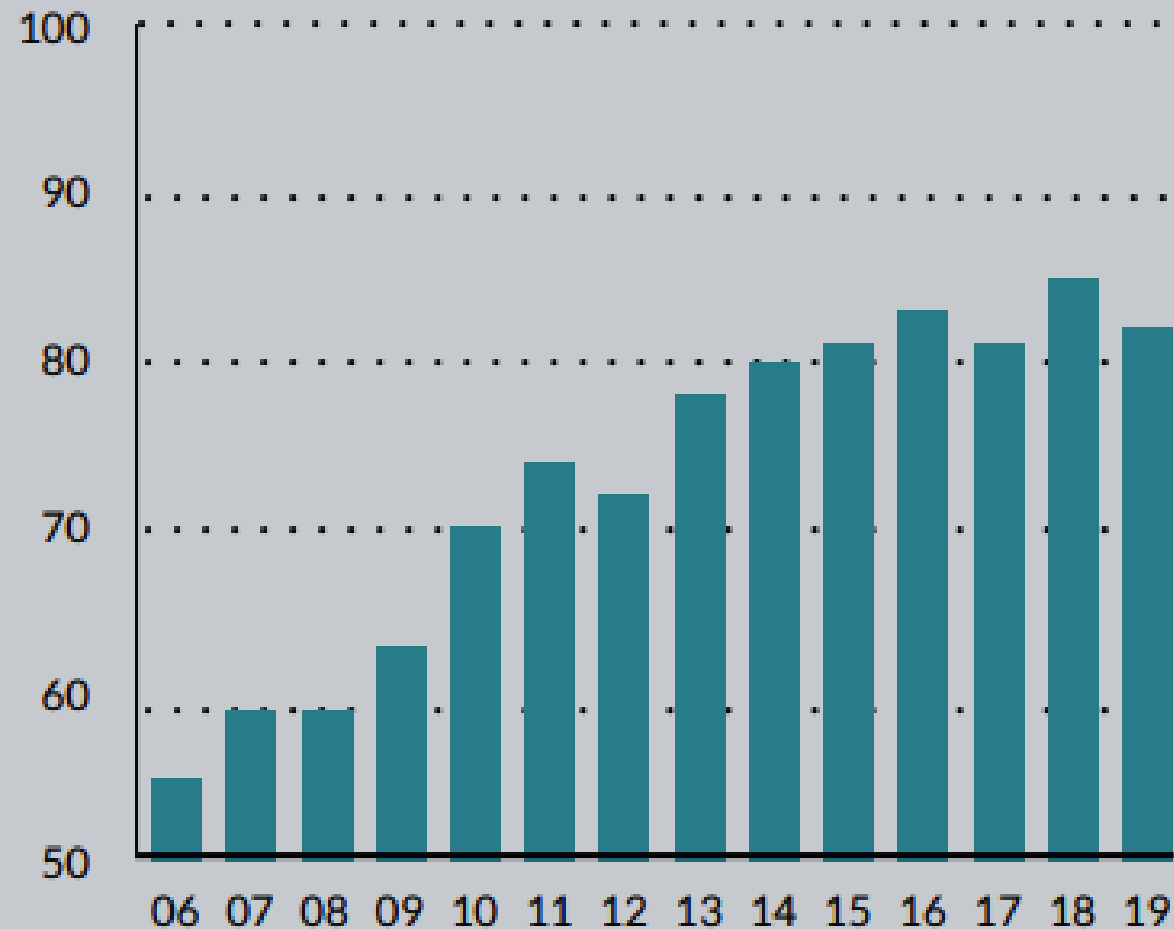
NOTE: Among registered voters. See topline for full question wording.

SOURCE: KFF Health Tracking Poll (Jan. 30-Feb. 7, 2024) • [Get the data](#) • [PNG](#)

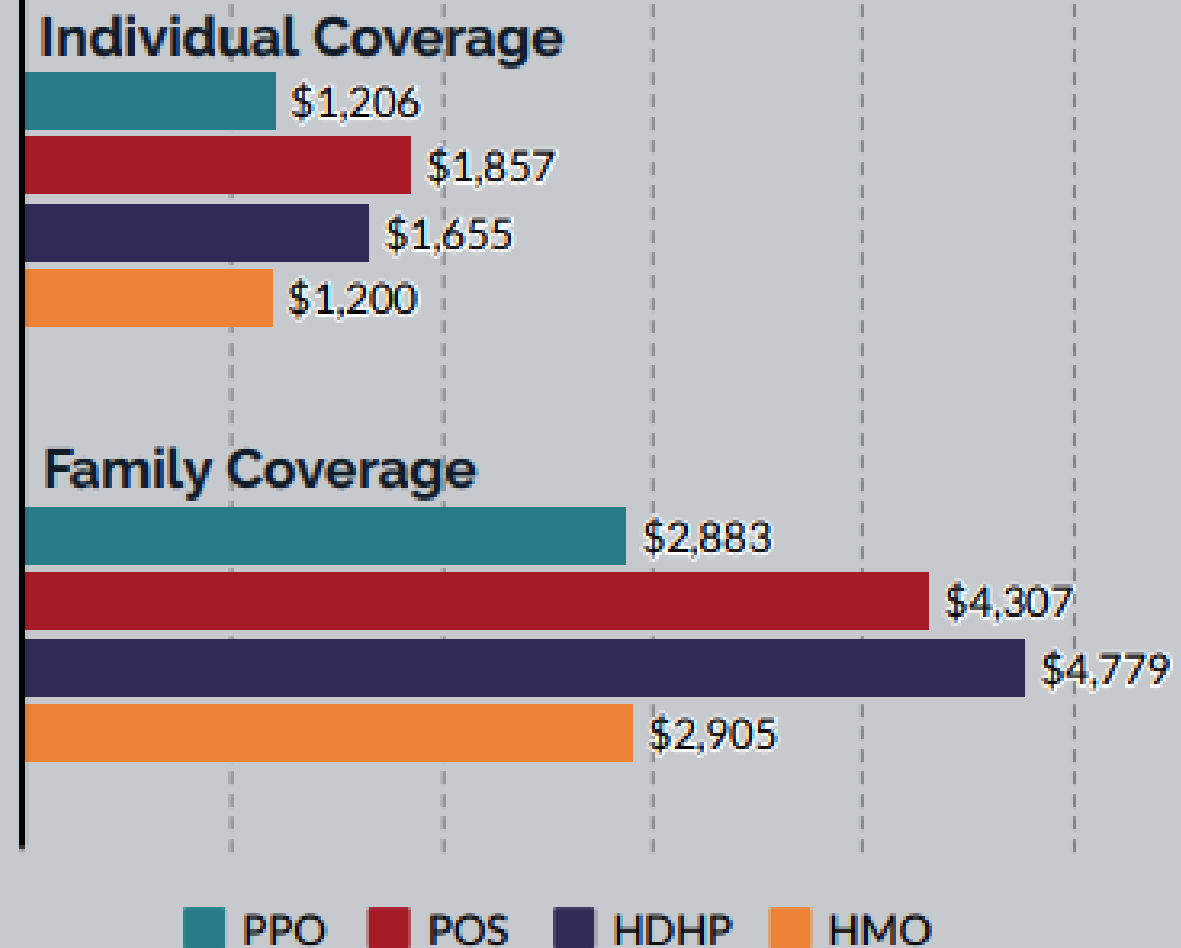
KFF

Americans Do Not Care About Health Care Costs; They Care About **What It Costs Them**

Percent of Americans With a Deductible



Average Deductible by Plan Type in 2019



Inspiration (Still)



“

I can't believe you had to spend a million dollars to show that if you make people pay more for something, they will buy less of it.

”

- Barbara Fendrick (my mother, 1934-2024)

“Blunt” Cost-Sharing Worsens Health Care Disparities

Effects of Increased Patient Cost Sharing on Socioeconomic Disparities in Health Care

*Michael Chernew, PhD¹ Teresa B. Gibson, PhD² Kristina Yu-Isenberg, PhD, RPh³
Michael C. Sokol, MD, MS⁴ Allison B. Rosen, MD, ScD⁵, and A. Mark Fendrick, MD⁵*

Cost-sharing worsens disparities and adversely affect health, particularly among economically vulnerable individuals and those with chronic conditions

The New York Times

OPINION
GUEST ESSAY

What's Wrong With Health Insurance? Deductibles Are Ridiculous, for Starters.

July 7, 2022

13



Mark Cuban 
@mcuban



Want to know one of the biggest problems in healthcare? Deductibles.

Alternative to “Blunt” Consumer Cost-Sharing: A Clinically Nuanced Approach

A “**smarter**” cost-sharing approach that encourages consumers to use more high value services and providers, but discourages the use of low value ones

A Clinically Nuanced Alternative to “Blunt” Consumer Cost-sharing: Value-Based Insurance Design - More of the Good Stuff and Less of the Bad Stuff

- Sets consumer cost-sharing on clinical benefit – not price
- Little or no out-of-pocket cost for high-value care; higher cost-sharing for low-value care
- Implemented by hundreds of public and private payers
- Bipartisan political support
- Improves health outcomes
- Enhances equity

By Niteesh K. Choudhry, Katsiaryna Bykov, William H. Shrank, Michele Toscano, Wayne S. Rawlins, Lonny Reisman, Troyen A. Brennan, and Jessica M. Franklin

Eliminating Medication Copayments Reduces Disparities In Cardiovascular Care

V-BID:

Rare Bipartisan Political and Broad Multi-Stakeholder Support

- HHS
- CBO
- SEIU
- MedPAC
- Brookings Institution
- Commonwealth Fund
- NBCH
- American Fed Teachers
- Families USA
- AHIP
- AARP
- DOD
- BCBSA
- National Governor's Assoc.
- US Chamber of Commerce
- Bipartisan Policy Center
- Kaiser Family Foundation
- American Benefits Council
- National Coalition on Health Care
- Urban Institute
- RWJF
- IOM
- Smarter Health Care Coalition
- PhRMA
- EBRI
- AMA

Putting Innovation into Action: Translating Research into Policy



ACA Sec 2713: Selected Preventive Services be Provided without Cost-Sharing

- Receiving an A or B rating from the United States Preventive Services Taskforce (USPSTF)
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)
- Preventive care and screenings supported by the Health Resources and Services Administration (HRSA)

ACA Sec 2713: Selected Preventive Services be Provided without Cost-Sharing

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By amending Sec 2713, the CARES Act of 2020 mandated COVID-19 testing and vaccines to be provided without patient cost-sharing

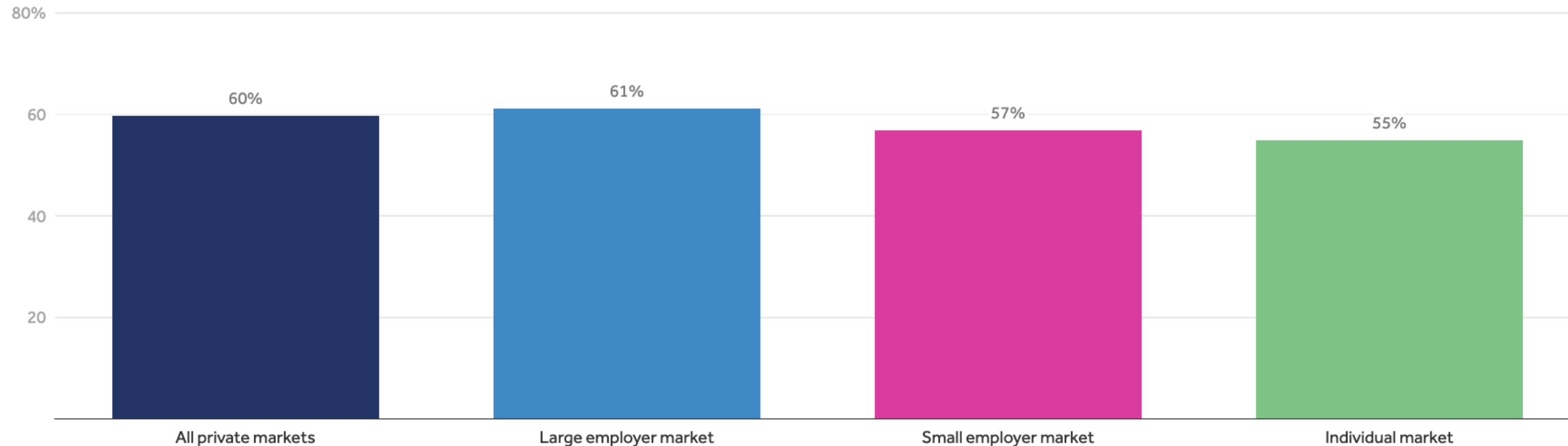


Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act

- Over 230 million Americans have enhanced access to preventive services
 - 150 million with private insurance – including 58 M women and 37 M children
 - 61 million Medicare beneficiaries
 - Approximately 20 million Medicaid adult expansion enrollees
- A majority of studies showed increases in use of fully covered services
- Studies that included socioeconomic status reported more substantial increases in utilization of preventive services in financially vulnerable patients, suggesting that the policy reduced disparities in the delivery of preventive care

About 6 in 10 privately insured people received ACA preventive care in 2018

Share of privately insured enrollees receiving preventive care, 2018



Source: KFF and RTI International analysis of 2018 Merative MarketScan and 2018 EDGE data • [Get the data](#) • [PNG](#)

Texas Judge Finds ACA Requirement for Preventive Services Without Cost Sharing Invalid

- Several outstanding questions remain, but it is possible that this ruling will mean that employers will no longer have to provide first-dollar coverage for the 52 services that have received an “A” or “B” rating from the U.S. Preventive Services Task Force
- This requirement benefitted almost 152 million people in 2020 and led to increases in cancer screening and vaccinations, improved access to contraceptives, and earlier detection and treatment of chronic health conditions, including hypertension, depression, high cholesterol and diabetes.



[Aging](#) · [Health Policy](#) · [Why This Matters](#)

SCOTUS will hear case threatening no-cost preventive care



Joseph Burns and Liz Seegert

March 4, 2025

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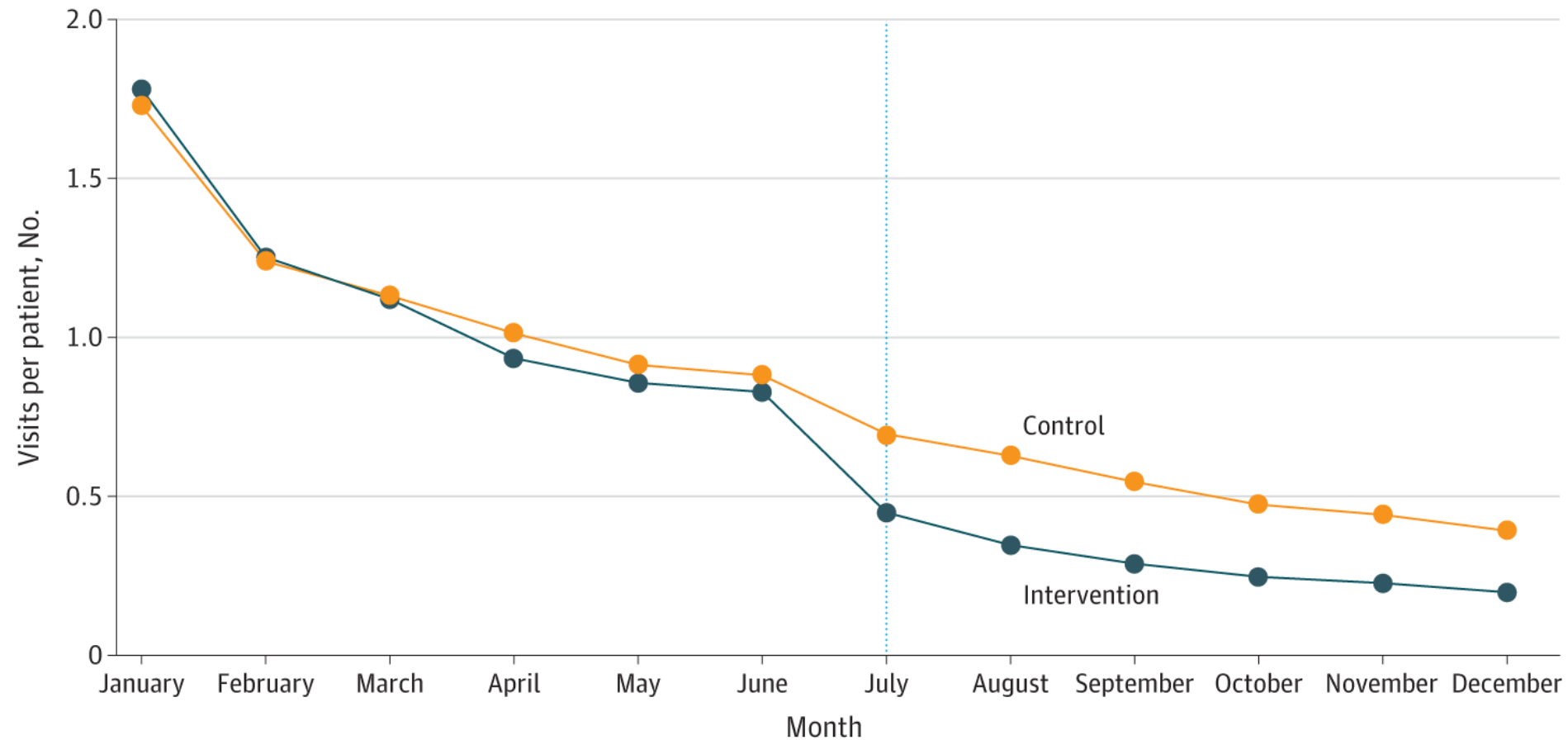
A freeze, or a fix? Preventive care coverage at a crossroads

The future of free preventive care and health screenings rests in the hands of judges and lawmakers – but for now, patients can keep getting them

March 4, 2025 7:35 AM

Author | [Kara Gavin](#) >

Impact of restoration of out-of-pocket costs on receipt of telemental health



V-BID Policies Implemented During the First Trump Administration: Considerations for the Second Term

- Medicare
- High Deductible Health Plan Reform
- VBID-X



Medicare

High Out of Pocket Costs are Common and Impactful For Medicare Beneficiaries

- One-third of Medicare beneficiaries said it was somewhat or very difficult to afford health care costs, including half of people under age 65
- More than one in four Medicare beneficiaries said health care costs made it harder for them to afford food and utility bills in the past 12 months
- More than one in five Medicare beneficiaries said they or a family member delayed or skipped needed care because of the cost in the past 12 months

Medicare Advantage V-BID Model Test

For first time, reduced cost-sharing is permissible for:

- high-value services
- high-value providers
- enrollees participating in disease management or related programs
- additional supplemental benefits (non-health related)

Wellness and Health Care Planning

Advanced care planning

Incentivize better health behaviors

Rewards and Incentives

\$600 annual limit

Increase participation

Available for Part D

Targeting Socioeconomic Status

Low-income subsidy

Improve quality, decrease costs

Telehealth

Service delivery innovations

Augment existing provider networks

DEC 19, 2024

MORE ON MEDICARE & MEDICAID

CMS ending VBID model due to high costs

CMS says the excess costs of the program were "unprecedented" in CMS Innovation Center models.

To temper the ambitious, but unlikely, expectations of reduced expenditures resulting from V-BID programs, our colleague Michael Chernew, PhD, would often say, "Remember, if you buy more things that don't save money, you won't save money."



RELATED TOPICS:

MEDICARE ADVANTAGE | COSTS AND SPENDING | CHRONIC DISEASE | MEDICARE SAVINGS PROGRAMS
| PAYMENT | COST SHARING | ACCESS TO CARE

The End Of The MA Value-Based Insurance Design Model: What Next?

[Riya Doshi](#), [A. Mark Fendrick](#)

FEBRUARY 11, 2025

10.1377/forefront.20250207.262401



Podcast



HEALTH AFFAIRS THIS WEEK

Podcast: What's Happening with Value-Based Insurance Design? w/ Mark Fendrick

February 14, 2025

Inflation Reduction Act of 2022 Includes Several V-BID Elements

- Caps Medicare patients' out-of-pocket costs for insulin at \$35 per month (implemented 2023)
- Caps Medicare patients' out-of-pocket costs at \$2,000 per year, with the option to break that amount into affordable monthly payments (Implemented 2025)
- Covers adult vaccines recommended by the Advisory Committee on Immunization Practices under Medicare Part D without cost-sharing (implemented 2023)



Impact of V-BID Elements of the Inflation Reduction Act of 2022

If you make people pay less for something, they will buy more of it

July 24, 2023

Insulin Fills by Medicare Enrollees and Out-of-Pocket Caps Under the Inflation Reduction Act

Rebecca Myerson, MPH, PhD¹; Dima M. Qato, PharmD, MPH, PhD²; Dana P. Goldman, PhD³; John A. Romley, PhD³

“The IRA cap on cost-sharing was associated with increases in the total number of insulin fills for Medicare enrollees.”

Research Letter | Health and the 2024 US Election

May 23, 2024

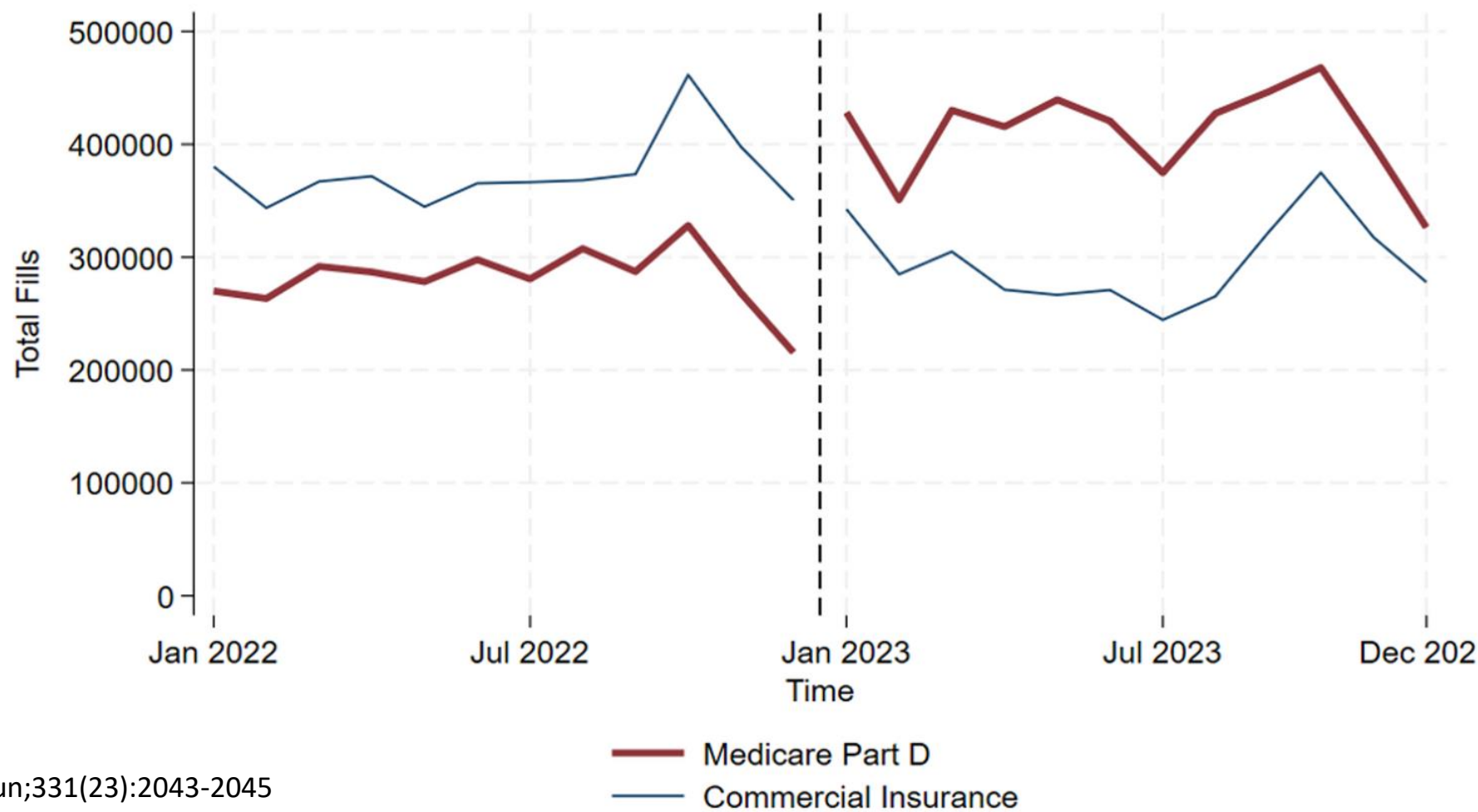
Shingles Vaccination in Medicare Part D After Inflation Reduction Act Elimination of Cost Sharing

Dima M. Qato, PharmD, MPH, PhD^{1,2}; John A. Romley, PhD^{2,3}; Rebecca Myerson, MPH, PhD^{2,4}; [et al](#)

“Following IRA implementation, Part D shingles vaccinations increased by 46%.”

Part D shingles vaccinations increased by 46% after IRA implementation,

All Shingles Vaccine Fills^b





—Inflation Reduction Act Research Series— Medicare Part D Enrollee Out-Of-Pocket Spending: Recent Trends and Projected Impacts of the Inflation Reduction Act

The Inflation Reduction Act's redesign of Medicare Part D will reduce enrollee out-of-pocket spending by about \$7.4 billion annually among more than 18.7 million enrollees (36 percent of Part D enrollees) in 2025 – nearly \$400 per person among enrollees who have savings in out-of-pocket costs under the IRA.

HSA-HDHP Reform



PREVENTIVE CARE COVERED

Dollar one



CHRONIC DISEASE CARE

NOT covered until deductible is met





U.S. DEPARTMENT OF THE TREASURY

PRESS RELEASES

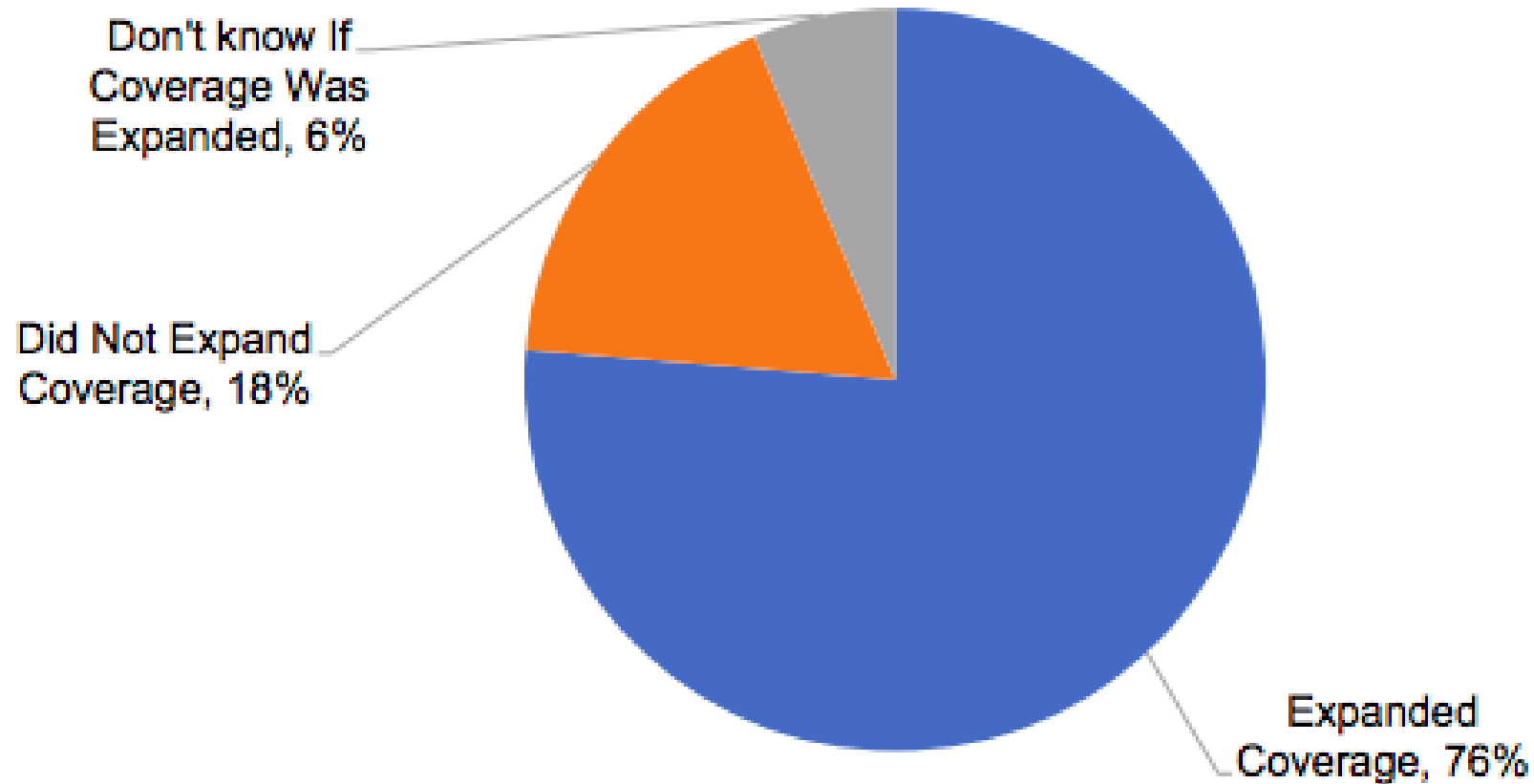
Treasury Expands Health Savings Account Benefits for Individuals Suffering from Chronic Conditions



List of Services and Drugs for Certain Chronic Conditions Classified as Preventive Care Under Notice 2019-45

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

Significant Uptake of IRS Rule Expanding Pre-Deductible Coverage of Chronic Disease Services



Source: Employee Benefit Research Institute survey.

Three Quarters of Employers Expanded Coverage of Chronic Disease Services Allowed Under IRS Rule 2019-45, Enhancing Access for Millions of Enrollees

New Research Finds That Expanding Pre-Deductible Coverage in Health Savings Account–Eligible Health Plans Increased Patient Compliance with Medication Regimens

SOURCE: Fronstin, Paul, and A. Mark Fendrick, “Employer Uptake of Pre-Deductible Coverage for Preventive Services in HSA-Eligible Health Plans,” EBRI Issue Brief, no. 542 (October 14, 2021).

PRESS RELEASES

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House Passes Buchanan's Bill to Expand Coverage Options for Chronic Disease Treatment and Prevention

March 4, 2025

Allows Employers Offering High Deductible Health Plans to Offer Pre-Deductible Coverage of 14 Chronic Healthcare Services

Paying for More Generous Coverage of High Value Care: Reduce Spending on Low Value Care



Paying for More Generous Coverage of High Value Care: Reduce Spending on Low Value Care

- Increase premiums – politically not feasible
- Raise deductibles and copayments – ‘tax on the sick’
- Reduce spending on low value care

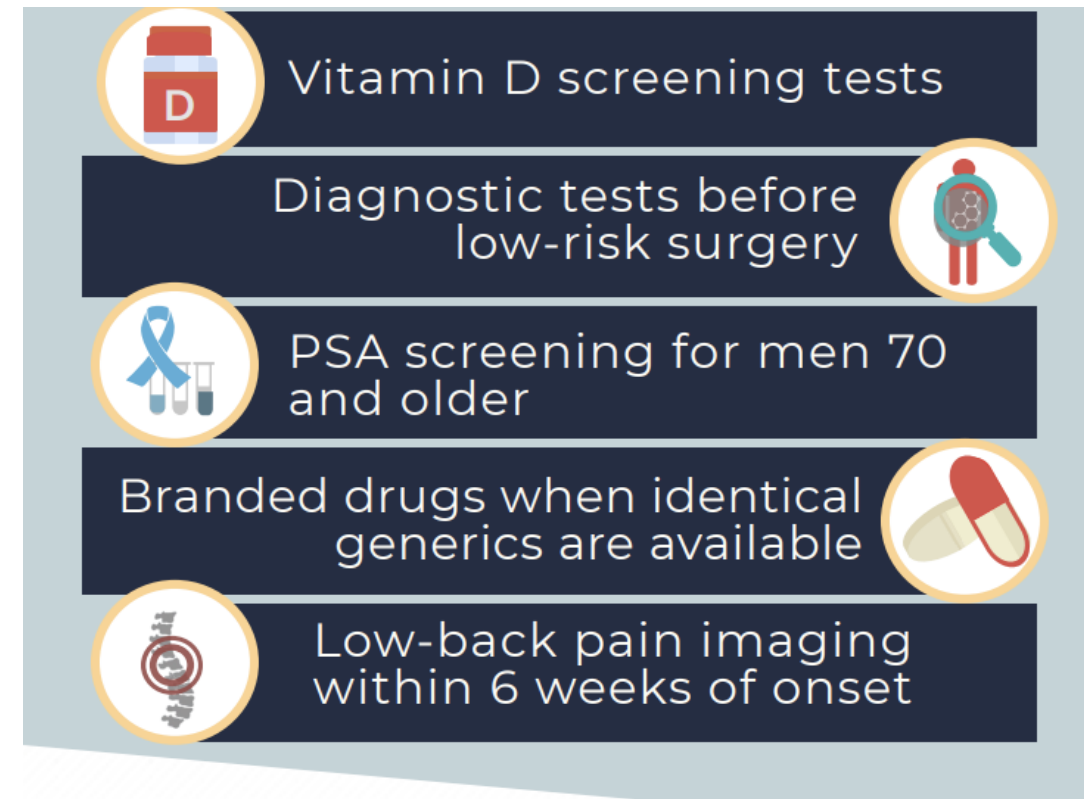
**\$345
BILLION**

Tackling Low-Value Care: A New “Top Five” for Purchaser Action

[Jason D. Buxbaum](#), [John N. Mafi](#), [A. Mark Fendrick](#)

NOVEMBER 21, 2017

10.1377/forefront.20171117.664355



RESEARCH ARTICLE

[HEALTH AFFAIRS](#) > [VOL. 29, NO. 11](#): DESIGNING INSURANCE TO IMPROVE VALUE IN HEALTH CARE

Applying Value-Based Insurance Design To Low-Value Health Services

[A. Mark Fendrick](#), [Dean G. Smith](#), and [Michael E. Chernew](#)

[AFFILIATIONS](#) ✓

PUBLISHED: NOVEMBER 2010 **No Access**

<https://doi.org/10.1377/hlthaff.2010.0878>

Massive waste in healthcare spending

 **The Rabbit Hole**  @TheRabbitHole84 · Dec 4, 2024

Wasteful Healthcare Spending in the United States



Wasteful healthcare spending can reach up to \$935 billion a year

TYPES OF WASTEFUL HEALTHCARE SPENDING (BILLIONS OF DOLLARS)



SOURCE: Journal of the American Medical Association, *Waste in the US Health Care System: Estimated Costs and Potential for Savings*, October 2019.

NOTES: Data represent the upper threshold of estimates by Shrank and colleagues. Total sum may be different due to rounding.
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PGPF.ORG

ACA Sec 4105:

Selected No-Value Preventive Services Shall Not Be Paid For

SEC. 4105. EVIDENCE-BASED COVERAGE OF PREVENTIVE SERVICES IN MEDICARE.

(a) **AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.**—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(n) **AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.**—Notwithstanding any other provision of this title, effective beginning on January 1, 2010, if the Secretary determines appropriate, the Secretary may—

“(1) modify—

“(A) the coverage of any preventive service described in subparagraph (A) of section 1861(ddd)(3) to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force; and

“(B) the services included in the initial preventive physical examination described in subparagraph (B) of such section; and

“(2) provide that no payment shall be made under this title for a preventive service described in subparagraph (A) of such section that has not received a grade of A, B, C, or I by such Task Force.”.

(b) **CONSTRUCTION.**—Nothing in the amendment made by paragraph (1) shall be construed to affect the coverage of diagnostic or treatment services under title XVIII of the Social Security Act.

HHS granted authority to not pay for USPSTF ‘D’ Rated Services

Original Investigation | Health Policy

Low-Value Prostate-Specific Antigen Test for Prostate Cancer Screening and Subsequent Health Care Utilization and Spending

David D. Kim, PhD; Allan T. Daly, MS; Benjamin C. Koethe, MPH; A. Mark Fendrick, MD; Daniel A. Ollendorf, PhD; John B. Wong, MD; Peter J. Neumann, PhD

RESEARCH ARTICLE | CONSIDERING HEALTH SPENDING

[HEALTH AFFAIRS](#) > [VOL. 41, NO. 9](#): NURSES, CARE DELIVERY, PHARMACEUTICALS & MORE

State-Level Variation In Low-Value Care For Commercially Insured And Medicare Advantage Populations

[Lauren A. Do](#), [Benjamin C. Koethe](#), [Allan T. Daly](#), [James D. Chambers](#), [Daniel A. Ollendorf](#), [John B. Wong](#), [A. Mark Fendrick](#), [Peter J. Neumann](#), and [David D. Kim](#)

V-BID X:

Better Coverage, Same Premiums and Deductibles



V-BID X: Expanding Coverage of Essential Clinical Care Without Increasing Premiums or Deductibles

Clinically driven plan designs, like **V-BID X**,
reduce spending on **low-value care**



...creating headroom to reallocate spending
to **high-value services** without increasing
premiums or deductibles

V-BID X: Creating A Value-Based Insurance Design Plan For The Exchange Market

Haley Richardson, Michael Budros, Michael E. Chernew, A. Mark Fendrick

JULY 15, 2019

10.1377/hblog20190714.437267

MAY 08, 2020 | MORE ON MEDICARE & MEDICAID

CMS promotes value-based insurance design in final payment notice for 2021

Much of CMS’s framework—including a list of high-value services that insurers could cover with little no impact on premiums but better care incentives—comes from the [University of Michigan’s Center for Value-Based Insurance Design](#). The list includes a number of the same preventive care benefits that can be newly provided by a high-deductible health plan paired with a health savings account on a pre-deductible basis under [Treasury guidance](#) from July 2019.

High Value Generic Drug Classes with Zero Cost Sharing

ACE inhibitors and ARBs
Anti-depressants
Antipsychotics
Anti-resorptive therapy
Antiretrovirals
Antithrombotics/anticoagulants
Beta blockers
Buprenorphine-naloxone
Glucose lowering agents
Inhaled corticosteroids
Naloxone
Rheumatoid arthritis medications
Statins
Thyroid-related
Tobacco cessation treatments

High Value Branded Drug Classes with Reduced Cost Sharing

Anti-TNF (tumor necrosis factor)
Hepatitis C direct-acting combination
Pre-exposure prophylaxis for HIV (PrEP) ¹

Specific Low Value Services Considered

Proton beam therapy for prostate cancer
Spinal fusions
Vertebroplasty and kyphoplasty
Vitamin D testing

Enhancing Access and Affordability to Essential Clinical Services

- Save preventive care mandate
- Expand pre-deductible coverage/reduce consumer cost-sharing on high-value, essential chronic disease services
- Identify, measure and reduce low-value care
- Implement clinically-driven plan payment reform, technologies and benefit designs (i.e., V-BID X) that increase use of high-value services and deter low value care

An aerial photograph of a large, empty stadium. The stadium is oval-shaped with a blue roof. The field is green with yellow lettering that reads 'MICHIGAN' at both ends. The seating area is divided into sections of blue and grey. The stadium is surrounded by parking lots, roads, and some trees.

“If we don’t succeed then we will fail.”

Dan Quayle

Thank you

Questions?

www.vbidcenter.org

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