SPWG Notes, Meeting 2, September 19, 2023

Attendance:

LAST NAME	FIRST NAME	Organization
Palanker	Dania	Georgetown University, SPWG Chair
Jensen	Carla	Aetna
Pankow	Jennifer	Aetna
Vayda	Kerry	Aetna
Bailey	LeeAnn	Aetna
Lake	Keith	AHIP
Lucado	Dwayne	CareFirst
Neimiller	Jason	CareFirst
Bream	Cory	CareFirst
Sucher	Greg	CareFirst
Parcham	Cheryl	Families USA
Chuang	Stephen	KP
Le	Ky	KP
Young	Theresa	KP
Mangiaracino	Allison	KP
Davis	Janice	Living Capital
Blecher	Keith	UHC
Chandrasekaran	Dave	Voter Empowerment
Liebers	Howard	DISB
Beard	Andre	HBX
O'Brien	Ellen	HBX
Senkewicz	MaryBeth	HBX
Adomshick	Mary	Oliver Wyman
Scharl	Peter	Oliver Wyman
Feleke-Eshete	Lienna	Whitman-Walker

Discussion:

Presentation: Lienna Feleke-Eshete, MPM (Senior Policy Analyst- Whitman Walker Institute)

The speaker's presentation was titled ***Evaluating Coverage Needs for Cardiovascular Disease in the District.*** Based on her research CVD is the leading cause of death in the District, and informed the group that the District has the seventh highest CVD rate in the country. The CVD death rates are unequal due to structural racism: black people are less likely to be prescribed statins to treat high cholesterol; people of color and uninsured patients are less likely to receive counseling for tobacco cessation. Further, she offered a review of CVD clinical guidelines which encourage the regular evaluation of CVD risk for all adults aged 40-75 with pursuit of non-pharmacological interventions first. Hypertension, high cholesterol, tobacco cessation, and post-cardiac event care were the basis of the clinical guidelines. Lienna ended her discussion with a synopsis of qualitative interviews conducted with Whitman Walker Health providers around CVD. Based on her research and the information gathered from providers,

Lienna recommended that the SPWG adopt a comprehensive approach to the prevention of CVD that addresses core risk factors like diet, exercise and sleep. Her recommendations also included no-cost services for the following: at home blood pressure monitors, medical nutrition therapy, smoking cessation programs and cardiac rehab.

There were no questions or comments for Lienna. Ellen thanked Lienna for her presentation and opined that it was a great compliment to Dr. Borden's presentation and that it offered District specific considerations and recommendations.

Cheryl asked for clarification on the recommendation for generic drug costs and Lienna stated that she recommends generics at zero cost share.

Keith opined that, to simplify the operation piece, we should go with zero cost share on PCP visits for the plans, and see what it does to the AV. He further stated that there are so many complexities for both the members and the plans because there are so many different cost shares. He recommended that this be simplified in terms of coverage because the PCP visit has a major impact on the AV. If you pull one lever, you must pull another lever.

Presentation: Peter Sharl, FSA, MAAA (Senior Manager, Actuarial Consulting- Oliver Wyman)

Peter discussed his grid titled **DRAFT - AV ANALYSIS #1** with the group, informing the group that he ran the plans through the latest AV calculator and that the inputs were based on nation-wide and DC specific utilizations with a weighted average co-pay. The silver and bronze numbers are much higher than platinum and gold for two reasons: 1.) the generic drug co-pay is higher for both silver and bronze plans; and 2.) within the AV calculator there is no adjustment in assumptions. So, the continuance tables for silver and bronze show a larger impact. Notably, Peter discussed that the bronze is now pushed outside of the de minimis range for the 2024 calculator. He is not sure if the 2025 AV calculator will change.

Peter confirmed to Keith that the extended bronze range is 65%.

Cheryl asked for confirmation on the number of bronze plan enrollees. MaryBeth advised that she'd have to confirm, but there are likely 17.5K enrollees in individual plans, and 5K enrollees are in SHOP.

Allison stated that, in reviewing the AV assessment, the figures are eye-popping, particularly in the bronze. She stated that bringing the plan into compliance with the AV would seemingly undercut the goal of equity because the cost share for the vulnerable and recovering. The figures will likely lead to an increase in disease management disparities, including death. She reiterated that the vulnerable will ultimately suffer, so we need to make cost sharing neutral. She recommended that the group look at ways to reduce the AV impact, even if it means applying a low-cost share versus no-cost share on Peter's recommended drugs. She stated that we should reduce the current cost share by half.

Cheryl asked if someone at the health department could look at whether District or federal funds can be used to reduce the costs. She stated that Arizona and New Mexico are both paying for gaps in care. She stated that, in the least, we should at least bring the matter to the attention of the DC Council.

Dania asked whether we have information on racial demographics of DC Health Link customers. Marybeth stated that she is not sure and that she knows information on age can be found but would need to double-check race. Ellen said that information on race is sketchy because people usually elect to not give race when they pick a plan.

Dania stated that there have been great strides at balancing the equity piece with costs and thanked the carriers for their comments and suggestions. She further stated that she, for example, did not want to increase the costs for someone with sickle cell.

Ellen asked the group for ideas on what to include or exclude that will not impact the AV. Allison stated that Kaiser covers USPSTF recommendations for blood pressure, including monitoring cuffs.

Peter stated that he will model lower copays within the AV calculator and will advise the group on his findings.

MaryBeth asked Lienna if her medical list was more comprehensive than Peter's. She opined that she felt the list was more comprehensive than Peter's because it includes tobacco cessation. MaryBeth followed up by asking Lienna if, considering her answer, if we need to focus on smoking cessation. Lienna said that providers are saying there are some issues and breakdown in coverage of tobacco cessation, cardiac rehab and medical nutrition therapy.

MaryBeth asked the group if medical nutrition therapy is something we should focus on in terms of the AV. Cheryl answered in the affirmative and added that we should see how all of Whiteman Walker's recommendations impact the AV calculator.

Dania agreed that all of Whiteman Walker's recommendations located on page 11 of Lienna's report should be assessed for AV impact.

Peter stated that he has already run all of Massachusetts' drugs in the AV. MB asked that he now run Whitman Walker's in the AV by rows. So, 4 new AV calculations will be provided to the group representing the 4 blocks of recommendations located on page 11 of Lienna's presentation.

Dania asked the group where cardiac rehab fits. MB asked the carriers to opine on this. Ellen stated that that particular benefit falls under rehab therapy. Peter stated that he would take out any of the CPT codes that were already run. This will prevent duplication in modeling. Peter will then do a combination of procedure code and diagnosis code. MaryBeth then restated to the group that Peter and Mary (Oliver Wyman) will have at least 4 new AV impact models for the group. Peter said that he will do his best to have the models ready for the next meeting, but there are no guarantees due to other projects.