

2023 Southeastern Actuaries Conference Spring Meeting June 22, 2023 at Sandpearl Resort – Clearwater Beach, Florida

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Agenda

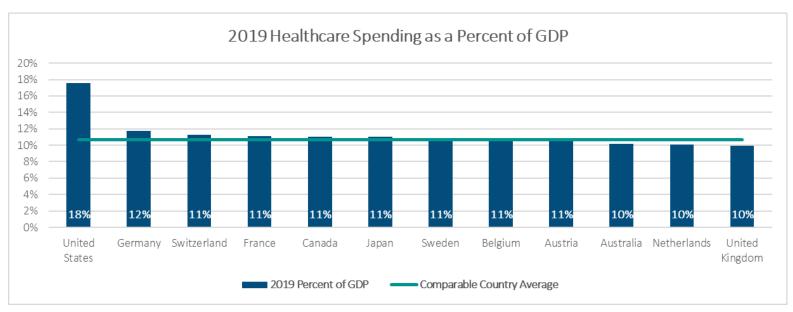
Introduction and Origins

How Do You Define Value?

How Do You Measure Value?

Applying the Answers

Initiative 18 11: What Can We Do About the Cost of Health Care?



- In 2019 the U.S. spent 18% of its GDP on healthcare compared to 11% for comparable countries but usually ranks last in quality
- For more information on Initiative 18 | 11: Initiative 18 | 11 | SOA

18|11 Recurring Themes

The Healthcare Identity

- One person's cost is another person's income
- Efforts to constrain costs often fail, like the Medicare sustainable growth rate

Wrong Pocket – Long Pocket

- Wrong pocket: organization financing a drug may not be the organization reaping benefits
- Long pocket: the time needed to achieve savings may not meet payer's objectives

The 5/50 Principle

- Approximately 50% of total expenses are attributable to 5% of the population
- It is not the same 5% each year

Several themes emerged during the early phases of 18 | 11 that could be helpful now.

The 18 | 11 Pharmacy Strategic Initiative

Article Series

- Actuarial Perspectives on Prescription Drug Financing
 Actuarial Perspectives on Prescription Drug Financing The Actuary Magazine
- Additional Actuarial Perspectives on Prescription
 Drug Financing Additional Actuarial Perspectives on Prescription Drug Financing The Actuary
 Magazine

Research Domains

- The drug development process
- Economic impact
- Consumer impact
- Regulatory process

Themes

- Increase transparency
- Encourage competition
- Align stakeholder incentives
- Mitigate total cost of care

Following the 18 | 11 conference, a key next step was to determine what we know and don't know about the pharmacy space

SOA Pharmacy Partnership Forum

Topic	Key Question
Defining value	How should we define the value of a prescription drug?
Measuring value	How should we measure the value of a prescription drug? Do we have the data and analytical methods we need?
Applying the answer	How should we scalably and meaningfully apply these answers to pharmacy financing?

Reimagining Pharmacy Financing: gathering health economics outcomes researchers, clinical pharmacists, medical doctors, benefits consultants, Medicaid specialists, academics and health actuaries

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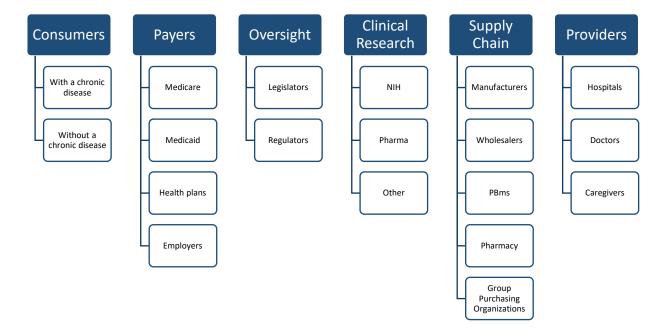
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Defining Value

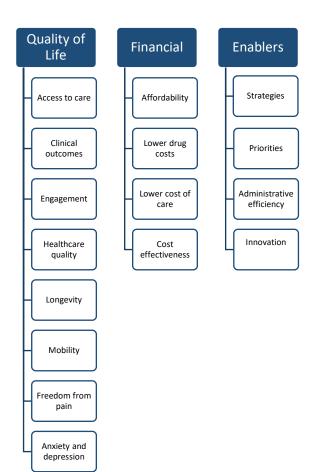
Stakeholders



- Stakeholder Views
 - Society as a whole
 - Patient-Centric
 - Transactional
- Vested Interests
 - Taxpayers
 - Investors
- Support functions
 - Employees
 - Brokers and consultants

Defining Value

Transaction Value Framework



- View by stakeholder
 - Varies by stakeholder
 - Each stakeholder may value multiple items
- Purpose of this framework
 - Can each element be defined?
 - Can each element be measured?

Defining Value

The Value Flower



- Health Economics View of Value
 - Also known as the ISPOR value flower
 - Relies on quality-adjusted life years (QALY), not financial transactions
 - Key measure: cost per QALY gained
- Overlap with transactional view

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Value-Specific Measures

Total Cost Quality of **Total Drug** Spend of Care Life Medical savings **Net of Rebates** attributable to a **HEDIS** drug On an "all other things being **Medicare Stars** equal basis" Surveys

New Drug Coverage Decisions

Health
Technology
Assessments
(HTAs)

- Used by some countries as a starting point for inclusion/exclusion of a drug from formulary
- Evidence-based
- Key questions: Does the drug work? Is it safe? Is it cost-effective?
- Definition of cost-effective: Is the cost of the drug per QALY less than a benchmark, like \$50,000?

QALYs

- 1 QALY = 1 additional year in full health
- Quality measured by a survey like the EQ-5D
- Survey domains include mobility, self-care, pain, etc.
- Survey domains do not include longevity
- Concerns: Definition of quality varies by individual

Data for Price Negotiations

Year 1 Subsequent Years Experience from prior years Clinical trials Alternate drugs

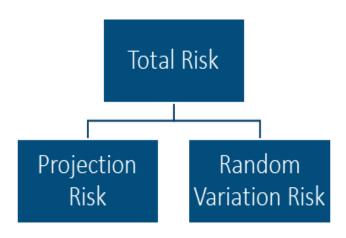
- In the U.S. prices are negotiated annually
 - In Year 1, HTAs and clinical trials may be the only sources of information
 - In subsequent years
 - Additional experience data is available
 - New drugs are introduced, go off patent etc.
 - HTAs and clinical trials may still provide additional information
 - In every year
 - Various stakeholders' goals must be considered
 - The target population for the payer must be considered

The Value Stack: A New Measurement Tool



- Translates non-monetary value measures to monetary values
- Examples
 - Pain relief can be monetized as the reduction in the cost of pain relievers
 - Oncology medications can be monetized based on progression-free survival
- Frames summary of value in terms of return-on-investment (ROI) ratio, which most organizations are familiar with and utilize in making all kinds of decisions
- Identifies sources of cost and value (total and/or incremental)
- Identifies "share of ROI" expected to be realized by each stakeholder type

Total Risk Analysis: A New Concept



Total risk includes

- Probability of a missed projection
- Random variation, high- cost claimants

Quantifies answers

- What is the expected gain or loss?
- What are the chances we will lose more than \$1 million

Research paper

- Calculated Risk: Driving Decisions Using the 5/50 Research
- In pre-publication
- To be posted on <u>Health Care Cost Trends</u>
 <u>Strategic Research | SOA</u>

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Current Efforts to Control Costs, Increase Quality

Cost Management

- Formularies
- Rebates
- Benefit plan design

Utilization Management

- Prior authorization/step-therapy
- Quantity limits
- Drug utilization review

Policy Solutions

The Inflation Reduction Act

- Enacted 2022
- Requires drug companies to pay an additional rebate if they raise prices higher than inflation
- Permits Medicare to negotiate prices for more costly drugs
- Caps insulin cost-share at \$35/month for Medicare

Other Proposals

- Price transparency
- Eliminate spreads
- Reference pricing
- Import from other countries

Alternate Payment Methods

FFS No link to quality and value

FFS with link to quality and value Payments for infrastructure and operations Pay for reporting Pay for performance

APMs with shared savings APMs with shared savings and downside risk

Populationbased payments Condition-specific population-based payments Comprehensive population-based payments Integrated finance and delivery systems

- National framework, HPM-LAN
- Mostly doctors and hospitals now

Change Management Roadmap (HPM-LAN)

Learning

- Create awareness regarding need for changes in financing
- Show the value to the stakeholder

Investing

- Build knowledge base for data, methods, best practices
- Build infrastructure

Aligning

- Share data
- Share risk and savings

Transforming

- Standardize process
- Move towards population risk sharing

Current Structure

- Designed for doctors/hospitals
- Timeframe: 1 Year

Pharmacy Adaption

- Multiple years to measure savings
- Value stack key

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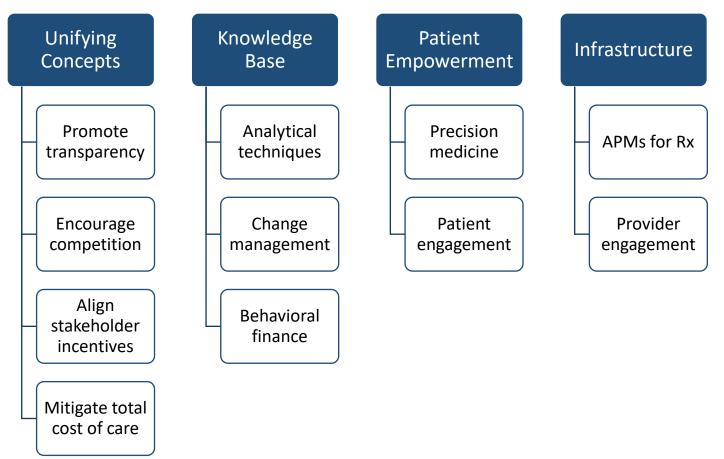
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Next Steps

The Industry Perspective



Next Steps

SOA Strategic Initiatives and Engagement Opportunities

Reimagining Pharmacy Financing Forum

- Held March 2023
- Conference report in pre-publication <u>Health Care Cost Trends Strategic</u> <u>Research | SOA</u>

Research

- Reimagining Pharmacy Financing Rx Total Cost of Care Research Project
- Funded by SOA Health Section Council
- Due 12/31/2023

Sub-groups

- Pharmacy sub-group
- Health Analytics sub-group
- Sign-up at <u>Public Listservs | SOA</u>

Other

- Sessions/webinars: internal and external (AMCP, etc.)
- Articles (HealthWatch, etc.)
- Podcasts

Contact Information

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