

Policy, Politics, and Progress:

Improving the Patient Experience through Value-Based Insurance Design

Featuring Keynote Speaker: Stephen Parente, Senior Economist, Executive Office of the President

Event Agenda

Wednesday, January 29 | 9:00 am – 12:00 pm

Russell Senate Office Building | Room 325 (Kennedy Caucus Room)

Washington, DC 20002

❖ **Coffee and Continental Breakfast**

8:30 – 9:00 am

❖ **Welcome and Introduction**

9:00 – 9:15 am

Andrew MacPherson and Katy Spangler, Co-Directors, Smarter Health Care Coalition

Keynote Address

❖ **Perspectives from the Trump Administration – The Future of Value Based Insurance Design**

The Trump Administration has advanced V-BID policies in a range of areas and begun to transform the way healthcare services and drugs are accessed and paid for in the United States from the continuation and expansion of the CMMI V-BID demonstration to the Treasury Department expansion of access to pre-deductible services and drugs in HSA-qualified HDHPs. This Administration has significantly expanded V-BID concepts and policy. Dr. Parente will address the Administration's efforts to expand V-BID concepts and will discuss future expansion of new efforts thereon.

9:15 am – 9:45 am

Stephen Parente, Senior Economist, Executive Office of the President, Council of Economic Advisers

Expert Presentations

❖ **Using Data to Define High-Value Services**

Data are the foundation of value-based insurance design – identifying high-value medical and social services and connecting these services to the right patients requires information. Dr. Ryan Bosch will discuss how data can inform health plan benefit design and the identification of high-value care and social determinants of health services. Dr. Bosch will also explore current barriers and future opportunities to the use of data to better inform benefit design.

9:45 am – 10:05 am

Dr. Ryan Bosch, Founder and President, Socially Determined

❖ **V-BID Model Incorporation of the Medicare Hospice Benefit into Medicare Advantage**

On December 19, 2019, the Center for Medicare and Medicaid Innovation (CMMI) released the Request for Applications (RFA) for the carve-in of the Medicare hospice benefit (MHB) into Medicare Advantage (MA) under the V-BID Model. The purpose of the carve-in is to test the impact on payment and service delivery of incorporating the Medicare Part A hospice benefit with the goal of creating a seamless care continuum in the MA program. John Richardson and Tzvetomir Gradevski will provide an overview and history of the carve-out, a summary of the main components of the carve-in, and will provide future considerations for participating providers and V-BID plans.

10:05 am – 10:30 am

John Richardson, Chief Strategy Officer, National Partnership for Hospice Innovation

Tzvetomir Gradevski, Strategic Initiatives and Policy Coordinator, National Partnership for Hospice Innovation

Panel Discussion

❖ **Making Health Care Smarter by Decreasing Low-Value Care**

“Low-value care” comes with potential harm to patients, significant costs to the federal government, and unnecessary out-of-pocket costs. Health care stakeholders across the country are increasingly interested in low-value care as an opportunity to reallocate health care resources, increase quality, and ultimately reduce overall spending. This panel will explore policy options for reducing the provision of low-value care as well the opportunities and challenges it presents to providers, payers and consumers alike.

10:30 am – 11:30 am

Moderator: **Katy Spangler**, Co-Director, Smarter Health Care Coalition

Panelist 1: **Beth Bortz**, President and CEO, Virginia Center for Health Innovations

Panelist 2: **Amanda Deegan**, Director, Global Public Policy, Walmart

Panelist 3: **Dr. John Keats**, National Medical Director for Affordability and Specialty Partnerships, Cigna

Closing Keynote Address

❖ **V-BID 2020: Expanding Coverage of Essential Clinical Care Without Increasing Premiums or Deductibles**

Blunt cost sharing approaches, such as deductibles, decrease use of high-value clinical services, particularly by those with chronic clinical conditions and low incomes. Reduced consumer cost-sharing and enhanced pre-deductible coverage of essential services and drugs will increase utilization, improve patient outcomes, and lower health care disparities. Cutting spending on unnecessary care can reduce patient harm and create "headroom" for added spending on high-value services and is an alternative to raising premiums for all beneficiaries or increasing deductibles. Innovative, cost neutral, benefit designs (e.g. V-BID X) that cover more essential services on a pre-deductible basis, while decreasing exposure to, and spending on, harmful care, would better meet the clinical and financial needs of millions of Americans.

11:30 am – 11:50 am

Dr. Mark Fendrick, Director, University of Michigan Center for Value-Based Insurance Design

❖ **Thank-you and Closing Remarks**

11:50 am – 12:00 pm

Ray Quintero, Co-Director, Smarter Health Care Coalition