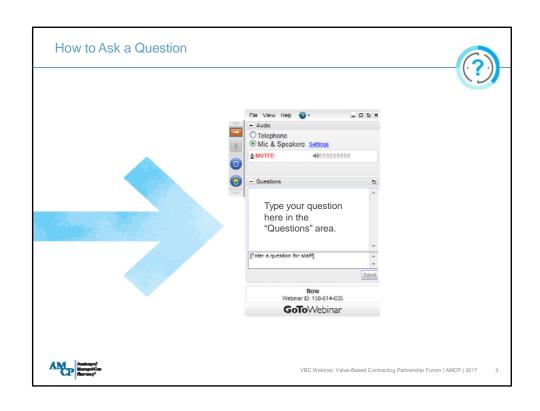
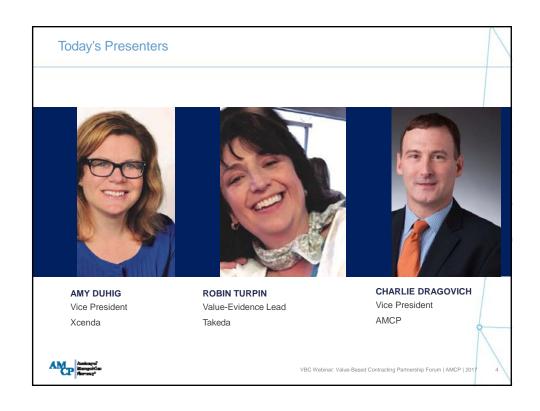
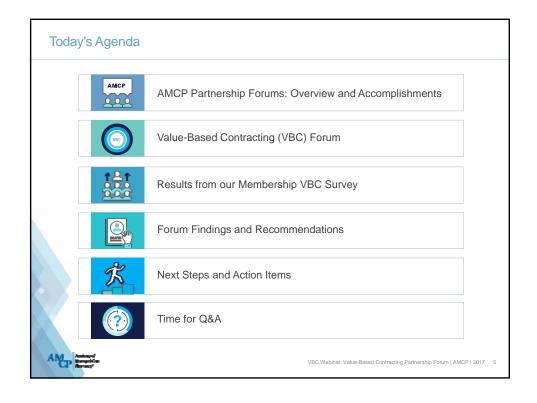


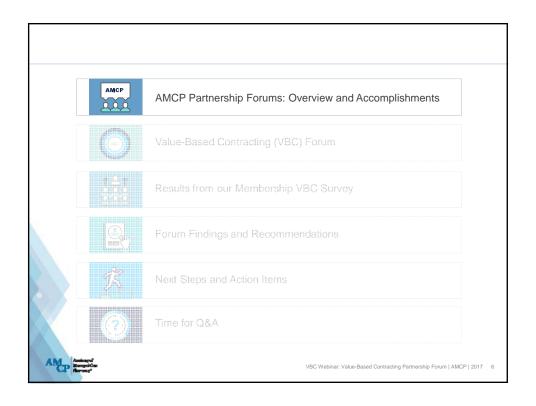
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What are AMCP Partnership Forums?

Forum brings together a diverse group of health care stakeholders to discuss key issues facing managed care pharmacy and collaboratively help shape the changing health care landscape.

Conclusions and recommendations:

- Shared via webinars
- Proceedings published in the Journal of Managed Care and Specialty Pharmacy
- Drive AMCP strategic initiatives





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What are AMCP Partnership Forums?

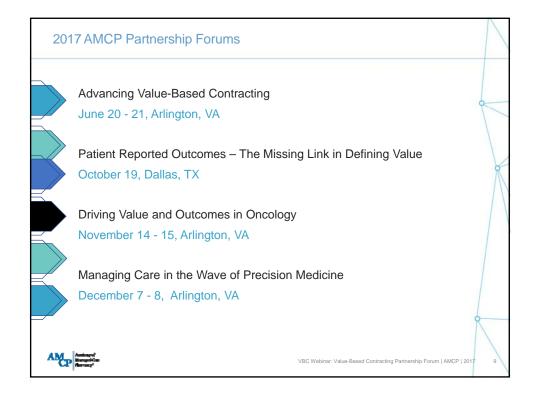
Previous Forum Results/Accomplishments

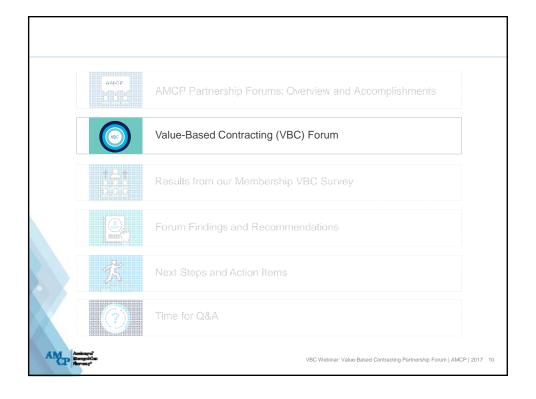
- Advanced preapproval and post-approval communications policies
 (Preapproval Information Exchange and FDAMA Section 114)
- Addiction Treatment Advisory Group
- MTM Advisory Group
- Biologics and Biosimilars Collective Intelligence Consortium (BBCIC)





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VBC Goals and Objectives



Define Value-Based Contracting



Explore Value-Based Contracting Opportunities and Hurdles



Create an Action Plan



VBC Forum Participants

30+ participants from health plans, integrated delivery systems, pharmacy benefit managers, employers, data and analytics experts, and biopharmaceutical companies

Aetna

Amgen

Blue Cross Blue Shield Association

Bristol-Myers Squibb

CareFirst BlueCross BlueShield **Deloitte Consulting**

DLA Piper

Eli Lilly and Company

Essentia Health

Evolent Health Harvard Pilgrim Health Care

Healthagen Outcomes, Division of Aetna

Healthcare Consulting

Heritage Provider Network Kaiser Foundation Hospitals

Magellan Rx Management Massachusetts General Hospital Merck & Co.

Milliman

National Health Council

National Pharmaceutical Council

Network for Excellence in Health Innovation (NEHI)

Novo Nordisk

Pharmaceutical Research and Manufacturers of America

Predictive Health Premier Inc.

Prime Therapeutics

PriorityHealth

Rampy Northrup LLC RxAnte

Takeda

University of Utah College

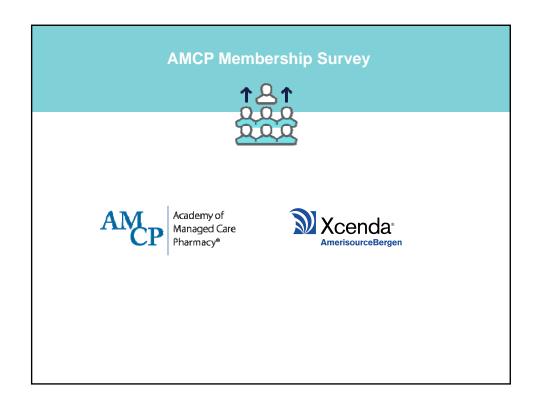
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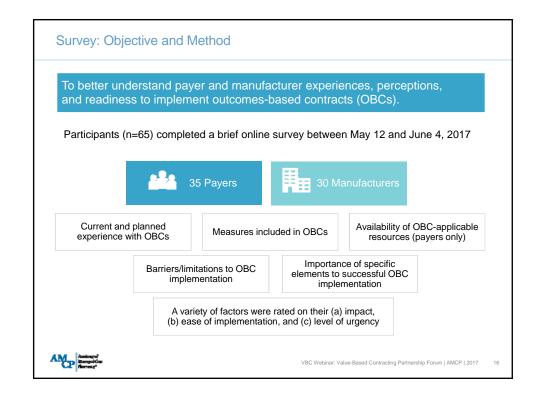


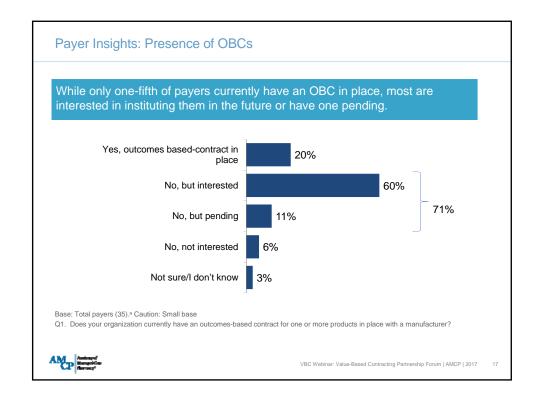
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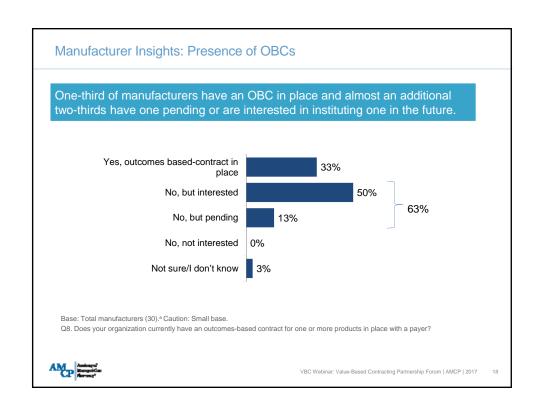


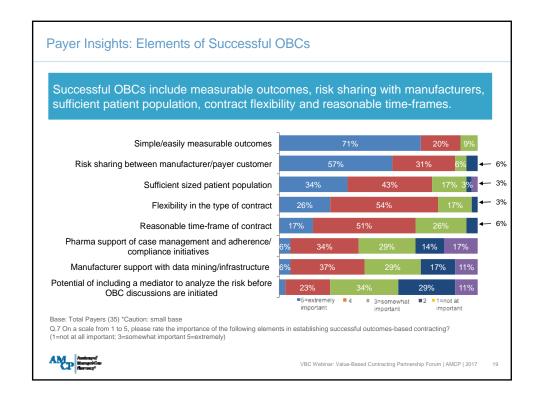


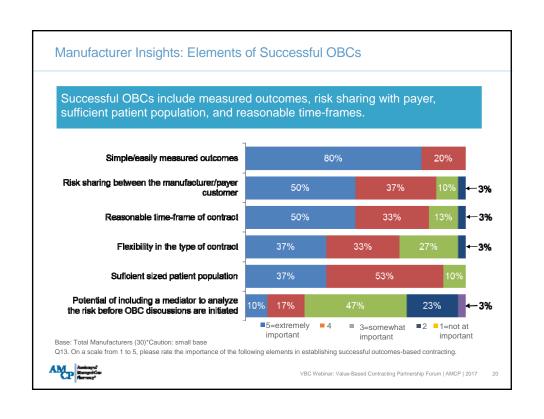


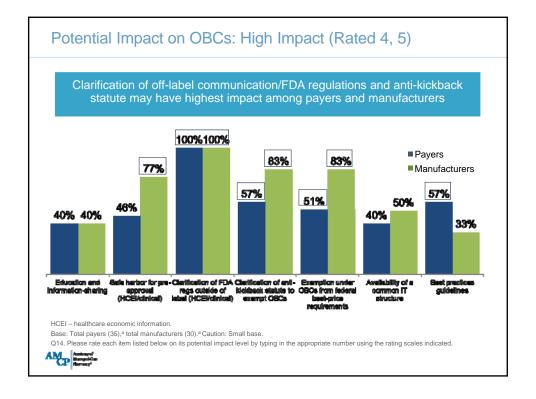












Survey Summary

- Per survey results, implementation is low but interest is high, reinforcing the need for a path forward
- There is a tremendous amount of activity going on in this space, but stakeholders may believe there is little happening
- Different needs should be addressed depending on the stakeholder, but commonalities exist
- · Multi-stakeholder collaboration will be essential for progress

Poster presented at AMCP Nexus Conference

Survey published in JMCP late October/ early November



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Forum Findings and Recommendations

Participants assembled into 4 working groups representing a variety of stakeholder perspectives.

Each group presented their findings to the entire group for additional input. Forum consensus was reflected in final proceedings.



DEFINE

Participants needed to develop a value-based contract (VBC) definition for the purpose of facilitating discussion with key policy-makers and regulators.





The definition and debate was thorough!

Value-Based Contract vs Outcomes-Based Contract?

What is an outcome?

VBC vs OBC?

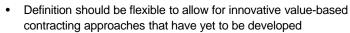


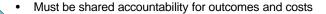
Participant Consensus Definition

"A value-based contract is a written contractual agreement in which the payment terms for medication(s) or other health care technologies are tied to agreed-upon clinical circumstances, patient outcomes, or measures."

Guiding Principle Considerations







- Outcomes should be designed to engage patients and improve their health outcomes
- Definition should evolve to align and engage all relevant parties to achieve optimal outcome
- Definition does not include contracts that are based on volume or share
- Terms and outcomes included in the contract are pre-determined



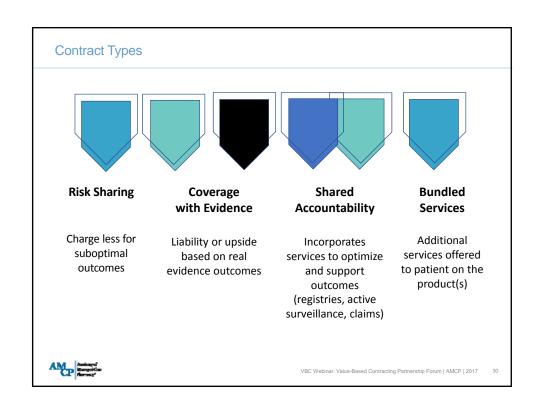
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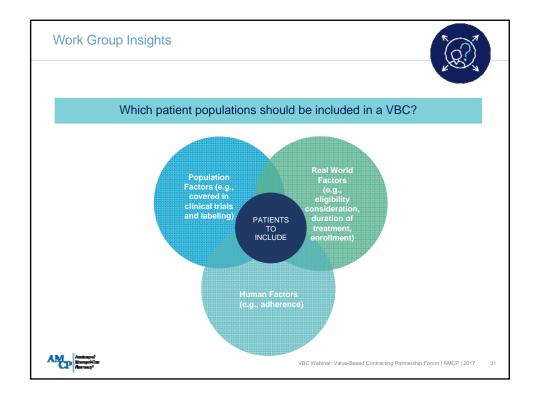


EXPLORE

Participants looked at a variety of key considerations that further defined VBC while helping to align with provider incentives and measure outcomes.







Work Group Insights



What considerations need to be made regarding the capacity to collect and analyze data?

- Data sources: How it will be collected, validated, analyzed
- How to define patient populations that are included in the data analysis
- How to ensure that a patient's diagnosis and treatment is aligned with the data needed for the contract
- Process for aggregating and analyzing the data in a HIPAA-compliant manner
- Infrastructure development



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Work Group Insights



What should the contract duration and timeline be?

Most patients enrolled with payers on an annual basis, but...

- Many VBCs have outcomes that take longer than 6-12 months to emerge
- · Some expensive single-use medications have long-lasting benefits

Surrogate and escalating endpoints could be used to align outcomes with allotted time period

- Surrogate endpoints are short-term markers that are a valid proxy for a clinical endpoint
- Escalating endpoints build upon each other over multiple time periods

Explore VBC alignment with alternative care and payment models



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Work Group Insights



Do we need to demonstrate a reduction in the total cost of care?

VBC is not for circumstances where the goal is to reduce the cost of the drug regardless of any impact on outcomes. That's what volume and share contracts do.

VBC is focused on value, which adds a new dimension (did the drug work or not) to the three payments:

- Payment for MD diagnosis and write Rx
- · Payment to the PBM for processing the claim
- · Payment to the pharmacy for product/service



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CREATE AN ACTION PLAN

Participants assessed the regulatory and legal environment and identified an action plan to mitigate barriers.



Work Group Insights



Regulatory and Legislative Environment

FDA-specific federal rules and regulations need to be revised to enable payers and manufacturers to engage more broadly in VBCs.

Specifically:

- Anti-Kickback Statute
- · Medicaid Best Price
- 21st Century Cures Act



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Work Group Insights



Anti-Kickback Statute

Long term changes to federal fraud, waste, and abuse laws and regulations are necessary – near term, a new safe harbor for VBCs or clarification on existing federal rules is needed.

Medicaid Drug Rebate Program - Best Price Requirement

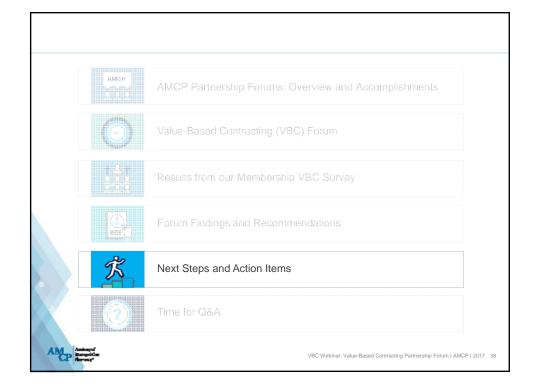
Exemption for VBCs that include 100% price discount from Medicaid Best Price Rule.

21st Century Cures Act

Payers and manufacturers allowed to have limited but necessary preapproval communication via The Pharmaceutical Information Exchange (PIE) Act of 2017 (H.R. 2026).



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Next Steps and Action Items



Help the marketplace understand how to implement and work with VBCs

- Policy and advocacy efforts to reduce VBC barriers
- Communications strategy to urge VBC definition adoption
- Webinars and informational sessions at AMCP live meetings
- · Comprehensive training tools for VBC fundamental and advanced learning
- Research and pilot programs to promote VBC adoption
- Value and innovations network to promote VBC discussions

AM Principle

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Next Steps and Action Items



JMCP Publication

- Forum Proceedings
- OBC Survey

Nexus Poster

OBC Survey



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