EXECUTIVE **SUMMARY**

What's Next for Specialty Medication Benefit Design and Reimbursement

Managing the increasing number of high-cost specialty medications available in the United States poses many challenges for allowing payers to remain good stewards of limited resources while also supporting patient access to valuable innovation.

To examine current opportunities and challenges related to specialty pharmacy benefits and explore potential strategies for improving benefit and reimbursement designs, AMCP convened a multidisciplinary stakeholder forum Dec. 10–11, 2019, in Alexandria, Va.

THE GOALS OF THE FORUM WERE TO DEVELOP RECOMMENDATIONS TO:

- Reduce costs for beneficiaries while maintaining or improving access to prescription drugs

- Support marketplace competition and incentives for biopharmaceutical innovation

- Minimize physicians' burden and the financial risk associated with managing drug inventories

- Remove adverse reimbursement incentives for prescribing higher priced drugs

- Consider the cost-effectiveness of treatments and services across the health care continuum

- Support mechanisms to support quality measurement or program evaluation metrics

AMCP Partnership Forums are designed to address current market challenges and opportunities by bringing together key-decision makers in managed care, integrated care, the pharmaceutical industry, and others to discuss and collaborate on tactics and strategies to drive efficiencies and outcomes.

CONTACT INFO

675 N Washington Street | Suite 220
Alexandria, VA 22314

703 684 2600 | www.amcp.org | @amcporg

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Participants identified numerous strengths and weaknesses of existing benefit and reimbursement systems. Key strengths that were identified include robust access to innovative medications, patient protections, accreditation standards and regulations, close to real-time claims for pharmacy claims, and the potential to leverage pharmacists' knowledge for supporting patient care. Weaknesses include the lack of interoperability of health information technology systems, fragmentation of health care benefits, complicated pricing structures and rebates that result in misaligned incentives, the annual nature of insurance coverage, and the complexities associated with implementing value-based contracts.

WATCH FOR FOLLOW-UP

AMCP will publish detailed findings and recommendations from this Partnership Forum in an upcoming issue of the *Journal of Managed Care & Specialty Pharmacy*.

Suggestions for new models and approaches included calls to:

- **Simplify benefit designs and make them easier for everyone to understand.** Complexity adds costs to health care systems, while greater simplicity allows patients to better understand their options and make shared decisions.

- **Ensure benefits remain patient-centric** and encompass patients' social determinants, while focusing on overall health improvements rather than each specific health care intervention.

- **Develop common longitudinal databases for patients to maintain medication records over time.** This would allow different providers and health plans access to records that ensure continuity of care, while developing systems that facilitate payments to be spread over time.

- **Reimagine and broaden existing reinsurance programs**. This would allow health plans to spread financial risks of costly specialty treatments over larger population bases.

- **Develop common definitions for success and failures of treatments.** These definitions could be used to develop and execute value-based contracts, which may include manufacturer warranties on products that do not show improved outcomes.

- **Create best practices, case studies, and educational programs** that allow providers and health plans to ensure the highest quality care is being delivered.

- **Leverage lessons learned from insurance models for other expensive and lifesaving treatments** and consider innovative coverage for specific treatments/technologies to ensure patient access and affordability.

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