National Alliance Pre-Conference Webinar
eValue8™ Innovations Finalists

October 27th
12:30 – 1:30 pm Eastern
Cooperative Care Program - an ACO Provider Payment Model

Lauren Erickson
Payment Innovation Director

Breast Cancer Screening Outreach for African-American Women in Tennessee and Beyond

Dr. Neema Stephens
National Medical Director for Health Equity

Reducing Opioid Overutilization - Retrospective DUR Morphine Milligram Equivalent Program

Marnie Wickizer, PharmD, AE-C, CDCES
Associate Director, Population Health and Residency Program Director
A MEMBER-CENTRIC MODEL FOR HIGH-PERFORMING PROVIDERS IN INTEGRATED DELIVERY SYSTEMS
A forward-thinking, outcomes-based payment model focused on member engagement and created specifically for high-performing providers.

The Cooperative Care Payment Model makes all this happen!

1. It allows us to partner with top PCPs and specialists in solving industry challenges.
2. It’s a next-generation solution based on lessons learned from our award-winning EPHC model.
3. It was co-designed from the ground up with provider and employer input.
4. It’s exclusively for providers with enhanced clinical and operational capabilities.
5. It encourages a strong PCP-member relationship.
6. It aligns incentives among all participants (provider, Anthem and the employer) to the benefit of members.
7. It provides a sustainable business case for coordinating care and improving outcomes.
COOPERATIVE CARE. WHEN WE WORK TOGETHER, IT ALL COMES TOGETHER.

For employers
- Reduced health care costs and predictable premiums
- A differentiated employee experience
- Enhanced reporting showing program impact on cost, quality and utilization

For consumers
- Lower cost health care with access to the highest quality health care providers
- Superior experience with multi-channel access to care
- Better health outcomes
- An easy way to stay actively engaged in their care

For providers
- A more sustainable business model
- Better and timelier data to manage against their goals
- Less time spent on paperwork; more time spent on delivering care
- Sustained relationship with patients
Lessons Learned so far:

- Providers appreciate **outcomes-based performance** metrics
- Program design truly connects practice transformation to incentives earned
- Formal program evaluation planned for 2021

Cooperative Care in 2019

- Active Provider Groups: 1
- Active Markets: 1 state
- Membership: 21,500 members

Cooperative Care in 2020 and 2021

- Active Provider Groups
  - 2020: 7
  - 2021: 9
- Active markets:
  - 2020 – 5 states
  - 2021 – 6 states
- Membership:
  - 2020 – 500,000 members
  - 2021 – 700,000 (forecasted)
WHAT IS COOPERATIVE CARE?

Cooperative Care was created with high performers in mind, with features like:

A UNIQUE PAYMENT METHOD
Merging two payment arrangements

ENHANCED PERFORMANCE MEASUREMENT

TOTAL COST OF CARE

EPISODE-BASED PAYMENTS

ENHANCED PERFORMANCE MEASUREMENT

OUTCOMES-BASED PERFORMANCE METRICS

PROVIDER CAPABILITIES
Financial and administrative relief for providers, such as:
• Year-over-year financial incentives for sustained performance
• Opportunity for loss forgiveness based on strong performance in performance metrics and clinical and operational capabilities

SMALLER SCORECARD
with more focused requirements
TOTAL COST OF CARE: PAYMENT MODEL FOUNDATIONS

Sustainable Business Case for Providers
+ Builds on lessons learned in earlier Anthem payment models
+ Administrative relief for providers who take downside risk
+ Rewards both “best in class” and “most improved”
+ Program parameters allow for flexibility within a framework

Payment Model Methodology
+ Choice of retrospective or prospective attribution
+ Retrospective trend
+ Covers medical, professional, and pharmacy claims
+ Includes adjustments for provider efficiency
+ Shared savings and loss payments consider performance metrics and provider capabilities
## EPISODE-BASED PAYMENTS: BENEFITS

### Benefits for Providers
- Opportunities to earn **value-based payments**
- Greater insight into **patients** via regular data feeds and insight reports
- Potential to achieve **savings** on members attributed to multiple programs
- Consideration as an **innovative partner** for current and future initiatives

### Benefits for Employers
- Improved **quality and cost-efficiency** related to benefit spend
- **Enhanced opportunities** to steer employees to high-value providers
- Market perception as an innovative employer focused on **high-value benefits for top talent**

### Episodes Across Four Specialty Areas
- CV
- MSK
- OBGyn
- GI
In addition to the two required metrics, each market will use at least one metric from each of the following domains, for a total of eight. (See full list of domains in Appendix slides 42-46):

- Patient Safety
- Outcomes/Results
- Evidence-Based Care, Treatment Decisions, Continuity
- Health promotion and early risk management

Many of these metrics align with CMS/MACRA and IHA metrics.
These 13 Cooperative Care capabilities are designed to drive an exceptional member experience. Each Cooperative Care Provider will select nine capabilities that will apply to their organization's Capability Gate:

### Clinical
1. eConsults
2. Promotion of telehealth services
3. EMR integration (connection by percentage of practices within provider group)
4. Care compacts

### Service
5. 24/7 access to clinician
6. 24 hour access to PCP appointment for non-routine urgent care
7. Online scheduling and alternative communication methods
8. Limited wait time for specialist appointment

### Care
9. Patient navigator
10. Behavioral health integration
11. Care plans and registries
12. Care management/Care coordination

### Payment
13. Provider compensation model
Breast Cancer Screening Disparity Initiative

Closing the disparity gap in Tennessee & Beyond

October 27, 2020
Breast Cancer and Disparities in Tennessee

Breast Cancer Mortality and Incidence in TN, by Race

American Cancer Society.
Phase 1 – Personalization, Tennessee

Personalization – included three screening facilities closest to customer’s home

Where do I get my mammogram?
Start by calling your doctor to schedule your mammogram. Here’s a list of network facilities near you:

<Name of facility
Street Address
City, CT Zip
(XXX) XXX-XXXX>

<Name of facility
Street Address
City, CT Zip
(XXX) XXX-XXXX>

<Name of facility
Street Address
City, CT Zip
(XXX) XXX-XXXX>

The attached list of mammography screening facilities/hospitals is not all-inclusive. It is a representative sample of the facilities in your zip code area.

If you want to look up other places that offer this service, visit the website listed on your Cigna ID card and follow these easy steps:

› Click on “Find a Doctor or Service”
› Fill in the three boxes you see on the screen:
  - For “Find a” choose “Procedure”
  - For “Who or What are you looking for” type “Mammogram-Digital Screening (Routine)”
  - For “Where?” enter your full address OR city and state OR zip code
› Click “Search”

If you need help, please call the toll-free number on your Cigna ID card. An associate will be happy to help you, 24-hours a day.
## Segmentation – the messaging strategy that gets results

### Personas

- Concerned mature copers
- Distracted breadwinners
- Content and in control
- Stressed and seeking help
- Self-directed intensive user
- Cost-conscious conservatives
- Busy healthy and employed
- Aspiring singles

### Understand

Insights about them:
- Life stage
- Demographics
- Health status and needs
- Engagement behaviors
- Beliefs and perceptions
- Needs and goals
- Challenges and obstacles

### What matters most

### Identify

Truths about us:
- Problems we solve
- Needs we meet
- Goals we support
- Solutions we offer
- Value we provide
- Experience we deliver

### How we can help

**Relevancy**

The intersection is where we focus our messaging.
Phase 2 – Segmentation, Shelby County, TN

Tailored Communication

Cost Conscious Conservative

Stressed and Seeking Help

Self Directed Intensive Users

Aspiring Singles
Eliminated! Breast Cancer Screening Disparity Gap in TN closed
Phase 3 - Mobile Mammography, Memphis, TN

A state-of-the-art mobile mammography van is rolling through your area. Now is a great time to get your screening at one of the events in your neighborhood.

Call Methodist Le Bonheur Healthcare to schedule your mammogram today!
Call 901.516.8637 to register for a convenient time and place near you!
Replication and Evolution of the Campaign – California and Texas

### Healthier You

**IN THE KNOW**

Are annual check ups important?

We’re 100% sure of it.

A message from the “TV Doctors”

As you may have heard, you can visit Cigna.com/takecontrol to learn why it’s important for you to:

- **GO** for an annual check up
- **KNOW** your four health numbers
- **TAKE CONTROL** of your health

Need a reminder to schedule your check up?

Call or text 1-833-PAGE-DOC!

GO TO CIGNA.COM/TAKECONTROL TODAY!

### Breast Cancer Screening

**IN THE KNOW**

**MAKE TIME FOR YOU**

Make the call for this important screening.

**STAY IN THE KNOW ABOUT BREAST CANCER SCREENINGS**

- Starting at age 40, talk with your doctor about having a mammography screening, as the risk for breast cancer increases with age.
- When caught early, breast cancer is easier to treat.

About 1 in 8 women will develop invasive breast cancer in their lifetime.

**WARNING SIGNS OF BREAST CANCER**

While some women don’t have any signs of breast cancer, contact your health-care provider if you show any of these signs or symptoms:

- A new lump in the breast or underneath (arm pit)
- Thickening, swelling or pain on any area of the breast
- Any change in the size or the shape of the breast

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Reducing Opioid Overutilization - Retrospective DUR Morphine Milligram Equivalent Program

Marnie Wickizer, PharmD, AE-C, CDCES

Navitus Health Solutions
Background - Opioid Overutilization

Combatting a Nationwide Epidemic

- Opioids were involved in more than 47,000 deaths in 2017, and opioid overdose deaths were 6 times higher in 2017 than in 1999.¹

- Though opioid prescribing rates began declining in 2012, opioid prescriptions per person are still nearly three times higher than they were in 1999.²

- In 2017, retail pharmacies dispensed 191 million opioid prescriptions.³

Let me say, in no uncertain terms: the prevention of prescription opioid abuse is the highest priority for the FDA.

Margaret Hamburg, Former FDA Commissioner

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Background - Opioid Overutilization

Combatting a Nationwide Epidemic

Opioid overutilization causes a crippling public health concern and is known to impact the U.S. financially.\(^4\)

Costs of the Opioid Epidemic by Year

Background – MME Importance

- Opioids are often converted into morphine milligram equivalents (MME).
- Calculating and reporting MME help identify patients who may be at risk of overdose.
- CDC Guideline\textsuperscript{5}
  - Use caution at any dose and avoid increasing to high dosages
    - Prescribe lowest effective dose
    - Reassess benefits vs. risk with doses ≥ 50 morphine milligram equivalents (MME)/day
    - Avoid doses ≥ 90 MME/day
  - Evaluate and address risk for opioid-related harms
    - Offer naloxone for high-risk patients

MME Program - Description
RDUR Safety Suite

Inclusion Criteria
- Average ≥ 90 MME/day
- Active (eligible) member within Navitus client base

Exclusion Criteria
- Long-term care, oncology and/or hospice members

Intervention
- Letters* to providers who treat the identified members

Letters to providers include two pieces:
- Informational sheet to positively influence opioid prescribing and remind of the CDC guidelines
- Member medication profile to help coordinate care and promote safe medication management
MME Program – Coordination of Care

Inclusion of all opioid prescribers, pharmacies and potentiatators

- Coordination of care is of utmost importance.
  - Goal is to share the information with all opioid providers.
  - All opioid and potentiator fills are important and relevant.
MME Program - Findings
Pilot Program and Beyond

<table>
<thead>
<tr>
<th>Intervention Date</th>
<th>Percent of Members in the Entire Population Eligible for Intervention</th>
<th>Percent of Members with at least One Opioid Prescription Eligible for Intervention</th>
<th>Percent of Intervened Members with Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2019 (Pilot)</td>
<td>N/A</td>
<td>N/A</td>
<td>20%</td>
</tr>
<tr>
<td>November 2019</td>
<td>0.1%</td>
<td>1.7%</td>
<td>16%</td>
</tr>
<tr>
<td>March 2020</td>
<td>0.1%</td>
<td>1.4%</td>
<td>15%</td>
</tr>
</tbody>
</table>
MME Program – Outcomes and Impact

- Ultimately, the findings show early benefits of mailings to influence opioid deprescribing.
  - Demonstrate the value of a pharmacy benefit manager as part of the healthcare team to promote patient safety and coordination of care
- The decline in MME, number of opioid fills, quantity filled, and days supply means less risk of overdose.
  - As a result, improved quality of life, reduction of numerous risks to society, and aid in combatting the opioid epidemic

MME Program - Differentiators

- **Potentiators**
  - Potentiator medication information is included in the mailing.

- **Care Coordination**
  - The mailing encourages care coordination among all opioid providers.

- **Naloxone**
  - The mailing reminds providers of current naloxone recommendations.

- **Outcomes**
  - Program outcomes are tracked and reported regularly, including member-level detail.

- **Included at no cost**
  - The program (along with outcomes and reporting) is offered to all clients when they start with Navitus, at no additional cost.
MME Program – Current and Future Directions

- Longer Study
- Provider Survey
- Continue to Offer to All Clients as Navitus Grows
- Poster Presentations
- More Frequent Interventions
- Multichannel Interventions
- Integration with Other Navitus Opioid Edits and Programs
- Medical Data Integration
“Without Navitus’ timely notification via RDUR, I wouldn’t have been able to record concerns about overuse in the patient’s chart. Without Navitus, I would have continued to advise this patient without the knowledge of this possible abuse situation.”

Ray Hackett, M.D.
References


Acknowledgements

- Population Health Department
- Product Development Department
- Information Technology Department
- Analytics Department
- Clinical Informatics Department
- Communications Department
- Opioid Workgroup
Thank You.
Congratulations to the Finalists!

Please join us for the Awards Presentation
Monday, November 9th
12:30- 12:50 pm Eastern