



## 2020 ANNUAL FORUM

Employers driving innovation, health and value

NOVEMBER 9 – 10

*VIRTUAL EVENT*

# National Alliance Pre-Conference Webinar eValue8™ Innovations Finalists

October 27<sup>th</sup>

12:30 – 1:30 pm Eastern

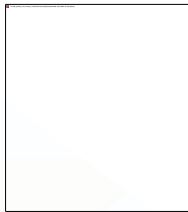


## Cooperative Care Program - an ACO Provider Payment Model



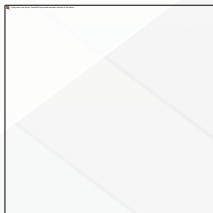
***Lauren Erickson***  
***Payment Innovation Director***

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

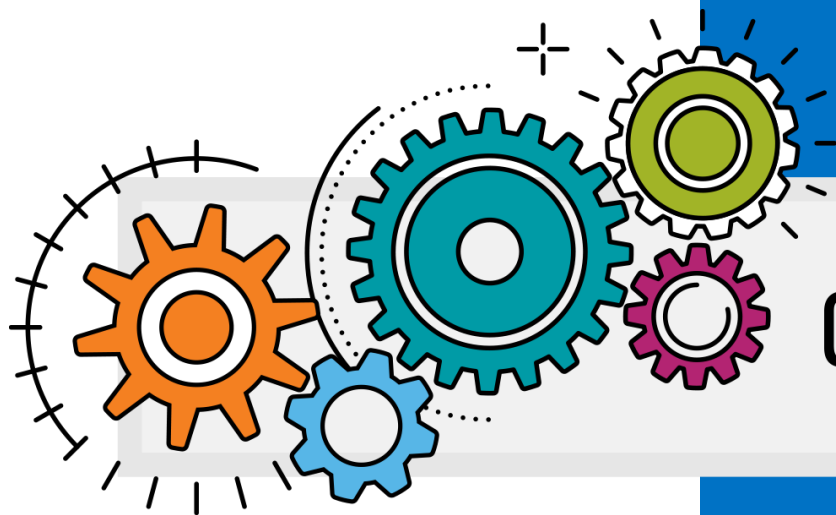


***Dr. Neema Stephens***  
***National Medical Director for Health Equity***

## Reducing Opioid Overutilization - Retrospective DUR Morphine Milligram Equivalent Program



***Marnie Wickizer, PharmD, AE-C, CDCES***  
***Associate Director, Population Health and Residency Program Director***



## COOPERATIVE CARE

**A MEMBER-CENTRIC MODEL FOR HIGH-  
PERFORMING PROVIDERS IN  
INTEGRATED DELIVERY SYSTEMS**



# THE SOLUTION FOR THE FUTURE: COOPERATIVE CARE

A forward-thinking, outcomes-based payment model **focused on member engagement** and created specifically for **high-performing providers**.

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**

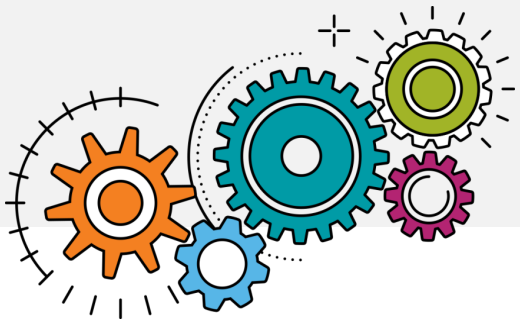
6

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

THE COOPERATIVE CARE PAYMENT MODEL MAKES **ALL THIS HAPPEN!**



# COOPERATIVE CARE. WHEN WE WORK TOGETHER, IT ALL COMES TOGETHER.

## For employers

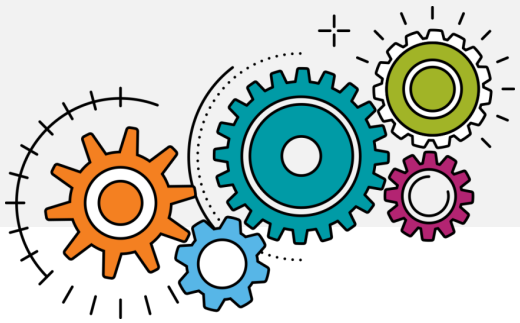
- + Reduced health care costs and predictable premiums
- + A differentiated employee experience
- + Enhanced reporting showing program impact on cost, quality and utilization

## 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



## COOPERATIVE CARE QUICK FACTS

### Cooperative Care in 2019

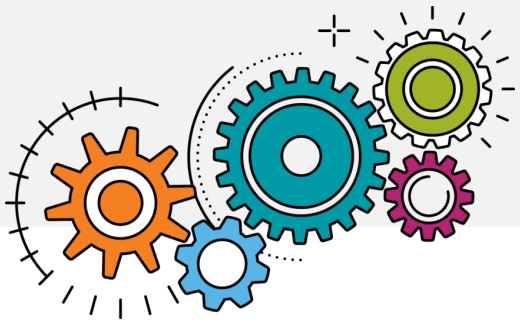
- Active Provider Groups: 1
- Active Markets: 1 state
- Membership: 21,500 members

### 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)

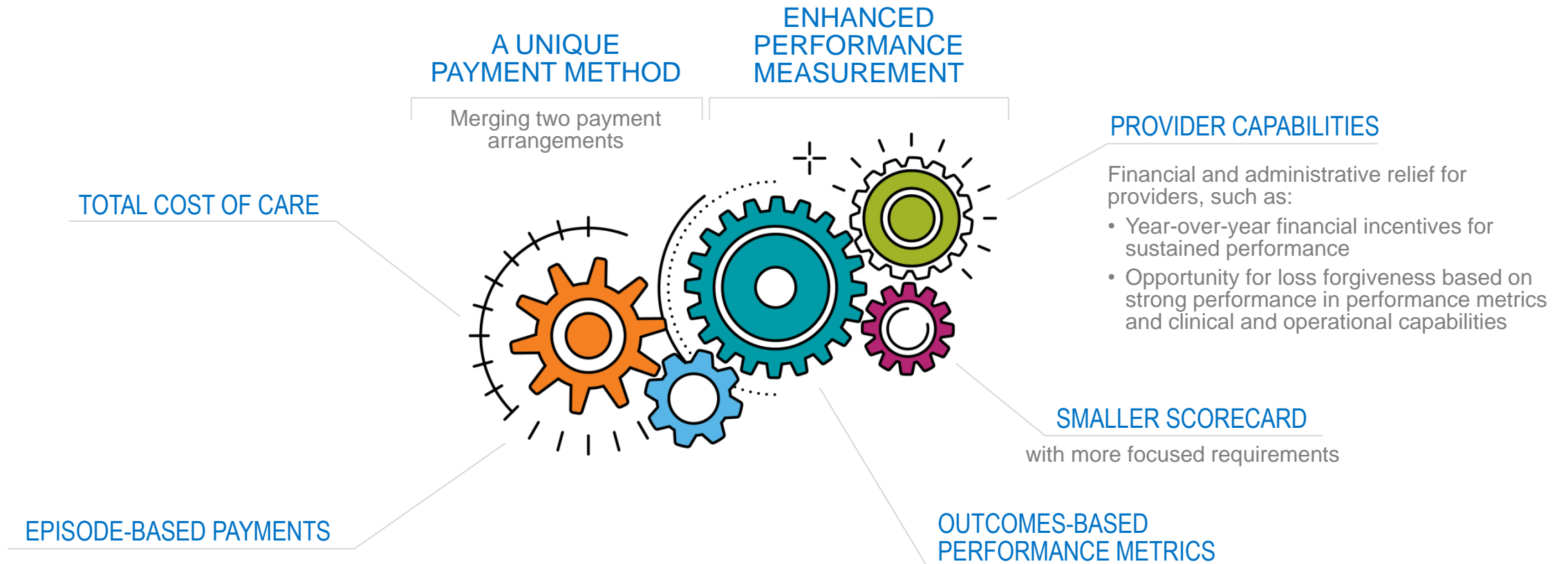
### Lessons Learned so far:

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



# WHAT IS COOPERATIVE CARE?

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





# 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

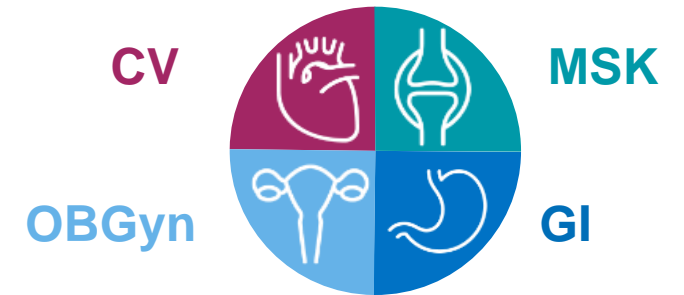
## Benefits for Providers

-  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





## PERFORMANCE METRICS

### THERE ARE TWO REQUIRED METRICS:

- + Emergency Department Visits
- + the CAHPS Key Member Experience Rate



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.*



# PROVIDER CAPABILITIES

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

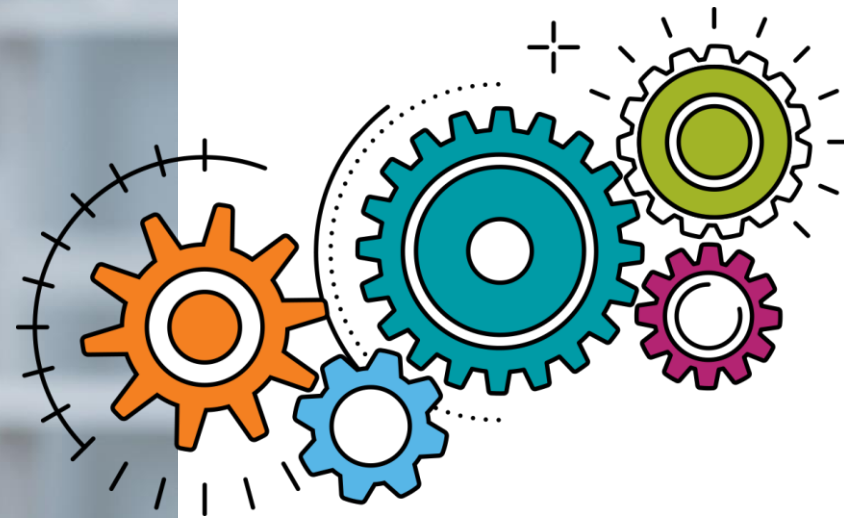
5. 24/7 access to clinician
6. 24 hour access to PCP appointment for non-routine urgent care
7. Online scheduling and alternative communication methods
8. Limited wait time for specialist appointment

## Care

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

## Payment

13. Provider compensation model



**THANK YOU!**

# Breast Cancer Screening Disparity Initiative

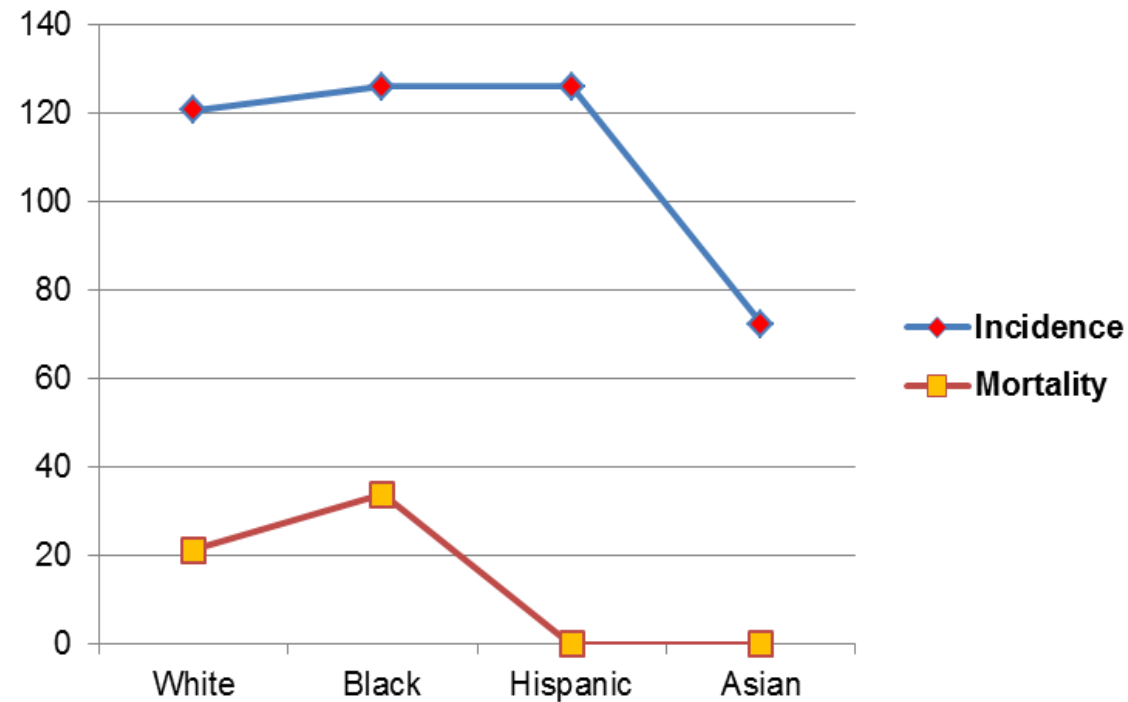


## Closing the disparity gap in Tennessee & Beyond

October 27, 2020

# Breast Cancer and Disparities in Tennessee

**Breast Cancer Mortality and Incidence in TN, by Race**



[Breast Cancer: Facts and Figures 2015-2016.](#)  
[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.

1. American Cancer Society.

2. <http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-key-statistics>.





# Segmentation – the messaging strategy that gets results

## Personas



Concerned mature copers



Distracted breadwinners



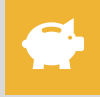
Content and in control



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

## Identify

Truths about us:

- Problems we solve
- Needs we meet
- Goals we support
- Solutions we offer
- Value we provide
- Experience we deliver

What matters most

**Relevancy**  
The intersection  
is where we  
focus our  
messaging.

How we can help



# Phase 2 – Segmentation, Shelby County, TN

## Tailored Communication



Cost Conscious Conservative

Stressed and Seeking Help

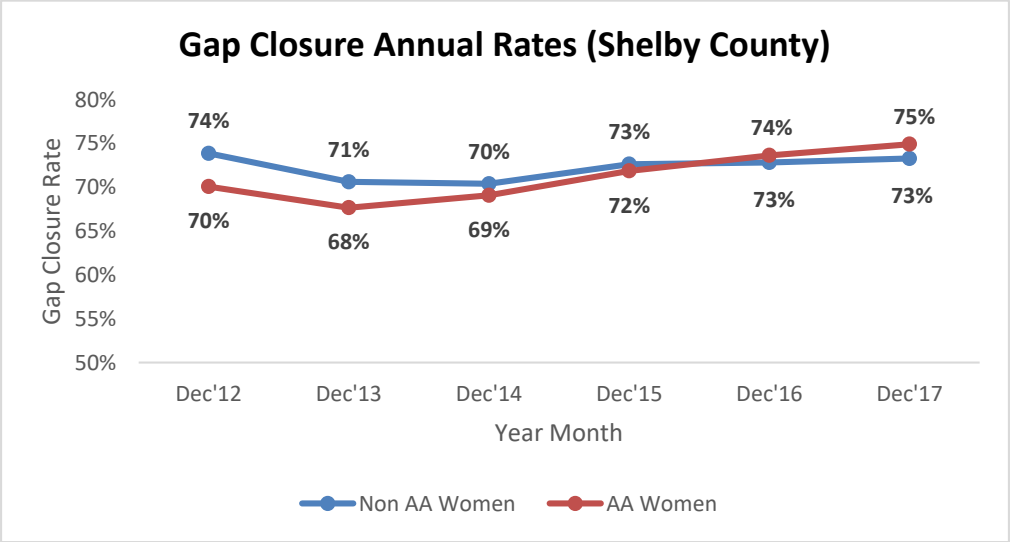
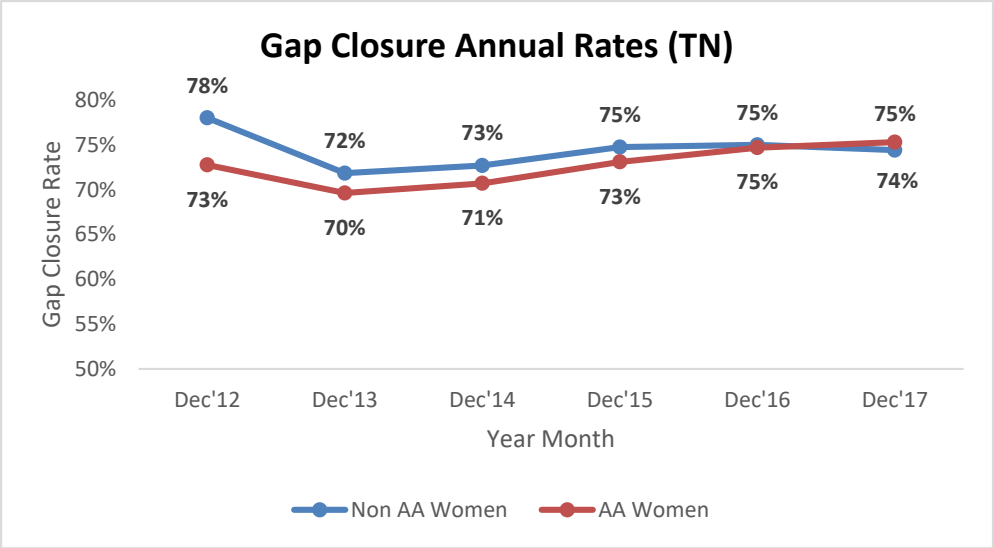


Self Directed Intensive Users

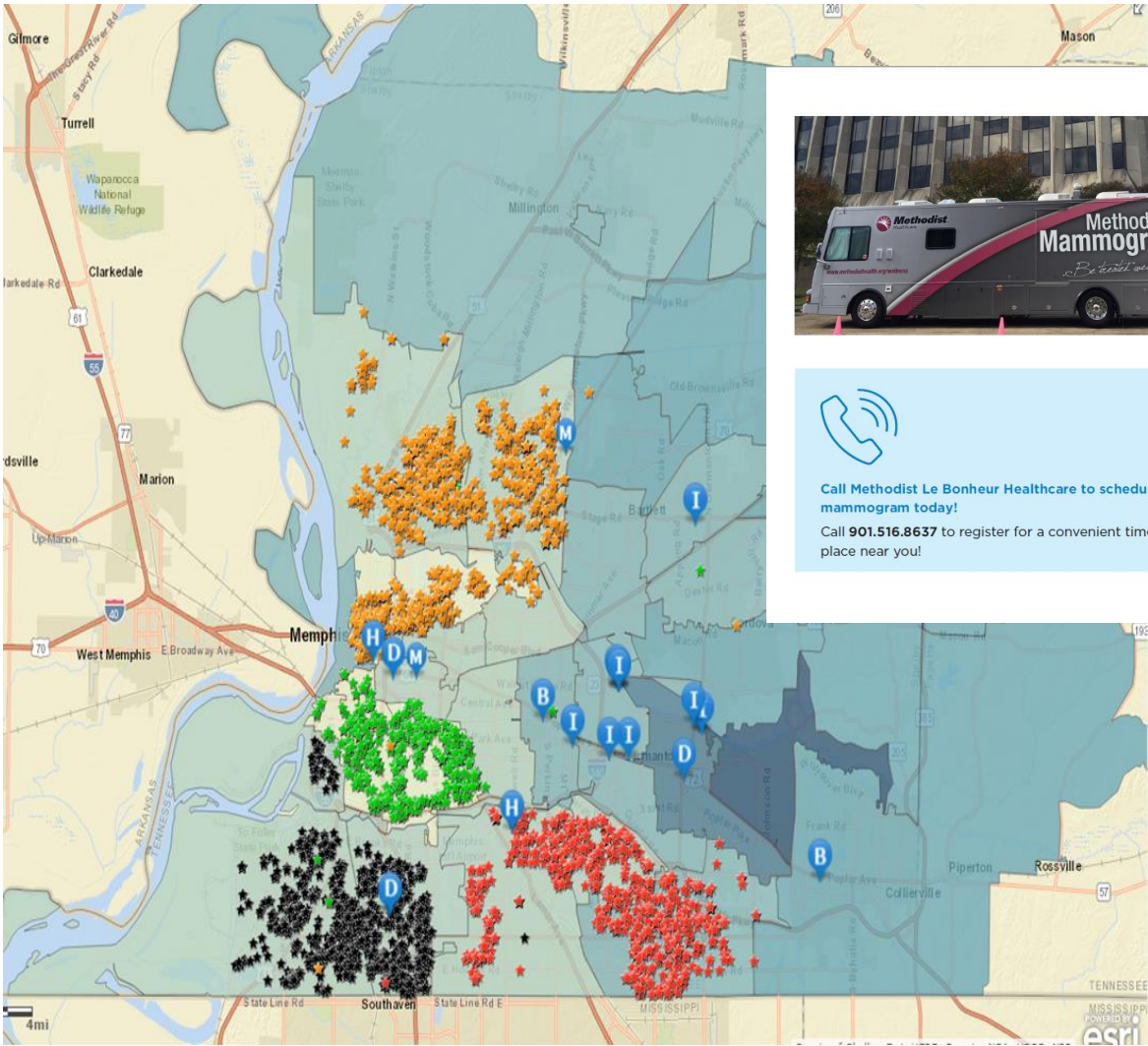
Aspiring Singles



# Eliminated! Breast Cancer Screening Disparity Gap in TN closed



# Phase 3 - Mobile Mammography, Memphis, TN



Call Methodist Le Bonheur Healthcare to schedule your mammogram today!  
Call 901.516.8637 to register for a convenient time and place near you!

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.

<Name of Facility>	<Name of Facility>
<Street Address>	<Street Address>
<City>, <TN> <XXXXXX>	<City>, <TN> <XXXXXX>
<Day>, <Date>	<Day>, <Date>
<Time>	<Time>
<Name of Facility>	<Name of Facility>
<Street Address>	<Street Address>
<City>, <TN> <XXXXXX>	<City>, <TN> <XXXXXX>
<Day>, <Date>	<Day>, <Date>
<Time>	<Time>

Call 901.516.8637 to register for a convenient mammogram near you!

Providers are solely responsible for any treatment provided to their patients. They are not agents of Cigna.





# Replication and Evolution of the Campaign – California and Texas

## Healthier You

**IN THE KNOW**  
VOLUME 2



**ARE ANNUAL CHECK UPS IMPORTANT?**

**We're 100% sure of it.**

**IN THE KNOW**  
Your Cigna quarterly newsletter.

**A message from the “TV Doctors”**

As you may have heard, you can visit [Cigna.com/takecontrol](https://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!<sup>2</sup>**

2. Return call will be from a TV Doctor, not a real doctor. This is not a medical line. For medical emergencies, please dial 911. Standard mobile phone carrier and data usage charges apply. Call will be made in accordance with your mobile settings and app permissions.

**GO TO CIGNA.COM/TAKECONTROL TODAY!**

## Breast Cancer Screening

**IN THE KNOW**  
SPECIAL EDITION



**MAKE TIME FOR YOU**

**Make the call for this important screening.**

gettyimages®  
KidStock

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



**About 1 in 8 women will develop invasive breast cancer in their lifetime.<sup>1</sup>**

- **Starting at age 40**, talk with your doctor about having a mammography screening, as the risk for breast cancer increases with age.<sup>2</sup>
- **When caught early**, breast cancer is easier to treat.<sup>3</sup>

**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 underarm (armpit)
- Thickening, swelling or pain on any area of the breast
- Any change in the size or the shape of the breast





# QUESTIONS?

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## Reducing Opioid Overutilization - Retrospective DUR Morphine Milligram Equivalent Program

Marnie Wickizer, PharmD, AE-C, CDCES

Navitus Health Solutions

October 2020



# 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.<sup>1</sup>
- Though opioid prescribing rates began declining in 2012, opioid prescriptions per person are still nearly **three times higher** than they were in 1999.<sup>2</sup>
- In 2017, retail pharmacies dispensed **191 million opioid prescriptions**.<sup>3</sup>

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

1. Centers for Disease Control and Prevention. *Drug Overdose Deaths*. March 2020. Accessed January 18, 2019.

<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

2. Guy GP Jr, Zhang K, Bohm MK, et al. Vital signs: changes in opioid prescribing in the United States, 2006-2015. *MMWR Morb Mortal Wkly Rep*. 2017;66(26):697-704. doi:10.15585/mmwr.mm6626a4

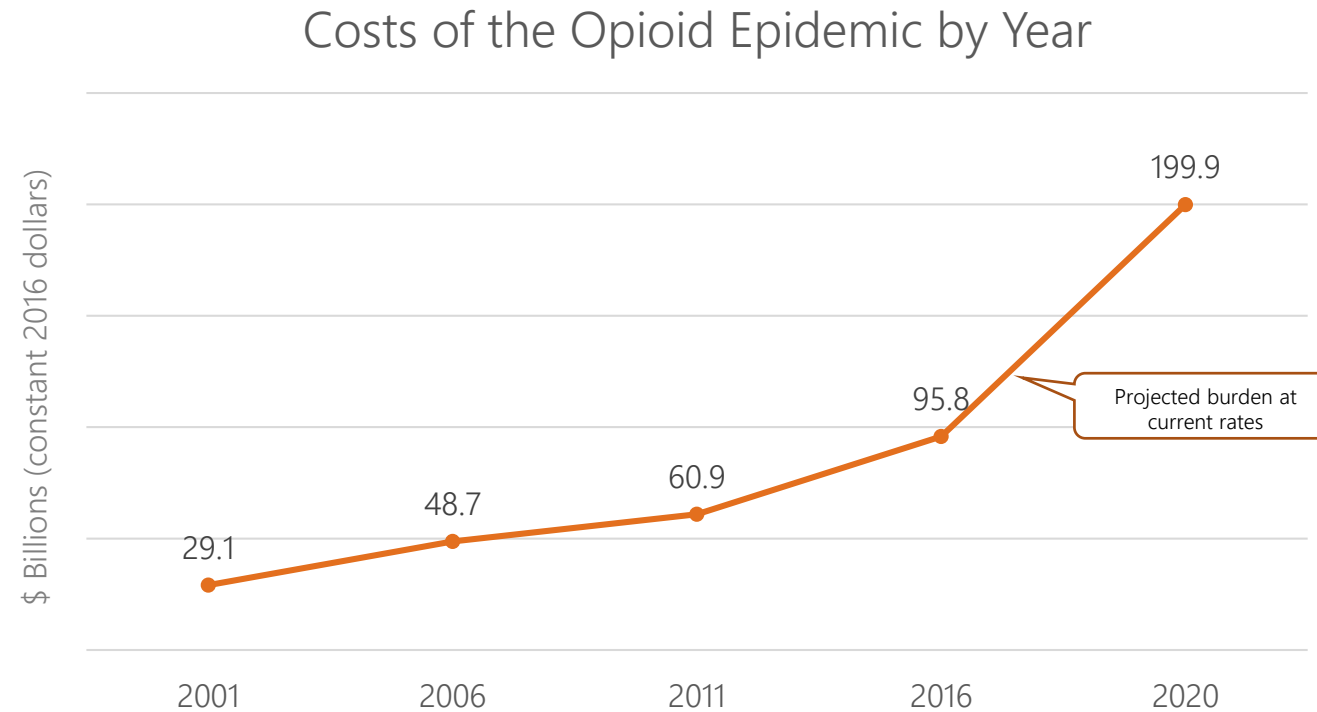
3. Centers for Disease Control and Prevention. *2018 Annual Surveillance Report of Drug-Related Risks and Outcomes*. August 2018. Accessed October 13, 2020.

<https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>

# Background - Opioid Overutilization

## Combatting a Nationwide Epidemic

Opioid overutilization causes a crippling public health concern and is known to impact the U.S. financially.<sup>4</sup>



4. Economic Toll of Opioid Crisis in U.S. Exceeded \$1 Trillion Since 2001. Altarum. February 13, 2018. Accessed December 5, 2019. <https://altarum.org/news/economic-toll-opioid-crisis-us-exceeded-1-trillion-2001>



# 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<sup>5</sup>
  - Use caution at any dose and avoid increasing to high dosages
    - Prescribe lowest effective dose
    - Reassess benefits vs. risk with doses  $\geq$  50 morphine milligram equivalents (MME)/day
    - Avoid doses  $\geq$  90 MME/day
  - Evaluate and address risk for opioid-related harms
    - Offer naloxone for high-risk patients

5. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain – United States, 2016. *JAMA*. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464

# MME Program - Description

## RDUR Safety Suite


Inclusion Criteria	Exclusion Criteria	Intervention
<ul style="list-style-type: none"><li>• Average <math>\geq 90</math> MME/day</li><li>• Active (eligible) member within Navitus client base</li></ul>	<ul style="list-style-type: none"><li>• Long-term care, oncology and/or hospice members</li></ul>	<ul style="list-style-type: none"><li>• Letters* to providers who treat the identified members</li></ul>

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 potentiators



**Customer Care**  
Phone: 1-866-270-3877  
24 Hours a Day, 7 Days a Week

**Morphine Milligram Equivalent Patient Profile**  
Date Range: 03/01/20XX - 06/30/20XX  
Patient Name:  
Member ID:  
Patient Address:  
  
DOB:

**DRUG UTILIZATION REVIEW**  
Page 1 of 1

**Morphine Milligram Equivalent QUICK ACTION SUMMARY**

- Educate patients about the signs and symptoms of opioid overdose and offer naloxone prescriptions to patients for emergency home use.
- Consider alternative non-pharmacologic pain management therapies.
- Review the prescription drug monitoring (PDMP) database and coordinate drug therapy management as appropriate.

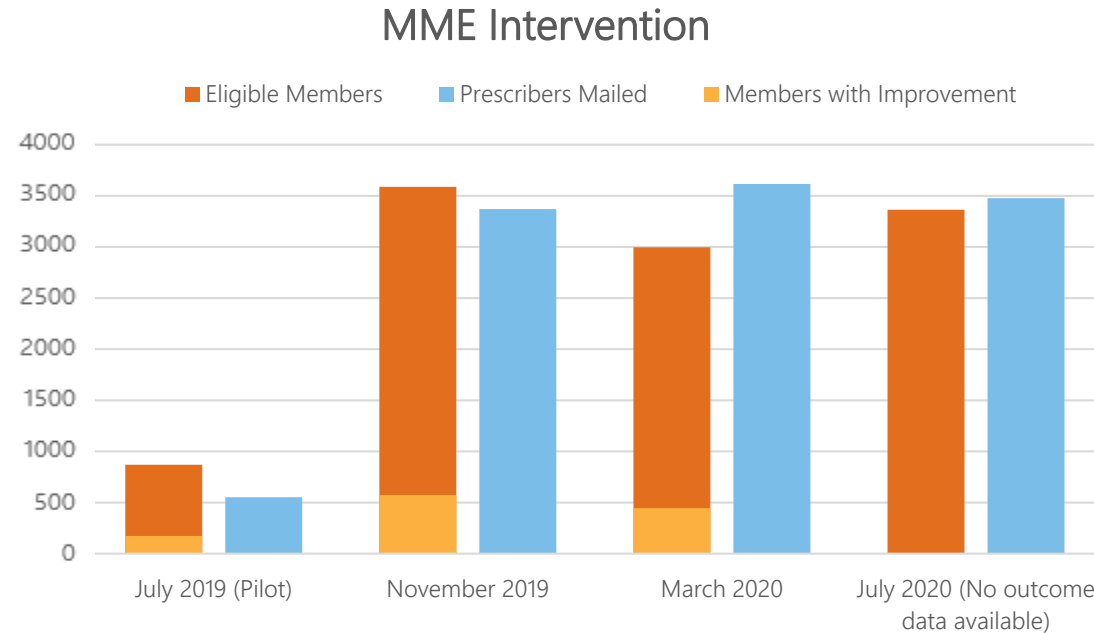
Average MME/Day: 93.094 # of Prescribers: 3 # of Pharmacies: 2  
Potentiator Medications: CLONAZEPAM TAB 0.5 MG, GABAPENTIN CAP 100 MG, TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)

Fill Date	Drug Label Name	Qty	Days Supply	Prescriber City, State, Phone	Pharmacy City, State, Phone
06/20/20XX	OXYCODONE TAB 15MG	120	30	S K , MD	CVS PHARMACY #
05/22/20XX	OXYCODONE TAB 15MG	120	30	S K , MD	CVS PHARMACY #
04/23/20XX	OXYCODONE TAB 15MG	120	30	S K , MD	CVS PHARMACY #
04/23/20XX	HYDROCO/APAP TAB 7.5-325	21	7	G C , MD	S PHARMACY
04/16/20XX	HYDROCO/APAP TAB 5-325MG	40	8	G C , MD	S PHARMACY
04/09/20XX	HYDROCO/APAP TAB 5-325MG	40	5	J R , MD	S PHARMACY
03/25/20XX	OXYCODONE TAB 15MG	120	30	S K , MD	CVS PHARMACY #

- 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



Intervention Date	Percent of Members in the Entire Population Eligible for Intervention	Percent of Members with at least One Opioid Prescription Eligible for Intervention	Percent of Intervened Members with Improvement
July 2019 (Pilot)	N/A	N/A	20%
November 2019	0.1%	1.7%	16%
March 2020	0.1%	1.4%	15%

# 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,<sup>6,7</sup> reduction of numerous risks to society, and aid in combatting the opioid epidemic



6. Jones JD, Vogelmann JS, Luba R, Mumtaz M, Comer SD. Chronic pain and opioid abuse: factors associated with health-related quality of life. *Am J Addict.* 2017;26(8):815-821. doi:10.1111/ajad.12637

7. Griffin ML, Bennett HE, Fitzmaurice GM, Hill KP, Provost SE, Weiss RD. Health-related quality of life among prescription opioid-dependent patients: results from a multi-site study. *Am J Addict.* 2015;24(4):308-314. doi:10.1111/ajad.12188

# 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

# RDUR Safety Program Testimonial

**“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

1. Centers for Disease Control and Prevention. *Drug Overdose Deaths*. March 2020. Accessed January 18, 2019. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
2. Guy GP Jr, Zhang K, Bohm MK, et al. Vital signs: changes in opioid prescribing in the United States, 2006-2015. *MMWR Morb Mortal Wkly Rep*. 2017;66(26):697-704. doi:10.15585/mmwr.mm6626a4
3. Centers for Disease Control and Prevention. *2018 Annual Surveillance Report of Drug-Related Risks and Outcomes*. August 2018. Accessed October 13, 2020. <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>
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5. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain – United States, 2016. *JAMA*. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464
6. Jones JD, Vogelman JS, Luba R, Mumtaz M, Comer SD. Chronic pain and opioid abuse: factors associated with health-related quality of life. *Am J Addict*. 2017;26(8):815-821. doi:10.1111/ajad.12637
7. Griffin ML, Bennett HE, Fitzmaurice GM, Hill KP, Provost SE, Weiss RD. Health-related quality of life among prescription opioid-dependent patients: results from a multi-site study. *Am J Addict*. 2015;24(4):308-314. doi:10.1111/ajad.12188

# Acknowledgements

- Population Health Department
- Product Development Department
- Information Technology Department
- Analytics Department
- Clinical Informatics Department
- Communications Department
- Opioid Workgroup

# Thank You.





## 2020 ANNUAL FORUM

Employers driving innovation, health and value

NOVEMBER 9 – 10

*VIRTUAL EVENT*

**Congratulations to the Finalists!**

**Please join us for the Awards Presentation**

**Monday, November 9<sup>th</sup>**

**12:30- 12:50 pm Eastern**

