

**LMBC Meeting Minutes - Draft**  
February 18, 2020  
Conference Room 204, Portland Building  
Attendance

***LMBC Members present***

Tom Armstrong  
Dave Benson  
Jamie Doscher  
Margaret Evans  
Kyle MacLowry for Alan Ferschweiler  
Rich Thallheimer for Mark Gipson  
Jeannette Hopson  
Claire Houston  
Craig Morgan  
Rachel Whiteside

***LMBC Members absent***

Jamaal Anthony  
Alan Ferschweiler  
Mark Gipson  
Leslie Goodlow  
Ashlie Grundy

***Staff***

Michelle Taylor  
Joel Michels  
Anne Hogan

***Presenters***

Amy Daily (Express Scripts Account Executive)  
Harris Zeyae (Express Scripts Pharmacist)  
Anne Thompson (Aon)  
Emily Shettel (Aon)  
Shelley Zhao (Aon)

1. **Meeting Called to Order** – Co-chair Dave Benson called the meeting to order at 1:31 pm.
2. **Meeting Minutes Discussion**

Dave requested the February 4<sup>th</sup> meeting minutes be discussed for additions and changes at the March 3<sup>rd</sup> meeting as committee members needed more time to review them.

3. **Review proposed pharmacy renewal updates and discussion (Express Scripts)**

Express Scripts (ESI) account executive Amy Daily introduced herself and colleague, clinical account executive and pharmacist, Harris Zeyae before beginning their discussion of proposed pharmacy programs for the upcoming plan year. ESI is proposing the implementation of the SaveonSP program, a manufacturer drug rebate program which would result in savings for both the City and its members. There are currently 71 members who use specialty medications (a total of 604 claims); these total 5% of all pharmacy claims. Based on current data and programs available, the net savings could be \$585,000 for the City's plan and members would have \$0 copays.

Amy referred to page 1 of the slide deck which highlighted the SaveonSP program and how affected members would be introduced to this program:

1. Sixty days prior to the start of the new coverage year, July 1, 2020, members would receive a co-branded letter mailed to their home notifying them of the SaveonSP program and instructions on how to opt into the program.
2. For those who do not take immediate action, SaveonSP representatives would begin calling members informing them of the program and their options. These representatives would make multiple attempts at contact.
3. Thirty days prior to the new plan year beginning, another round of letters would be mailed to members who have not yet opted into the program.
4. Finally, representatives from ESI's mail order pharmacy, Accredo, would contact members about the SaveonSP program as part of the specialty drug refill process; this is already

done prior to every medication being shipped out to confirm somebody will be available to accept the package.

Amy addressed committee members' concerns about the origins of available rebate money, and she assured members that SaveonSP rebate money was taken from pharmaceutical companies' allocated marketing budgets. Foundational money was not touched.

Slide 2 highlighted the adjudication process, which Accredo performs, after a member enrolls in SaveonSP. This occurs behind the scenes and ultimately, the member ends up with a \$0 copay. Employees and their dependents can enroll at any time during the year. Even if they may already be participating in a copay assistance program through the manufacturer, their rebate may be affected by a change in the formulary or the available money may run out.

Amy moved on to slide 3, which highlighted the SaveonSP program benefits for both the City and participating members. Not only would the city save \$585,000 annually, but the 71 affected members would save a combined \$21,169 in copay savings. There are currently 150 medications on the list and all prescriptions are processed through Accredo. Jamie Doscher asked whether any of these would lose their patent and be made available generically? Amy replied that every 15 months, new medications are added to the program. If any of these medications get taken out of the SaveonSP program, the prescriptions would revert to usual copay system. Members would then have a chance to sign up for ESI's own copay assistance program. Currently, members receive \$12,000 in copay assistance.

Harris Zeyae directed members' attention to slide 4, as he started to discuss the RationalMed program. On average, one doctor has a patient list of 2,184 people and conducts 6,770 office visits per year. An average of 20,310 mistakes or problems could result from these high number of interactions. Medical errors are the third leading cause of death, following heart disease, as highlighted on slide 5. The RationalMed program was created to help prevent potential adverse events and hospitalizations. This program integrates medical claims, prescription drug claims and lab data (if provided) to create patient-specific integrated profiles. After this data is processed through their clinical rules system, targeted safety and health intervention alerts may be sent to providers via electronic health record, fax or letter. This would be at the peer to peer level between a RationalMed representative and a provider and would not involve the patient.

Based on prescription claims, ESI estimates they would send out 1,400 alerts on behalf of City of Portland members, potentially keeping members from having adverse reactions to a combination of medications. ESI projects a two-year savings for the City of \$300,000.

Harris discussed slide 6, which highlighted a case study example involving a man prescribed the drug Humira for psoriasis. Humira may increase the risk of heart failure and this patient had a history of heart failure. RationalMed identified the risk and the dermatologist was alerted. As a result, the provider prescribed a less risky (and less expensive) topical therapy to treat this patient's psoriasis. Jamie Doscher inquired about the results if both the provider and patient disagreed with RationalMed's recommendations/alerts? Harris explained this alert can be acted upon or ignored, and the claim would still be processed. Rich Thallheimer asked if there were any privacy concerns involving this process and Harris replied that the program follows all HIPAA guidelines.

Claire Houston wondered how receptive providers would be to these alerts and Harris responded that most welcome this information because they sometimes do not have all a patient's medical history. Joel Michels added that providers are already accustomed to receiving these types of alerts from EPIC (electronic medical records software) or from a pharmacy.

Harris began his discussion of the benefits of the Advanced Opioid Management Solution program (slide 8) proposed by ESI. Close to 50 Americans die from an accidental opioid overdose every

day. One out of five people who start using opioids to treat pain will still be on this medication a year later. As slide 9 highlighted, currently 1,177 or 12.8% of City of Portland members are having opioid medications prescribed and filled. ESI estimates that 306 of these members will be at risk for long-term opioid use as a result and potentially 80 could be at risk of addiction. Nine of these 80 members could potentially seek inpatient addiction treatment and four may ultimately be at risk for non-fatal overdose. The total cost for both the opioids and treatment is estimated to be \$278,090 per year. Jamie expressed concern for members who are taking medications for alcohol use and wanted to know how many members would be impacted. Harris replied they could find out.

This program identifies outliers, patterns and potential abuse using advanced analytics and data mining as shown on slide 10. ESI then completes a full investigation, including prescription verification and prescriber outreach. If a problem is identified, ESI and providers can collaborate regarding intervention opportunities. Harris assured members that prescription claims will not be denied but ESI will work on redirecting all prescriptions to one pharmacy only.

Harris moved on to slide 11, which highlighted as part of the program, initial prescriptions were limited to a seven-day supply (this would not affect cancer patients, burn victims, etc.) and both Oxycontin and Fentanyl should not be prescribed for most conditions. Therapeutic resource counselors would also be available to members who had questions or concerns. As he finished up his discussion, committee members thanked both Amy and Harris for their presentation.

#### **4. Review and discussion of 2020-2021 Updated Renewal Report (Aon)**

Emily Shettel began the discussion by focusing on the updated Renewal Report slide deck's timeline highlighted on slide 2. She notified committee members the next meeting on March 3<sup>rd</sup> would focus on any final updates and a final voting slide deck would be compiled so members could better understand their voting options.

Moving on to slide 7, Emily asked members their views on the ESI SaveonSP program after today's ESI's presentation and Dave Benson asked if there were any strong opinions about the program. Craig Morgan replied that he thinks it's "a win" for both employees and the City. The City could save up to \$585,000 per year and members could avoid at least \$900 in copays per year. Dave wanted assurances the City could end the program if it proves too cumbersome for members; he also wanted more details about the communication ESI provides to members if a prescription no longer is part of the program.

Emily continued the discussion with committee members by focusing on slide 8 and ESI's RationalMed program. She reminded members there was a potential data file transfer cost Moda would charge in addition to ESI's \$0.25 per member per month charge. Kyle MacLowry questioned the validity of implementing such a program if there already were systems in place to alert providers—is it redundant? Joel responded this program would allow the pharmacy to be more proactive and having another holistic system in place would be a useful tool. Emily added it could help bridge a potential information gap between medical and pharmacy. Tom Armstrong reminded members because of the claim savings guarantee of \$66,000 in the first year, there was a low risk in trying out the program. But he and other members questioned how ESI would measure the efficacy and success of the program.

Slides 9 and 10, highlighted the Advanced Opioid Management Solution program with its fraud, waste and abuse enhancements proposed by ESI. Tom wanted Aon to compile claims numbers from previous years' that involved overdose treatments and inpatient treatments to better understand members' drug addiction issues. Jamie Doscher reiterated her desire to know how many of these claims involved alcohol abuse.

Emily moved on to slide 12 and highlighted updated renewal information from Kaiser. Committee members had wanted to know what affect increasing Kaiser PCP copays as a potential plan

redesign would have on renewal costs. She pointed out to committee members that Kaiser had policy rules in place about these types of increases; if PCP copays increase, then specialty provider and urgent care copays would also increase as a result. Options 5 and 6 listed the potential outcomes with an increase in out-of-pocket maximums from \$600 to \$1000 for individuals:

Tiers	Enrolled	STATUS QUO RENEWAL 2020-2021	Option 5: \$15 PCP, \$10 Vision Ex, \$30 Spec, \$30 urgent care, \$1000 OOP individual/\$2000 Family	Option 6: \$20PCP, \$10 Vision Ex, \$30 Spec, \$30 urgent care, \$1000 OOP individual/\$2000 Family
Employee	571	\$690.44	\$682.90	\$681.12
Employee + One	461	\$1,346.38	\$1,331.68	\$1,328.18
Employee + Two or More	853	\$1,933.26	\$1,912.14	\$1,907.14
<b>Total Annual Cost</b>	<b>1,885</b>	<b>\$31,967,918</b>	<b>\$31,618,750</b>	<b>\$31,536,011</b>
<b>% Change Over Current</b>		<b>3.3%</b>	<b>2.2%</b>	<b>1.9%</b>
<b>\$ Change Over Current</b>		<b>\$1,024,337</b>	<b>\$675,168</b>	<b>\$592,430</b>

After viewing these numbers, committee members wanted additional time to digest the information as well as input from missing members. Jamie Doscher added she'd like to see these potential Kaiser changes to be directly compared with Moda's/CityCore's plan design (e.g. copays, fees, out-of-pocket maximums). Members also expressed interest in better understanding the actual monetary amounts used from the health fund reserve to buy down previous years' premium rates. Michelle Taylor and Aon will compile the information from plan year 2018-2019. Michelle also let members know that she and Aon were compiling health reserve fund buy down information from the last five years. She added that accumulating and reviewing Kaiser and Moda migration data was more complex than just comparing the numbers because some changes involved families versus individuals, etc.

As time ran out, members were encouraged to review the rest of the slide deck handout.

**5. Other Business:** None

**6. Public Comment:** None

**7. Next Meeting:** March 3, 2020. The meeting will begin at 1:30 PM and will be scheduled to go until 3:00 PM. The March 17th meeting is scheduled in Conference Room 210 at the Portland Building, 1120 SW Fifth Ave.

**8. The meeting was adjourned at 3:03 pm.**