

Benefits Advisory Committee (BAC)
May 10, 2018
Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the senate, the administration, or the Board of Regents.

[**In these minutes:** Employee Benefits Update; Fairview Specialty Plan Review; Employee Comments - Fairview Specialty Plan]

PRESENT: Tina Falkner (chair), Dale Swanson (vice chair), Aurelio Curbelo, Cynthia Murdoch, Susanne Vandergon, Jody Ebert, David Kremer, Steff Yorek, Susann Jackson, Brenda Reeves, Connie Rosandich, Terri Wallace, Amos Deinard, Jon Christianson, Amy Monahan, Fred Morrison, Kenneth Horstman, Susan Kratz

REGRETS: Candice Kraemer, Nancy Fulton

ABSENT: David Bodick, Jennifer Schultz, Carl Anderson, Kathryn Brown, Kenneth Doyle

GUESTS: Kal Soundara, PharmD account manager, Fairview Specialty Pharmacy; Ann McNamara, PharmD director of clinical development, Fairview Specialty Pharmacy; Tim Affeldt, director of operations, Fairview Specialty Pharmacy; Ross Otto, director of payer strategy/relations, Fairview Specialty Pharmacy; Kari Amundson, clinical development, Fairview Specialty Pharmacy

OTHERS: Renee Dempsey, Karen Chapin, Betty Gilchrist, Curt Swenson, Linda Blake, Ryan Hanson, Michelle Johnson, Lori Stotesbery, Doug Swyter

Chair Tina Falkner welcomed the committee, and members introduced themselves.

1. Employee Benefits Update - Falkner introduced Karen Chapin, health programs manager, Office of Human Resources, to give a brief update about employee benefits. Chapin stated that the next BAC meeting will include representatives from Prime Therapeutics, and the final meeting of the year will include representatives from Medica. She said that the Benefits Department is moving to the basement in Donhowe, and later back to second floor. The call center will then remain in the basement, and it will hopefully be a smooth process. Ken Horstman noted that the committee would not be looking at the 2019 rates today as their office needs to take a little more time to get that ready.

2. Fairview Specialty Plan Review - Falkner introduced Kal Soundara, PharmD account manager, Fairview Specialty Pharmacy; Ann McNamara, PharmD director of clinical development, Fairview Specialty Pharmacy; Tim Affeldt, director of operations, Fairview Specialty Pharmacy; Ross Otto, director of payer strategy/relations, Fairview Specialty

Pharmacy; and Kari Amundson, clinical development, Fairview Specialty Pharmacy to provide an overview of Fairview's services and utilization within the UPlan.

Kal Soundara began the presentation by outlining some key terms and definitions. A specialty drug is typically a higher cost drug that treats chronic and complex conditions and requires extra support to manage or administer. She explained that conditions that generally fall under the specialty category are multiple sclerosis (MS), hepatitis C (HepC), and rheumatoid arthritis (RA). The types of drugs used to treat these conditions (such as Copaxone, Harvoni, and Humira) require additional patient education, training, safety monitoring, require unique delivery and storage, and may not be stocked at a local retail pharmacy.

Ross Otto then provided statistics on specialty pharmacy trends. From 2016 to 2017, there have been increases in members utilizing the service (up 4.95%), the number of medications (up 4.26%), and per member per month spending (up 7.49%). He said that the annual spend for 2017 was \$15,750,263 for all specialty drugs, with the UPlan covering 99.27% of that cost. Amos Deinard asked what a unique utilizer is. Otto said that is a single person taking the medications. Otto continued by noting that the almost half of all specialty drugs are utilized in addressing inflammatory conditions.

Tim Affeldt then gave an overview of differentiators between Fairview's services and industry standards. Fairview's services include the following:

- All calls answered live
- Proactive refill reminder calls
- Unique waste management programs
- Best in market performance metrics
- Multiple delivery options
- Therapy Management programs
- Patient Financial Advocates
- Pipeline Monitoring
- Consultative Services
- Integrated Care Model (e.g. Clinic RPh)

Fairview has dedicated patient financial advocates that are assigned to each patient for the entire course of their therapy. They can assist in benefit investigation and eligibility determination and optimize UPlan's preferred formulary products.

Otto continued that financial advocates work to see if assistance can be provided to offset the copay for the member. Fred Morrison asked what the average copay is on these types of drugs. Chapin said that many of the copays are really low, around \$10. Chapin said the University tries to avoid drugs that have copay cards because they can raise the cost of drugs for the whole group plan. Ann McNamara said a cystic fibrosis patient may have up to nine drugs and Fairview does offer copay coupon assistance to some members.

Otto then presented information about waste management programs and used the drug Dupixent as an example. He said that Fairview created a program that sends the correct amount of needed syringes, three instead of four, to the member so as to not have the fourth syringe wasted. The

cost saving for that one syringe is about \$1700. Waste management savings in 2017 added up to \$75,315 for the UPlan. With another drug, Cosentyx, Fairview realized that it cost the exact same to buy the drug in packages of two as it was in packages of one. This has an annual saving opportunity of over \$100,000 for the plan. Physician education and engagement has also been an important tool for keeping costs down. By looking at data for RA and psoriasis and educating physicians, they were able to save over \$817,000, or 8% overall. Otto said that Fairview Pharmacies are also integrated into several M Health clinics. Benefits of integration of a pharmacy care team includes the following:

- Establish trusting relationship with Physician & Clinic Care Team
- Direct engagement and influence over physician prescribing
- Promote adherence to medications
- Ensure safety by closely monitoring side effects and avoiding drug interactions
- Reduce cost by promoting use of formulary products and most cost-effective therapy

McNamara explained that Fairview has a Therapy Management program which helps patients to achieve goals, support effectiveness, and promote safety. She gave examples of patients on Hepatitis C, cystic fibrosis, and RA. Patients in this program experienced higher adherence rates which means better outcomes and reduced costs overall.

Otto said that these are complex conditions and in some circumstances the socio economic or psychological impact can be overwhelming and affect their desire to take these medications; that is where the health coaching program comes in. The program can outline goals around treatment as well as goals in life. Patients who utilized health coach services demonstrated an average 40% decrease in depression scores.

Affeldt then discussed the results of the Fairview satisfaction survey. He said that satisfaction is high among specialty members, at 97%. There were a few comments for improvements where members were asking for a simpler process. In the survey that the BAC conducted, 13 employees commented and all were overall positive. Comments from the University included requesting of online refills instead of over the phone. Also, there seem to be too many questions that members have to answer when refilling prescriptions.

Steff Yorek commented that deliveries can sometimes come in multiple packages and asked if there is a way to combine packaging. Affeldt said that temperature is an issue and special packaging is needed, some of which can't be reused. However, he said, Fairview now uses cornstarch coolers that are compostable. Chapin suggested that more messaging could be added on the packaging so members know how to recycle as much as possible when disposing of packaging.

David Kremer commented about interpreters and said that terminology can be a huge obstacle. It is the provider or pharmacist that needs to be clearer to the interpreter to relay appropriate medication information to the patient.

3. Employee Comments - Fairview Specialty Plan - Falkner presented the results of the employee feedback survey in regard to the Fairview Specialty Pharmacy plan. She said that

people are pleased overall with the customer service. One takeaway is that the process could be a little simpler. Red tape could be for safety or security reasons but it sounds like they are willing to look at ways to improve the process.

Susann Jackson said to remember that these drugs are expensive and sensitive so you don't want them to get lost in the mail. Connie Rosandich asked how the specialty pharmacy works, does it go through Prime Therapeutics? Chapin said that yes, it is run through Prime for claims processing and determining copays, but Fairview focuses on specialty drugs only. They acknowledged they could communicate better with members on what delivery options there are. Horstman said that this is probably the most volatile and impactful things on the UPlan and it is good to have the company be so responsive.

Hearing no further business, the meeting was adjourned.

Chris Kwapick
University Senate Office