

Benefits Advisory Committee (BAC)
May 14, 2020
Minutes of the Meeting

[**In these minutes:** Discussion on Draft BAC Letter Regarding 2021 Proposed UPlan Rates; Employee Benefits Update; Fairview Specialty Pharmacy Review; BAC Survey Comments - Fairview; AIRCARE Response to BAC Questions]

PRESENT: Tina Falkner (chair), Dale Swanson (vice chair), Jon Christianson, Nikos Papanikolopoulos, Fred Morrison, Christine Bakke, Shannon Farrell, Cynthia Murdoch, Susanne Vandergon, Kim Little, Brenda Reeves, Karen Lovro, Terri Wallace, Nancy Fulton, Greg Thurston, Mary Rohman Kuhl, Deb Pavlica, Mary Blissenbach, Steff Yorek

REGRETS: None

ABSENT: Amy Monahan, Kenneth Horstman, Susan Kratz, Jakub Tolar, Christine O'Connor, Jennifer Schultz

GUESTS: Kal Soundara, account manager, Fairview Specialty Pharmacy; Tim Affelldt, vice president for operations, Fairview Specialty Pharmacy; Ross Otto, director of payer relations, Fairview Specialty Pharmacy; Ann McNamara, director of clinical development, Fairview Specialty Pharmacy

OTHERS: Karen Chapin, Ryan Reisdorfer, Linda Blake, Laura Manydeeds, Annie Harvieux, Ryan Hanson, Curt Swenson, Kerri Amundson, Nora Hayes, Karen Wallin

Chair Tina Falkner welcomed the committee and members introduced themselves.

1. Discussion on Draft BAC Letter Regarding 2021 Proposed UPlan Rates - Falkner advised the committee that based on the conversation from the previous meeting, a letter has been drafted to University leadership indicating the BAC's concern with the proposed rate increases for the 2021 UPlan. Falkner then asked for committee members to comment on the letter before it is sent to the appropriate individuals.

Fred Morrison commented that the letter seemed a bit mild and asked to include language emphasizing that the cost balance between the University and the employee has shifted much more towards the employee over the years. Morrison said that he would forward suggested language to be incorporated.

Nikos Papanikolopoulos commented that the letter has his full support.

Falkner stated that the letter will be updated with minor changes and sent soon. [The final copy of the letter can be viewed here.](#)

2. Employee Benefits Update - Mary Rohman Kuhl, interim director of total compensation, Office of Human Resources (OHR), advised the committee that a second round of messaging regarding virtual care options was sent to the entire University community. This also included adding a tile with this information to the MyU portal. Additionally, they are working to send out new messaging regarding stress reduction programs as well as working with Medica and VirginPulse to transition the wellbeing platform and point structure for next year.

Karen Chapin, pharmacy programs manager, OHR, stated that she and Annie Harvieux have been working to put together an FAQ for the pharmacy program for the Civil Service Senate. Once that is finished, she is willing to share it with this committee and post it to the OHR website. Kim Little added that all of this messaging was much appreciated.

3. Fairview Specialty Pharmacy Review - Falkner introduced representatives from Fairview Specialty Pharmacy to provide a review and update of their services to the UPlan. The representatives included Kal Soundara, account manager, Tim Affelldt, vice president for operations, Ross Otto, director of payer relations, and Ann McNamara, director of clinical development.

Soundara then proceeded to introduce a [slide deck](#) and give an overview of Fairview Specialty Pharmacy. She noted that retail pharmacies can handle many prescriptions and medications for a person's overall health and wellness. Specialty pharmacies are needed for medications that often include a more complex version of therapy which are usually more complicated, expensive, and can have varying side effects. Conditions that require more specialty drugs can include multiple sclerosis, hepatitis C, and cancers. Soundara stated that their emphasis is to assist the patient to achieve best possible outcomes.

Affeld then gave an overview of some of the changes Fairview has had to make to deal with COVID-19. Their leadership team has been working to change the way they handle everything virtually, he said. Additionally, Fairview converted Bethesda Hospital into a COVID-only facility which has helped to not only treat patients but to learn how to best handle the disease as well. Fairview's pharmacy services have made sure that its supply chain was uninterrupted and that its medications were being distributed for their intended purposes. Part of these efforts included making sure that drugs like Hydroxychloroquine be dispensed only to patients for RA and Lupus diagnosis, and not people self-medicating for COVID-19.

Affeld then discussed patient satisfaction and stated that overall, Fairview has received some of the highest rated reviews in its industry. He noted that employees from the University have consistently given positive feedback regarding Fairview's services. Cynthia Murdoch asked if UPlan members can use a specialty pharmacy other than Fairview and Affeld responded that they cannot use other vendors at this time. Affeld then addressed some of the comments from the BAC survey and highlighted some of the compliments, including a better text messaging service for managing prescriptions. Members have overall reported that they have had good customer service and pharmacists and staff have been prompt and responsive. Affeld then noted that there are opportunities for improvement when it comes to prior authorization (PA) or refill requests, deliveries with required signatures, and making deliveries within its allotted four hour window.

Fairview has worked to improve several areas of customer support, including making sure to call back and follow up on customer issues.

Soundara then provided some information regarding Fairview's interaction with the University's wellbeing program. Members who use specialty medications are eligible to participate in up to four calls per year with a therapy management clinician earning 50 points per call. Soundara said that 43 individuals took advantage of this option in 2019-20.

Otto then spoke about why specialty pharmacy is important and stated that it is the fastest growing segment of the pharmaceutical industry. Specialty drugs represent a small portion of the pharmaceutical industry, however they account for a large percentage of total pharmaceutical spending. In 2020, specialty pharmaceuticals are expected to represent 50% of all drug expenditures for only two to three percent of the population. Otto said that the UPlan's specialty pharmacy trend has increased by 8% over the past year and has about a \$42 per member per month spend. Of the various drugs within the specialty category, medications to treat inflammatory conditions account for 54% of the total allowed spend. These drugs tend to have a higher increase each year in cost as some get reclassified for other uses. Otto indicated that they are constantly looking for ways to cut costs and look at generic drugs for specialty medications known as biosimilars. Generics that help to treat multiple sclerosis and cystic fibrosis have helped to save over \$400,000 per year for the UPlan.

Falkner asked if people using generics or biosimilars are seeing the same results as the brand names. McNamara responded that they always want to make sure that there are no issues for patients if a change in medications is possible. If there is an issue, they will cover the name brand drug for the patient. Fairview also looks to identify a preferred product when there are two or more generics for a drug in order to drive down costs even further. McNamara stated that by 2025, there will hopefully be a much larger number of generics for many specialty inflammatory drugs to drive down costs in the long term.

Little asked about some of the highest cost treatments that are able to basically cure a person of a disease. McNamara said that those drugs can be a one time cost, such as a one hour infusion for hemophilia. Little then asked about the advertisements for little to no copays by the manufacturers and how that helps. Otto said that while manufacturers do offer those copay cards, the UPlan's benefits are very good and have low copays already. Fairview will work with members to provide those cards or grants on an as needed basis.

Fred Morrison asked how many UPlan members utilize the specialty pharmacy. Otto replied that 432 members currently utilize the service.

4. BAC Survey Comments - Fairview - Morrison then presented the results of the BAC employee survey as it pertains to Fairview Specialty Pharmacy. He stated that there were 870 responses and 52% of those who responded said that they had never heard of Fairview Specialty Pharmacy. Morrison stated that those results were not surprising as the University really doesn't advertise the service and it is used by a very limited population. 31 individuals had very high praise for the services and had comments that the service had good delivery and the pharmacists were very knowledgeable.

Morrison continued by sharing that six people had criticisms of the service including that the website can be difficult to navigate and that some of the pharmacists did not have a good working knowledge of Minnesota geography, as a resident of Rush City was sent to Duluth for a prescription. Chapin added that she would look into these issues but it does make sense as there is a specialty pharmacy vendor located in Duluth.

Steff Yorek commented that the report was good and likes the way Fairview operates but is always concerned when preferred products are mentioned. It is important that patients get the right drugs for them that have the least amount of side effects. Chapin commented that these decisions are not made on a whim but with the consultation of several competent pharmacists. Morrison agreed that it is important to find generic drugs wherever feasible but to be cautious with some of the new biosimilars. Little added that if there is an appeal for using a brand name drug, they need to be more timely or expedited quicker.

5. AiRCare Response to BAC Questions - In response to several questions and concerns raised by BAC members during a recent presentation by AiRCare, Chapin provided the committee with a [Q&A document](#).

Falkner asked how people are being identified as needing help. Chapin replied that the information comes from an eligibility file and claims data. Yorek asked what data is in the eligibility file. Chapin said that she will have to follow up with that question. None of this information would come from the wellbeing program, though, she said.

Falkner asked if hiring AiRCare was even possible right now as the University is under a hiring and contracting freeze due to the pandemic. Chapin replied that this process began prior to the pandemic and could possibly still move forward. Murdoch added that while the benefits overall to the UPlan may be beneficial, she doesn't believe it is the right time to sign a new vendor considering people are taking pay cuts and it may be a bit tone deaf. Chapin acknowledged those concerns but added that this service could really benefit people who are having trouble coping with working during the pandemic. Ryan Reisdorfer, health programs manager, OHR, added that OHR would not enter into a new contract if the University doesn't approve but they are looking at the long term plan as well. Implementation of this sort of programming would be a long way off.

Falkner and Morrison expressed concerns that without a cost analysis, this could be only adding to the overall rising costs of the UPlan rates. Morrison further stated that he doesn't think the committee should recommend this service at this time, not to mention the concerns of the intrusiveness. Reisdorfer said that OHR would not move forward without more information. However, he did note that during the pandemic, Medica recently reached out to members who were at a higher risk of being impacted by COVID-19 and people seemed to really appreciate it.

Hearing no further business, the meeting was adjourned.

Chris Kwapick
University Senate Office