



MINUTES FROM THE HEALTH POLICY & PLANNING SUBCOMMITTEE TO THE STATE EMPLOYEE BENEFITS COMMITTEE JANUARY 9, 2020

A meeting of the Health Policy & Planning ("HP&P") Subcommittee to the State Employee Benefits Committee (the "Committee") was held Thursday, January 9, 2020 in the Large Conference Room of the Statewide Benefits Office ("SBO"), 97 Commerce Way, Dover, Delaware 19904

Committee Members Represented or in Attendance:

- Director Faith Rentz, SBO, Department of Human Resources ("DHR") (Appointee of DHR Sec. Johnson), Chair
Ms. Molly Magarik, Deputy Secretary, Dept. of Health and Social Services (Appointee of Sec. Walker)
Mr. William Oberle, Delaware State Trooper's Association (Appointee of the DSEA, Jeff Taschner)
Ms. Judi Schock, Deputy Principal Assistant, Office of Management & Budget (Appointee OMB Dir. Jackson)

Subcommittee Members Not Represented or in Attendance:

- The Honorable Colleen Davis, State Treasurer, Office of the State Treasurer ("OST")
Mr. Tanner Polce, Policy Director, Office of the Lt. Governor (Appointee of Lt. Governor Hall-Long)
Mr. Stuart Snyder, Chief of Staff, Department of Insurance (Appointee of Commissioner Navarro)
Ms. Victoria Brennan, Sr. Legislative Analyst, Office of the Controller General (Appointee for CG Morton)

Others in Attendance:

- Ms. Leighann Hinkle, Deputy Director, SBO, DHR
Ms. Jaclyn Iglesias, Willis Towers Watson ("WTW")
Ms. Christina Bryan, Delaware Healthcare Associates
Ms. Julie Caynor, Aetna
Mr. Brian Glaves, Cerner
Ms. Lisa Mantegna, Highmark Delaware
Mr. Walter Mateja, IBM Watson Health
Ms. Jennifer Mossman, Highmark Delaware
Ms. Paula Roy, Roy Associates
Mr. Michael Russo, American Well
Mr. Gerry Stanley, Cerner
Ms. Martha Sturtevant, Executive Assistant, SBO, DHR
Mr. Carey Wood, Cerner

CALL TO ORDER

Director Rentz called the meeting to order at 1:03 p.m.

APPROVAL OF MINUTES -DIRECTOR FAITH RENTZ, CHAIR

The minutes were tabled due to lack of quorum.

DIRECTOR'S REPORT - DIRECTOR FAITH RENTZ, CHAIR

SEBC/Subcommittee Updates

The Committee convened in December to continue review of the Plan Migration Analysis and the Group Health Insurance Program (GHIP) Impact Report. Additionally, the Committee acted to approve the Proposal Review Committee's recommendation to award the administration of supplemental benefits to Securian, effective July 1, 2020.

The Committee will meet in January to continue discussions on the GHIP Strategic Plan. The revised Strategic Plan incorporates feedback received from the Subcommittees and the Committee.

STATE OF DELAWARE STATEWIDE BENEFITS OFFICE

The Committee will consider a request to move forward with a Request for Information to evaluate provider capabilities in Delaware.

SBO will provide the Committee with an overview of Open Enrollment that will begin May 4, 2020. Training materials are being developed and events are being scheduled.

Topics for the HP&P Subcommittee to consider in Q1 include next steps regarding the Fertility Administration Request for Proposal (“RFP”) and to review feedback received from the Proposal Review Committee.

Additionally, the HP&P will also meet to consider changes to the GHIP Eligibility and Enrollment Rules.

SBO Updates

The Employee Assistance Program RFP has been issued. Bids are due January 31, 2020 with a contract effective date of July 1, 2020.

SBO continues to work with both Medicaid and the Division of Public Health on the design of a non-opioid management pilot program. The target date for the pilot has been postponed pending further clarification on cost and participant eligibility requirements.

Legislative/Policy Updates

SBO continues work with four work/study groups:

- A post-employment/retirement benefits study group to re-evaluate the State’s unfunded liability for retiree healthcare benefits. Under the executive order, a recommendation is due to the Delaware Economic and Financial Advisory Council (“DEFAC”) in March. The recommendation is being drafted.
- Two work groups are meeting to address prescription drug purchasing and reimbursement practices. Both workgroups are drafting reports/recommendations that are expected to be finalized by the end of January.
- The Primary Care Collaborative will continue to meet and provide annual reports to the Legislature.

Mr. Oberle asked if the Primary Care Collaborative was aware of work of the Committee and its Subcommittees. Dir. Rentz responded that she is serving on the expanded collaborative and will be updating the group on the focus of the Committee. Ms. Magarik added that Mr. Costantino (Financial Subcommittee Member) also sits on the Collaborative and has worked to align goals and maintain communication. Dir. Rentz also noted overlap with the Delaware Center for Health Innovation Board.

Mr. Oberle asked if the Strategic Plan will include a discussion on transparency and Third-Party Administrators (TPAs). Dir. Rentz responded that there will be discussions regarding transparency and the role of TPAs.

PRIMARY CARE – CERNER NEAR SITE CLINIC MODEL

Cerner Health Plan Services presented on how they leverage technology as a TPA. Their first onsite clinic “Healthe at Cerner”, started with servicing acute and episodic care, and has transitioned into a patient-centered medical home; services include primary care, chiropractors, behavioral therapists, physical therapists, full-pharmacy, gym & athletic trainers, and virtual services. They have 200 clinics around the country. Healthe at Cerner is only available to Cerner employees.

Employers who utilize their clinics have a 16% lower per-member per-month cost. Prescriptions filled at clinic pharmacies are 70% lower in cost than the average community pharmacy, and they have a 6% higher generic dispensing rate.

They report over 291K Healthe Clinic visits, have resulted in \$28M of productivity savings. They report a lower than average increase in healthcare spend over the last 10 years, averaging 4%.

Dir. Rentz asked for details on the Healthe Clinic pharmacy arrangement. Cerner responded that depending on the location and model, Cerner has relationships with Pharmacy Benefit Managers (“PBMs”), or they provide an independent “stand-up” pharmacy.

Cerner works with organizations to acquire pharmaceuticals at acquisition costs direct to manufacturer, at a 60-67% cost reduction. Cerner has 29K employees and provides 75K scripts annually to their associates. As a larger employer, these scripts are pulled out from the administration of the PBMs.

Cerner Health has experience with government and union organizations, from full-service health centers to virtual care.

Cerner reviewed a local example of their no-wait clinic model. Cerner acquired Siemens Health Services in Malvern, Pennsylvania bringing on 4K associates into Cerner. Siemens did not have an onsite clinic. Cerner created and built Anuva Health by Cerner, a near-site model open to other area employees/employers. They have locations in Malvern and West Chester, Pennsylvania. Anuva Health centers can be built-out for State of Delaware employees and dependents.

Dir. Rentz queried how Cerner utilizes telehealth. Cerner responded that onsite services include primary care, pharmacy, urgent care, labs, and behavioral health; virtual/digital health offerings include self-management tools, care coordination, health coaching, and health navigation. Cerner added that some services can be offered both onsite and virtually.

Mr. Oberle expressed concerns that Cerner has collaborated with Christiana Care, as he is an advocate for freestanding facilities. Cerner responded that they partner with Christiana Care on technology alone, and that Cerner clinics in Delaware would be freestanding and in competition with Christiana Care.

Ms. Iglesias queried how Cerner’s technology supports health navigation services and how Cerner has coordinated with other vendor technologies. Cerner reviewed how their technology supports virtual engagement and care coordination.

Mr. Oberle queried how Cerner would coordinate with the State’s existing contract with SurgeryPlus. Cerner responded that they work collaboratively with existing vendors. Their model focuses on supporting navigational care and primary care; Cerner collaborates with others for tertiary care (e.g. surgery, hospitalization, specialty visits).

Cerner presented the potential savings related to treatment of non-emergent conditions, imaging and labs.

Cerner reviewed what their Anuva Health by Cerner model might look like in Delaware.

Dir. Rentz stated that member experience and positive outcomes are equally important as cost savings. She queried how other clients steer care. Cerner provided examples of how their model positively impacts the member experience, as well as the provider experience; they noted low provider turnover. Cerner added that steerage options would be decided by Delaware. Examples were provided on how clients manage options for care.

PRIMARY CARE – AMERICAN WELL TELEHEALTH

American Well provides telehealth technology to connect providers, insurers and patients.

American Well specializes in on-demand telehealth. Their technology supports clinical and retail care, follow-up care, and sub-acute/acute care consults.

Ms. Iglesias queried what providers partnered with their kiosk technology. American Well responded that Online Care Group is their exclusive partner and primary provider.

American Well reported that although only 8% of consumers have reported using telehealth, 66% are open to a telehealth visit. Consumers surveyed are interested in utilizing telehealth for prescription renewals, chronic disease management, follow-up care, behavioral health and urgent care.

American Well reported that 69% of physicians are willing to have a telehealth visit, another 20% would consider the option. Additionally, 22% of physicians surveyed are using video visits, another 50% expect to within the next three years. Top reasons physicians surveyed reported they are willing to utilize telehealth include: increased access to patients, flexible work-life balance, retention, improved outcomes, and to be on the leading edge of medicine.

Mr. Oberle inquired whether American Well had existing relationships with hospitals and queried how telehealth physicians would process referrals to specialists. American Well responded that they can build-in steorage options with existing networks.

Providing a client example, American Well reported that telehealth was effective in steering care away from emergency rooms, saving \$367 per claim. 75% of claims treated in an urgent care can be treated by telehealth. American Well reports that 81% of telehealth visits are successful; they do not refer to urgent care.

Mr. Oberle stated that he expected more physicians would be concerned with liability and that there would be more referrals to urgent care. He also expressed concerns with telehealth and prescribing/over-prescribing antibiotics. American Well responded that less than 60% of telehealth visits receive a prescription for antibiotics.

American Well's app is called Amwell. It can be customized to specific services and branding.

Telehealth is supported by a smartphone, tablet, computer or available kiosk. Some employers choose to have a nurse onsite to assist with diagnostics.

The Online Care Group services all 50 states, with board-certified, multi-state licensed physicians that specialize in urgent care, behavioral health, nutrition and lactation. They are available 24/7 and 365 days a year. The average overall wait time is 10 minutes but can be up to two weeks for a psychiatrist. They are NCQA-certified, FSMB compliant and ATA accredited.

Ms. Magarik asked how American Well supports continuity of care, and how information would be shared back to PCPs. American Well responded that a detailed visit summary is provided to a secure inbox with the option to share directly with the PCP.

Dir. Rentz inquired whether American Well is integrating with and sharing information through health information networks. American Well responded the Enterprise Level Solution of Amwell works with Cerner and others to share information.

OTHER BUSINESS

No new business.

PUBLIC COMMENT

Ms. Christina Bryan, representing the Delaware Healthcare Association ("DHA"), shared an article with the Subcommittee written by Wayne Smith, President & CEO of DHA. The article addresses moving to value-based care and supporting Primary Care Physicians long-term. Dir. Rentz responded that she will also share the article with the Committee.

Ms. Paula Roy cautioned that it was her observation that medical licensure boards have presented obstacles to advancing telehealth in Delaware. Ms. Magarik responded that significant progress has been made in the legislature to address this challenge. American Well added that they are licensed in all fifty states, each with different parameters, but Delaware allows for a diagnosis to be made over video or over the phone.

ADJOURNMENT

A MOTION was made by Ms. Magarik and seconded by Mr. Oberle to adjourn the meeting at 3:01 p.m.
MOTION ADOPTED UNANIMOUSLY.

Respectfully submitted,

Martha Sturtevant, Statewide Benefits Office, Department of Human Resources
Recorder, Statewide Employee Benefits Committee