WELCOME

We convene. We spark conversation. We accelerate collaboration.
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Speaker Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome &amp; Introductions</td>
<td>John Clymer</td>
<td>The National Forum for Heart Disease &amp; Stroke Prevention</td>
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<tr>
<td>12:32</td>
<td>Smarter Health Care Coalition Updates on Policy Legislation</td>
<td>Ray Quintero</td>
<td>Healthsperien, LLC</td>
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<td>Co-Director</td>
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<td>Smarter Health Care Coalition</td>
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<tr>
<td>12:42</td>
<td>FH Foundation Updates on Research &amp; Tools</td>
<td>Kelly Myers</td>
<td>FH Foundation</td>
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<tr>
<td>12:52</td>
<td>Q &amp; A</td>
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Smarter Health Care Coalition:

Our Progress Aligning Coverage, Quality, & Value-Based Payment

National Forum for Heart Disease & Stroke Prevention
Value & Access Partner Spotlight

Ray Quintero, Principal, Healthsperien, LLC
Co-Director, Smarter Health Care Coalition

August 14, 2019
The Smarter Health Care Coalition’s mission is to enhance the patient experience – encompassing access, convenience, affordability, and quality – by working together toward achieving smarter health care, with a focus on integrating benefit design innovations and consumer/patient engagement within broader delivery system reform in order to better align coverage, quality, and value-based payment goals.
SMARTER HEALTH CARE COALITION: MEMBER ORGANIZATIONS

- America’s Health Insurance Plans
- American Benefits Council
- American Heart Association
- American Osteopathic Association
- Amgen
- Better Medicare Alliance
- Blue Cross Blue Shield Association
- Eli Lilly and Company
- Families USA
- Johnson and Johnson
- Juvenile Diabetes Research Foundation
- Medela
- Merck
- National Coalition on Health Care
- National Forum of Heart Disease and Stroke Prevention
- National Medical Legal Partnership
- Patient-Centered Primary Care Collaborative
- Pfizer
- Pharmaceutical Research and Manufacturers of America
- Public Sector HealthCare Roundtable
- Sanofi
- U.S. Chamber of Commerce
- University of Michigan Center for Value Based Insurance Design
OVERALL POLICY APPROACH

Aligning innovations in benefit and coverage design with payment and delivery system advances

Increasing consumer/purchaser access to care with high clinical value

Linking value to broader approaches to encourage person-centered engagement

Creating opportunities to transcend traditional approaches and support holistic well-being

Value-Based Insurance Design
Health Savings Account-Eligible High Deductible Health Plans: A primary focus of the Coalition has been expanding the preventive care safe harbor to ensure greater access to high value services and prescription drugs that manage chronic conditions.

- **June 24:** Senators John Thune and Tom Carper introduced S. 1948
- **July 12:** Representatives Earl Blumenauer and Tom Reed introduced H.R.3709
KEY ACTION: EXECUTIVE ORDER

- **June 24:** President Trump issued an Executive Order advising the Secretary of Treasury to develop guidance to expand the scope of the preventive services safe harbor for health savings account-eligible (HSA-eligible) high deductible health plans (HDHPs) to permit the coverage of chronic disease management services on a pre-deductible basis.
July 17: Treasury Secretary Mnuchin issued guidance to expand the scope of the preventive services safe harbor for health savings account-eligible (HSA-eligible) high-deductible health plans (HDHPs) to cover certain chronic disease services and drugs on a pre-deductible basis.

Guidance includes coverage for drugs and services for heart disease and stroke
Policy Considerations:
- V-BID is one successful method to better align health care spending with value.
- Traditionally, V-BID has focused on reducing cost-sharing for high-value drugs and services.
- Section 2713 of the Affordable Care Act (ACA) is an example of V-BID, which requires certain high-value services to be covered by commercial insurance without patient cost-sharing.
- Reducing “low-value care” (aka – clinical waste/services for which harm outweighs benefits) is an opportunity to reallocate resources, increase quality, and ultimately reduce overall spending.

SHCC Recommendation:
- The Secretary of HHS exercise existing authority, under Section 4105 of the ACA, to eliminate Medicare payment for services rated “D” by the US Preventive Services Task Force.
- The Secretary could instruct the Centers for Medicare and Medicaid Services (CMS) to stop paying for “D-rated” services for Medicare beneficiaries.
Thank you!

Ray Quintero
Healthsperien, LLC
Co-Director, Smarter Health Care Coalition

rquintero@healthsperien.com
CONCLUSIONS: Individuals in the rejected and abandoned cohorts had significantly increased risk of cardiovascular events compared with those in the paid cohort. Rejection, abandonment, and disparities related to PCSK9i prescriptions are related to higher cardiovascular outcome rates.

Study Period August 2015 – December 2017
Individuals with FH are at highest risk

Real-world evidence highlights that individuals with FH prescribed PCSK9 inhibitors are at highest cardiovascular risk

- US Population: 0.5%
- Study Population: 3.5%
- Study Population: ASCVD: 6.3%
- Study Population: FH: 8.9%
- Study Population: FH and ASCVD: 11.8%

63% prescription rejected by payers for individuals with FH and ASCVD

Increased risk of a cardiovascular event within a year if PCSK9i rejected or unfilled

**Paid vs. Rejected**

16%

increased risk of heart attacks and strokes if medication rejected

**Paid vs. Unfilled**

21%

increased risk of heart attacks and strokes if medication unfilled

Women, minorities, and individuals with low incomes were more likely to have rejected or unfilled PCSK9i prescriptions.

Out-of-pocket costs impact whether individuals fill prescriptions

**Average PCSK9i Prescription Copay**

- **Paid Prescription**: $103.17
- **Unfilled Prescription**: $233.80
FOCUS Data Analysis – 2018: PCSK9i Prescription Coverage Improving

PCSK9 Inhibitor Prescription Coverage

<table>
<thead>
<tr>
<th>Total Lives</th>
<th>Diagnosed FH Population</th>
<th>Undiagnosed Probable FH Population</th>
<th>ASCVD Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>Medicare</td>
<td>Other</td>
<td>Commercial</td>
</tr>
<tr>
<td>46,147,592</td>
<td>28,760,662</td>
<td>7,140,404</td>
<td>35,856</td>
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<tr>
<td>2,285</td>
<td>1,582</td>
<td>220</td>
<td>52,538</td>
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<td>12,530</td>
<td>15,683</td>
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Interactive Filters

- Gender: Female, Male
- Race/Ethnicity: (All), Black, Hispanic, White, Other, Unknown
- Age Group: (All), <18, 18-50, 51-60, 61-75, ≥76
- Health Plan or Other Payer: (All), ANTHEM, Blue Cross Blue Shield AL, VA, MI

Use the buttons below to navigate between your changes. The 'i' button will reset your view.

Tableau
FOCUS Data Analysis – 2018: FH Diagnosis is Low

Number of Diagnosed and Undiagnosed FH

Total Lives
- Commercial: 46,147,592
- Medicare: 28,760,652
- Other: 7,140,404
- Total: 82,049,648

Prevalence of Diagnosed FH
- Commercial: 1 in 781
- Medicare: 1 in 557
- Other: 1 in 827
- Total: 499,075
  - 88% are undiagnosed: 440,020

Prevalence of Undiagnosed Probable FH
- Commercial: 1 in 105
- Medicare: 1 in 74
- Other: 1 in 133
- Total: 62,140
  - 86% are undiagnosed: 53,506

Interactive Filters
- Gender:
  - Female
  - Male
- Race/Ethnicity:
  - (All)
  - Black
  - Hispanic
  - White
  - Other
  - Unknown
- Age Group:
  - (All)
  - <18
  - 18 - 50
  - 51 - 60
  - 61 - 75
  - ≥76
- Health Plan or Other Payer:
  - (All)
  - ANTHEM
  - Blue Cross Blue Shield AL
  - Blue Cross Blue Shield MA
  - Other

Use the buttons below to navigate between your changes. The [button] button will reset your view.
FOCUS Data Analysis – 2018: High Value Care is Underutilized

Percent of Population on Lipid Lowering Treatments

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<tr>
<th>Total Lives</th>
<th>Commerical</th>
<th>Medicare</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>46,147,592</td>
<td>28,760,662</td>
<td>7,140,404</td>
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</table>

<table>
<thead>
<tr>
<th>Diagnosed FH Population</th>
<th>Commerical</th>
<th>Medicare</th>
<th>Other</th>
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<tr>
<td>59,055</td>
<td>51,622</td>
<td>8,634</td>
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<table>
<thead>
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<th>Undiagnosed Probable FH Population</th>
<th>Commerical</th>
<th>Medicare</th>
<th>Other</th>
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<tr>
<td>440,020</td>
<td>387,701</td>
<td>53,506</td>
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<table>
<thead>
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<th>ASCVD Population</th>
<th>Commerical</th>
<th>Medicare</th>
<th>Other</th>
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<tr>
<td>7,516,121</td>
<td>10,481,679</td>
<td>1,568,692</td>
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<table>
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<tr>
<th>Average Total Cholesterol</th>
<th>Commerical FH Population</th>
<th>mg/dL</th>
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<tbody>
<tr>
<td>198</td>
<td>182</td>
<td>205</td>
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<table>
<thead>
<tr>
<th>Average Total Cholesterol</th>
<th>Probable FH Population</th>
<th>mg/dL</th>
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<tbody>
<tr>
<td>185</td>
<td>177</td>
<td>191</td>
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Interactive Filters

- **Gender**
  - Female
  - Male

- **Race/Ethnicity**
  - (All)
  - Black
  - Hispanic
  - White
  - Other
  - Unknown

- **Age Group**
  - (All)
  - <18
  - 18 - 50
  - 51 - 60
  - 61 - 75
  - >76

- **Health Plan or Other Payer**
  - (All)
  - ANTHEM
  - Blue Cross Blue Shield AL
  - Blue Cross Blue Shield MA

Use the buttons below to navigate between your changes. The Reset button will reset your view.
Paper and Infographic

Individuals Had More Cardiovascular Events When PCSK9 Inhibitor Prescriptions Were Rejected or Unfilled

- Reduced: Risk of a cardiovascular event within a year
- Increased: Risk of heart attacks and strokes

Average Costs

Individuals with FH are at the highest risk

FOCUS Data Report

FH Optimal Care in the US (FOCUS) Real-World Data Analysis Report – 2018

- Number of Diagnosed and Undiagnosed FH
- Percentages of diagnosed and undiagnosed FH

Navigating Insurance Guide

https://thefhfoundation.org/familial-hypercholesterolemia/tools-and-resources/fh-toolkits

https://thefhfoundation.org/research-circ-ce

https://thefhfoundation.org/research-circ-ce-data
Q&A
Recordings Available

• Slides and audio from previous spotlights available at
  https://www.nationalforum.org/value-access-member-spotlight-webinars