

SIM Value Based Insurance Design Initiative

State of CT VBID Pilot

The CT SIM Value Based Insurance Design (VBID) initiative seeks to improve the quality of health care while decreasing overall cost by using financial incentives that encourage consumer choice and place emphasis on health care cost efficiency. One element of VBID is to reduce barriers to the consumer for health care services by structuring plan designs that may include coverage for preventive services and wellness visits as well as medication and treatment for chronic conditions such as diabetes. The intent of VBID plans is to deliver timely and appropriate health care services and reduce the potential for consumers to develop more serious health complications in the future. Disincentives, such as higher cost sharing where best practices have shown that specific treatments are unnecessary, or care that can be delivered at a lower cost, may also be implemented to help reduce cost.

The goal of the SIM VBID initiative is to promote statewide adoption of shared savings programs and value-based insurance designs (VBID) to align 4,600 primary care providers and 2.2 million consumers for better care and lower cost. An employer led consortium (consisting of employer, consumer, accountable-care organization, health plan and state agency representatives) has been tasked with developing recommendations for the SIM Healthcare Innovation Steering Committee to promote and adopt VBID models in the state. Recommendations include identifying and engaging stakeholders, identifying and assessing successful VBID programs in and out of CT, creating a prototype VBID, and establishing the program design for a series of VBID learning collaboratives.

SIM VBID is also incorporating principles from the Choosing Wisely initiative, an American Board of Internal Medicine Foundation and Consumer Reports campaign. Choosing Wisely looks to over 70 medical specialty societies to identify procedures, treatments and tests that are commonly used in their respective specialties and have the potential for overuse. The goal of Choosing wisely is to reduce waste in health care and avoid the risks associated with potentially harmful services.

The CT Office of the State Comptroller (OSC) has begun to examine the state employee and retiree health benefit plan's administrative claims data against several Choosing Wisely measures to identify potentially wasteful services. Findings will then be shared with the 20 ACOs currently contracted with the state to open a dialogue on potential opportunities where these organizations could improve their care management strategies. To date, there are 10 Choosing Wisely measures that appear to have an impact significant enough to merit further exploration. OSC is in the process of developing robust algorithms around these measures to more closely examine the state of CT claims data. While some of the Choosing Wisely measures require clinical data/EHR to provide sufficient information on whether a service was appropriate or not, OSC has decided to focus on those procedures that can, for the most part, be measured strictly using claims data. The intent is not only to explore the state of CT data, but also to create a standardized approach on measuring potential waste that could be made available to others.

One open question is, if VBID plans decide to incorporate Choosing Wisely principles, would health plans/ASOs conduct the analytics? This type of analysis requires an infrastructure that will support secure data collection, analysis and reporting. The OSC currently contracts with a health analytics firm that is in the process of developing algorithms around the Choosing Wisely measures and plans to make these algorithms available for others to use.