



# 2022 Advisor Survey Summary Results



# TPG-NPRT Yearly Survey

In December 2021 and January 2022, TPG National Payor Roundtable conducted its yearly advisor survey.

We surveyed about 450 healthcare professionals from our advisor pool, with 45 respondents completing the survey within the eligible timeframe.

The advisors primarily represent PBMs, IDNs, and Health Plans responsible for millions of lives around the country.



Q1: Within your organization, are you on:

ANSWER CHOICES	RESPONSES	
the Medical side	15.56%	7
the Pharmacy side	15.56%	7
Both sides	55.56%	25
Not internal	0.00%	0
Other (please specify)	13.33%	6
<b>TOTAL</b>		<b>45</b>



## Q1 follow-up details

- Other (please specify)
- Consultant
- Data and analytics
- Medical tech review
- Retired



## Q2: For which committees do you serve in an advisory role? (select all that apply)

ANSWER CHOICES	RESPONSES	
P&T (clinical advisory)	57.78%	26
P&T (contracting advisory)	24.44%	11
Medical benefits coverage committee	46.67%	21
Value assessment committee	42.22%	19
Technology assessment committee	53.33%	24
Quality improvement committee	44.44%	20
Formulary committee	44.44%	20
All of the clinical decision-making entities	31.11%	14
None of the above	24.44%	11
Total Respondents: 45		



### Q3: Are you:

ANSWER CHOICES	RESPONSES	
the Chief/Senior Officer	48.89%	22
Regional	11.11%	5
Payor specific (Medicare, Medicaid, Commercial, etc)	17.78%	8
Therapeutic area specific (cardiovascular, endocrinology, etc)	0.00%	0
Other (please specify)	22.22%	10
TOTAL		45



## Q3 follow-up details

- Other (please specify)
- Regional
- Medical Officer VHA
- President
- Senior Director
- Researcher
- CEO



## Q4: Type of Organization (please select one:)

ANSWER CHOICES	RESPONSES	
Health Plan (insurer)	35.56%	16
PBM	17.78%	8
Specialty Pharmacy	0.00%	0
Physician Provider Organizations-IPAs	6.67%	3
IDN (Integrated Delivery Network)	2.22%	1
340-B Plan	0.00%	0
Government (Veteran's Administration or Military)	2.22%	1
Other (please specify)	35.56%	16
<b>TOTAL</b>		<b>45</b>





## Q4 follow-up details

- Other (please specify)
- HMO owned by an IDN
- Consultancy
- Whole health virtual provider
- Health plan & PBM
- Oncology Data and Analytics Company



## Q5: The person I report to is:

ANSWER CHOICES	RESPONSES	
Chief Medical Officer	27.27%	12
Chief Pharmacy Officer	0.00%	0
Chief Executive Officer	22.73%	10
Myself	27.27%	12
Other (please specify)	22.73%	10
<b>TOTAL</b>		<b>44</b>



## Q5 follow-up details

- Other (please specify)
- Senior Director Specialty Pharmacy Management
- Senior Medical Director
- Senior Vice President
- General Manager
- President
- Head of Supply Chain
- Senior Medical Director

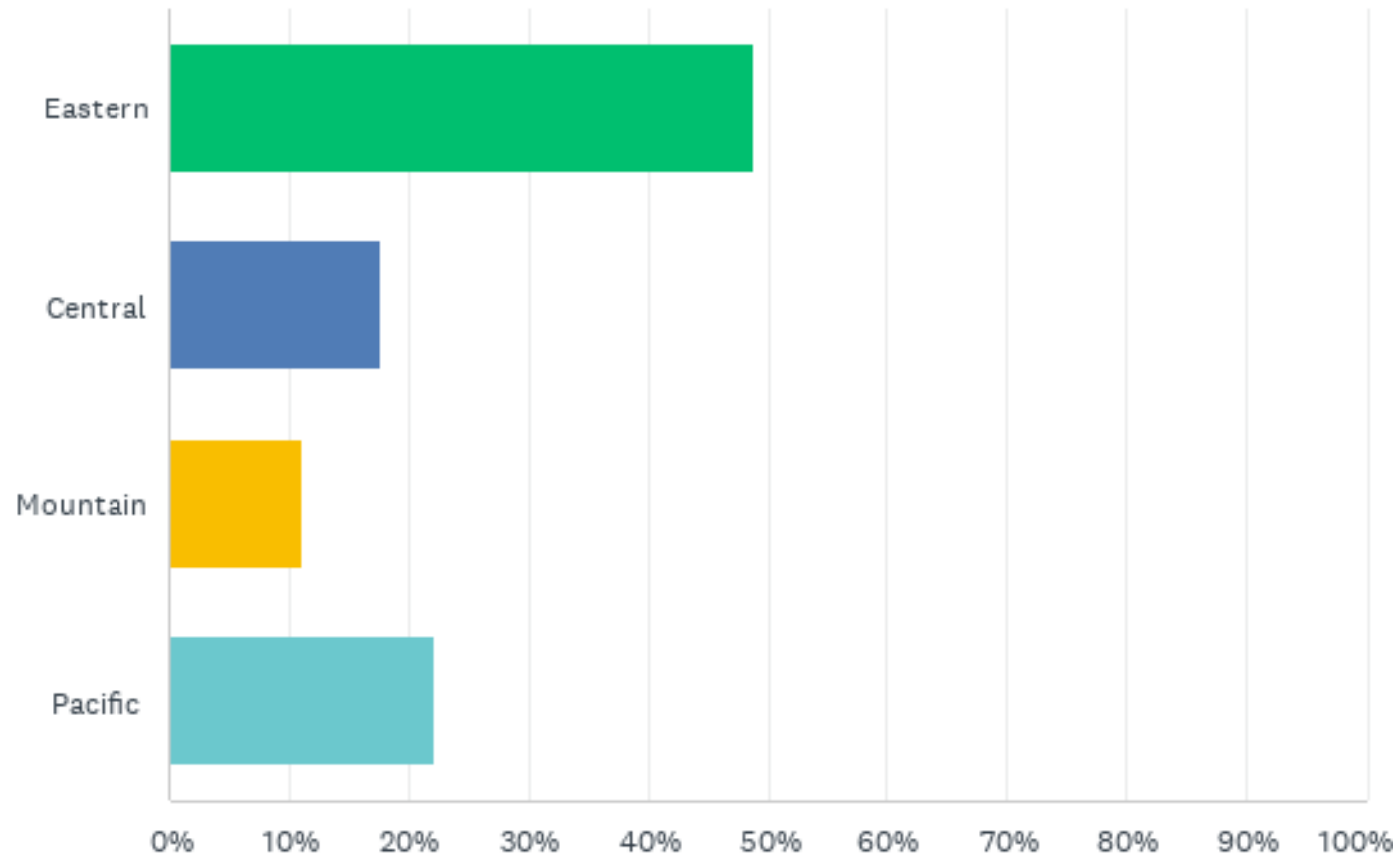


## Q6: Does your company allow you to participate in advisory boards?

ANSWER CHOICES	RESPONSES	
Yes, I can participate in any advisory board	84.44%	38
Yes, but only blinded events (Sponsoring company is not disclosed)	2.22%	1
No, I cannot participate in advisory boards	0.00%	0
It depends on the public reporting requirements of the meeting	13.33%	6
TOTAL		45



# Q7: In which time zone do you live?

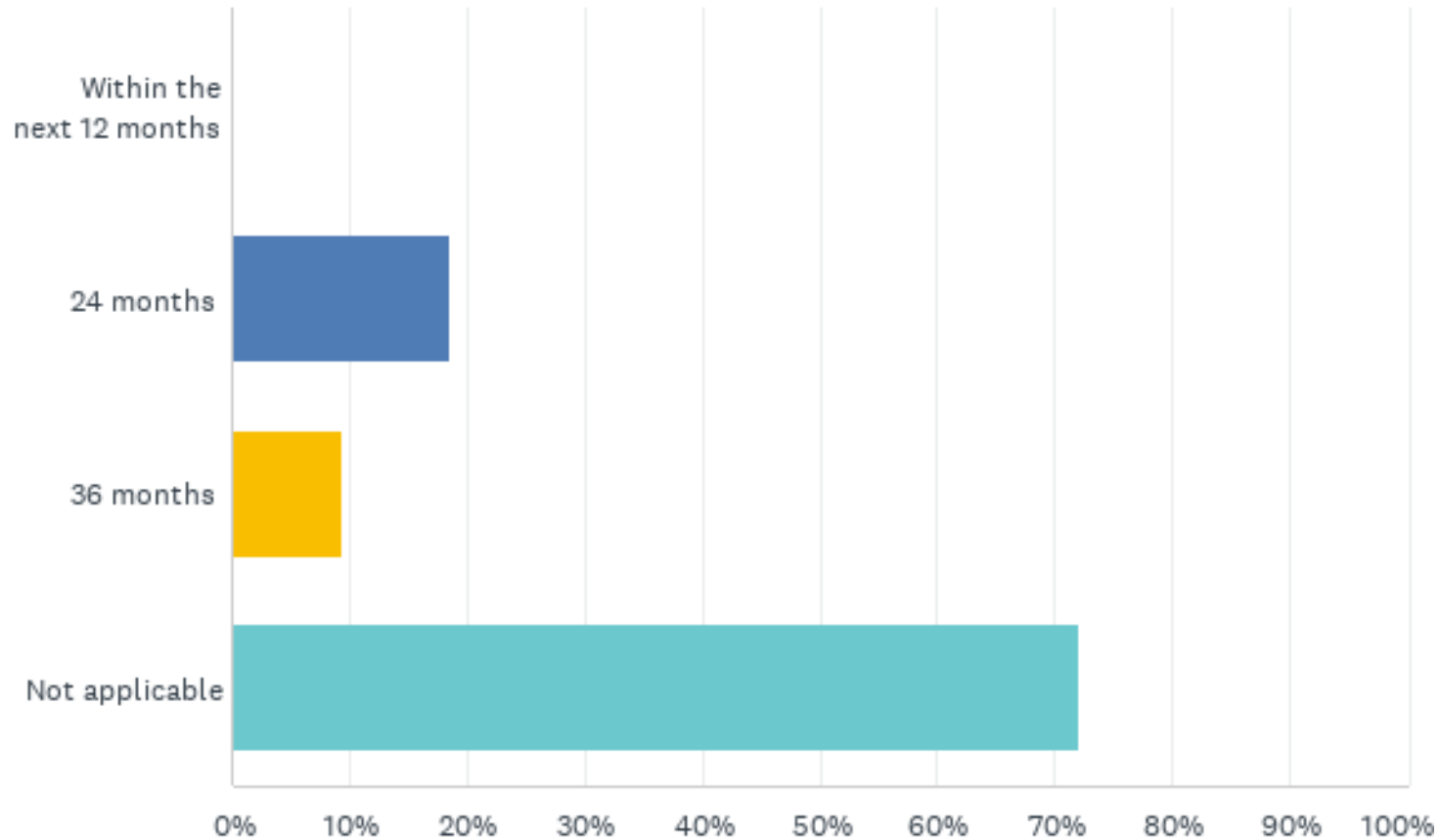


## Q8: How does your plan contract for services with your PBM?

ANSWER CHOICES	RESPONSES	
Risk-shared contract	13.95%	6
Fee for service contract	25.58%	11
We are our own PBM	41.86%	18
We don't use a PBM	18.60%	8
TOTAL		43



# Q9: When does your current PBM contract expire?



## Q10: The plan I represent covers:

ANSWER CHOICES	RESPONSES	
Local (statewide)	20.45%	9
Regional (multi-state, within one geographic area)	15.91%	7
National	36.36%	16
Other: I don't work for a plan, I work for a(n):	27.27%	12
TOTAL		44



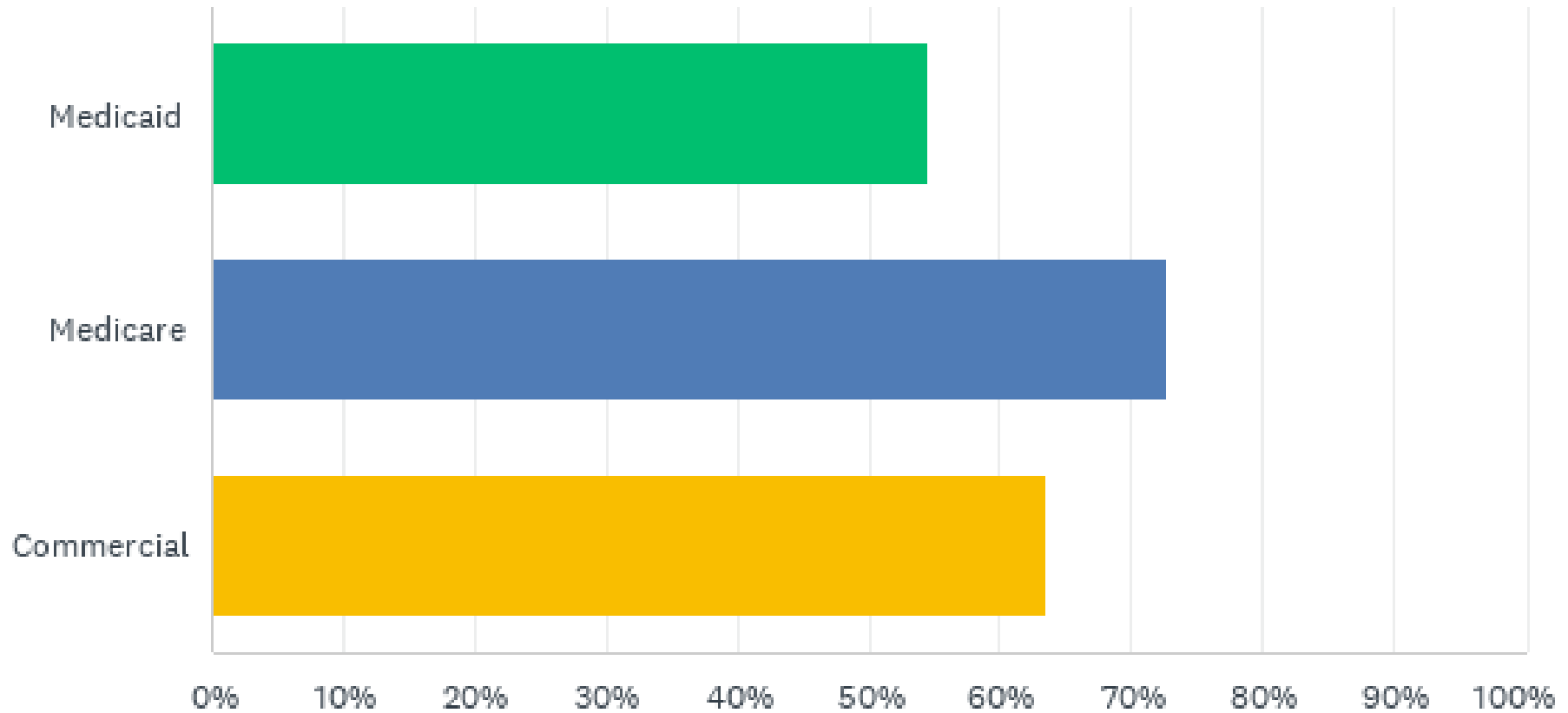


## Q10 follow-up details

- Other (please specify)
- PBM
- Consultancy
- Oncology Data and Analytics



Q11: Does your health plan participate in ACOs (select all that apply):



# Q12: Whom does your plan utilize to supply your Specialty Pharmacy services?

ANSWER CHOICES	RESPONSES	
Internally provided by your organization	32.43%	12
PBM owned Specialty Pharmacy	45.95%	17
Hospital IDN owned Specialty Pharmacy	21.62%	8
Privately owned Specialty Pharmacy (independent)	16.22%	6
Total Respondents: 37		



# Q13: Does your plan restrict the Specialty Pharmacy provider services your members receive?

ANSWER CHOICES	RESPONSES	
Yes—restrictive to a small set of Specialty Pharmacies under contract	56.76%	21
Yes—only restricted if products are available through multiple Specialty Pharmacies	10.81%	4
We allow any Specialty Pharmacy handling the agent to be used	8.11%	3
Specialty Pharmacy agents are a carve-out	2.70%	1
Not to my knowledge	21.62%	8
TOTAL		37

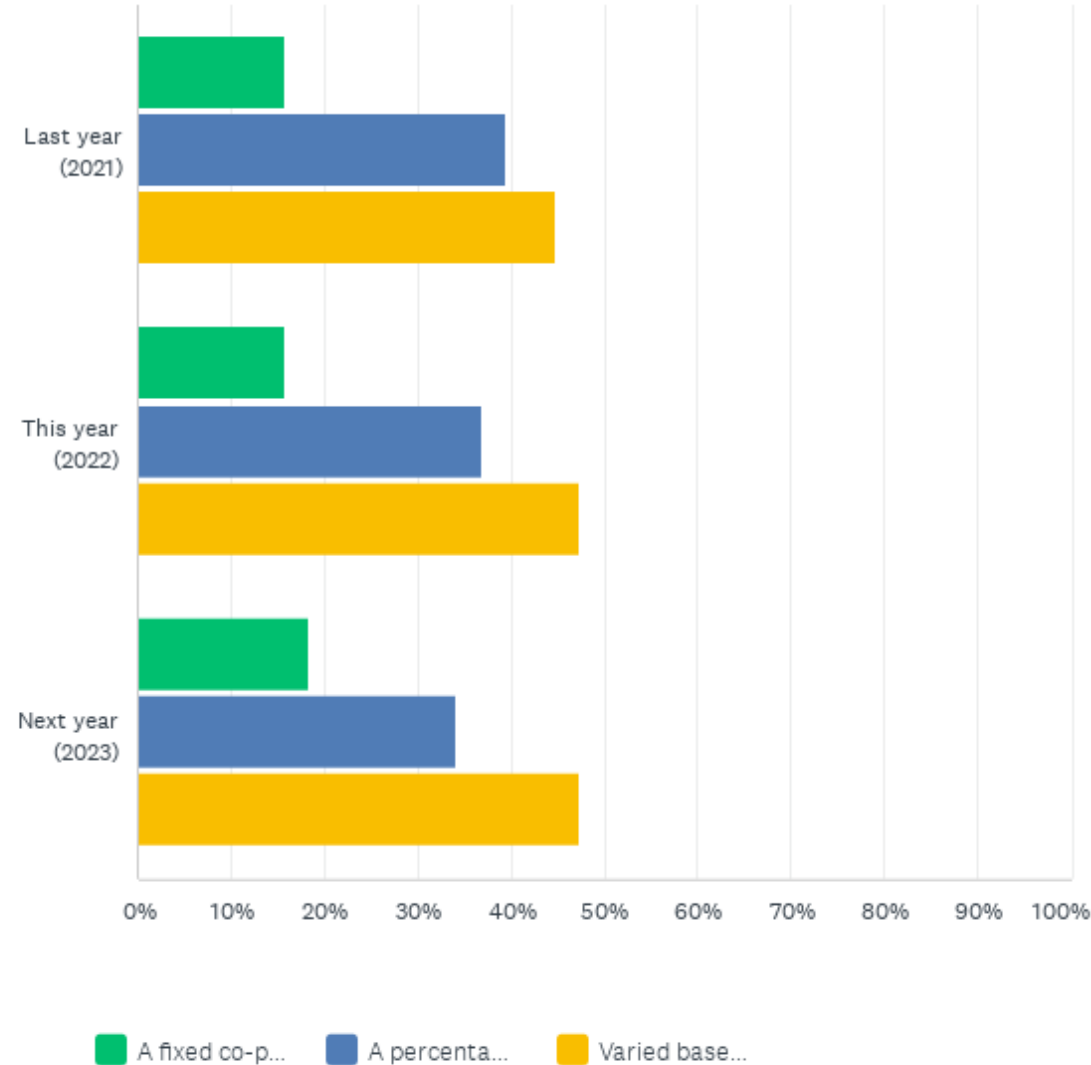


## Q13 follow-up details

- Other (please specify)
- Exclusive to one specialty, if limited distribution may allow under benefit exception
- Members incentivized to use IDN owned specialty pharmacy
- Many meds excluded. White bagging unless willing to bring pricing down to a certain amount.



# Q14: Member co-pays for Specialty Pharmacy products (oral biologics, self-administered therapies, infusables, other) are:



# Q15: Today, my plan(s) cover oral biologic & self-injected therapies

ANSWER CHOICES	RESPONSES	
Always under the medical benefit	4.88%	2
Always under the pharmacy benefit	63.41%	26
Threshold based	14.63%	6
Other (please specify)	17.07%	7
TOTAL		41



## Q15 follow-up details

- Other (please specify)
- Depending on the plan design, we can adjust for pharmacy and medical. For the most part, these operate under pharmacy benefit.
- Varies by benefit design.
- Oral is RX benefit but self-injected could be medical benefit if given at hospital.
- Orals RX, injectables medical





# Q16: Do you expect any changes to your plan's oral biologic & self-injected therapy benefit?

ANSWER CHOICES	RESPONSES	
No	87.50%	35
Currently being implemented (2022)	5.00%	2
Before the end of 2023	2.50%	1
Before the end of 2024	2.50%	1
Before the end of 2025	2.50%	1
<b>TOTAL</b>		<b>40</b>



## Q17: Are you involved in the review of:

	ALL	SOME	NONE	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Pharmaceutical products	59.09% 26	22.73% 10	11.36% 5	6.82% 3	44	1.66
Medical devices	34.88% 15	37.21% 16	13.95% 6	13.95% 6	43	2.07
Genetic tests	28.89% 13	37.78% 17	20.00% 9	13.33% 6	45	2.18
Diagnostic tests	26.67% 12	42.22% 19	17.78% 8	13.33% 6	45	2.18

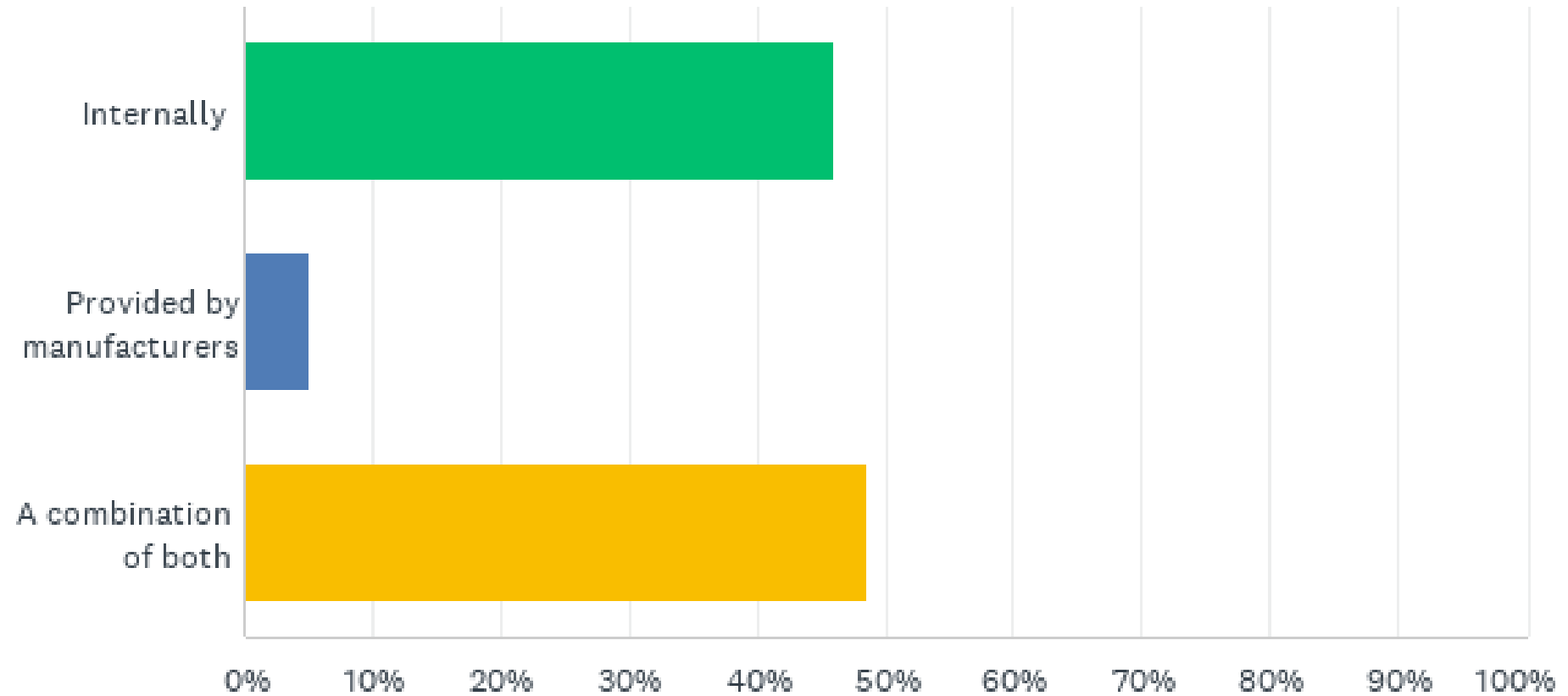


Q18: Does your plan utilize a budget impact model for decision-making on:

	ALL	SOME	NONE	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Pharmaceutical products	25.00% 11	52.27% 23	9.09% 4	13.64% 6	44	2.11
Medical devices	20.00% 9	42.22% 19	15.56% 7	22.22% 10	45	2.40
Genetic tests	22.22% 10	33.33% 15	20.00% 9	24.44% 11	45	2.47
Diagnostic tests	20.45% 9	36.36% 16	20.45% 9	22.73% 10	44	2.45



# Q19: Are these budget impact models developed:



Q20: What is your plan's requirement for a specific indication, procedure, or device to NOT be considered experimental?

	LISTING IN A COMPENDIA	LISTING IN MORE THAN ONE COMPENDIA	LISTING IN A GUIDELINE	MORE THAN TWO RCTS	TOTAL	WEIGHTED AVERAGE
Prescription therapy	43.59% 17	28.21% 11	5.13% 2	23.08% 9	39	2.08
Procedure	29.73% 11	16.22% 6	24.32% 9	29.73% 11	37	2.54
Device	28.95% 11	18.42% 7	18.42% 7	34.21% 13	38	2.58

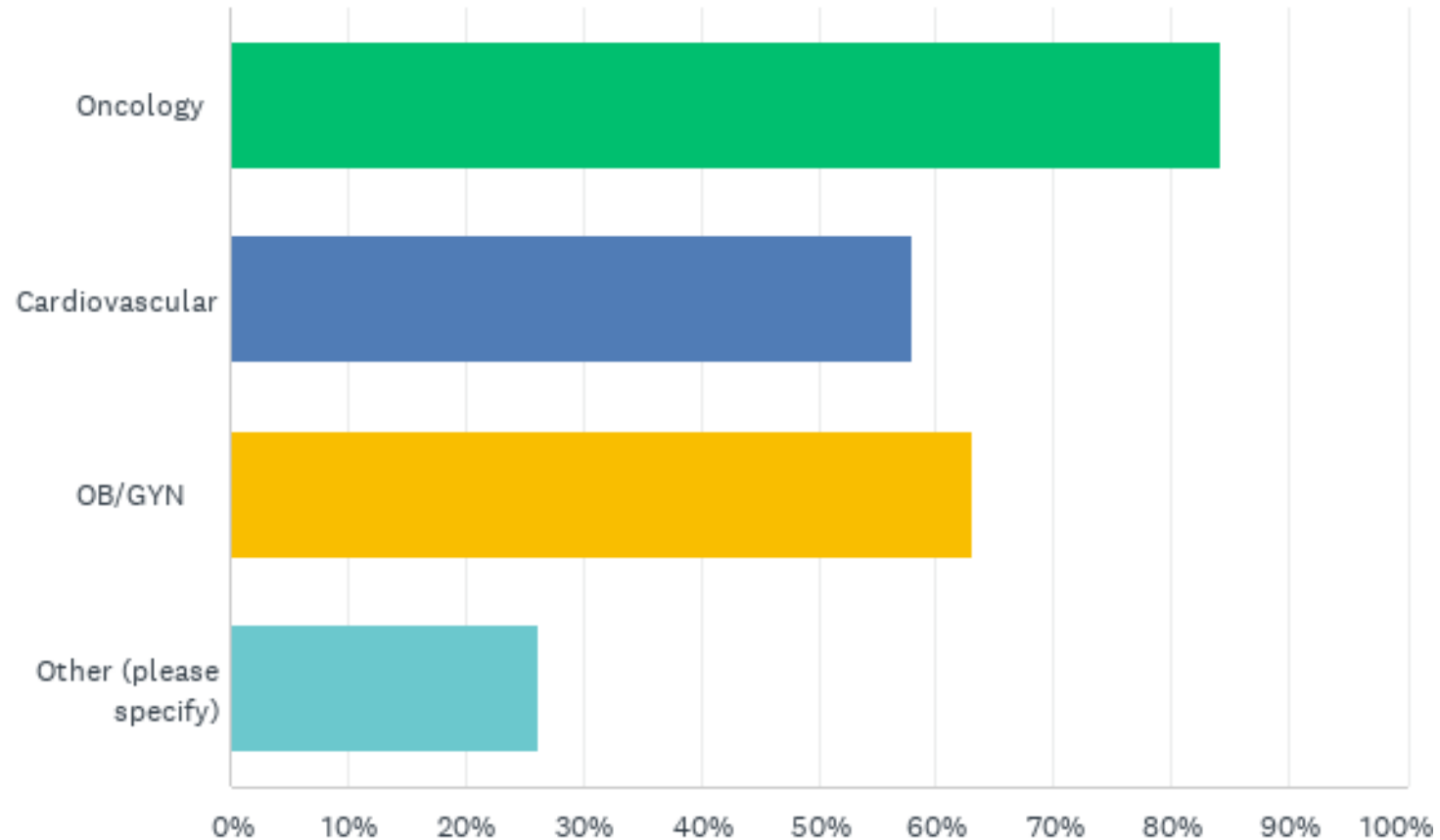


Q21: In general, my plan and I support price transparency (select all that apply):

	MY PLAN	MYSELF	BOTH	TOTAL
Disclosure of rebates by pharmaceutical companies	23.68% 9	21.05% 8	55.26% 21	38
Disclosure of rebates by our plan	23.68% 9	31.58% 12	44.74% 17	38
Publication of total cost of care for a therapy	20.00% 8	20.00% 8	60.00% 24	40



Q22: What genomic tests does your plan cover (check all that apply)?



## Q22 follow-up details

- Other (please specify)
- Dependent on plan specification
- Whole genome sequencing in infants and children with multiple congenital anomalies, intellectual and/or developmental disabilities, seizure disorders and suspected rare genetic disorders
- Mental health
- We do things based on plan guidance
- Childhood diseases
- Many areas based on medical necessity





## Q23: Does your plan cover tests for genetic conditions ?

	YES (IN ALL CASES)	YES, IF UNDER A PRICE THRESHOLD	NO	TOTAL
Last year (2021)	70.59% 24	20.59% 7	8.82% 3	34
This year (2022)	70.59% 24	20.59% 7	8.82% 3	34
Next year (2023)	71.88% 23	18.75% 6	9.38% 3	32

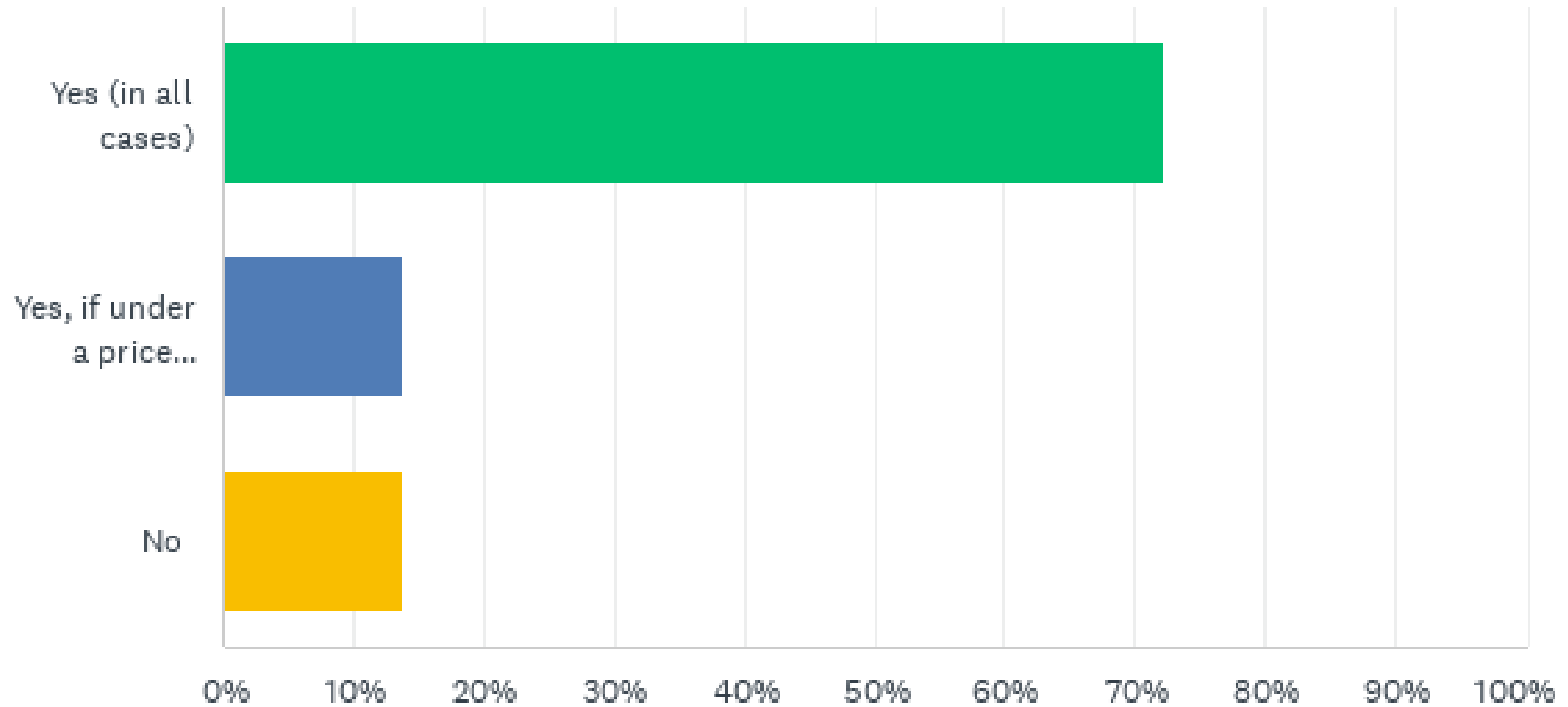


Q24: Do you utilize a laboratory benefit management company (LBM) to assist in the purchasing and management of genetic and diagnostic testing?

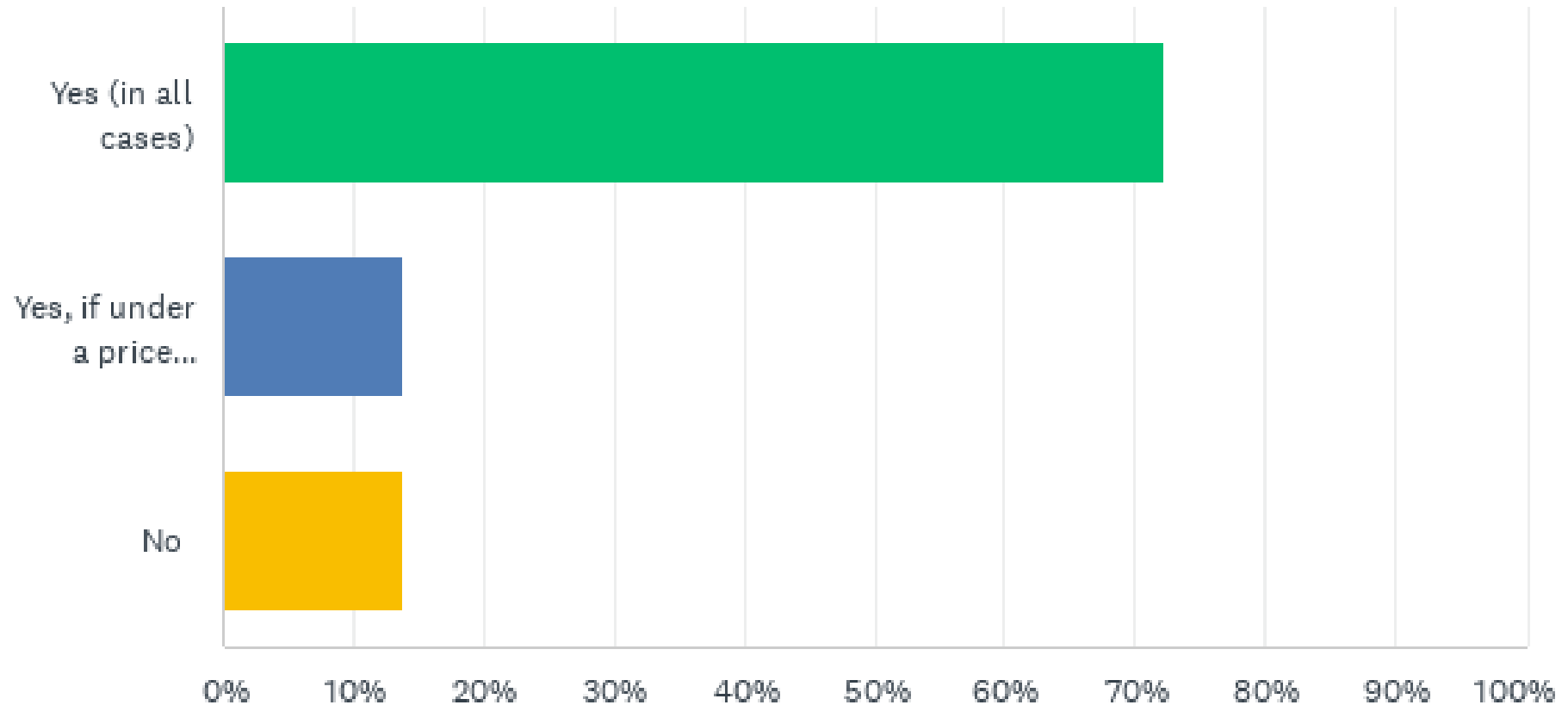
ANSWER CHOICES	RESPONSES	
Yes	16.22%	6
No	64.86%	24
Only for specific indications or tests	18.92%	7
TOTAL		37



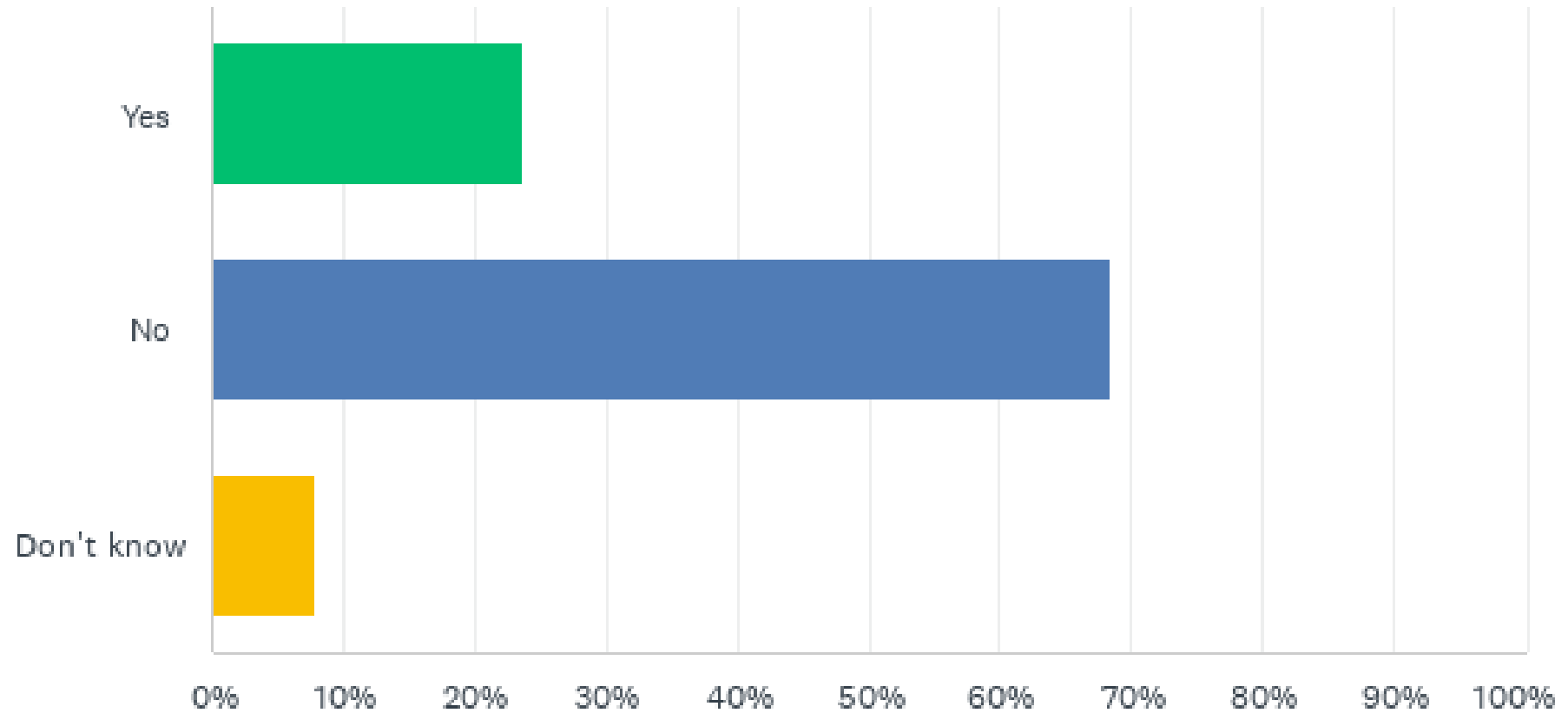
Q25: For conditions with disease markers (i.e., BRCA in breast cancer, RA testing, etc.), does your plan cover tests to identify these m



Q26: For conditions with known therapy responses (i.e., HCV, RA, etc.,) does your plan cover tests to identify therapy responses?



# Q27: Are mental health conditions 'carved-out' under your health plan?



Q28: For mental health conditions where multiple therapies are available, does your plan (select all that apply):

ANSWER CHOICES	RESPONSES	
Require generics first	70.59%	24
Mandate step-therapy	67.65%	23
Require care by a psychiatrist (specialist)	44.12%	15
Require care by a psychologist	14.71%	5
Total Respondents: 34		



Q29: Do you utilize value based contracting (VBC) for services within your organization?

ANSWER CHOICES	RESPONSES	
No	46.34%	19
Yes	21.95%	9
If yes, in what areas? (ie, avoidance of hospital re-admissions)	31.71%	13
TOTAL		41



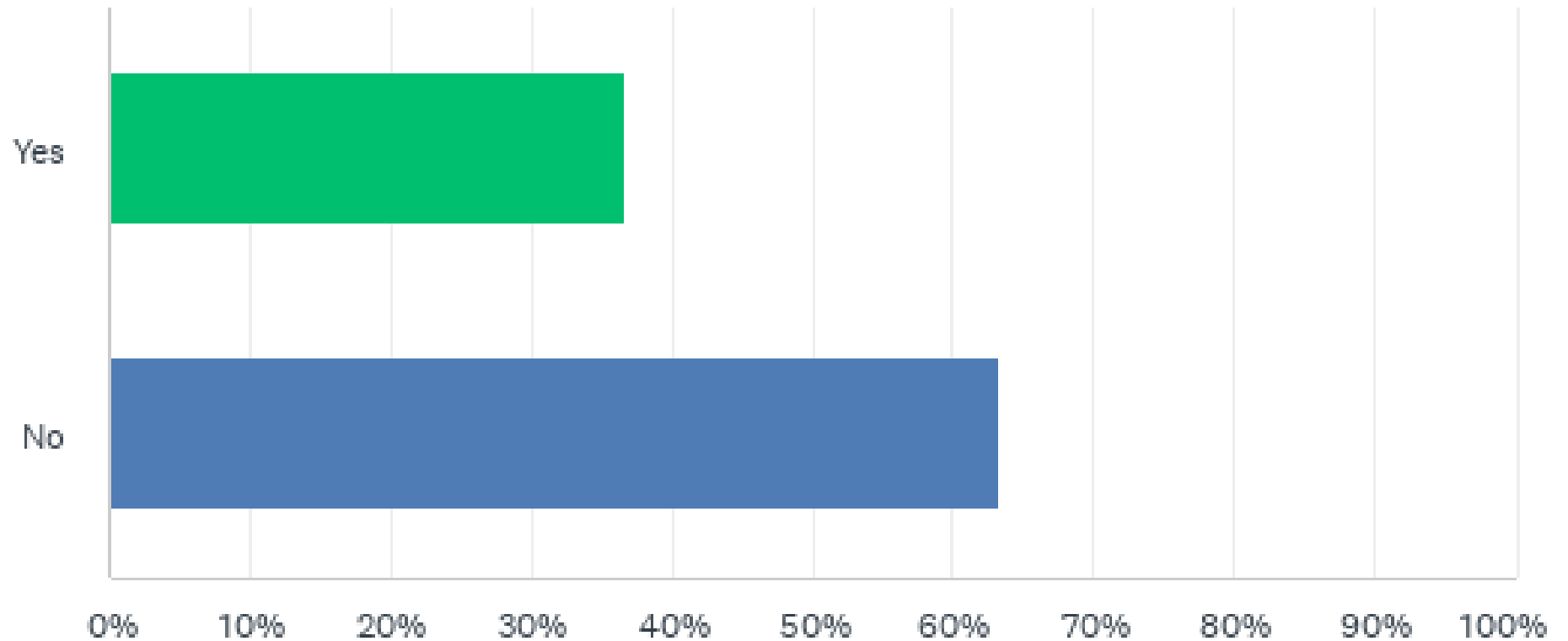
## Q29 follow-up details

- Other (please specify)
- P4Q measures – Dm quality, preventable Ed visits, readmissions and so forth
- Typically VBC are with delivery systems in risk-based contracts
- ACO's direct contracted value based
- Outcomes metrics, engagement
- CV, RA, MS, Oncology, Diabetes, HCV
- Pharmacy reduce total cost of care
- Collaborative clinic based contracts for total cost of care targets
- Multiple drug contracts
- Very limited – one contract for orphan disease; looking to establish more
- Cardiology, endocrinology





Q30: Do you utilize value based contracting for pharmaceuticals within your organization?



Q31: If you DO utilize value based contracting (VBC) for pharmaceuticals, is this utilized for:

ANSWER CHOICES	RESPONSES	
Oncology medications	16.67%	3
Cardiovascular agents such as PCSK-9s	5.56%	1
Hepatitis C	0.00%	0
Diabetes	11.11%	2
Other (please specify)	66.67%	12
TOTAL		18

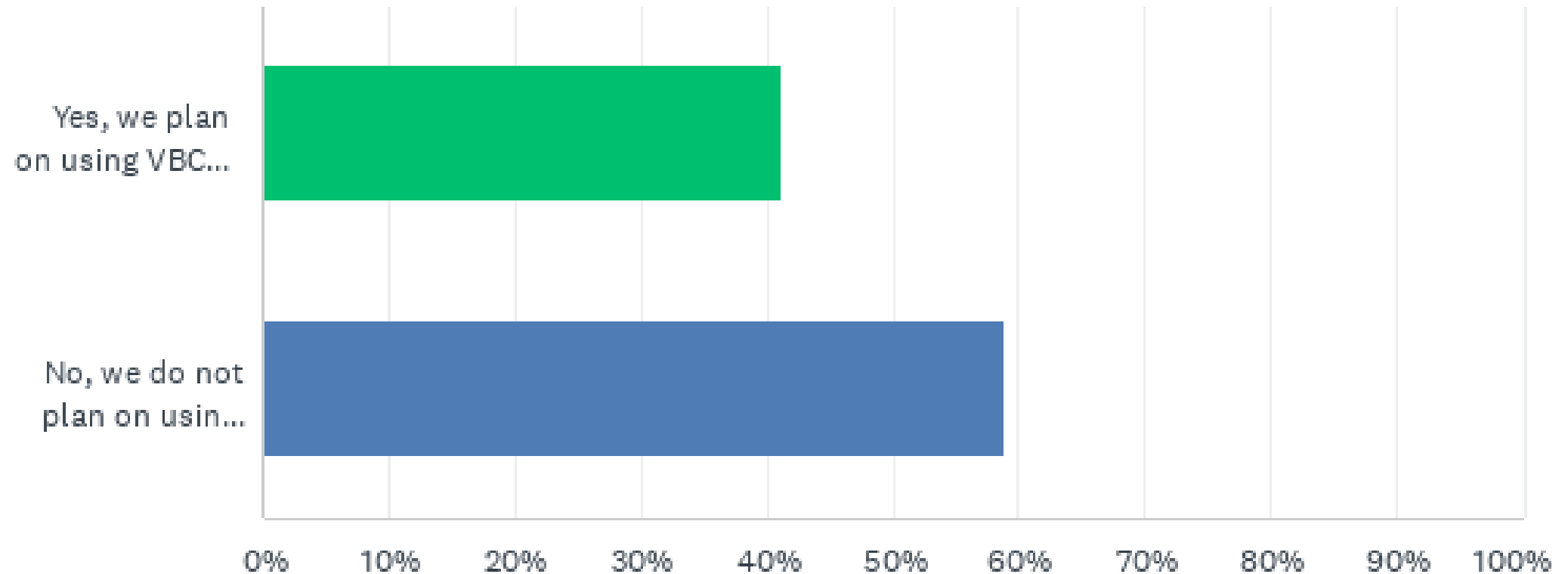


## Q31 follow-up details

- Other (please specify)
- Diabetes, PCSK9s, anticoagulants, cardiac failure
- All
- Exploratory assessment underway across all clinical categories
- Migraine
- SUD and antipsychotics
- Not much in oncology
- Cystinosis
- Discussions in process for new contracts in 2022



Q32: If you DO NOT utilize value based contracting (VBC) for pharmaceuticals, do you plan on using it in 2022?



# Q33: What forms of digital health does your plan support? (select all that apply)

ANSWER CHOICES	RESPONSES	
FDA approved PDTs (prescription digital therapeutics)	50.00%	19
Text Messaging or Email	55.26%	21
Web-based Interactive Programs	52.63%	20
Personal Health Records	42.11%	16
Telemedicine and Virtual Physician Visits	84.21%	32
In-Home Connected Virtual Assistants	26.32%	10
Clinical Trial Patient Information Collection Tools	23.68%	9
Smartphone Cameras	21.05%	8
Connect Biometric Sensors	34.21%	13
Consumer Wearables	34.21%	13
Consumer Mobile Apps	26.32%	10
Health System Disease Management Apps	31.58%	12
Total Respondents: 38		



## Q34: What does your plan use digital health tools for? (select all that apply)

ANSWER CHOICES	RESPONSES	
Diet and Nutrition	45.71%	16
Lifestyle and Stress	51.43%	18
Exercise and Fitness	42.86%	15
Healthcare Providers/Insurance	48.57%	17
Medication Reminders and Info	40.00%	14
Women's Health and Pregnancy	22.86%	8
Disease Specific Education	48.57%	17
Total Respondents: 35		



Q35: If using disease-specific prescription digital therapeutics (PDTs), for which disease(s) are they used? (select all that apply)

ANSWER CHOICES	RESPONSES	
Mental health	61.29%	19
Gastrointestinal	19.35%	6
Cardiovascular	35.48%	11
Oncology	22.58%	7
Addiction	48.39%	15
Genitourinary	9.68%	3
Gerontology	6.45%	2
Other (please specify)	16.13%	5
Total Respondents: 31		



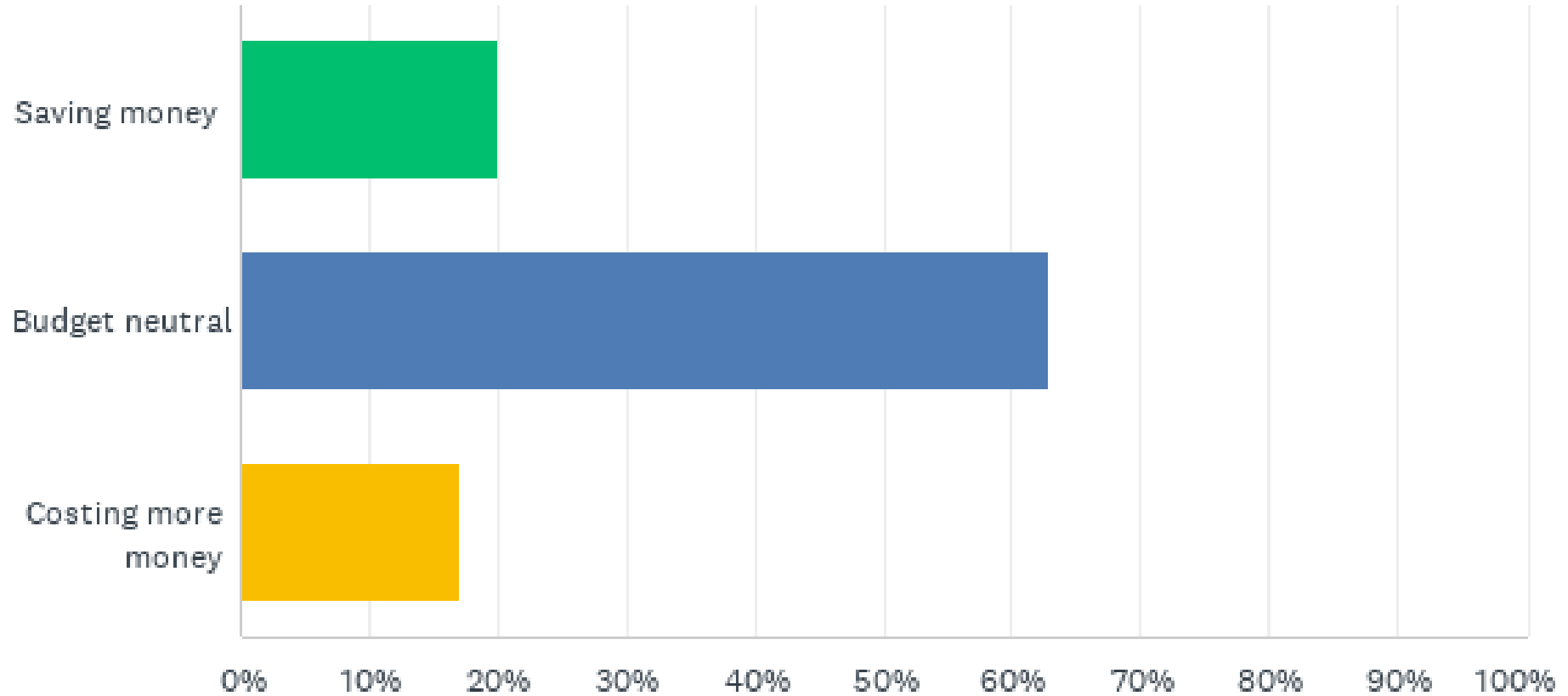
## Q35 follow-up details

- Other (please specify)
- Diabetes, PCSK9s, anticoagulants, cardiac failure
- All
- Exploratory assessment underway across all clinical categories
- Migraine
- SUD and antipsychotics
- Not much in oncology
- Cystinosis
- Discussions in process for new contracts in 2022

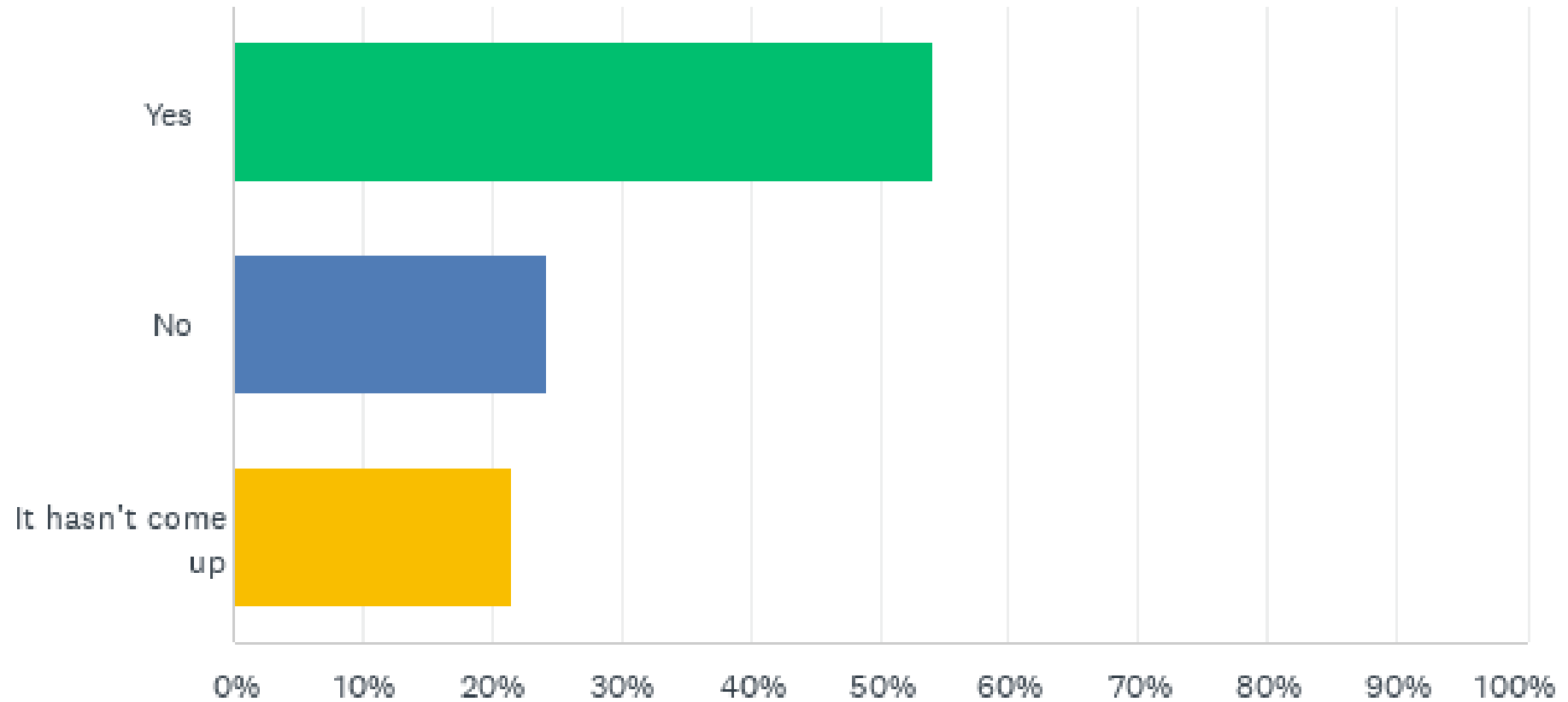




Q36: Do you believe your plan's digital health programs today are:



# Q37: Do you require a patient digital program to be FDA approved?



# Q38: With which of the following providers of digital therapies are you familiar?

ANSWER CHOICES	RESPONSES	
Pear Therapeutics	87.10%	27
Click Therapeutics	41.94%	13
MedRhythms	25.81%	8
Akili Interaction	25.81%	8
MetaMeHealth	19.35%	6
Cognoa	22.58%	7
Bold Health	6.45%	2
Better Therapeutics	22.58%	7
Dthera Sciences	16.13%	5
Total Respondents: 31		



Q39: Evolving new therapies will be a financial and assessment challenge. For 2022, please order the following therapies in terms of financial management impact, where 1 is the greatest impact and 4 is the least impact:

	1	2	3	4	TOTAL	SCORE
Car-T Therapy	27.50% 11	32.50% 13	27.50% 11	12.50% 5	40	2.75
Oncology Combination Therapy	46.15% 18	38.46% 15	7.69% 3	7.69% 3	39	3.23
Atopic Dermatitis	10.00% 4	15.00% 6	35.00% 14	40.00% 16	40	1.95
Alzheimer's Therapies	17.50% 7	10.00% 4	32.50% 13	40.00% 16	40	2.05



## Q40: For cancer therapies/treatments, do you:

	ALWAYS	SOMETIMES	NEVER	TOTAL	WEIGHTED AVERAGE
Leave specialists alone	8.33% 3	61.11% 22	30.56% 11	36	2.22
Follow NCCN guidelines	75.68% 28	21.62% 8	2.70% 1	37	1.27
Follow other guidelines or pathways	22.22% 8	69.44% 25	8.33% 3	36	1.86
Follow internal protocols	19.44% 7	47.22% 17	33.33% 12	36	2.14



# Contact Information

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