



2021 Advisor Survey Summary Results



TPG-NPRT Yearly Survey

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

We surveyed about 500 healthcare professionals from our advisor pool, with 57 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	19.64%	11
the Pharmacy side	16.07%	9
Both sides	51.79%	29
Not internal	0.00%	0
Other (please specify)	12.50%	7
TOTAL		56



Q1 follow-up details

Other (please specify)

- Consultant
- All sides
- Research



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

ANSWER CHOICES	RESPONSES	
P&T (clinical advisory)	62.50%	35
P&T (contracting advisory)	42.86%	24
Medical benefits coverage committee	57.14%	32
Value assessment committee	41.07%	23
Technology assessment committee	51.79%	29
Quality improvement committee	51.79%	29
Formulary committee	46.43%	26
All of the clinical decision-making entities	33.93%	19
None of the above	19.64%	11
Total Respondents: 56		



Q3. Are you:

ANSWER CHOICES	RESPONSES	
the Chief/Senior Officer	44.64%	25
Regional	21.43%	12
Payor specific (Medicare, Medicaid, Commercial, etc)	7.14%	4
Therapeutic area specific (cardiovascular, endocrinology, etc)	0.00%	0
Other (please specify)	26.79%	15
TOTAL		56



Q3 follow-up details

Other (please specify)

- General Manager
- Chronic & Acute Home Infusion
- Innovation
- General Medical Director (“Jack of all trades”)
- Consultant
- Specialty Pharmacy
- Cost-effectiveness (value assessment)



Q4. Type of organization

ANSWER CHOICES	RESPONSES	
Health Plan (insurer)	46.43%	26
PBM	14.29%	8
Specialty Pharmacy	1.79%	1
Physician Provider Organizations-IPAs	5.36%	3
IDN (Integrated Delivery Network)	12.50%	7
340-B Plan	0.00%	0
Government (Veteran's Administration or Military)	1.79%	1
Other (please specify)	17.86%	10
TOTAL		56



Q4 follow-up details

Other (please specify)

- Pharmacy consulting
- Managed care pharmacy
- Consulting
- Benefits
- Data/analytics



Q5. The person I report to is:

ANSWER CHOICES	RESPONSES	
Chief Medical Officer	25.45%	14
Chief Pharmacy Officer	3.64%	2
Chief Executive Officer	16.36%	9
Myself	20.00%	11
Other (please specify)	34.55%	19
TOTAL		55



Q5 follow-up details

Other (please specify)

- Regional Vice President
- Executive Medical Director
- Chief Health Operations Officer
- General Manager
- President
- Senior Vice President
- Practice Director
- Department Head
- Senior Medical Director
- Chief Operations Officer
- Pharmacy Finance Manager

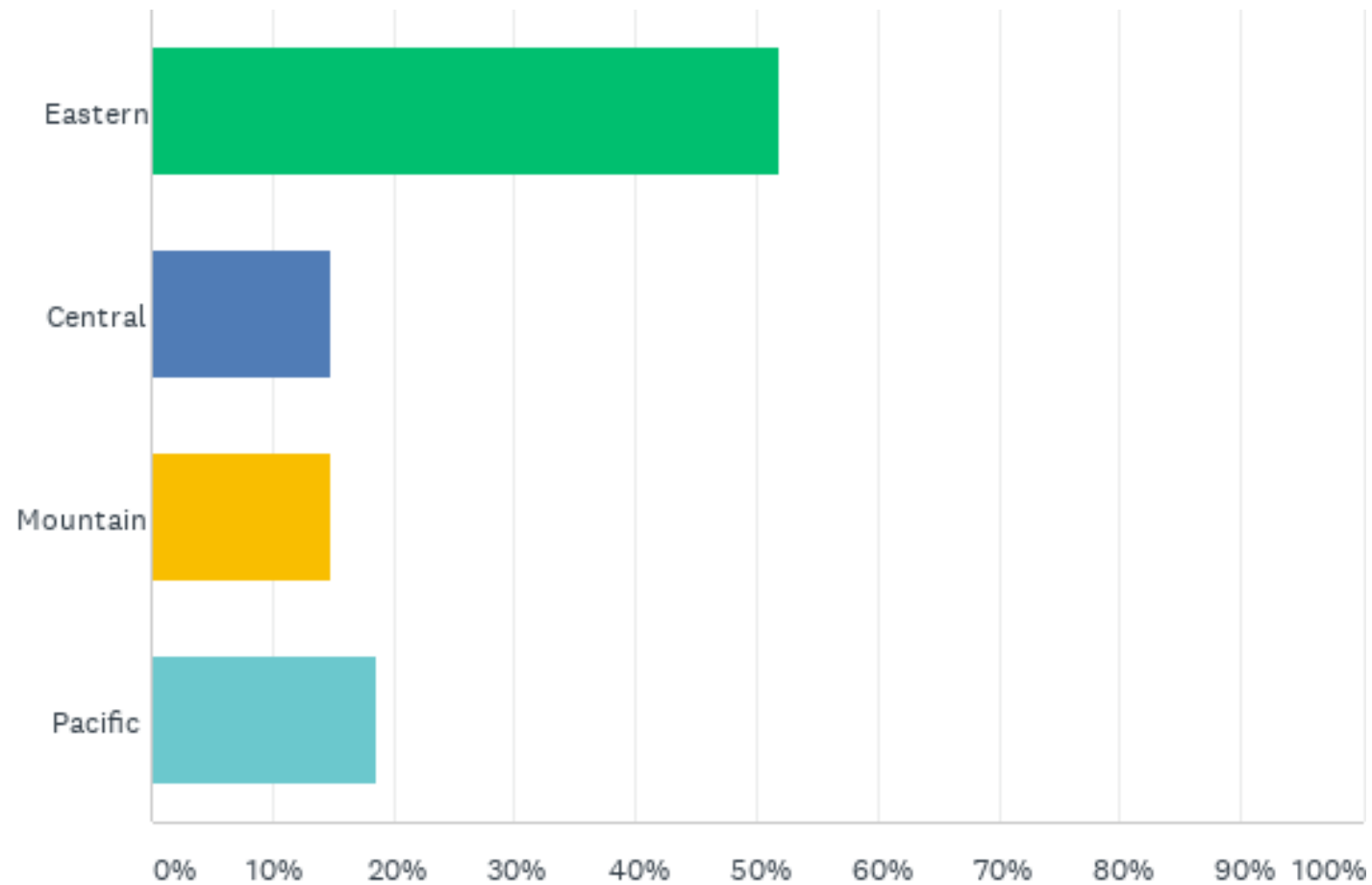


Q6. Does your company allow you to participate in advisory boards?

ANSWER CHOICES	RESPONSES	
Yes, I can participate in any advisory board	85.19%	46
Yes, but only blinded events (Sponsoring company is not disclosed)	7.41%	4
No, I cannot participate in advisory boards	0.00%	0
It depends on the public reporting requirements of the meeting	7.41%	4
TOTAL		54



Q7. In which time zone do you live?



Q8. How does your plan contract services with your PBM?

ANSWER CHOICES	RESPONSES	
Risk-shared contract	9.80%	5
Fee for service contract	29.41%	15
We are our own PBM	41.18%	21
We don't use a PBM	19.61%	10
TOTAL		51



Q9. When does your current PBM contract expire?

ANSWER CHOICES	RESPONSES	
Within the next 12 months	4.00%	2
24 months	24.00%	12
36 months	10.00%	5
Not applicable	62.00%	31
TOTAL		50



Q10. The plan I represent covers:

ANSWER CHOICES	RESPONSES	
Local (statewide)	22.64%	12
Regional (multi-state, within one geographic area)	24.53%	13
National	30.19%	16
Other: I don't work for a plan, I work for a(n):	22.64%	12
TOTAL		53



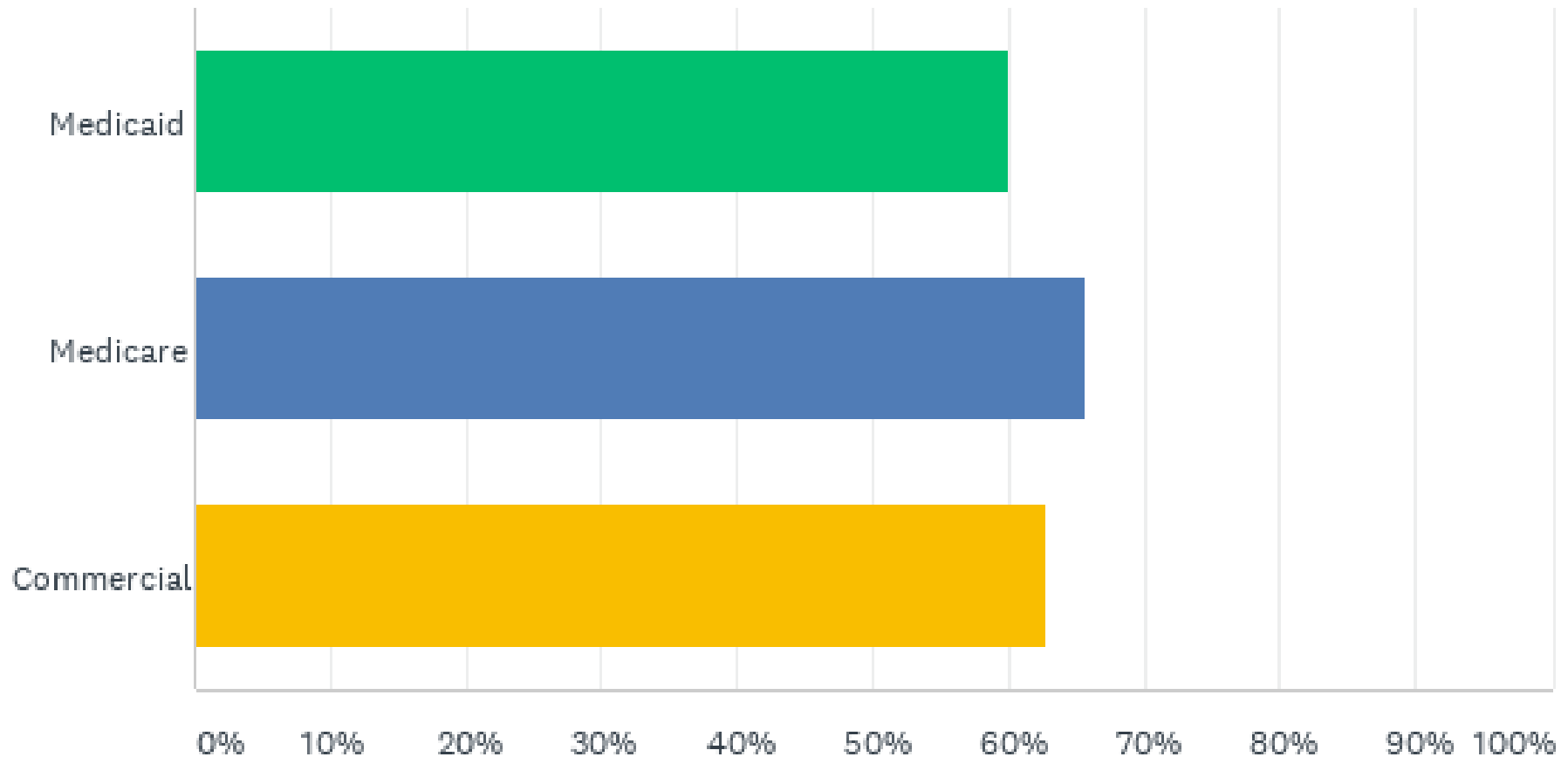
Q10 follow-up details

Other: I don't work for a plan, I work for a(n)

- Infusion specialty pharmacy
- Medical Group IDN
- PBM
- Solutions company
- Consulting
- Multinational



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	34.04%	16
PBM owned Specialty Pharmacy	53.19%	25
Privately owned Specialty Pharmacy (independent)	29.79%	14
Hospital IDN owned Specialty Pharmacy	10.64%	5
Total Respondents: 47		



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	59.57%	28
Yes—only restricted if products are available through multiple Specialty Pharmacies	17.02%	8
We allow any Specialty Pharmacy handling the agent to be used	6.38%	3
Specialty Pharmacy agents are a carve-out	0.00%	0
Not to my knowledge	17.02%	8
TOTAL		47



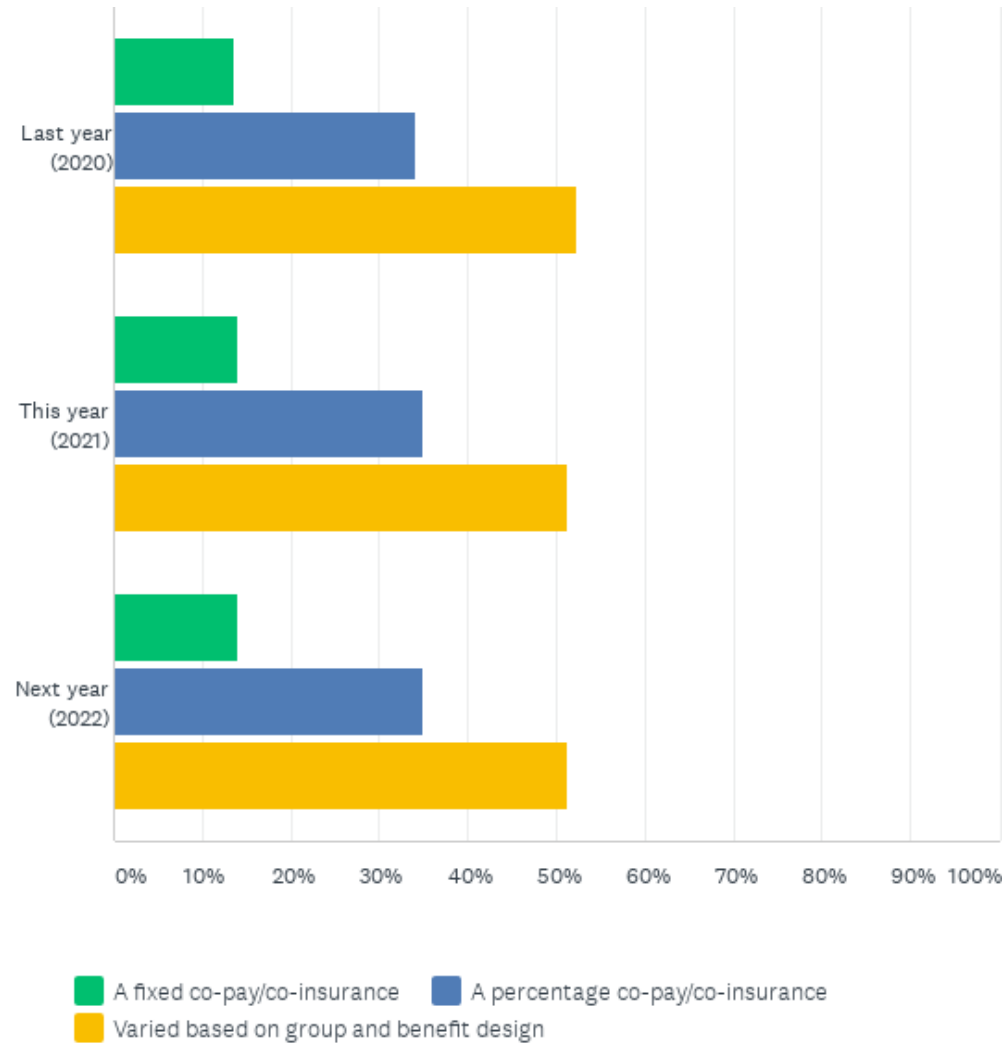
Q13 follow-up details

Comments

- Members are incentivized to use our internal SP (part of IDN)
- CVS Exclusion List
- Any willing provider regulations prevail



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	9.09%	4
Always under the pharmacy benefit	65.91%	29
Threshold based	6.82%	3
Other (please specify)	18.18%	8
TOTAL		44



Q15 follow-up details

Other (please specify)

- Per formulary
- Value-based
- Mix, some restricted to Medical, Pharmacy, or allowed on both
- Oral and self-injectables are under the Pharmacy benefit, unless the requirement is under the direction of a Medical Professional, then it's covered on the Medical benefit
- All of the above
- Depends on the therapy
- Oral is Pharmacy, injectable is Medical



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

ANSWER CHOICES	RESPONSES	
No	77.78%	35
Currently being implemented (2021)	13.33%	6
Before the end of 2022	6.67%	3
Before the end of 2023	2.22%	1
Before the end of 2024	0.00%	0
TOTAL		45



Q17. Are you involved in the review of:

	ALL	SOME	NONE	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Pharmaceutical products	61.22% 30	22.45% 11	6.12% 3	10.20% 5	49	1.65
Medical devices	31.91% 15	44.68% 21	12.77% 6	10.64% 5	47	2.02
Genetic tests	27.08% 13	45.83% 22	14.58% 7	12.50% 6	48	2.13
Diagnostic tests	25.00% 12	45.83% 22	14.58% 7	14.58% 7	48	2.19

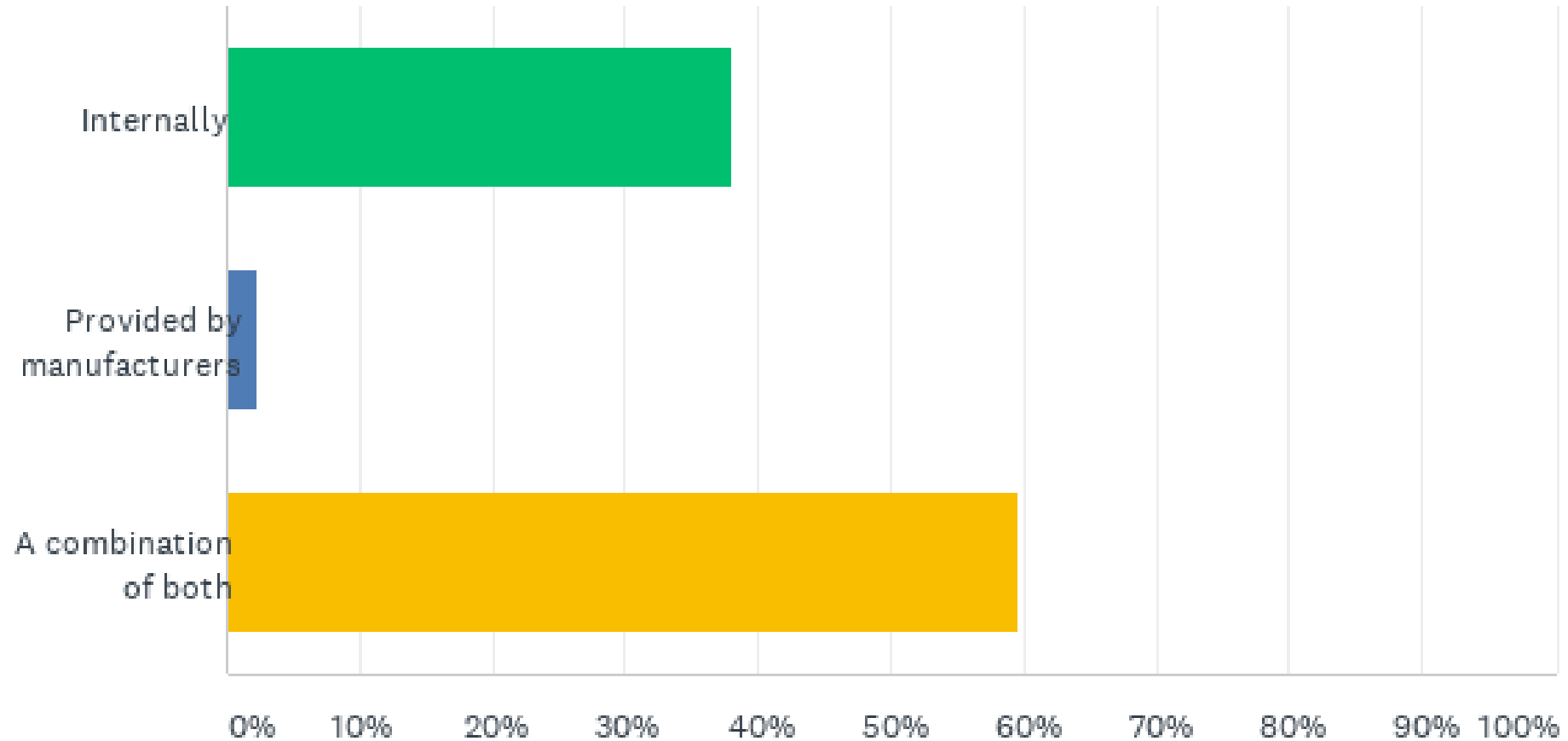


Q18. Does your plan utilize a budget impact model for decision-making on:

	ALL	SOME	NONE	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Pharmaceutical products	26.53% 13	53.06% 26	6.12% 3	14.29% 7	49	2.08
Medical devices	14.58% 7	47.92% 23	16.67% 8	20.83% 10	48	2.44
Genetic tests	10.42% 5	50.00% 24	16.67% 8	22.92% 11	48	2.52
Diagnostic tests	10.42% 5	47.92% 23	16.67% 8	25.00% 12	48	2.56



Q19. Are these budget impact models developed:



Q20. What is your plan's requirements 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	45.24% 19	19.05% 8	16.67% 7	19.05% 8	42	2.10
Procedure	23.81% 10	11.90% 5	40.48% 17	23.81% 10	42	2.64
Device	26.83% 11	12.20% 5	34.15% 14	26.83% 11	41	2.61

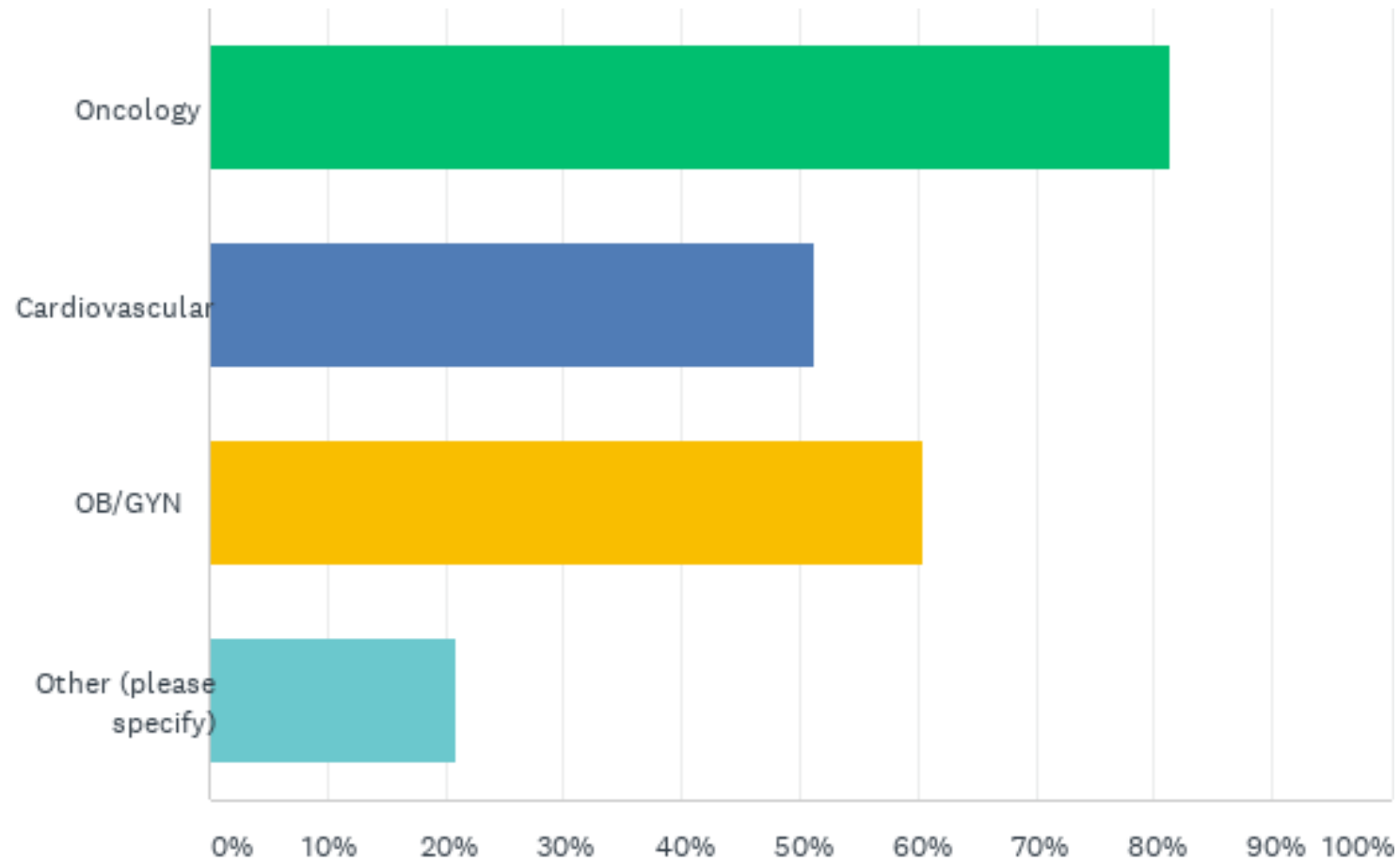


Q21. In general, my plan and I support price transparency (select all that apply):

	MY PLAN	MYSELF	BOTH	TOTAL
Disclosure of rebates by pharmaceutical companies	9.76% 4	24.39% 10	65.85% 27	41
Disclosure of rebates by our plan	10.26% 4	30.77% 12	58.97% 23	39
Publication of total cost of care for a therapy	9.52% 4	26.19% 11	64.29% 27	42



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



Q22 follow-up details

Other (please specify)

- Hereditary Risk
- Metabolic
- Don't pay for them (under medical) but we use them in policy, UM, etc.
- All that are linked to a drug therapy

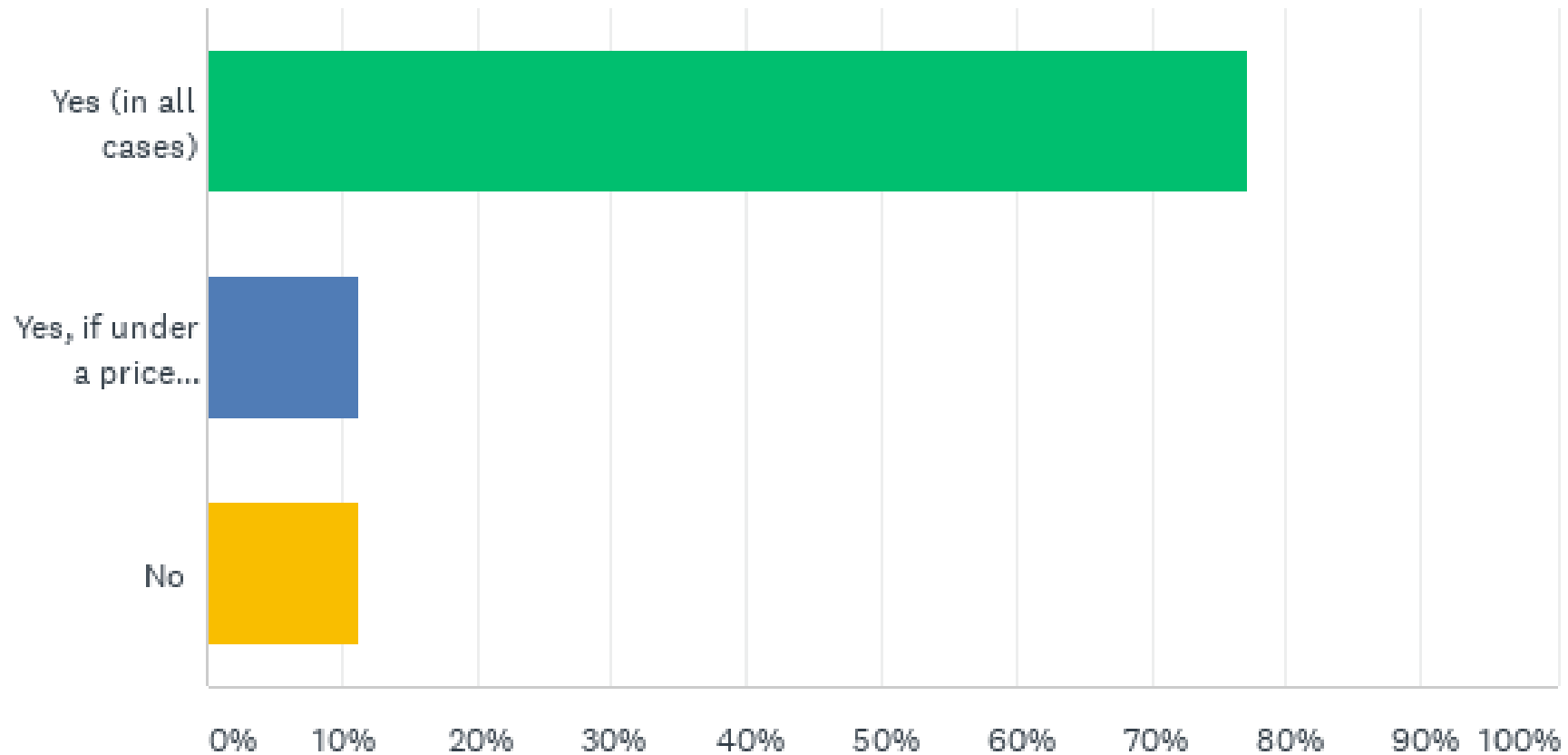


Q23. Does your plan cover tests for genetic conditions?

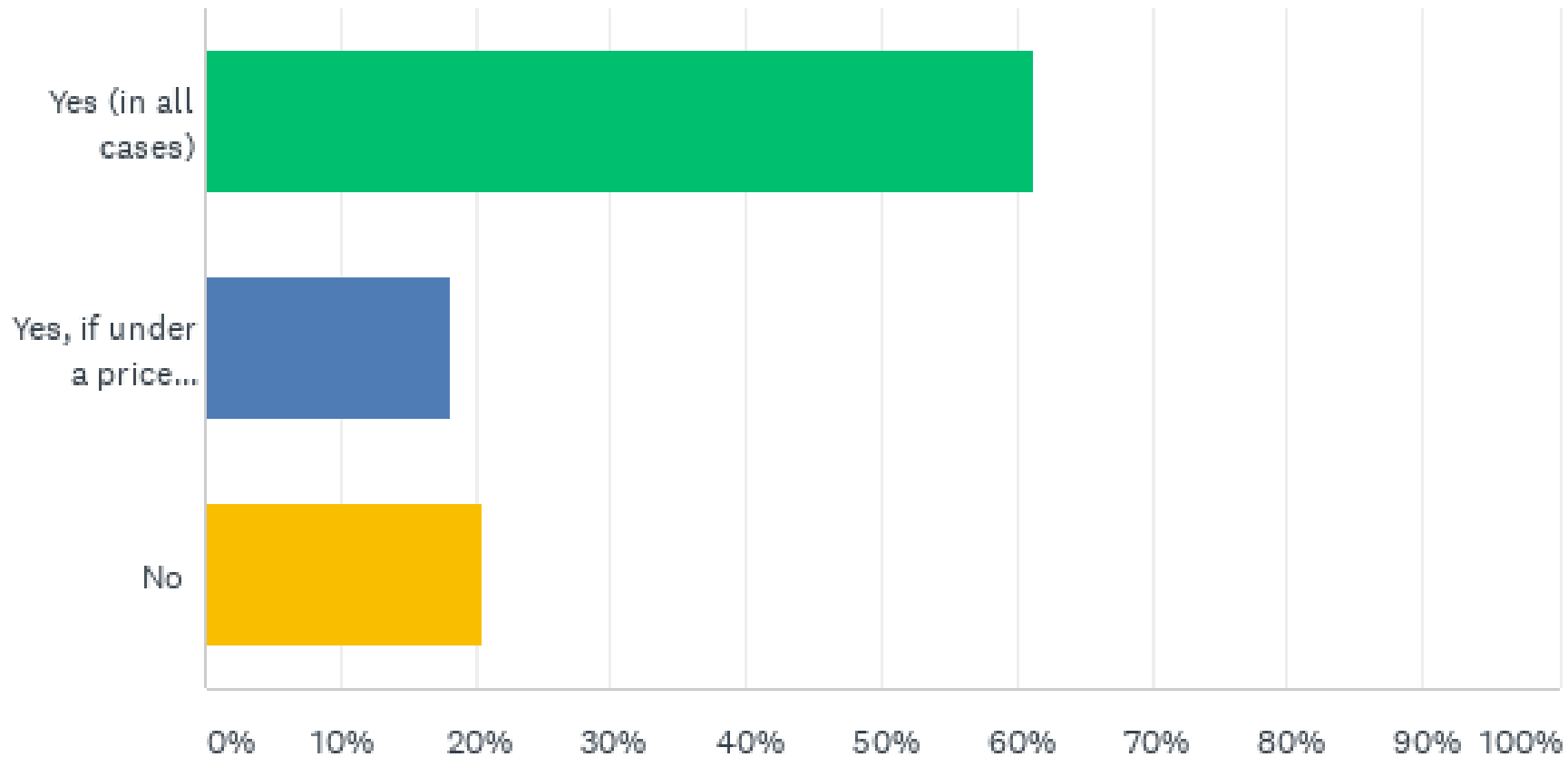
	YES (IN ALL CASES)	YES, IF UNDER A PRICE THRESHOLD	NO	TOTAL
Last year (2022)	69.05% 29	14.29% 6	16.67% 7	42
This year (2021)	69.77% 30	13.95% 6	16.28% 7	43
Next year (2022)	69.05% 29	14.29% 6	16.67% 7	42



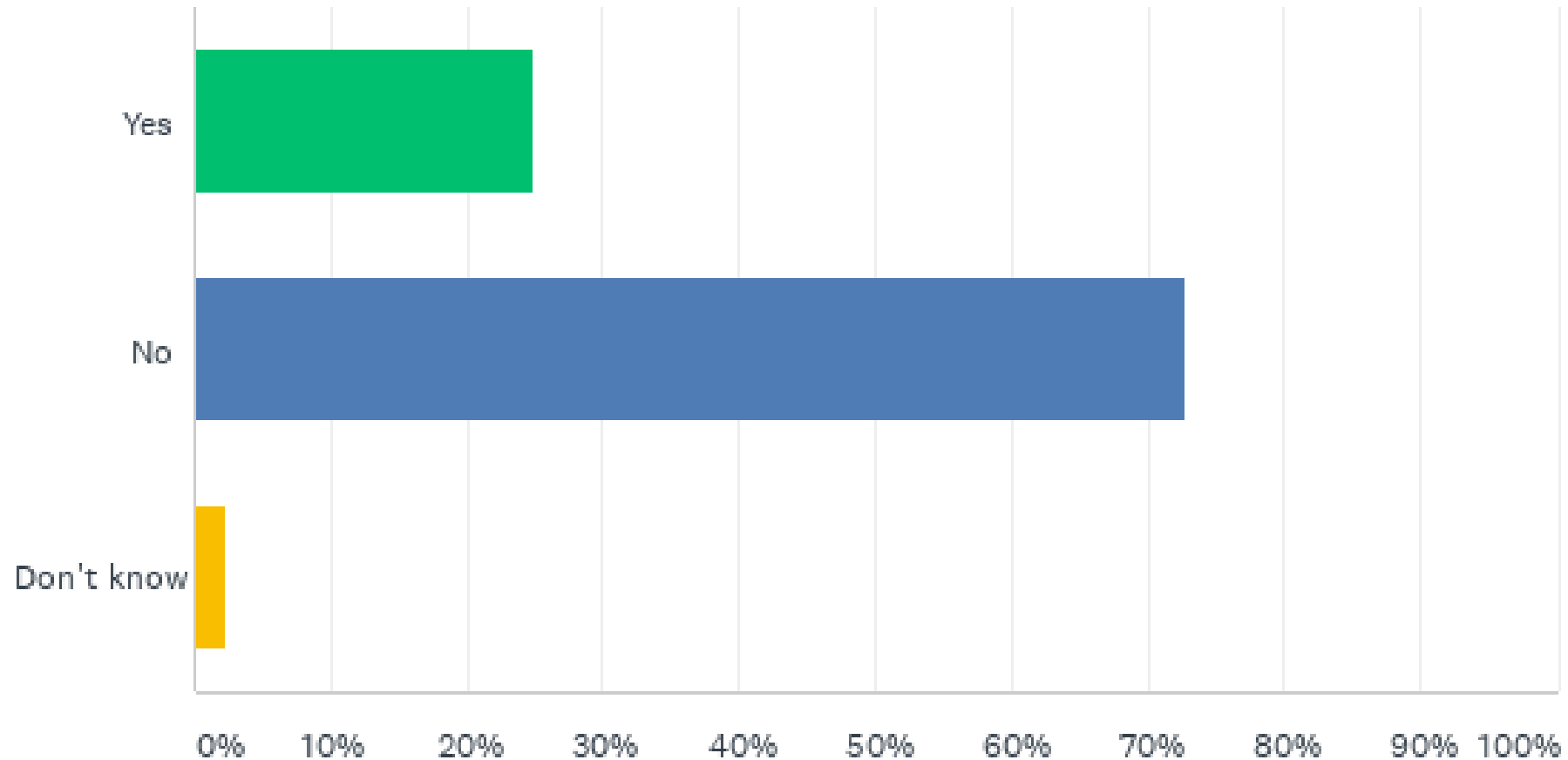
Q24. For conditions with disease markers (i.e., BRCA in breast cancer, RA testing, etc.), does your plan cover tests to identify these markers?



Q25. For conditions with known therapy responses (i.e., HCV, RA, etc.), does your plan cover tests to identify therapy responses?



Q26. Are mental health conditions “carved-out” under your health plan?



Q27. For mental health conditions where multiple therapies are available, does your plan (select all that apply):

ANSWER CHOICES	RESPONSES	
Require generics first	64.29%	27
Mandate step-therapy	66.67%	28
Require care by a psychiatrist (specialist)	50.00%	21
Require care by a psychologist	19.05%	8
Total Respondents: 42		



Q28. Do you utilize value-based contracting (VBC) for services within your organization?

ANSWER CHOICES	RESPONSES	
No	46.67%	21
Yes	8.89%	4
If yes, in what areas? (ie, avoidance of hospital re-admissions)	44.44%	20
TOTAL		45



Q28 follow-up details

If yes, in what areas?

- Any situation is considered if manageable
- Post acute care
- Full risk arrangements with Several Health Systems, Multiple agreements for pharmaceuticals
- Generic prescribing, re-admissions, prenatal care
- Diabetes, Oncology, anticoagulants and hypercholesterolemia
- Reaching a therapeutic goal (eg, A1C decrease in DM patients)
- Orthopedic procedures
- Drug pricing
- Primary care, specialty, pharmacy
- Quality Metrics performance with cost efficiency scores

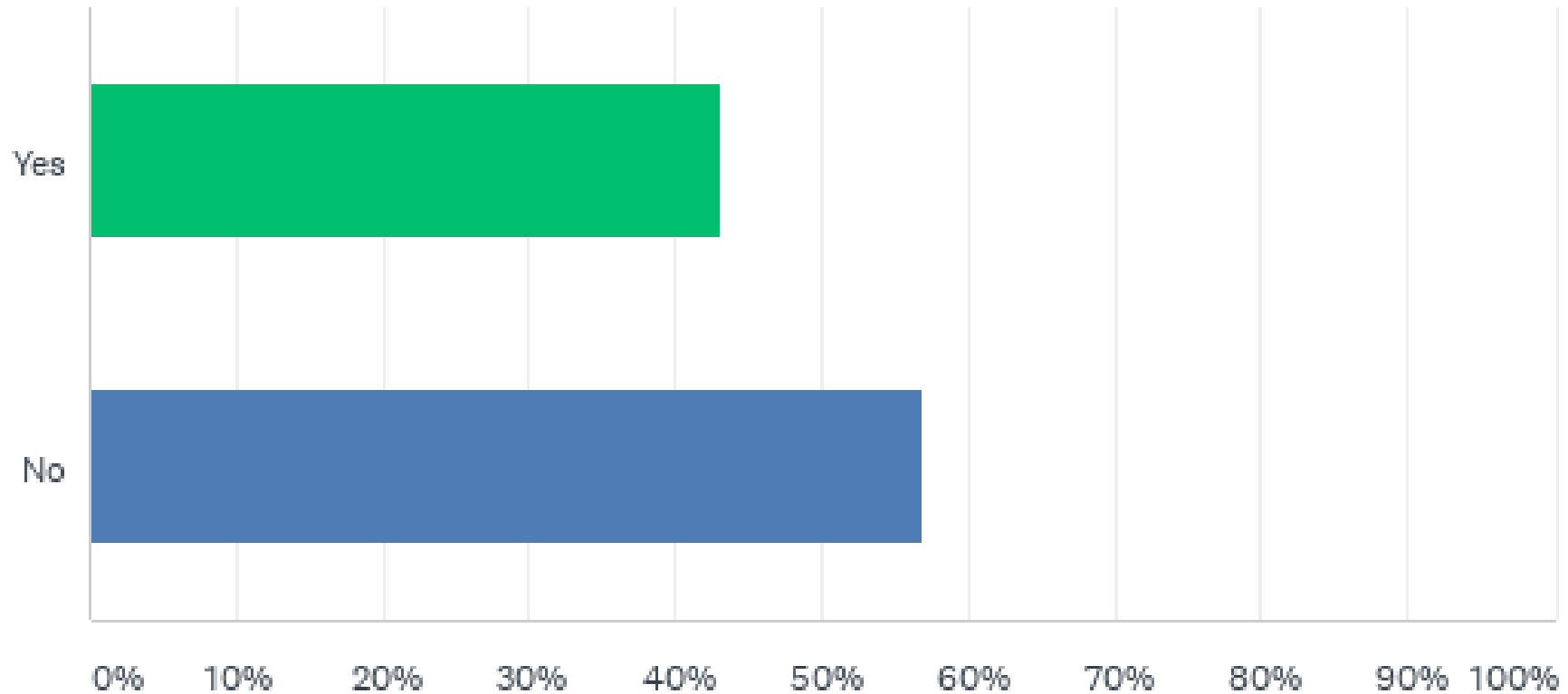


Q28 follow-up details (continued)

- Medical cost offsets, total cost of care reduction
- We've worked with some clients to establish VB contracting on pharmaceutical products
- ACO contracting
- Repatha, MS, luxterna
- Capitated medical providers
- Total hip and total knee replacements
- Various outcome measures



Q29. Do you utilize value-based contracting for pharmaceuticals within your organization?



Q30. If you DO utilize value-based contracting (VBC) for pharmaceuticals, is this utilized for:

ANSWER CHOICES	RESPONSES	
Oncology medications	18.18%	4
Cardiovascular agents such as PCSK-9's	22.73%	5
Hepatitis C	4.55%	1
Diabetes	4.55%	1
Other (please specify)	50.00%	11
TOTAL		22



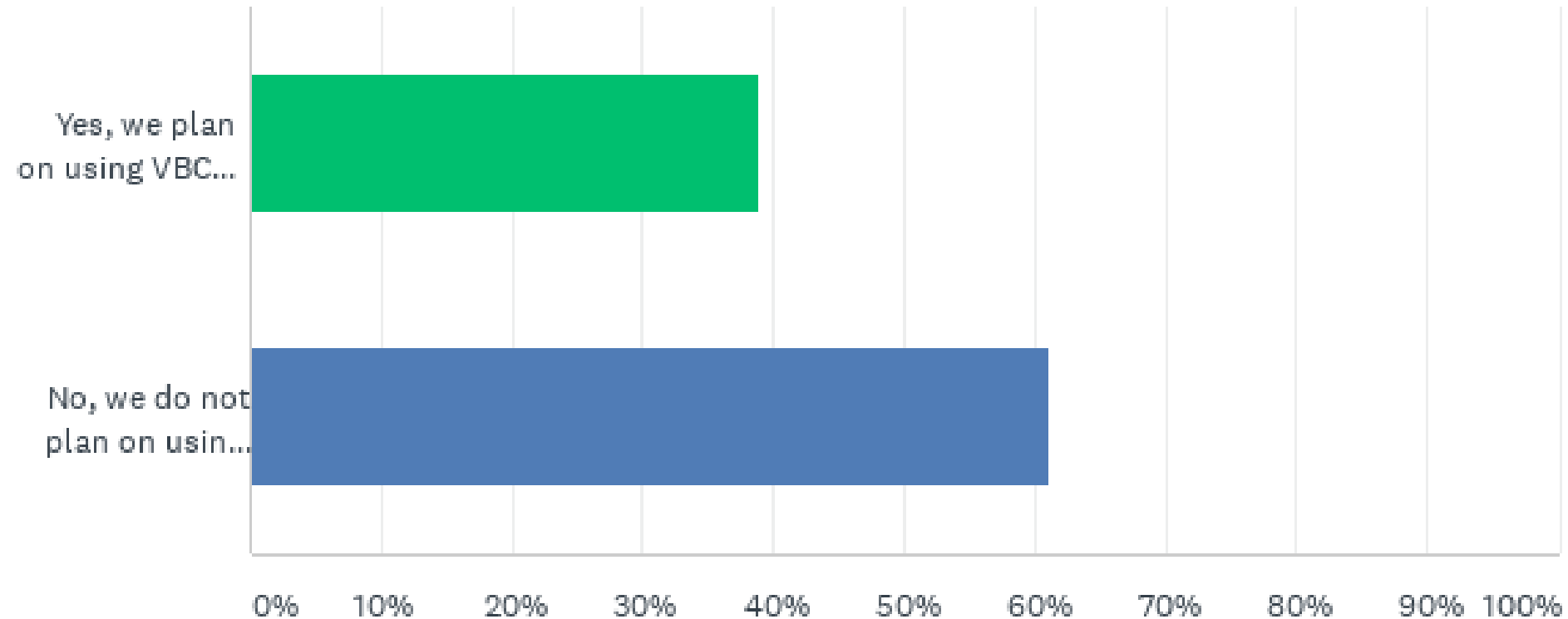
Q30 follow-up details

Other (please specify)

- Antibiotics
- Oncology, diabetes, PCSK-9s, Cardiac heart failure, MS
- Rare conditions
- No – based on regulations of possible inducement
- Hemophilia



Q31. If you DO NOT utilize value-based contracting (VBC) for pharmaceuticals, do you plan on using it in 2021?



Q32. What forms of digital health does your plan support? (select all that apply)

ANSWER CHOICES	RESPONSES	
FDA approved PDTs (prescription digital therapeutics)	46.51%	20
Text Messaging or Email	74.42%	32
Web-based Interactive Programs	46.51%	20
Personal Health Records	44.19%	19
Telemedicine and Virtual Physician Visits	76.74%	33
In-Home Connected Virtual Assistants	27.91%	12
Clinical Trial Patient Information Collection Tools	18.60%	8
Smartphone Cameras	30.23%	13
Connect Biometric Sensors	27.91%	12
Consumer Wearables	30.23%	13
Consumer Mobile Apps	34.88%	15
Health System Disease Management Apps	32.56%	14
Total Respondents: 43		



Q33. For what does your plan use digital health tools? (select all that apply)

ANSWER CHOICES	RESPONSES	
Diet and Nutrition	50.00%	19
Lifestyle and Stress	57.89%	22
Exercise and Fitness	57.89%	22
Healthcare Providers/Insurance	57.89%	22
Medication Reminders and Info	47.37%	18
Women's Health and Pregnancy	28.95%	11
Disease Specific	65.79%	25
Total Respondents: 38		



Q34. If using disease-specific digital therapies, for which disease(s) are they used? (check all that apply)

ANSWER CHOICES	RESPONSES	
Mental health	51.52%	17
Gastrointestinal	24.24%	8
Cardiovascular	69.70%	23
Oncology	27.27%	9
Addiction	42.42%	14
Genitourinary	15.15%	5
Gerontology	18.18%	6
Other (please specify)	24.24%	8
Total Respondents: 33		



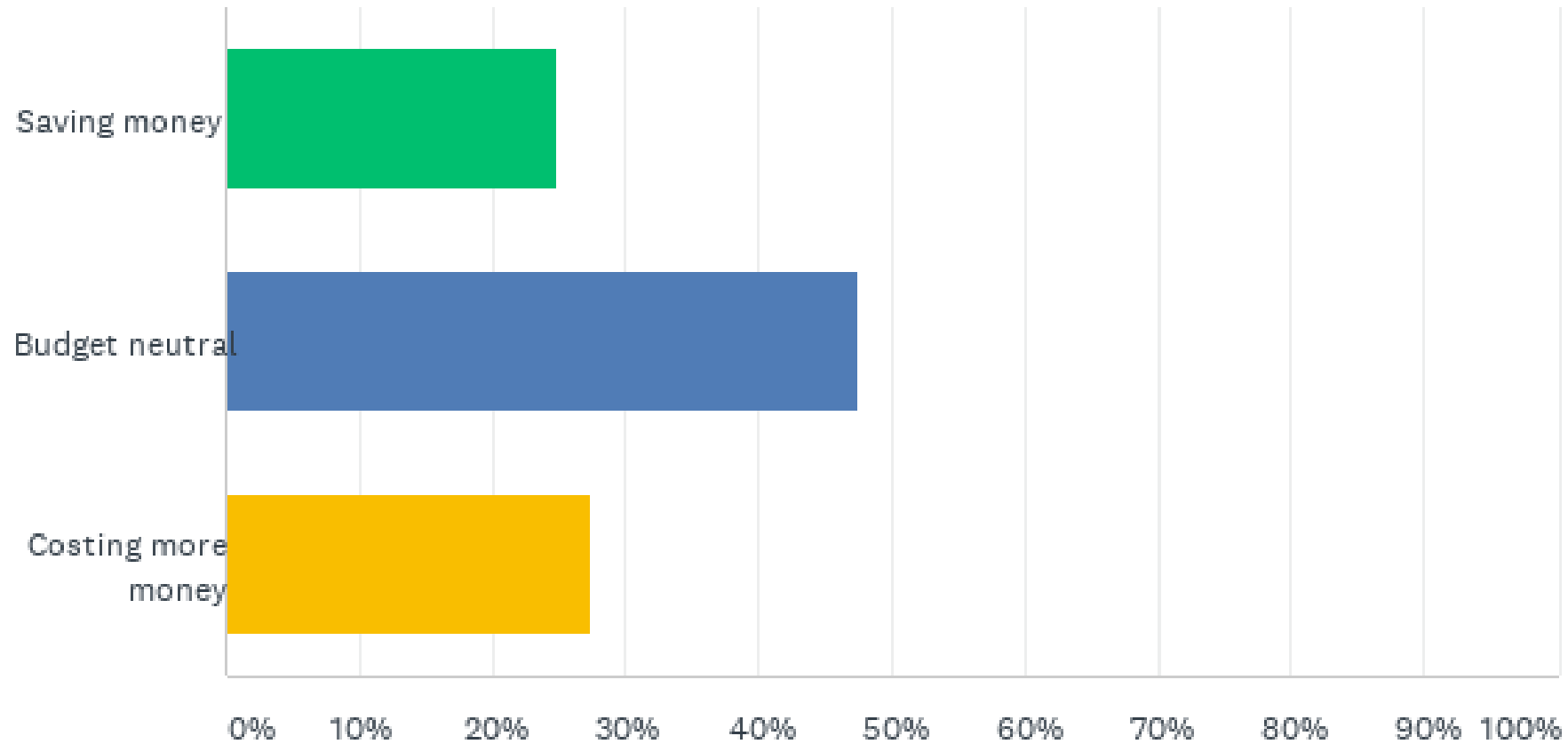
Q34 follow-up details

Other (please specify)

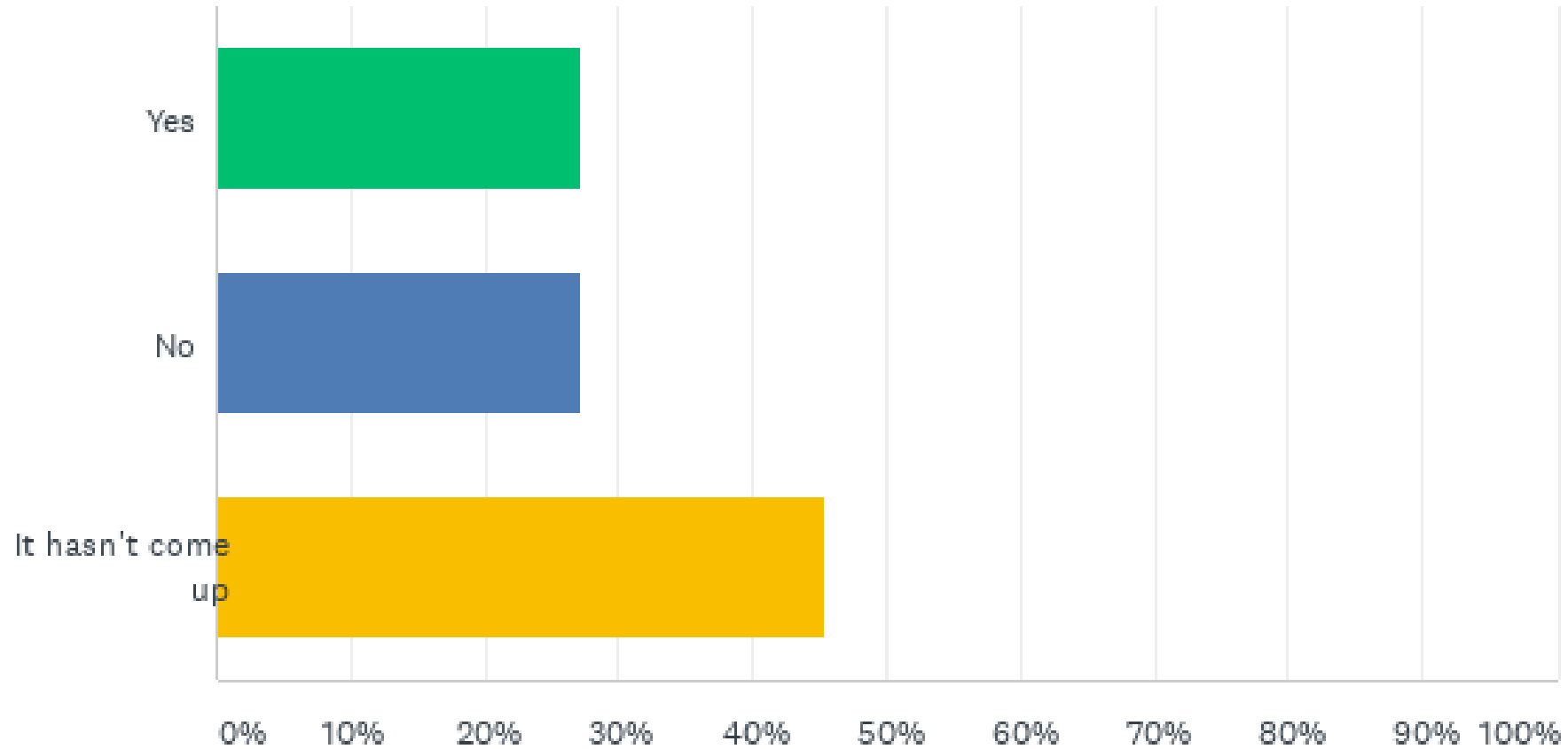
- Weight loss
- Hospital at-home patients
- Diabetes
- Asthma



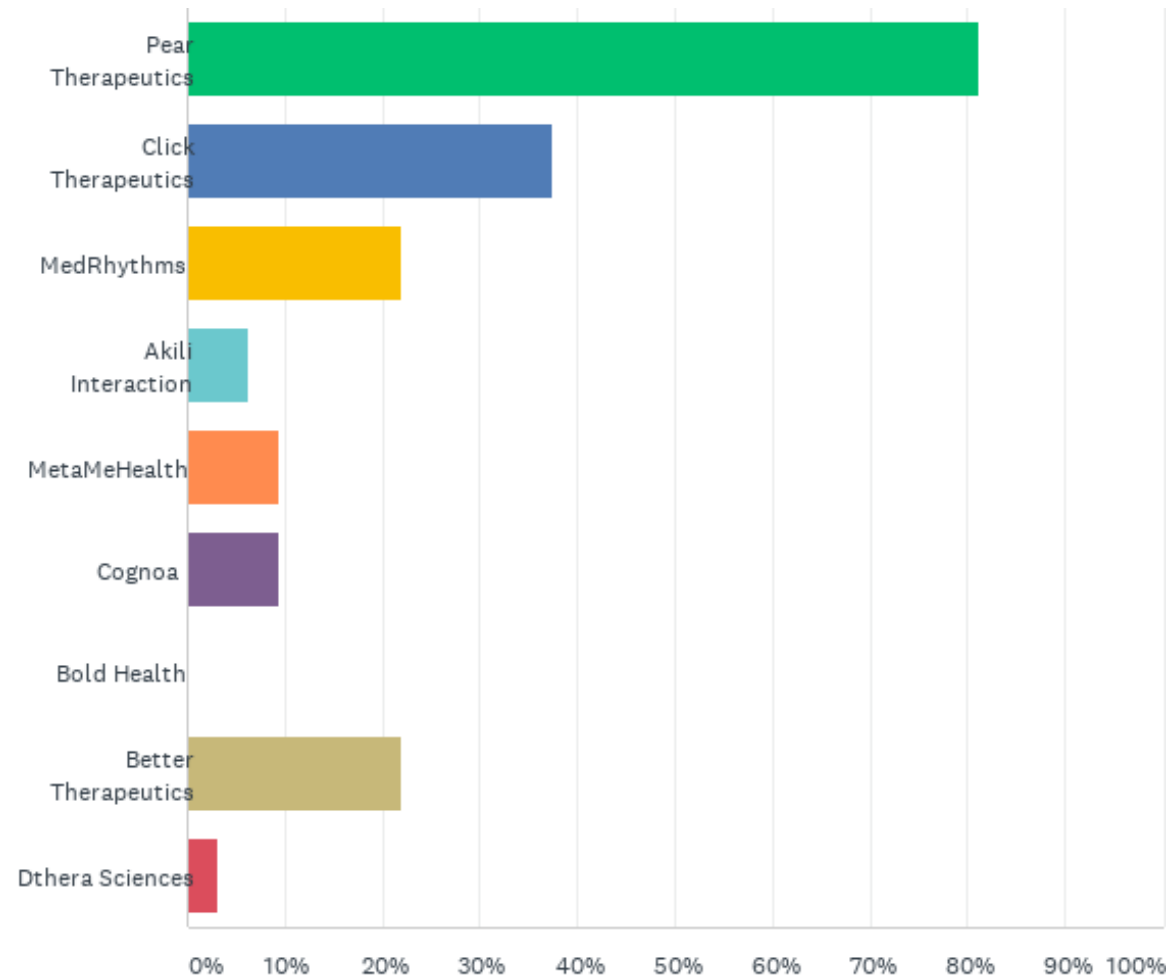
Q35. Do you believe your plan's digital health programs today are:



Q36. Do you require a patient digital program to be FDA approved?



Q37. With which of the following providers of digital therapies are you familiar?



Q38. Evolving new therapies will be financial and assessment challenges. For 2021, please order the following therapies in terms of financial impact, where 1 is the greatest impact and 4 is the least impact.

	1	2	3	4	TOTAL	SCORE
Car-T Therapy	22.73% 10	27.27% 12	31.82% 14	18.18% 8	44	2.55
Oncology Combination Therapy	67.44% 29	25.58% 11	0.00% 0	6.98% 3	43	3.53
Atopic Dermatitis	6.82% 3	22.73% 10	38.64% 17	31.82% 14	44	2.05
Alzheimer's Therapies	4.55% 2	22.73% 10	29.55% 13	43.18% 19	44	1.89



Q39. For cancer therapies/treatments, do you:

	ALWAYS	SOMETIMES	NEVER	TOTAL	WEIGHTED AVERAGE
Leave specialists alone	5.13% 2	71.79% 28	23.08% 9	39	2.18
Follow NCCN guidelines	67.50% 27	32.50% 13	0.00% 0	40	1.32
Follow other guidelines or pathways	25.00% 10	67.50% 27	7.50% 3	40	1.82
Follow internal protocols	30.00% 12	47.50% 19	22.50% 9	40	1.93



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