

April 13, 2020

The Honorable Alex M. Azar II
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Frank Pallone
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Lamar Alexander
Chair, Committee on Health, Education, Labor
and Pensions
United States Senate
Washington, DC 20510

The Honorable Greg Walden
Ranking Member, Committee on Energy and
Commerce
House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Secretary Azar, Chairman Alexander, Ranking Member Murray, Chairman Pallone, and Ranking Member Walden:

On behalf of the Advisory Committee on Interdisciplinary, Community-Based Linkages (the Committee), I respectfully submit for your consideration support for value-based insurance design. The Committee recently convened on February 20- 21, 2020 to discuss the topic of its 19th report on *payment reform supporting the integration of health, behavioral health, and social services within the context of team-based care*. The Committee received a briefing on Value-Based Insurance Design (V-BID) from Dr. Mark Fendrick at the University of Michigan and learned that within HHS's recent "Notice of Benefit and Payment Parameters for 2021" was a section "Promoting the Adoption of Value-Based Insurance Designs." The Committee has authorized the issuance of this Letter of Support for the adoption and implementation of this section addressing VBIDs.

The promulgation of rules to implement V-BID would empower consumers to work with their providers in the delivery of high value services by creating flexible payment models that recognize the ability of integrated interprofessional care teams to improve patient health and outcomes. However, both the Committee and proponents of V-BID recognize the need to prepare the workforce to define high and low-value care in terms of population health. In addition, pilot programs are needed to develop measures that extend beyond economic measures, such as, emergency room visits and hospitalizations. These measures would be in accordance with improving the patient care experience, improving population health, reducing health care costs, and improving the provider experience. As the Committee generates its report, we are investigating sustainable methods for workforce development and believe the following principles need to be considered:

- A consumer-driven health care system needs to be developed in partnership with key stakeholders, including providers, patients, and payers in order to offer VBIDs that empower consumers;
- High-value services that insurers could cover with little to no impact on premiums should be prioritized;
- Better care incentives need to be evidence-based and taught within interprofessional programs; and
- Curricular redesign within health professional schools and programs need to encompass social determinants of health and how these interface with models of care that are reimbursable.

As healthcare delivery and services are constantly changing, it is imperative that our payment structures and incentives align and are flexible to support innovation. The Committee looks forward to supporting this important work of value-based insurance design.

Sincerely,

/s/James Stevens
James Stevens
Chair
Advisory Committee on Interdisciplinary, Community-Based Linkages