

#### **AGENDA**

## State and Public School Life and Health Insurance Board Quality of Care Sub-Committee Meeting

November 10<sup>th</sup>, 2020

1:00 p.m.

#### EBD Board Room - 501 Building, Suite 500

I.	Call to Order	Dr. John Vinson, Chair
II.	Approval of October Minutes	Dr. John Vinson, Chair
III.	Follow-up Analysis	.Elizabeth Montgomery & Mike Motley, ACHI
IV.	Director's Report	Chris Howlett, EBD Director
V.	Adjournment	Dr. John Vinson, Chair

**Upcoming Meetings** 

December 8th

NOTE: All material for this meeting will be available by electronic means only.

Notice: Please silence your cell phones. Keep your personal conversations to a minimum.

## State and Public School Life and Health Insurance Board Quality of Care Sub-Committee Minutes November 10<sup>th</sup>, 2020

Date | time 11/10/2020 1:00 PM | Meeting called to order by Dr. John Vinson, Chair

**Members Absent** 

Margo Bushmiaer - Vice-Chair

Cindy Gillespie

#### **Attendance**

#### **Members Present**

Dr. John Vinson – Chair

Michelle Murtha

Dr. Arlo Kahn

Dr. Terry Fiddler

Dr. Appathurai Balamurugan – proxy – Dr. Sarah Adolph

Pam Brown

Chris Howlett, Employee Benefits Division (EBD) Director

#### **Others Present:**

Rhoda Classen, Shalada Toles, Laura Thompson, Mary Massirer, EBD; Elizabeth Montgomery, Mike Motley, ACHI; Takisha Sanders, Jessica Akins, HA; Micah Bard, Octawia DeYoung, UAMS EBRx; Kristie Banks, Mainstream; Nima Nabavi, Amgen; Ronda Walthall, ARDOT; Treg Long, ACS; Robert McQuade, ASE Retiree; Sean Seago, MERCK; Brent Flaherty, Medimpact; Sarah Freeman, UCA Student; Jessica Chardoulias; Marissa Keith, BI;

#### Approval of Minutes: Dr. John Vinson, Chair

#### MOTION by Dr. Fiddler

I motion to approve the October 13, 2020 minutes.

Murtha seconded. All were in favor.

Minutes Approved.

#### Follow-up Analysis: Elizabeth Montgomery & Mike Motley, ACHI

Montgomery and Motley presented updated analyses regarding COVID-19 impact on the plan and reviewed the 2019-2020 Influenza season impacts on the plan.

#### **Discussion:**

Dr. Fiddler: I've asked this question a couple of times in the Department of Health. This is involved,

and I want to see if you can answer it because no one has gotten back with me. On the contact tracing, we have all sorts of numbers of people who are quarantined, who are isolated and have tested positive. How many out of the 5,262 positives were

symptomatic.

Montgomery: I do not know if I have addressed that question with the data that were given. Mike may

have some input on that. I'm not sure that we can address that.

Dr. Fiddler: You know I have gone through this D.C., Chicago, and I've asked the Department of

Health repeatedly because there's a 122,000 total COVID-19 cases scares everybody

to death in the state of Arkansas. There has not been a single statement on how many of these 122,000, or the 5,262 members of our employees, that were symptomatic from this. It scares everybody because there is 122,000, but there has to be a reality of how many people really got sick from this. If there was some way you could follow-up, but no one has done that yet for me.

Dr. Adolph:

I'm going to take this back to Dr. Bala, and we will find out. That's a very good question because that's something that I've asked myself as well, and I think it's really important to know how many we're symptomatic, and we'll follow up with you.

Dr. Fiddler:

Thank you. Just tell the public that we realize that there are this many deaths and it's a scary thing, and we realized that there are 122,811 cases that we have had, but nobody has told us of those how many were sick or asymptomatic. It's simply because we don't care about those numbers, and I say legitimately that we don't care because it really doesn't matter because people are sick. Well, it does matter to the people who have gone into isolations and depression because they think they are going to die if they get this, and 97.9% and 99% of those people who get this are going to live over it, but that's not the way the discussion takes place.

Dr. Kahn:

Internationally, it seems about 40% to 50% of people are asymptomatic. When you say that we don't care about those, I say that's not correct. We care tremendously about those because those are the people who are spreading the disease to other people without even knowing that they're sick. So, it matters a great deal how many asymptomatic patients there are. I agree with you that we need to let people know that not everybody gets very ill and not everybody dies, but those asymptomatic cases are very important.

Dr. Fiddler:

My point is not those individuals who were not tested that were asymptomatic. I'm talking about the people who were tested that are asymptomatic. We already know 122,811 people got a test. We just don't know if they got sick from it. I'm not talking about the other, maybe a half million people that are asymptomatic that are spreaders. These people that were tested that were positive cases have either gone into isolation or quarantine from those they've been around. I'm just talking about the 122,000 people and what the results were from those people.

Dr. Kahn:

I'm not sure I understand what the difference is; if you're tested, and you're asymptomatic, you're still infectious, and you still have the ability to infect people. Well, hopefully you'll do a good job with your quarantine and your isolation, but those people are still potentially able to infect their family members and anybody they come in contact with. A lot of them have already affected people before they even got tested. So, even those people who are tested are asymptomatic are of extreme importance because they are potentially capable of spreading the infection.

Dr. Fiddler:

We're talking about 2 different things here. If you're tested, and you're positive, and you're one of those 5500 of our people that tested positive. There is no question that they've got to go away. Of those people who went away separate, did they ever get sick? That's my point. Those who are symptomatic even though they tested positive. They've got to do something with their body and isolate themselves. I just want to know how many of those folks turned out to be asymptomatic even though they have COVID. Is there a way (slide 14 and 15) to do a correlation between those that received the flu

Howlett:

shot or the flu vaccine and a flu diagnosis later?

Motley: Yes, there is. We can bring that back for you, and that's something we looked at in the

past. I think that would help us to do a sort of cost benefits analysis.

Vinson: Looking at slide 13, I've been on this committee since this slide began and that's really

encouraging to me to see that the work: the discussions, all the education that has gone out, and employers within the plan offering worksite flu vaccination clinics, are really moving the needle. Going from 43% to 53% and being similar to the state average is an impressive job. That's really, really good work by the plan, and I'm proud of the work that folks on this committee and then, of course, EBD's staff and team and all the different people that are heads of different agencies. Clearly, we have made some headway on this. I've also heard anecdotal reports from the field that because of the pandemic, because of the governor, because of Dr. Romero, television, and others and all kinds of positive information about getting vaccines and particularly flu vaccines in the midst of a pandemic. I'm hearing that pharmacies that are members of our association are seeing record turnout for the flu vaccine this year and that pharmacies have run out of stock in October when normally they wouldn't run out of stock until February or later. I've gotten reports that pharmacies here in Little Rock have given twice as many flu shots as they gave the entire last year. I think they've given every shot that they can get their hands on. So, it'd be interesting to see what October of '20 looks like compared to October '19 in the plan. Yeah, there were 37,000 doses on slide 14, and it would just be interesting to see if there are similar numbers, double, or if it's consistent with some of those reports.

Motley: I think as we get the claims experience coming in, we can look at that as close to real

time as we can get it. We certainly agree that that increase isn't an accident and it's extremely encouraging. We'd love to see that go up and the other 10% or more this year. So, we'll definitely come back with numbers for the September/October timeframe

as soon as we can process that data.

#### Director's Report: Chris Howlett, EBD Director

Howlett stated that in review, he was going to let Dr. Adolph take that back to Dr. Bala and get that information for your specific question. As far as the plan piece, I think in EBD's conversations with Mike and Izzy, we were shaping up some of the code experience. What is relatively hard from just a claim and from a symptomatic standpoint, we're not able to always determine anything in and around that. We'll look at any way that we can help to be able to answer those questions. As far as the plan year, our open enrollment for 2021 ended on October 31st. We really very blessed and didn't have too many hiccups in that respect. I don't have the final tally will get it out, but I will get it out to you guys. We actually had a higher Catapult clinic visit than, I believe, we did last year, and that was despite having to suspend it for about three months. We also had a lot of PCP visits as well.

Dr. Vinson: I was going to say just as a point of information that the Department of Health normally does mass flu clinics each year and because of gearing up for COVID vaccine distribution, assuming a vaccine is approved at the end of this month to the 1<sup>st</sup> of December. I know there's still some unknown, but Pfizer, one of the manufacturers, reported high effectiveness of greater than 90% yesterday. Then, in the news, they have formed some public and private partnerships with community pharmacies. There

are pharmacies all over the state that are getting, I think, 20,000 doses of flu vaccines,

and there are another 28,000 coming in. So, they're working with some pharmacies, and also there's some clinics involved. They are getting ready for and learning from that and how that might be rolled out in a COVID vaccine and distributed possibly the 1<sup>st</sup> of 2021. So, I just wanted members of the committee to know what's going on. I said earlier people are running out of flu shots, but they're not impossible to find, but certainly, there are some pharmacies and clinics that have run out much earlier.

#### **MOTION** to adjourn by Brown

Bushmaier seconded. All were in favor.

Meeting Adjourned.

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## NOVEMBER 2020 QUALITY OF CARE SUBCOMMITTEE PRESENTATION

Mike Motley, MPH Director, Analytics

Izzy Montgomery, MPA Policy Analyst

11.10.2020

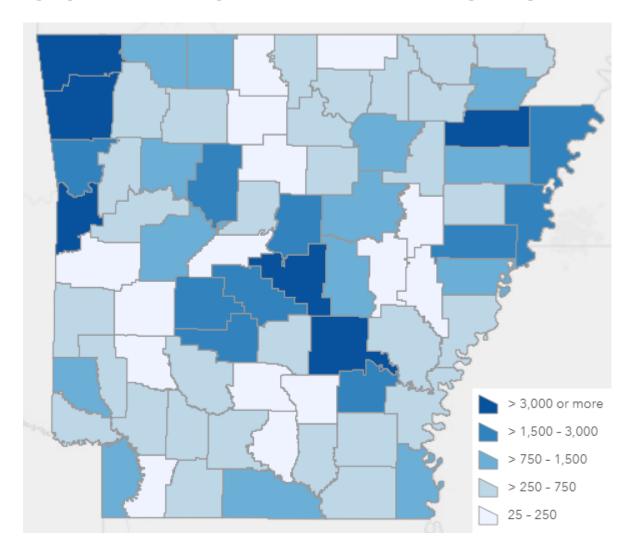


## **OBJECTIVES**

- Present updated analyses regarding COVID-19 impact on plan
- Review 2019–2020 influenza season impacts on plan



## **COVID-19 IN ARKANSAS**



**Total COVID-19 Cases** 

122,811

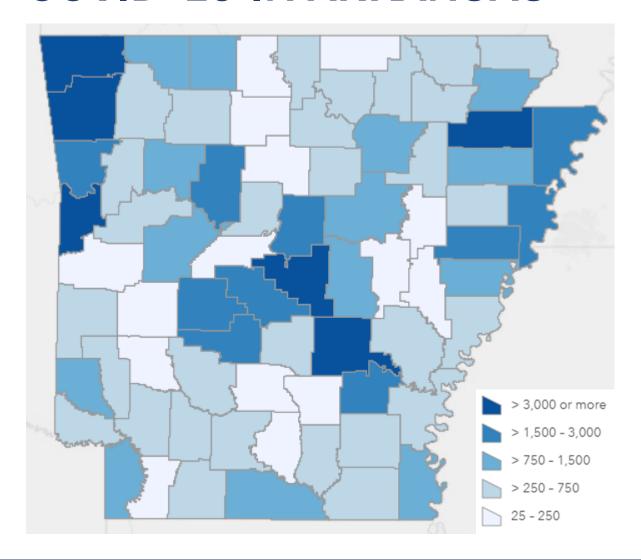
**Confirmed Cases** 

**Probable Cases** 

111,761 11,050



### **COVID-19 IN ARKANSAS**



Hospitalized: 786

On Ventilators: 116

Confirmed Deaths: 1,930

Probable Deaths: 178

Total Deaths: 2,108



### **COVID-19 ANALYSES**

- Data from March 16–October 26, 2020
- Estimated total members ever tested: 55,417
- Total with positive test: 5,262 (ASE=2,503; PSE=2,759)
- Total antigen or verbal positive probable infections: 736

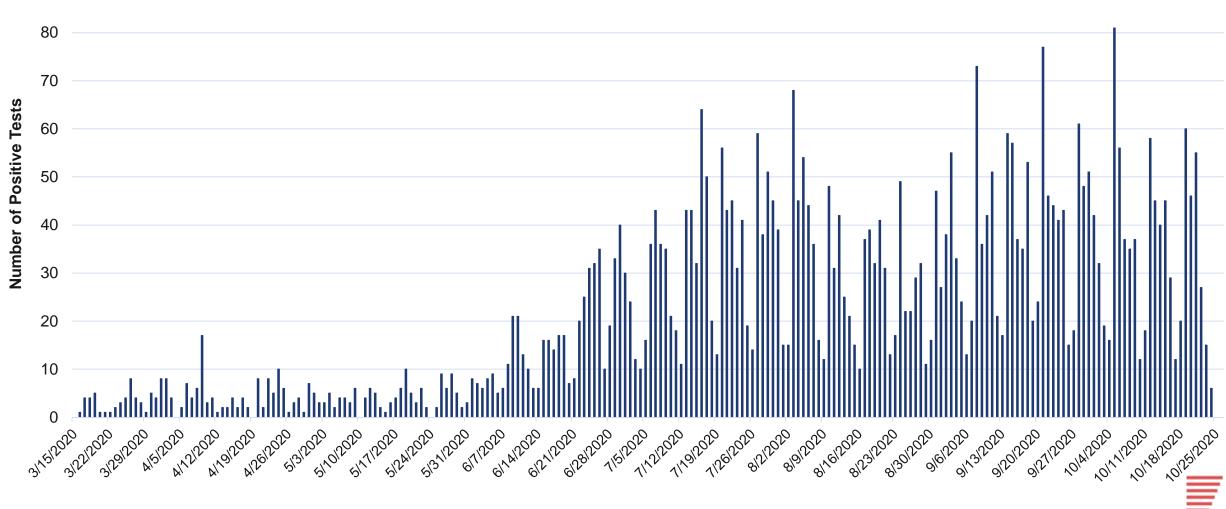


### **COVID-19 ANALYSES**

- Total members ever hospitalized: 321 (ASE=157; PSE=164)
- Total members ever in ICU: 110 (2.1% of positive cases)
- Total members ever intubated: 47 (0.9% of positive cases)
- Deaths: 46

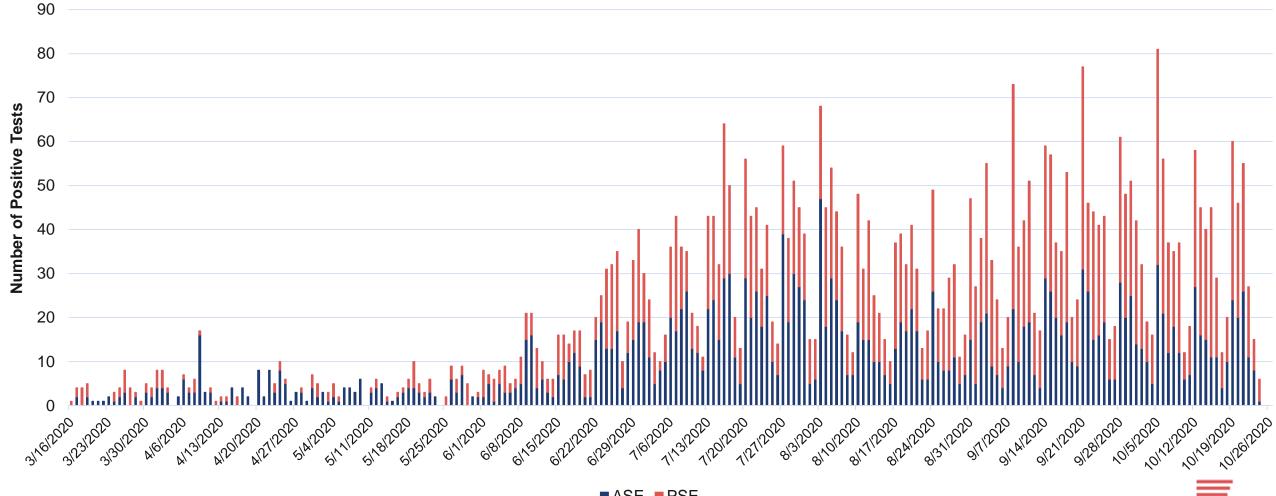


## DAILY POSITIVE TEST COUNT — EBD MEMBERS



Source: Arkansas Center for Health Improvement based on data from the Arkansas Department of Health, as of October 26

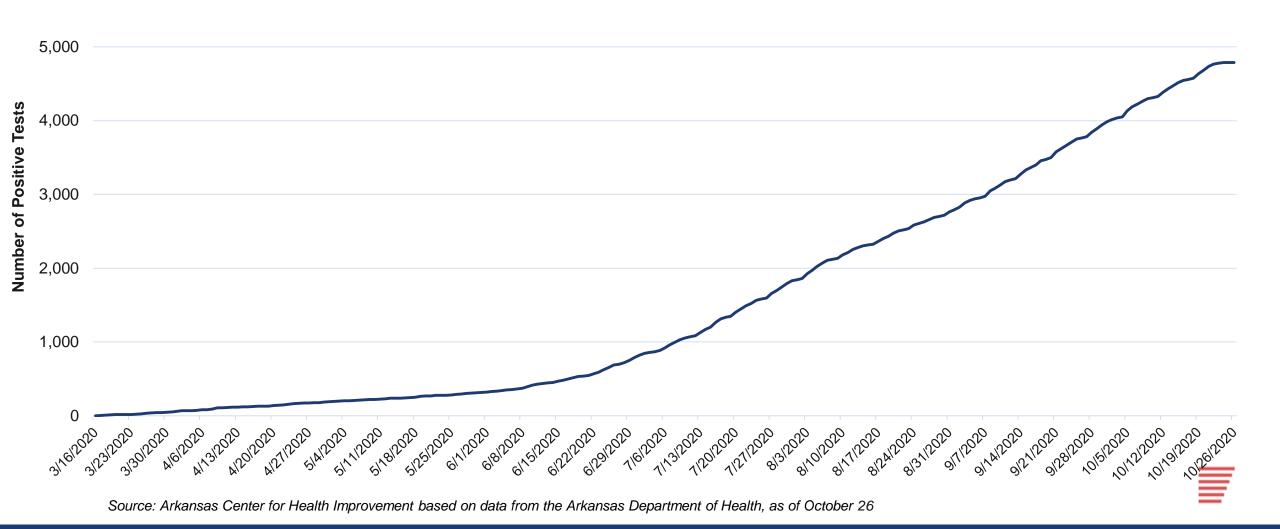
## DAILY POSITIVE TEST COUNT BY ASE & PSE



Source: Arkansas Center for Health Improvement based on data from the Arkansas Department of Health, as of October 26



## **CUMULATIVE POSITIVE TEST COUNT — EBD MEMBERS**



## 2019–2020 FLU SEASON, NATIONAL OVERVIEW

- CDC estimated 38 million people sick with the flu
  - 18 million medical visits to a healthcare provider
  - 400,000 hospitalizations
  - 22,000 deaths
- Flu burden was higher in young adults and children compared to 2017-2018 flu season



## FLU VACCINATION & COVID-19 PANDEMIC

- Reduces burden on healthcare systems also treating patients with COVID-19
- Mitigates individual risk of flu and COVID-19 co-infection



## STATE VARIATION IN FLU VACCINATION (2019 – 2020 FLU SEASON)

- Arkansas flu vaccination rate: 55% (nationally: 52%)
- Arkansas vaccination rates by race/ethnicity:
  - White: 55% (nationally: 55%)
  - Black: 54% (nationally: 46%)
  - Hispanic: 61% (nationally: 47%)

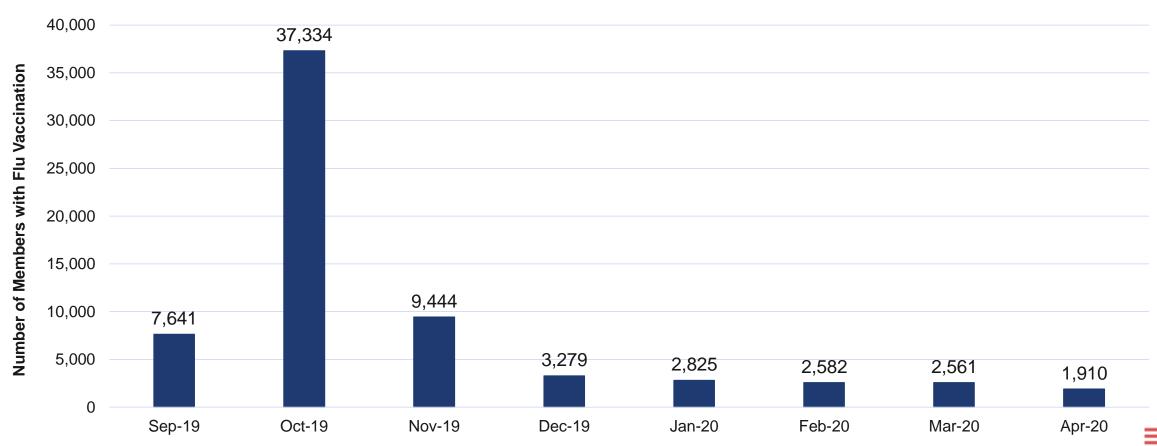


# FLU VACCINATION RATES AMONG MEMBERS BY FLU SEASON (BASED ON CLAIMS)

Flu Season	Total Members with Flu Vaccine	Total Member Enrollment	Percentage of Total Members
FY 2016	64,019	147,704	43%
FY 2017	63,647	150,002	42%
FY 2018	67,946	152,724	44%
FY 2019	76,533	156,983	49%
FY 2020	84,750	159,665	53%

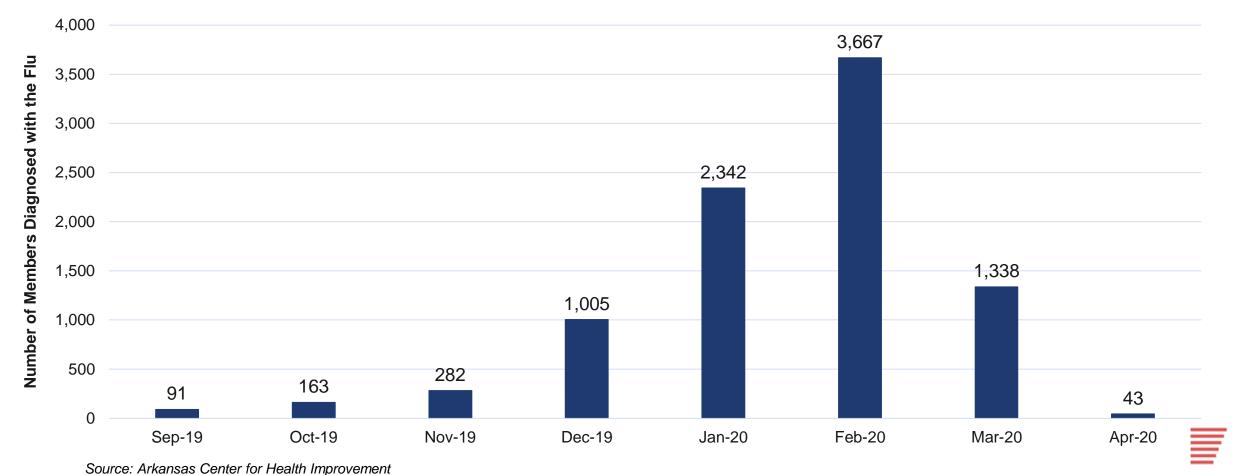


## FLU VACCINATIONS AMONG EBD MEMBERS (SEPTEMBER 2019-APRIL 2020)



Source: Arkansas Center for Health Improvement

# FLU DIAGNOSES AMONG EBD MEMBERS (SEPTEMBER 2019-APRIL 2020)



## 2019-2020 FLU SEASON & EBD MEMBER IMPACT

- Claims-based analysis of flu diagnoses among EBD members
- Caveat: Evidence of flu vaccine based on claims data;
   Possible that member may have received flu shot without associated claim paid by plan
- Episode defined as three week period following flu diagnosis



# EPISODE COSTS: MEMBERS WITH FLU DIAGNOSIS (2019–2020 FLU SEASON)

- Members: 8,617
- Plan paid amount: \$5,696,452
- Member paid amount: \$3,145,057
- Total paid amount for episode: \$8,841,509
- Average episode cost per member: \$1,026



## **CONCLUSIONS**

- Arkansas has higher flu vacation rate than national average, including higher vacation rates among certain demographics
- 2019–2020 flu season vaccination rates among EBD members was higher than previous years
- Outreach efforts to encourage flu vaccination among members should be prioritized, particularly given impact of COVID-19

