AGENDA

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

October 13th, 2020

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

I. *Call to Order.....Dr. John Vinson, Chair*

II. *Approval of September Minutes.....Dr. John Vinson, Chair*

III. *COVID Update.....Elizabeth Montgomery & Mike Motley, ACHI*

IV. *Director's Report.....Chris Howlett, EBD Director*

V. *Adjournment.....Dr. John Vinson, Chair*

Upcoming Meetings

November 10th, 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
October 13, 2020

Date | *time* 10/13/2020 1:00 PM | *Meeting called to order by* Dr. John Vinson, Chair

Attendance

Members Present	Members Absent
Dr. John Vinson – Chair	Dr. Terry Fiddler
Michelle Murtha	
Dr. Arlo Kahn	
Cindy Gillespie – proxy – Damian Hicks	
Margo Bushmiaer – Vice-Chair	
Dr. Appathurai Balamurugan	
Pam Brown	
Chris Howlett, Employee Benefits Division (EBD) Director	

Others Present:
Rhoda Classen, Stella Greene, Shalada Toles, Theresa Huber, Mary Massirer, EBD; Elizabeth Montgomery, Mike Motley, ACHI; Takisha Sanders, Jessica Akins, HA; Micah Bard, UAMS EBRx; Kristie Banks, Mainstream; Nima Nabavi, Amgen; Daniel Faulkner; Jim Musick, GSK; Ronda Walthall, ARDOT; Treg Long, ACS; Dianne Strickland; Mitch Rouse, TSS; Julie Grogan; Sean Seago, MERCK;

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

MOTION by Brown

I motion to approve the September 15, 2020 minutes.

Bushmaier seconded. All were in favor.

Minutes Approved.

COVID Update: *Elizabeth Montgomery & Mike Motley, ACHI*

Montgomery and Motley presented analyses regarding COVID-19 impact on the plan, reviewed COVID-19 test utilization and related costs, assessed updated output on COVID-19-related telemedicine utilization within the plan, including related costs and service utilization by diagnoses, and upcoming analyses on bariatric surgery and influenza vaccination.

Discussion:

Howlett: I just had a quick question in regard to the utilization and what you did with the telemed or telehealth service. At no point, I just wanted for clarification; when you dealt with the number of diagnosis or any of the accounts, those are unique service counts or unique accounts and not anything cross walked to maybe 3 diagnose? One unique member could have two diagnoses on the claim.

Motley: That is true, yes.

Howlett: Okay, but as far as when you're dealing with the other, as far as the dollars and the utilization from the place of service for the member, none of that is unique to individual members. It's just unique counts, correct?

Motley: Yes, and typically it's a one visit per member per day, but it is unique counts of what we call visits.

Howlett: I receive a few questions from a plan admin perspective dealing with our membership in regard to COVID. So, if we had an individual that was (this is more hypothetical) going every 2 weeks to receive a COVID tests, would that be picked up in the COVID reporting differently, or would that just be a service type not specific to a unique member count?

Motley: The scenario is if a member was being tested every 2 weeks. So, their test, if they were paid for by the plan, and there was an associated claim that would show up in the test paid for by the plan. If they were deemed positive, with regard to the test being paid for by the plan, it would show up there, which comes directly from the claims. We do have an overall account from the redcap file from the Department of Health. From that, we get the number of unique members ever tested and positive tests and things. If an individual test positive at any time, they'd be counted once in the positive count. As far as we know, we don't see many, if any, individuals testing positive, recovering, and then testing positive again. Now, in the future, that might be a different discussion, but right now, because that's not something we're really considering. We would pick up every test that's in a claim.

Howlett: If a member took ten different tests, we would pick up a count of 10 but not tie it back to the member count. Outside of the fact that it's positive or negative, the question that was asked of me is regards to the number of tests that we're seeing for the number of members. I explained to them that we weren't really looking at that perspective, knowing that a member, especially having seen how they test, would not want to forego that too many times in a row to get a negative.

Bushmaier: I'm doing the case management or the COVID tracking for our school district. I've been working with coaches who are going and getting tested since July when they started practicing again every week. Also, I know of other principles that are testing every 2 weeks, and none of them have ever had a positive result, but they feel the need to do that. The principals say, "Well, I feel like I'm probably exposed from the ones that we don't know are carrying the virus." So, I don't know how to respond to that, but we have some people that are testing a lot that are members of our plan.

Dr. Vinson: Margo, to your point, that's a really good analysis or observation from your experience. Dr. Bala, would you mind sharing, from your perspective, or Dr. Kahn, if antibody tests have a role or not? I noticed we're paying for antibody tests, and we may be required to, I don't know, under federal law. Do you have any suggestions on anything the plan could do on that front with coaches that are testing every week for COVID when they may not need to?

Dr. Bala: So, John, we had put out some guidance about antibody tests. Currently, CDC does not approve any serological tests because the commercial ones that are put out there are not specific to the novel coronavirus. The antibodies detected could be due to novel coronavirus, animal coronavirus, or human corona virus. So, we had put out a press release a couple of months ago that we do not recommend serological testing because there's no FDA approved one that's specific for novel coronavirus. So, it's up to EBD to

say that you could use, basically, the guidance we had put out and say that we do not recommend that, and EBD does not need to reimburse for that.

Dr. Vinson: I remembered your guidance, I knew that was the case, but I didn't know if it had changed or not. I wasn't sure if there was any federal law that required us to cover antigen and antibody test or not.

Dr. Kahn: I wouldn't be putting antigen tests in the same category as antibody.

Dr. Vinson: Yeah, I meant all three: PCR, antigen, and antibody. I didn't know if there was a law that required all three to be covered or something.

Dr. Kahn: Yeah, I don't know about that. Antigen tests need to be covered, but I'd be very careful about saying anything about EBD not covering antibody tests at this point because it's very likely if the FDA hasn't already approved it under emergency use (antibody tests) that they will very soon. There are clinical situations where antibody tests can be very helpful. So, I would not suggest that EBD, at this point, eliminate coverage for antibody tests. They might want to say they won't cover antibody tests that aren't specific for COVID-19, but I wouldn't go so far as to say we're not going to cover any antibody tests.

Howlett: I'll kind of pull some of these together. I think all the comments were valid in their own right. The health plan has followed the guidelines from the CDC and from the Arkansas Department of health, as Dr. Bala had stated, and Dr. Kahn just mentioned as far as the antibody. Dealing with the coronavirus or COVID-19, we have not found ourselves in a situation where that's being covered outside of the medical setting. I haven't found any that are billed, but we do antibody testing. Related to COVID-19, that has not been mandated or dictated by the CARES act or any of the federal legislation. The antigen testing is covered on the medical side and is covered for certain situations and qualifications there, but as far as outside of the medical side, the antigen testing has not been utilized for the COVID in that respect. As far as the COVID-19 testing as a whole, we're doing that. Margo, I think that it is an excellent point, and I've been asked along the same lines. I'm presuming they were meaning for someone that's going and getting the testing when it's not advisable, or it's not something that's a standard protocol to get those. So, I would say that Dr. Bala or Dr. Kahn could weigh in better than I could if there is a protocol in place on how the frequency of the test that might be something to be considered. At this point, we have not looked at any of the population to see that individuals are going repetitiously or not.

Dr. Bala: So, from the health department perspective, this is an evolving situation. So, we have not put out guidance on the frequency of the antigen or the PCR test. The PCR test is also known as the molecular test, and there are rapid PCR and then the standardized PCR. Because we are learning more every day, and there is a new case report about a reinfection within 2 months that recently came out. So, it would be hard to say on the frequency because of the duration of the first test and the duration of the second test because what we recommend for the clinicians is to do the test around the fifth day of the contact exposure. If they do it too early, the test could be a false negative. So, they may have a negative test, and then they had a positive. For that reason, we haven't put out the frequency and things like that.

Dr. Kahn: In general, if somebody has had a positive test, there is no reason to test those people anymore. In terms of these school athletes, I would say that the more tests these kids have or anybody in general, whether or not EBD decides to pay for them or not as a totally different question, but there is almost not a situation where you can over test

people who are continuously being potentially exposed because the only way we're going to find out who's converting and who is becoming positive is to test these people over and over again as long as it's likely that they're being exposed. It's likely that these student-athletes are being exposed over and over again.

Bushmaier: Okay. I can see that with the athletes because we have certainly seen large numbers in our high schools where it's definitely gone through the team. I've got 19 tests that have occurred over not even two weeks that we first put the team in quarantine after we had four positive tests. Now through that quarantine, we've identified those 15 more positive cases through that. I just worry about some of the other teachers and staff that are just testing all the time. But again, I understand the fear of the unknown because what we found with this one large population of 19 kids, five of them did not have any symptoms at all. So, we know there are asymptomatic carriers out there.

Dr. Bala: We do not recommend retesting because it can be positive for up to 3 months. So, our guidance from the health department, which is the same as the CDC, is not to retest, at least until after three months and then open to the other possibilities and with entering into the viral respiratory flu season, we have put out guidance that the physicians need to consider not just COVID, but also flu and probably do multiple other tests for the other respiratory infection because it's easy to miss that.

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

Howlett stated that if you had any further questions that we can have presented or modeled or anything like that, just feel free to reach out and send them to us. That'd be me, or you can send it to the EBD Board box, and Rhoda and or I will take care of that for us. As Mike has already alluded to in the presentation, we'll have some issues as we go into next year with it being a legislative year in the biennium. Revolving around the bariatric program that was redone a few years back, and it was a 5-year pilot then. So, we're looking forward to the analysis by ACHI of that information. So, I know that'll play a key part with some of the legislative interest in that, whether to continue the bariatric procedure in a pilot or not. So, they'll be presenting some of that information as well as the stuff respective to the flu outside of the coronavirus. So, we'll have that information to you, but if there's any other little nuances or things that you want us to see about looking into, please get that to us.

MOTION to adjourn by Brown

Hicks seconded. All were in favor.

Meeting Adjourned.

NOVEMBER 2020 QUALITY OF CARE SUBCOMMITTEE PRESENTATION

Mike Motley, MPH
Director, Analytics

Izzy Montgomery, MPA
Policy Analyst

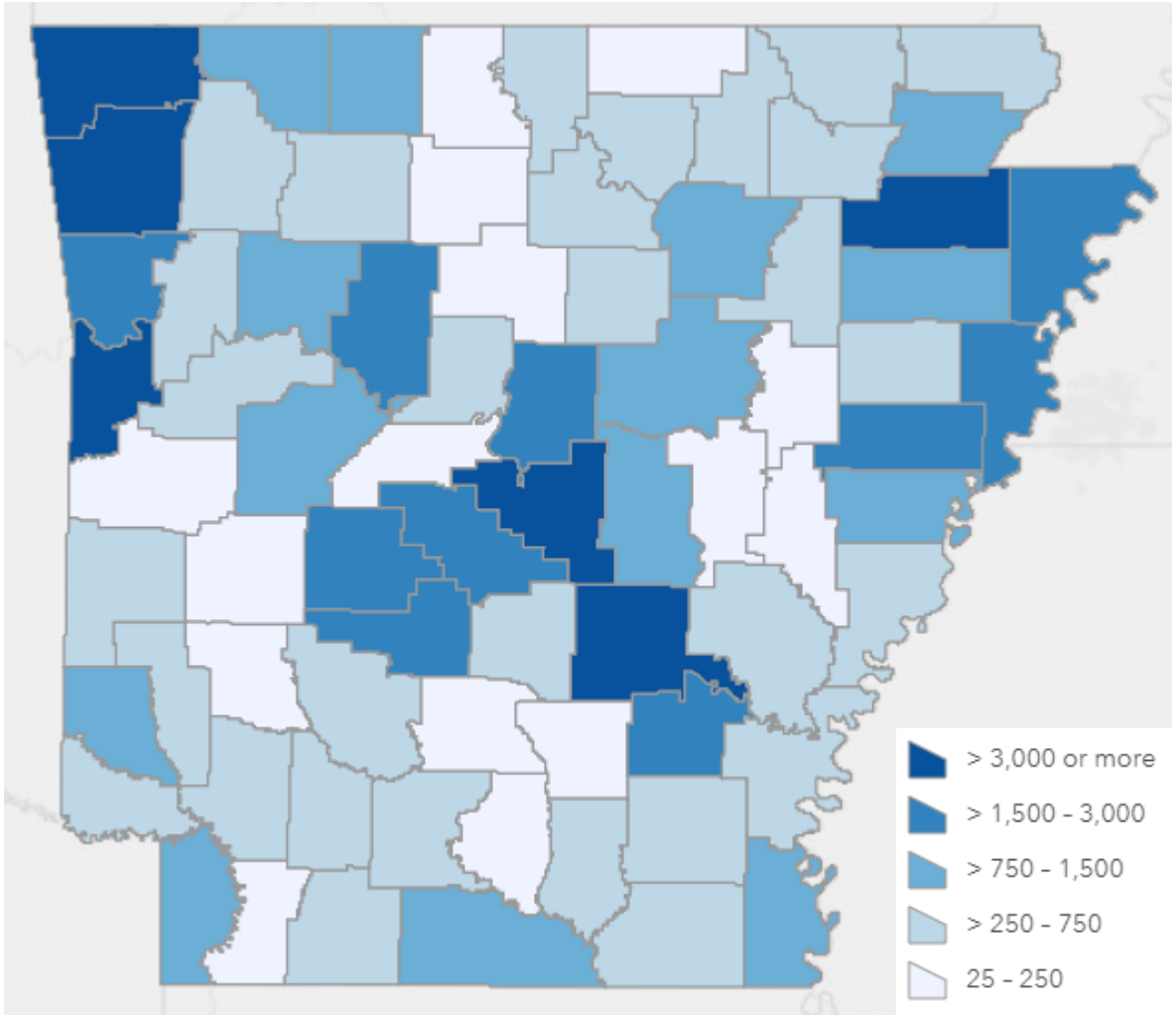
11.10.2020

ACHI
INSPIRING HEALTHY ACTS

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

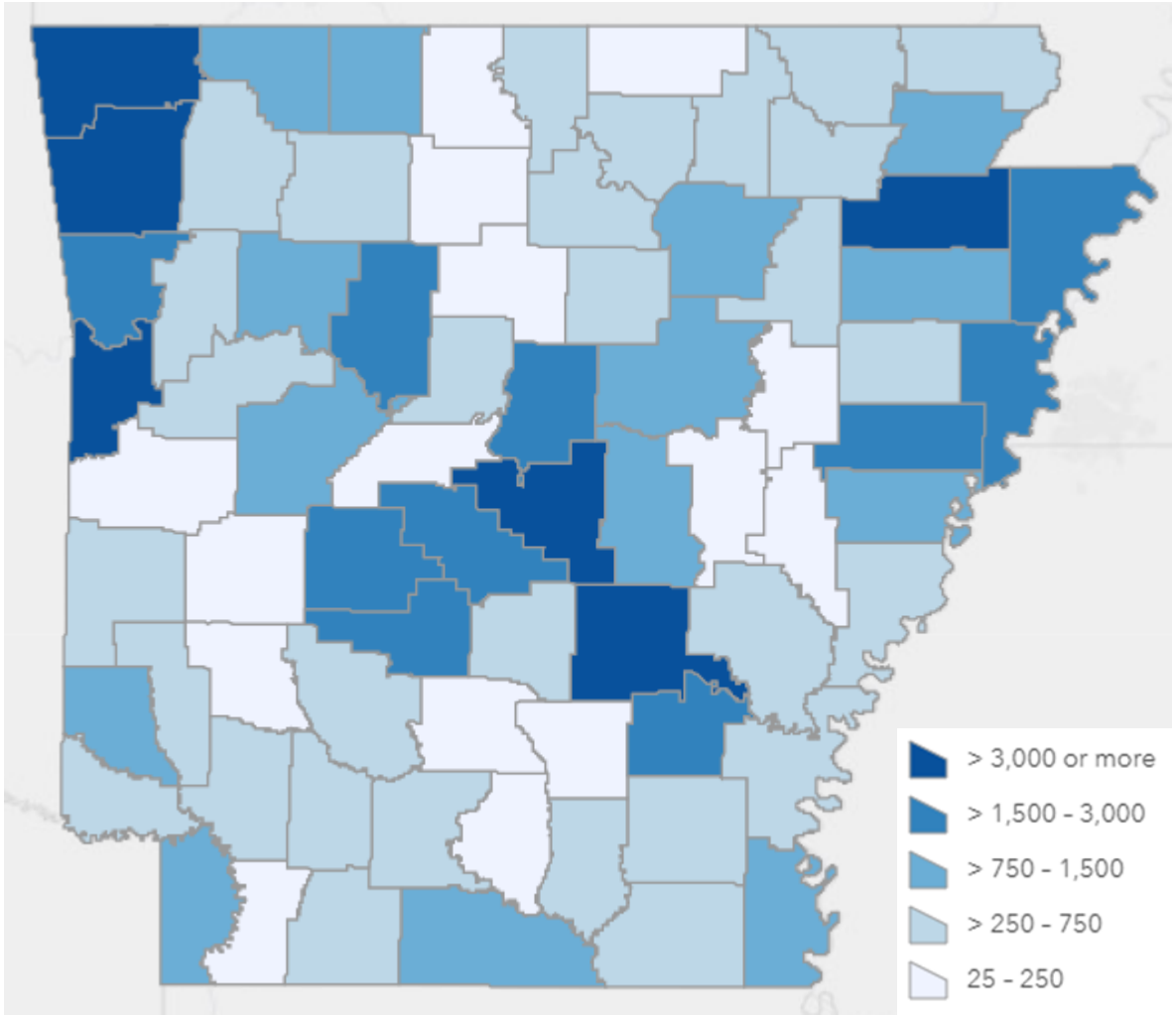
111,761

Probable Cases

11,050

Source: Arkansas Department of Health, as of Nov. 9

COVID-19 IN ARKANSAS



Hospitalized: 786

On Ventilators: 116

Confirmed Deaths: 1,930

Probable Deaths: 178

Total Deaths: 2,108

Source: Arkansas Department of Health, as of Nov. 9

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

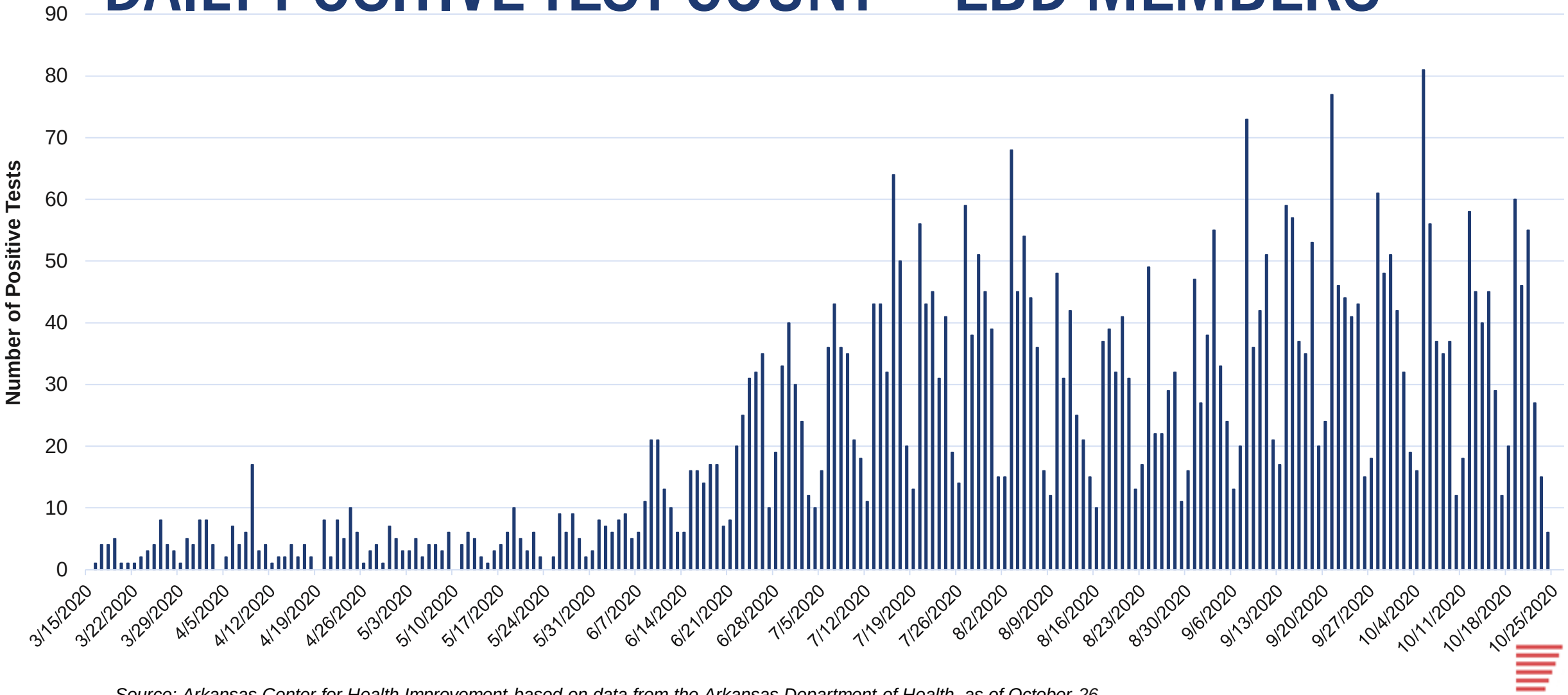
Source: Arkansas Center for Health Improvement based on data from the Arkansas Department of Health, as of October 26

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

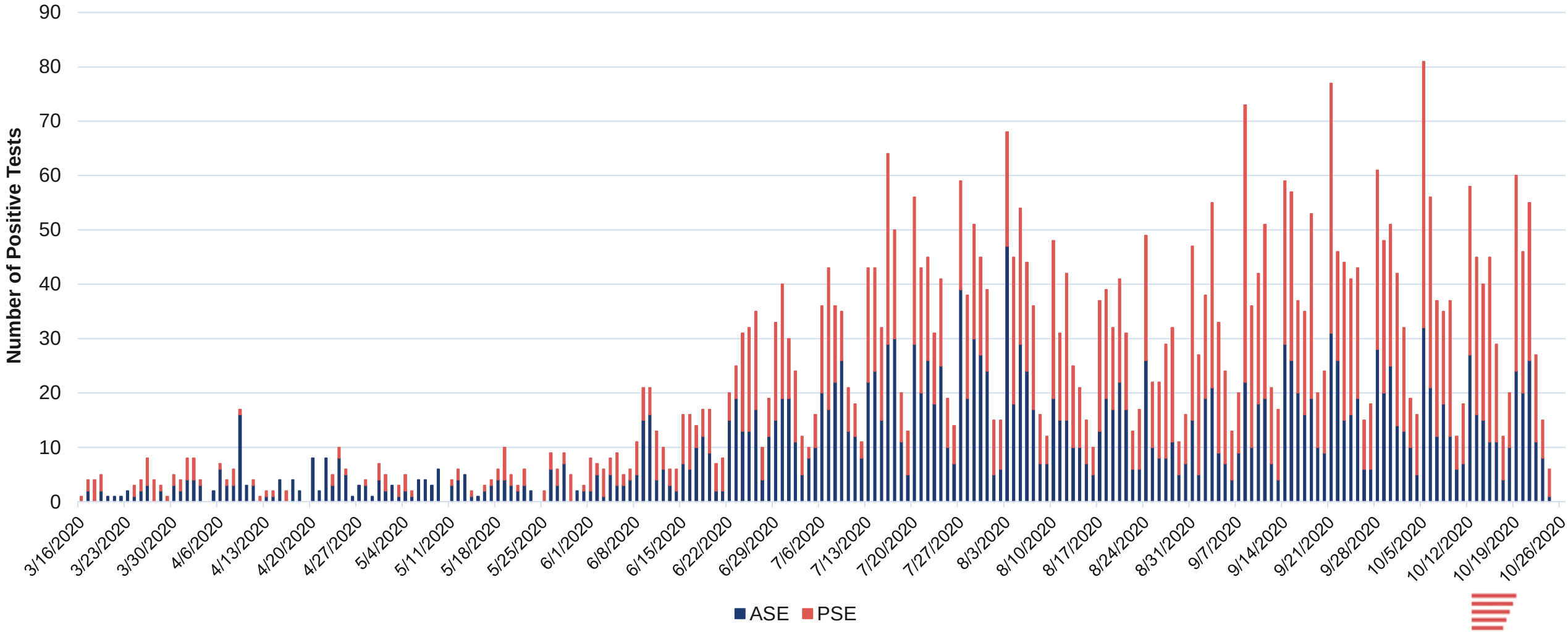
Source: Arkansas Center for Health Improvement based on data from the Arkansas Department of Health, as of October 26

DAILY POSITIVE TEST COUNT — EBD MEMBERS



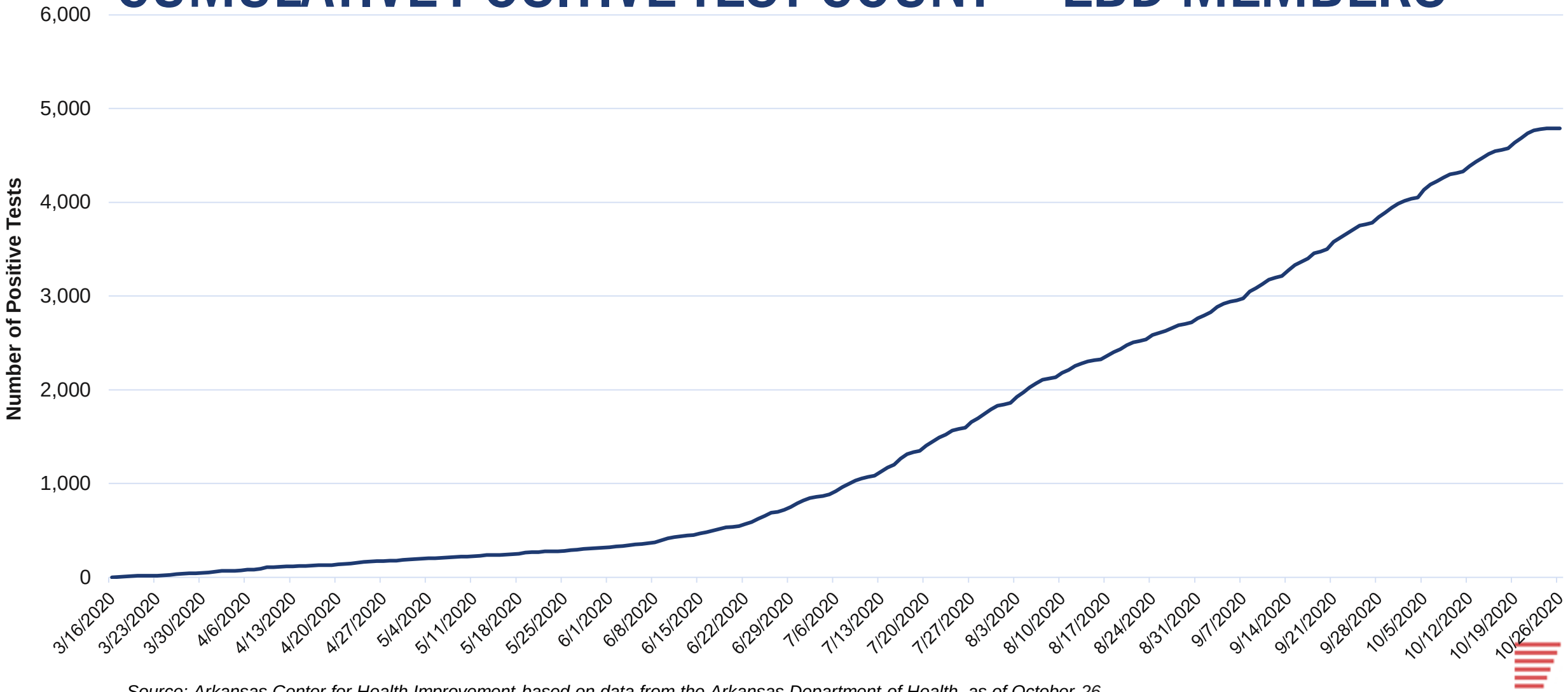
Source: Arkansas Center for Health Improvement based on data from the Arkansas Department of Health, as of October 26

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



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

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

Source: Centers for Disease Control and Prevention, Estimated Influenza Illnesses, Medical visits, Hospitalizations, and Deaths in the United States – 2019-2020 Influenza 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

Sources: Centers for Disease Control and Prevention, Flu Season & UCSF, Why COVID-19 Means You Need a Flu Shot this Year

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%)

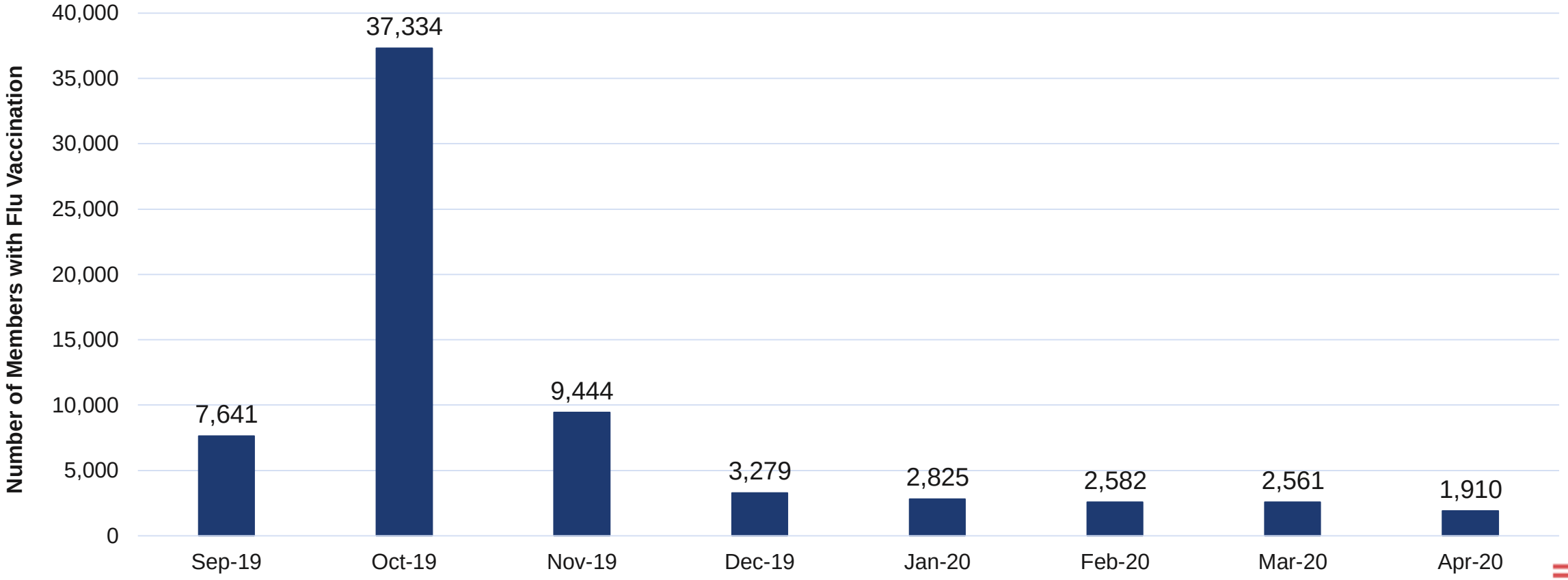
Source: Kaiser Family Foundation, State Variation in Seasonal Flu Vaccination: Implications for a COVID-19 Vaccine.

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%

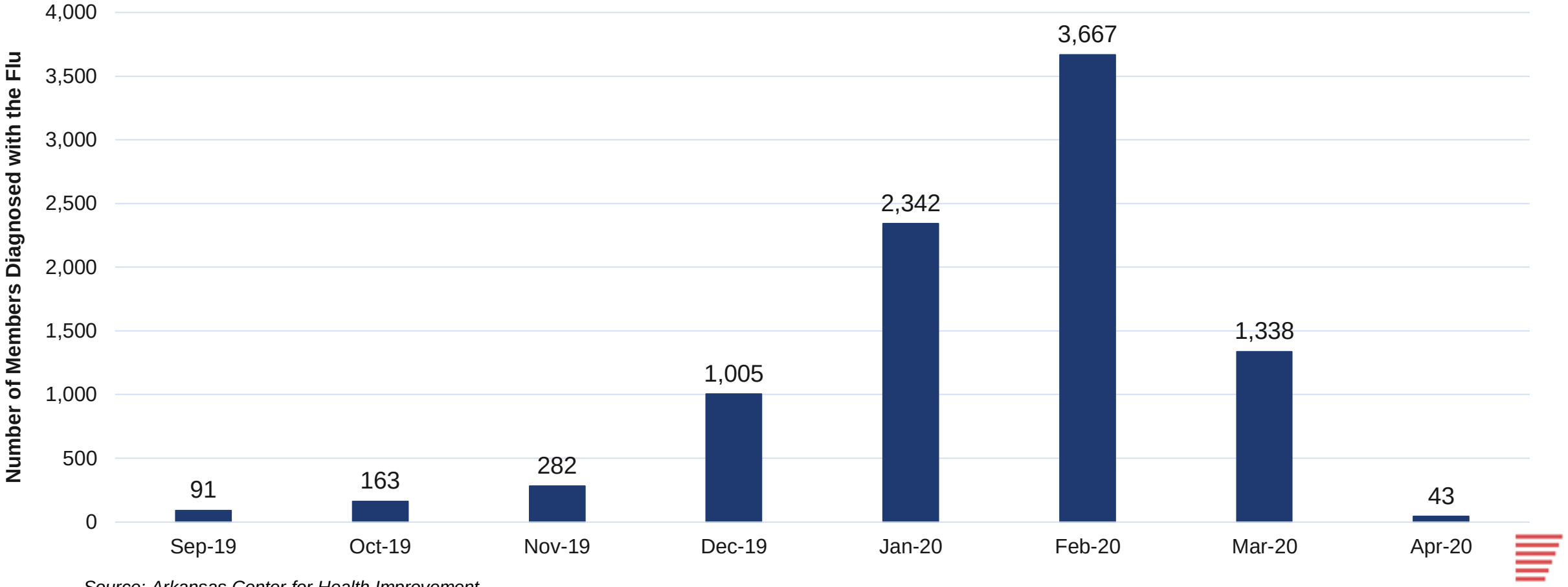
Source: Arkansas Center for Health Improvement

FLU VACCINATIONS AMONG EBD MEMBERS (SEPTEMBER 2019–APRIL 2020)



Source: Arkansas Center for Health Improvement

FLU DIAGNOSES AMONG EBD MEMBERS (SEPTEMBER 2019–APRIL 2020)



Source: Arkansas Center for Health Improvement

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

Source: Arkansas Center for Health Improvement

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