



AGENDA

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

September 15th, 2020

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order.....Dr. John Vinson, Chair*
- II. Approval of July 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

October 13th, 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

September 15, 2020

Date | time 09/15/2020 1:00 PM | Meeting called to order by Dr. John Vinson, Chair

Attendance

Members Present

Dr. John Vinson – Chair

Michelle Murtha

Dr. Arlo Kahn

Cindy Gillespie – proxy – Damian Hicks

Margo Bushmaier – Vice-Chair

Dr. Terry Fiddler

Dr. Appathurai Balamurugan – proxy – Dr. Sara Adolph

Pam Brown

Chris Howlett, Employee Benefits Division (EBD) Director – proxy – Laura Thompson

Members Absent

Zinnia Clanton

Others Present:

Rhoda Classen, Terri Freeman, Theresa Huber, 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; Sidney Keisner, UAMS; Daniel Faulkner; Alan Whitley; Jim Musick, GSK; Brent Flaherty, Medimpact; Ronda Walthall, ARDOT; Gary Behrens, Sanofi; Frances Bauman, Novo Nordisk; Donna Morey, ARTA; Geoffery Becker, Medtronics; Treg Long, ACS; Lauren Brakebill

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

MOTION by Bushmaier

I motion to approve the July 14, 2020 minutes.

Brown 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 and service utilization by diagnoses, and presented school district and ZIP code-level statewide data.

Discussion:

Brown: When you look at asthma, COPD, and the respiratory type issues, and you look at the intubation, and that's not considered statistically significant that the percentages are kind of low. Does that not surprise you that these are respiratory comorbidities? Is there anything that surprises anyone on the committee?

- Montgomery: It is interesting that we do see kidney failure individuals who are immunocompromised, diabetes, and congestive heart failure as having more statistically significant outcomes in terms of hospitalization, ICU, intubation, etc. This is an analysis of around 17,000 COVID patients within Arkansas. We do see for some of the respiratory illnesses, as you noted, for COPD and asthma on hospitalization and ICU admission, our analysis didn't yield statistical significance on intubation and death but, this is just one analysis looking at these particular conditions. Obviously, we do see within our analysis that the likelihood of hospitalization and ICU admission is increased with those conditions, but it could be interpreted that there's not a greater amount of intubation that we see.
- Motley: I would just add that we have a sample size of over 17,000, but for each of those individual selected conditions, the individually sample size might be a little bit smaller. So, that could be driving a little bit of that.
- Dr. Kahn: There are several explanations for this. I think it's surprising. So, if you look at COPD, you would have thought that those people would have been at a higher risk for intubation and death. One possible explanation is the people who have that chronic lung disease know that they're going to at really bad risk so, they are protecting themselves better. Same thing for people with asthma. Everybody knows this is a respiratory virus, so it may be that those people took it seriously and socially distanced and wore masks.
- Dr. Vinson: This is not an evidence-based proven theory, operative word being theory. There's a lot of research right now around if this illness has to do with like a Bradykinin storm or something to do with ace receptors in the body and various organs, including the lungs. People that take inhaled corticosteroids regularly and have fewer ace receptors and do inhaled corticosteroids offer some kind of protective benefit or not. I'm not trying to start another debate or say that it is for sure the reason that this is the case, but there is a considerable amount of research into that. There was actually a new study published at the end of August/early September looking at this that has consistent data that matches what we see in the EBD population.
- Dr. Khan: I think that is a very reasonable theory. So, even though these results are surprising, I think what they really show is that we need more research based on these interesting findings to find out if this is actually something that might help other people. One of the more interesting findings on this table that I think has not been described elsewhere is the people with dementia are 50% more likely to die. Once again, we can all theorize why that is. I would suggest that it's because a large number of people who have dementia don't get to the hospital in time and are residents of nursing homes where they may not have gotten to the hospital in time to survive. Interestingly, they didn't have more intubations, hospitalizations, or ICU admissions, and that could be explained by a number of things, which is that somebody with advanced dementia could be less likely to be intubated for obvious reasons. I think this is an interesting finding that has not been recorded elsewhere.

Thompson stated that she had nothing to report at this time.

MOTION to adjourn by Dr. Kahn

Brown seconded. All were in favor.

Meeting Adjourned.

SEPTEMBER 2020 QUALITY OF CARE SUBCOMMITTEE PRESENTATION

Mike Motley, MPH
Director, Analytics

Izzy Montgomery, MPA
Policy Analyst

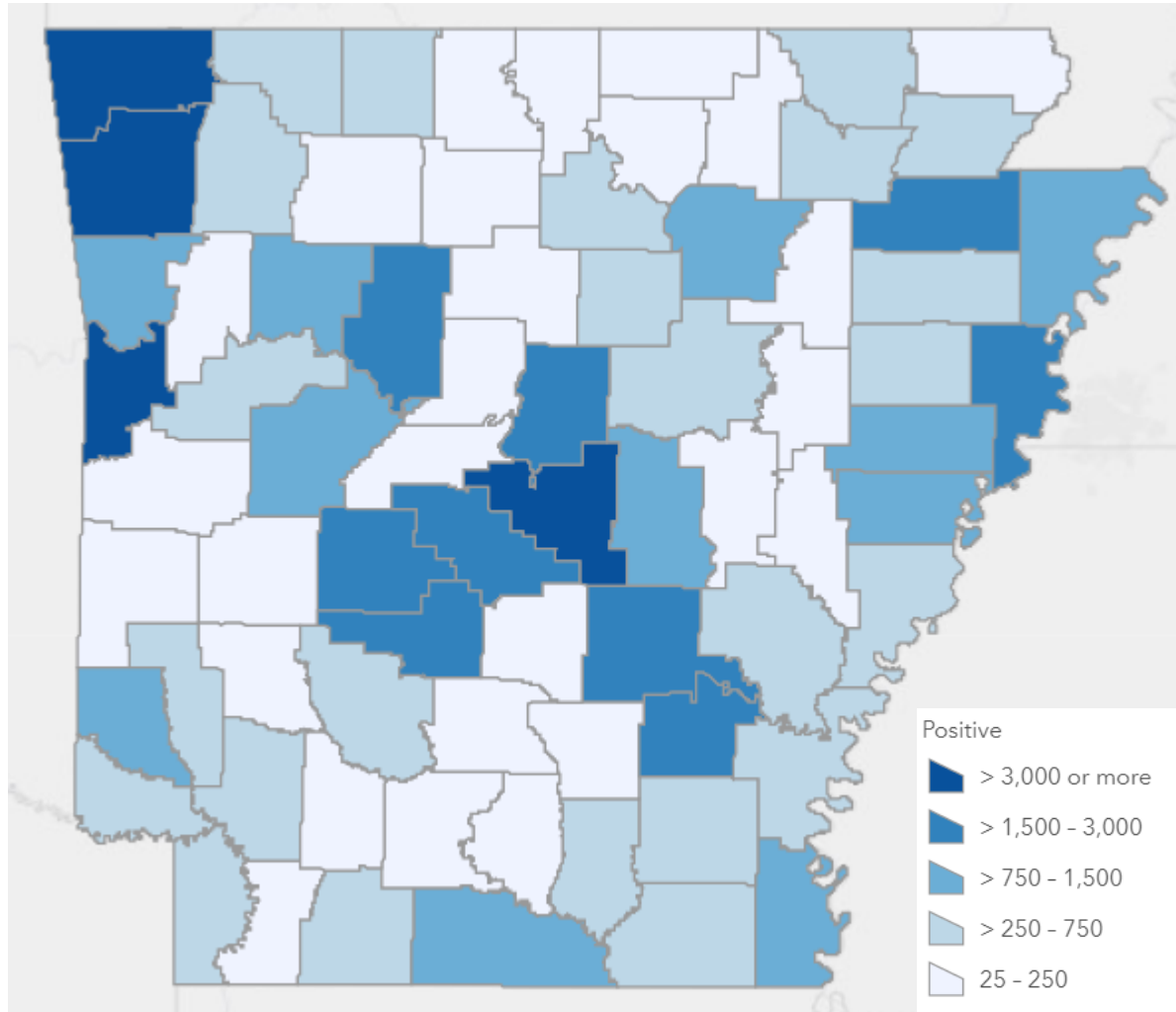
9.15.2020

OBJECTIVES

- Present analyses regarding COVID-19 impact on plan
- Review COVID-19 test utilization and related costs
- Assess updated output on COVID-19-related telemedicine utilization within plan, including related costs and service utilization by diagnoses
- Present school district and ZIP code-level statewide data



COVID-19 IN ARKANSAS



Cumulative Cases:
69,449 (5,719 active)

Hospitalized: **378**

On Ventilator: **76**

Deaths: **986**

Source: Arkansas Department of Health, as of Sept. 14



COVID-19 ANALYSES

- Data from March 17–September 7, 2020
- Estimated total of members ever tested: 41,053
- Tests paid for by EBD (April—June 26, 2020): 6,509
- Total with positive test: 3,153 (ASE=1,650, PSE=1,503)

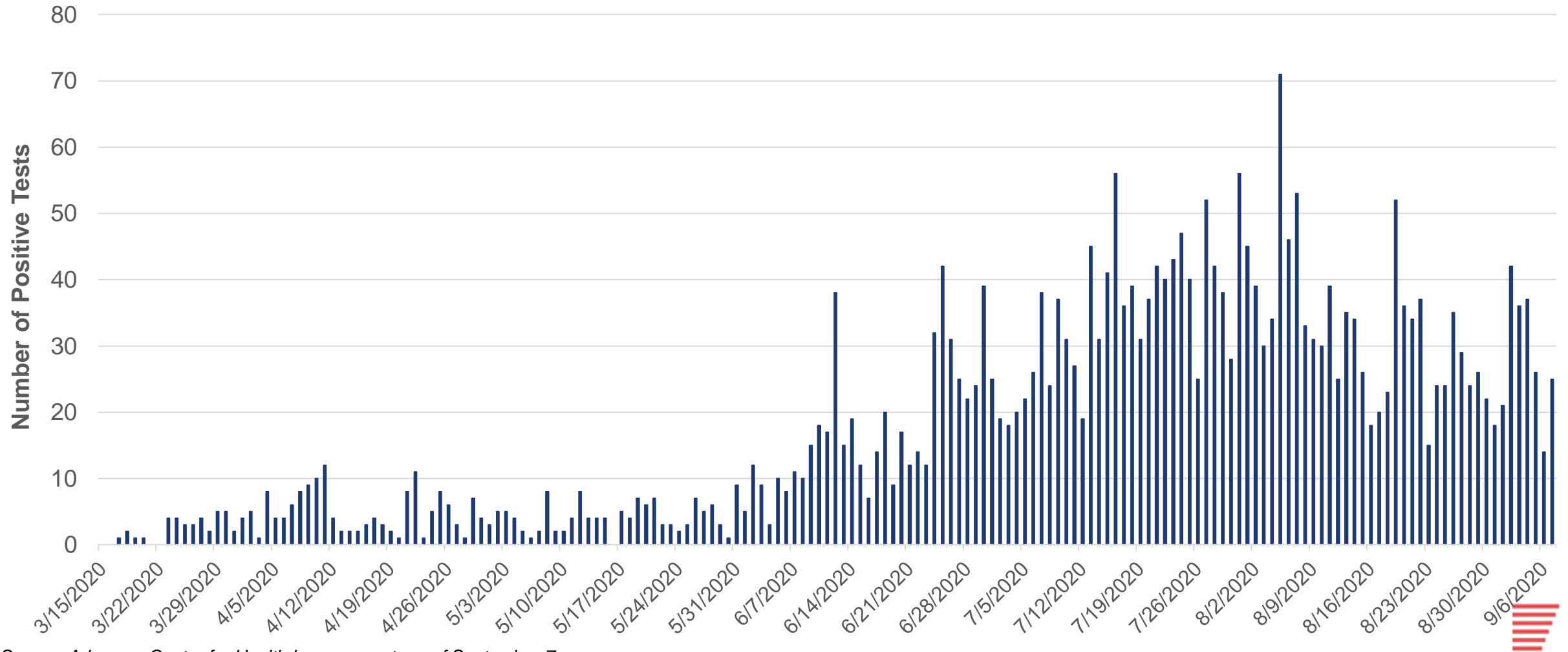


COVID-19 ANALYSES

- Total members ever hospitalized: 206 (ASE=110, PSE=96)
- Total members ever in ICU: 74
- Total members ever intubated: 27
- Deaths: 21



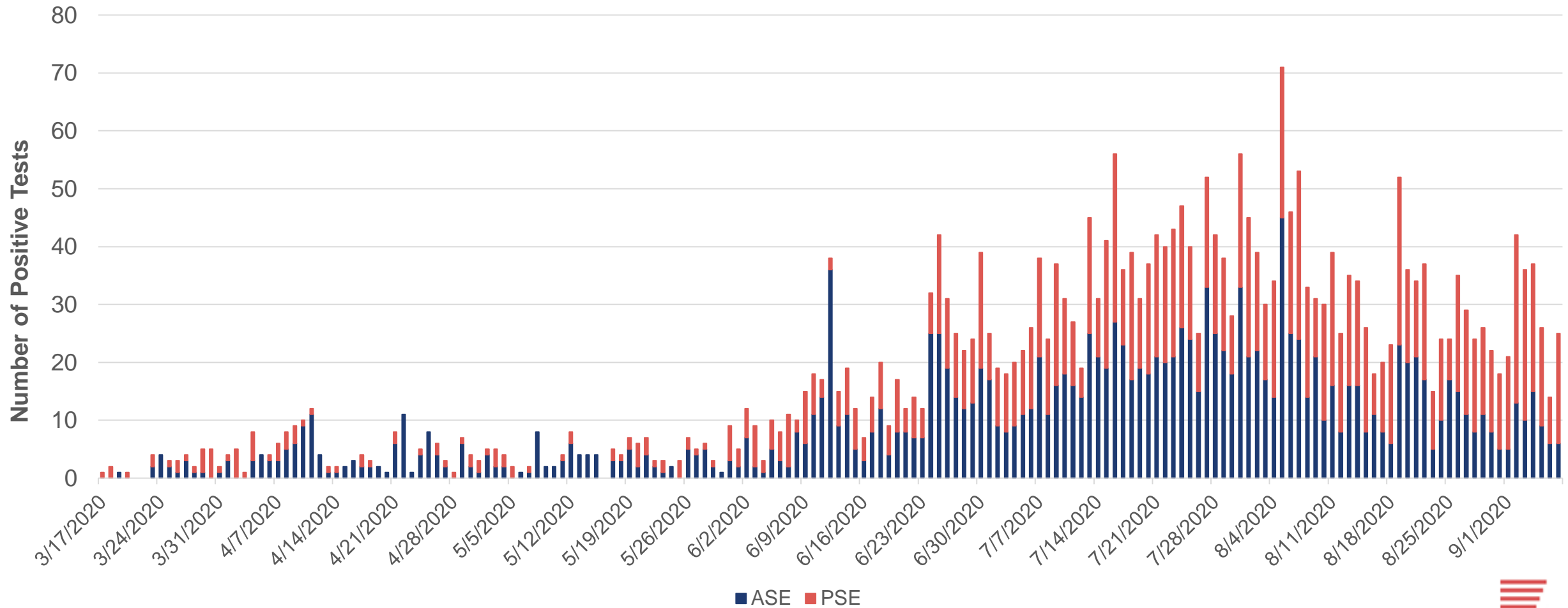
DAILY POSITIVE TEST COUNT — EBD MEMBERS



Source: Arkansas Center for Health Improvement, as of September 7



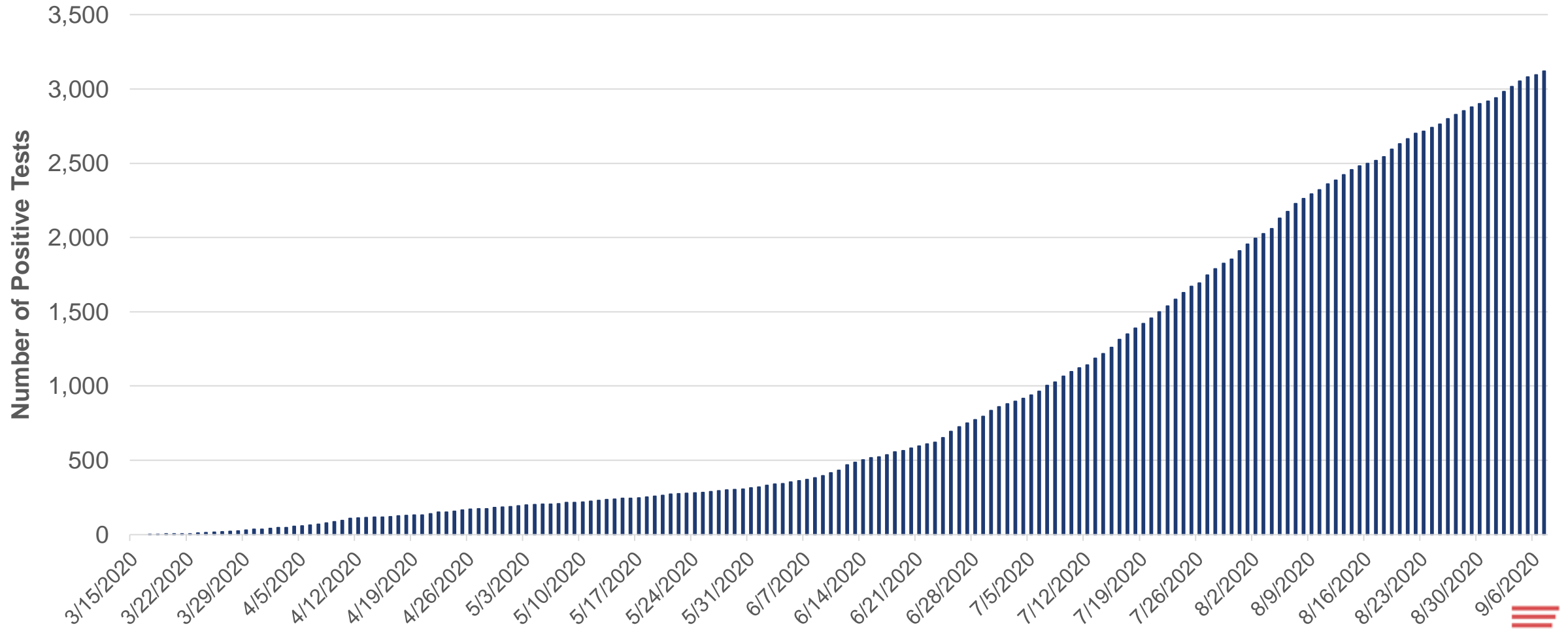
DAILY POSITIVE TEST COUNT BY ASE & PSE



Source: Arkansas Center for Health Improvement, as of September 7



TOTAL POSITIVE TEST COUNT — EBD MEMBERS



Source: Arkansas Center for Health Improvement, as of September 7



STATEWIDE ADJUSTED RELATIVE RISK OF SEVERE OUTCOMES FOR SELECTED CONDITIONS

	Hospitalization	ICU admission	Intubation	Death
<i>Kidney Failure</i>	+60%	+80%	+140%	+100%
<i>Immunocompromised</i>	+80%	+90%	+160%	+70%
<i>Diabetes</i>	+60%	+60%	+60%	+70%
<i>CHF</i>	+50%	+70%	+40%	+60%
<i>Dementia</i>	-10%	-10%	-50%	+50%
<i>COPD</i>	+40%	+50%	-10%	+20%
<i>Asthma</i>	+30%	+30%	+20%	+20%
<i>CHD</i>	+30%	+20%	+30%	0%
<i>Other Heart Diseases</i>	+20%	+20%	-10%	-10%
<i>Mental and Behavioral Disorders</i>	+10%	-10%	-20%	+10%
<i>Essential Hypertension</i>	0%	+10%	0%	-30%



Note: Sample size more than 17,000 COVID-19 patients, chosen based upon data availability.

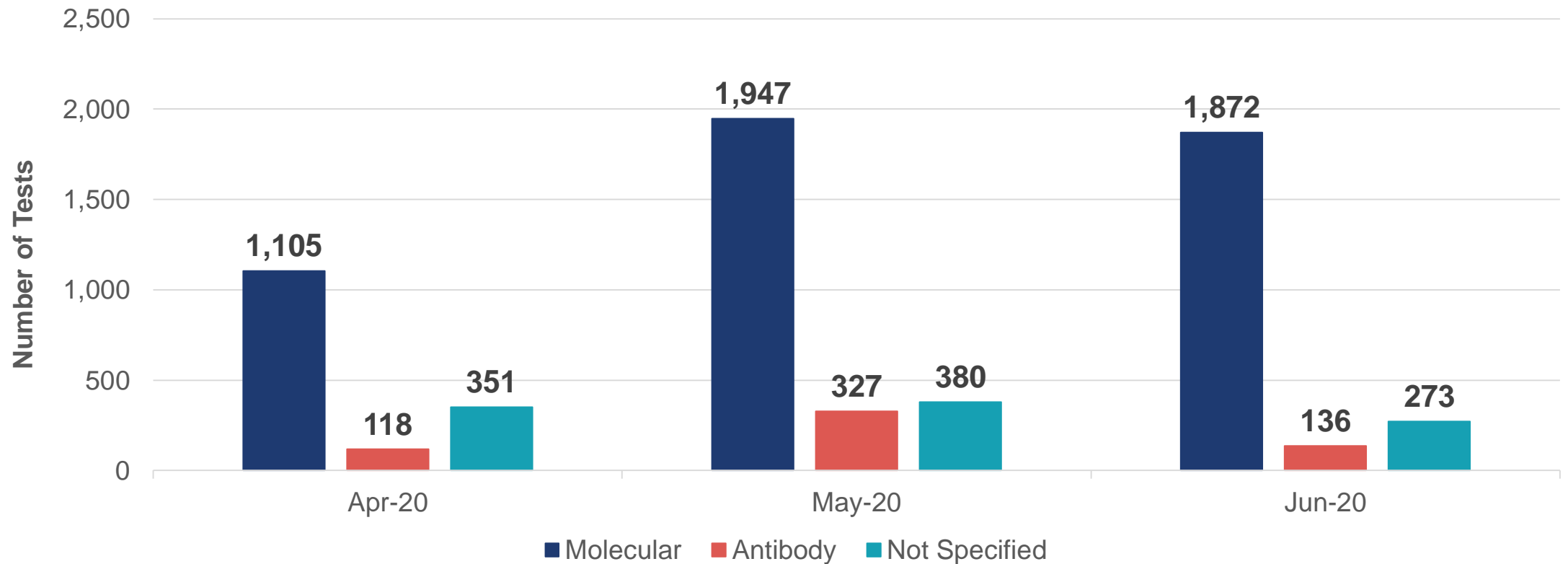
COUNTS (PREVALENCE) OF ASE/PSE PRIMARY MEMBERS WITH SELECTED CONDITIONS

	ASE	PSE
Kidney Failure	824 (1.7%)	866 (1.0%)
Immunocompromised	536 (1.1%)	695 (0.8%)
Diabetes	4,968 (10.4%)	5,519 (6.4%)
COPD	731 (1.5%)	559 (0.7%)
Coronary Heart Disease	1,959 (4.1%)	1,860 (2.2%)

Source: Arkansas Center for Health Improvement



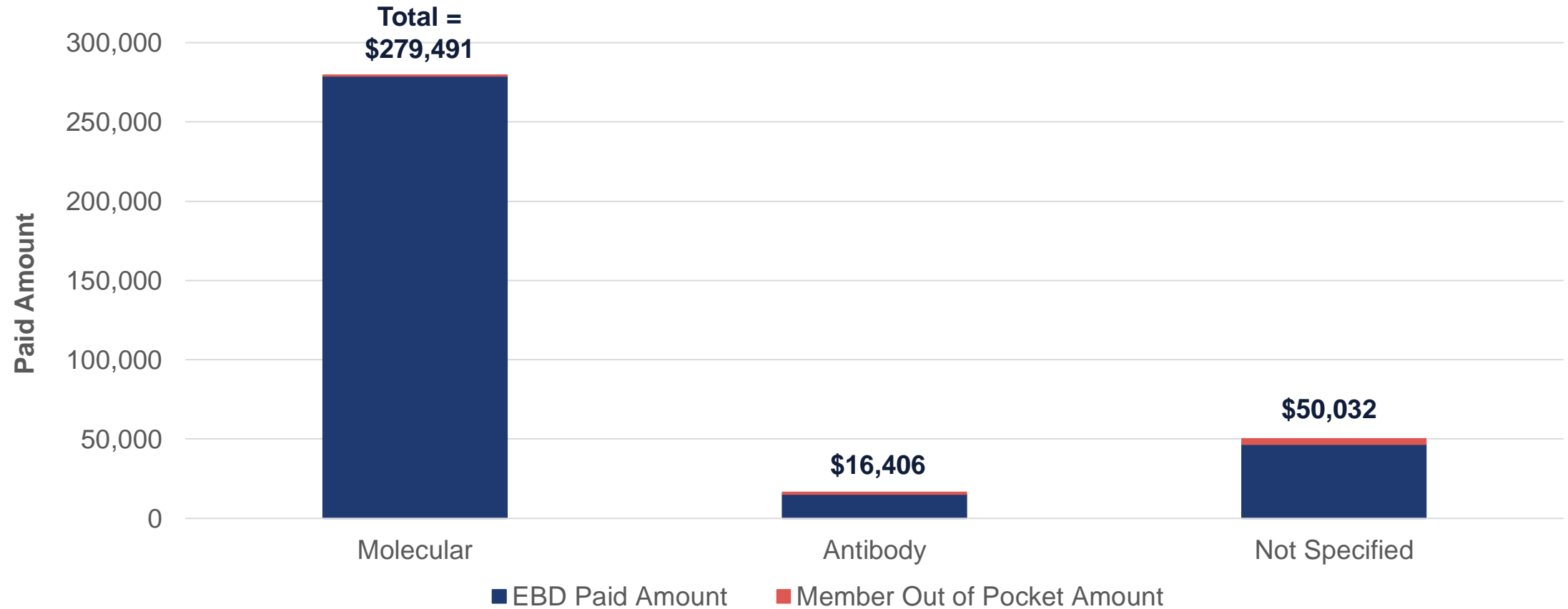
COVID-19 TEST VOLUME BY TYPE WITHIN PLAN (APRIL–JUNE 26, 2020)



Source: Arkansas Center for Health Improvement



EBD PLAN PAID AMT. & MEMBER OUT-OF-POCKET AMT. FOR COVID-19 TESTS, APRIL-JUNE 26, 2020



Source: Arkansas Center for Health Improvement

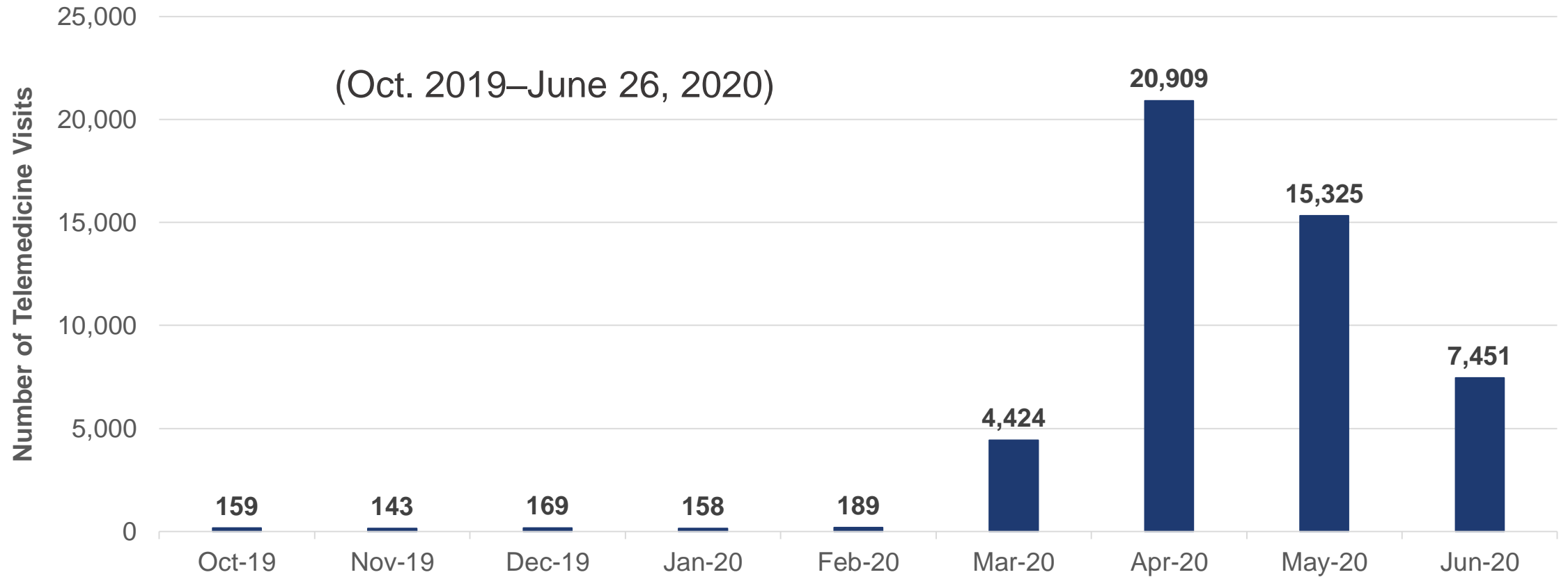


COVID-19 TESTING & OTHER COVID-RELATED COSTS WITHIN PLAN (APRIL—JUNE 26, 2020)

- Total costs for all COVID-19 tests = \$340,619 (average of \$52 per test)
- Outpatient (OP) or emergency department (ED) visits were associated with 2,919 of 6,509 tests (44.8%)
- Additional costs for associated OP or ED visits = \$146,170
- Total amount paid by the plan for testing and associated OP or ED visits = \$486,789



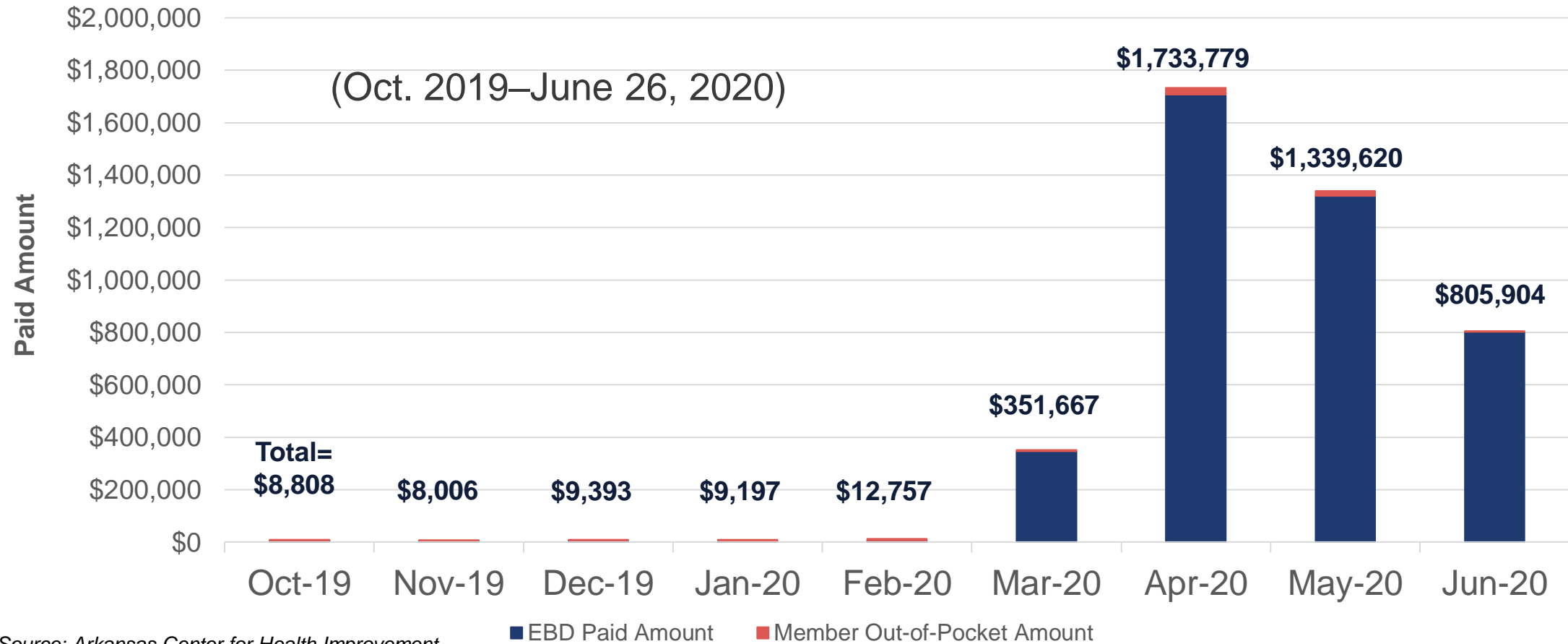
TELEMEDICINE SERVICE UTILIZATION WITH PLAN



Source: Arkansas Center for Health Improvement



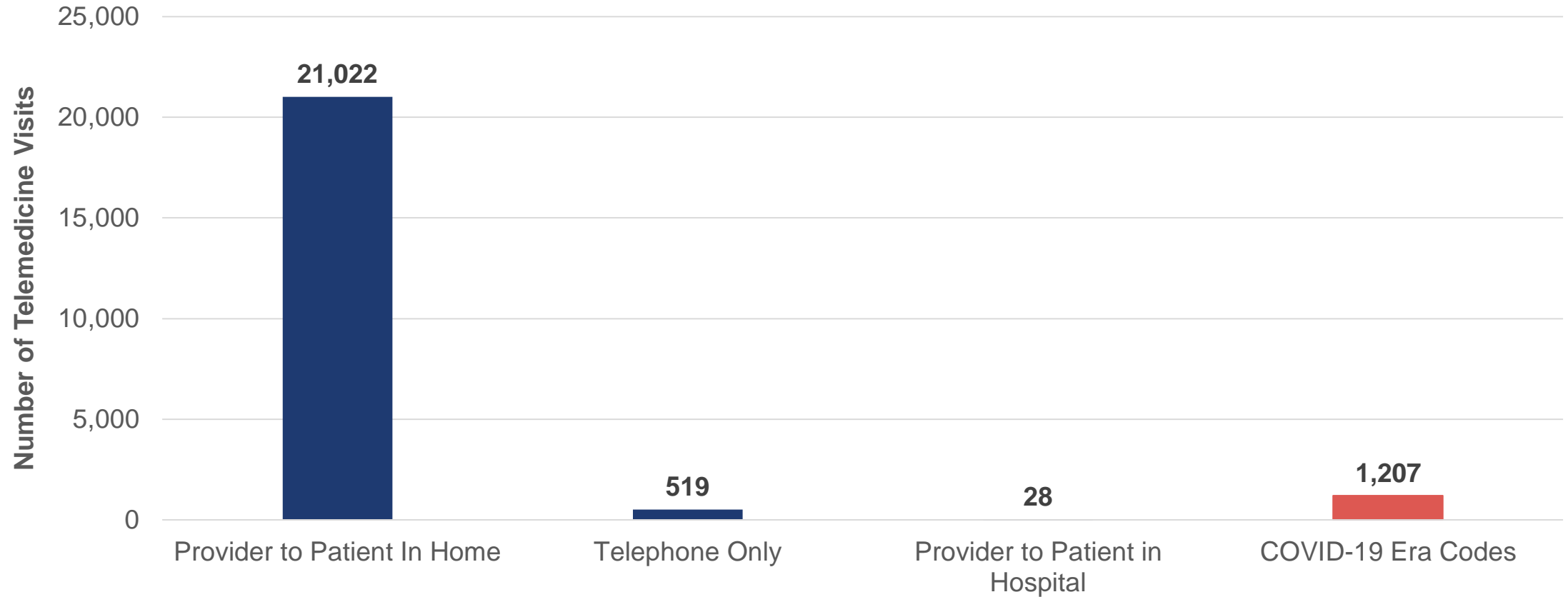
TELEMEDICINE SERVICES: EBD PLAN PAID AMOUNT & MEMBER OUT-OF-POCKET AMOUNT



Source: Arkansas Center for Health Improvement



TELEMEDICINE SERVICE UTILIZATION BY TYPE WITHIN PLAN (MAY & JUNE 2020)



Source: Arkansas Center for Health Improvement

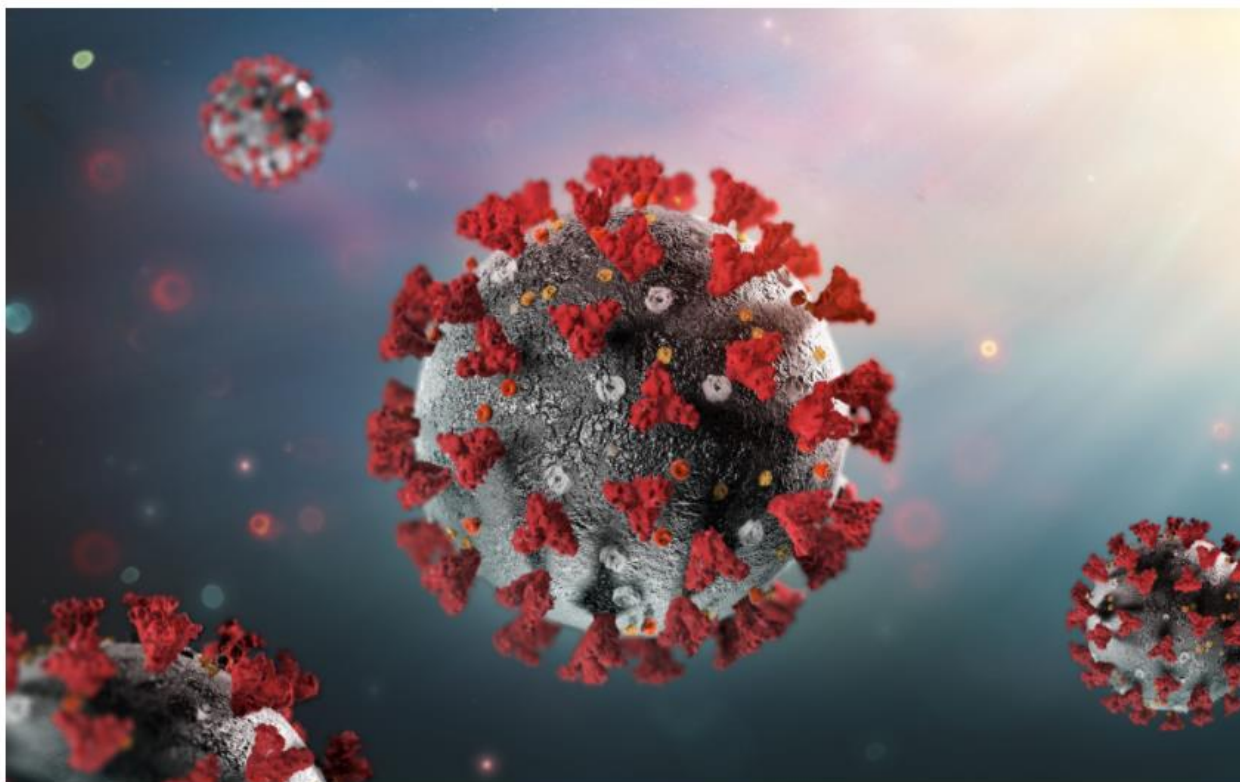


TELEMEDICINE SERVICE UTILIZATION BY DIAGNOSES (MAY & JUNE 2020)

Diagnosis	Number of Diagnoses
Mental health conditions	9,133
Musculoskeletal conditions	7,709
Specific developmental disorders of speech and language	1,186
Essential (primary) hypertension	1,132
Lack of expected normal physiological development in children and adults	717
Type 2 diabetes mellitus	661
Pervasive developmental disorders	333

Source: Arkansas Center for Health Improvement

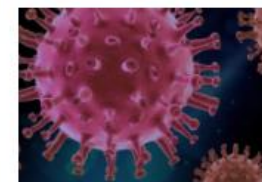




COVID-19 in Arkansas

The COVID-19 pandemic is affecting people around the world, including Arkansans. ACHI will provide updates and insights on this evolving public health crisis including tables with cumulative and active positive COVID-19 cases in communities across the state.

[CLICK HERE FOR THE LATEST COVID-19 UPDATES](#)



BLOG

COVID-19 Cases By
ZIP Code Available

[Read More](#)



BLOG

Trend Information
Added To School
District-Level
COVID-19 Data

[Read More](#)

BLOG

Defining COVID-19 Terms: Antigen Test

[Read More](#)

IN THE NEWS

ACHI Announces Addition of Active Case Numbers
to Community-Level COVID-19 Data

[Read More](#)

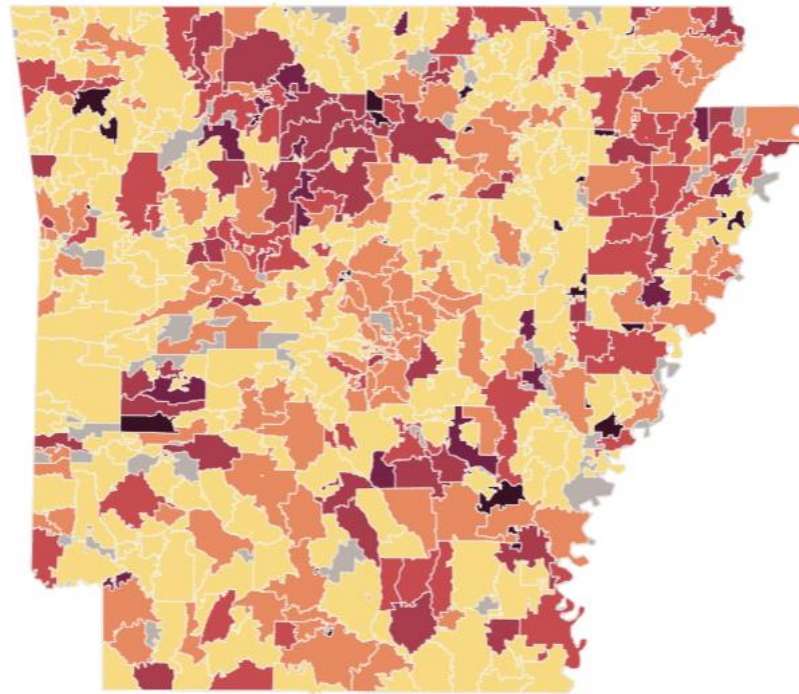
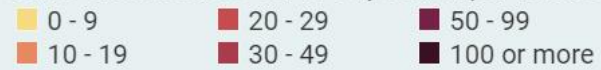
COVID-19: A LOCAL VIEW

achi.net/covid19

The map illustrates new rates and the table shows cumulative and new numbers and rates of positive COVID-19 cases in Arkansas communities as of September 7. Some ZIP codes have missing rates because rates based on case counts of fewer than 10 are not displayed. *Use the dropdown menu above to select between map and table views.*

Find a ZIP Code

Rates of New Cases for 14-Day Period per 10K Residents



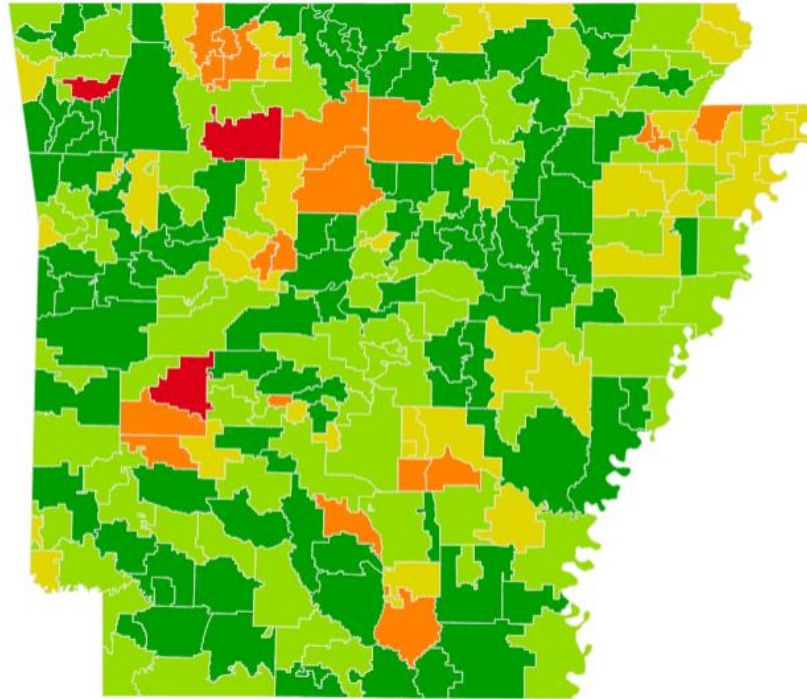
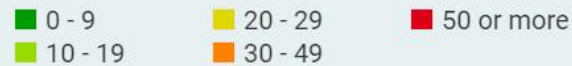
COVID-19: A LOCAL VIEW

achi.net/covid19

These maps and tables show the counts and trends for new positive COVID-19 cases for school districts as of September 7. School district data consists of all residents in each school district. Some districts have missing rates because rates based on case counts of fewer than 10 are not displayed. *Use the dropdown menu above to select between map and table views.*

Find a School District

Rates of New Cases for 14-Day Period per 10K Residents in the Community by School District



COVID-19: A LOCAL VIEW

achi.net/covid19

These tables show the counts and trends for new positive COVID-19 cases for communities as of September 7. Some communities have missing rates because rates based on case counts of fewer than 10 are not displayed. *Use the dropdown menu above to select between table views.*

Find a Community

Rates of New Cases for 14-Day Period per 10K Residents

■ 0 - 9 ■ 20 - 29 ■ 50 or more
■ 10 - 19 ■ 30 - 49

	8/10/2020	8/17/2020	8/24/2020	8/31/2020	9/7/2020
Adona					
Alexander					
Alicia					
Alma					
Almyra					
Alpena					
Alpine					
Alzheimer					
Altus					



NEXT STEPS

- Updates on estimated number of members tested, number of positive tests, and number of hospitalizations
- Updates on COVID-19 tests and related costs
- Updates on telemedicine utilization and related costs
- Assessments of financial impact of COVID-19 on plan

