



AGENDA

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

February 13, 2018

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order.....Margo Bushmaier, Chair*
- II. Approval of October 10, 2017 Minutes.....Margo Bushmaier, Chair*
- III. ACHI Review.....Mike Motley, Izzy Whittington, ACHI*
- IV. Director’s Report..... Chris Howlett, EBD Executive Director*

Upcoming Meetings

March 13, 2018, April 10, 2018, May 15, 2018

NOTE: All material for this meeting will be available by electronic means only [ASE-PSE BOARD@dfa.arkansas.gov](mailto:ASE-PSEBOARD@dfa.arkansas.gov). 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

February 13, 2018

Date | time 2/13/2018 1:00 PM | Meeting called to order by Margo Bushmiaer, Chair

Attendance

Members Present

Michelle Murtha – Vice-Chair

Zinnia Clanton

Cindy Gillespie

Margo Bushmiaer - Chair

Pam Brown – Proxy - Nancy Godsey

Arlo Kahn

Dr. Terry Fiddler

Melissa Moore

Chris Howlett, EBD Executive Director, Employee Benefits Division

Members Absent

Frazier Edwards

Dr. Namvar Zohoori

Dr. John Vinson

Others Present:

Eric Gallo, Rhoda Classen, Terri Freeman, Cheryl Reed, Kimberly Williams, Janet Hall, EBD; Mike Motley, Elizabeth Whittington, ACHI; Sandra Wilson, AHM; Sean Seago, Merck; Marc Watts, ASEA; Jessica Akins, Takisha Sanders, HA; Jim Chapman, Abbvie; Ronda Walthall, ARDOT

Approval of Minutes by: Margo Bushmiaer, Chair

Bushmiaer asked for a motion to approve the October 10, 2017 minutes. Murtha motioned for approval of the minutes. Dr. Kahn seconded. All were in favor.

Motion Approved.

Howlett reported on the new Board members that were appointed at the end of last year. We are doing a year in review to help get them caught up on where we stand. Cindy Gillespie, Melissa Moore, and Dr. Terry Fiddler will be joining on this board sub-committee. Also, new to this board is Arlo Kahn who is designated by Dr. Joseph Thompson. In attendance today we have Board member Rett Hatcher.

ACHI Updates by: Mike Motley, Elizabeth Whittington, ACHI

- The Arkansas Center for Health Improvement (ACHI) is a non-partisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans
- ACHI provides policy and analytic support to the Employee Benefits Division (EBD)

- Issues explored by ACHI are generated from requests by EBD leadership, Subcommittee/Board requests, environmental needs, etc.

General anesthesia for screening colonoscopy

In April 2016, EBD Board adopted the Quality of Care Committee recommendation to cover general anesthesia use. Analysis found approximately half of colonoscopy recipients received general anesthesia, with payment denied for general anesthesia for about 80% of those.

Bushmiaer asked if there was a way to go back and look at if rates of sedation have changed?

Motley stated that it was about time to go back and do that.

Bariatric surgery program analyses

Act 855 of 2011 established a bariatric surgery pilot program, with the initial pilot ending in 2017. Additional legislation was filed in 2017 to continue pilot program.

The following recommendations were adopted by the Quality of Care Committee and approved by the EBD Board:

- Cover up to \$3 million each for ASE/PSE
- Utilize Medicare requirements for eligibility (BMI ≥ 35 w/ comorbidity or BMI ≥ 40 w/o comorbidity, and have failed medical weight loss treatment)
- Require prior authorization and that the surgery be performed at a Bariatric Center of Excellence
- Withhold 25% of provider and hospital pay with payment reconciliation contingent upon completion of all pre and post-surgery requirements

Dr. Fiddler questioned on the \$3 million each for both ASE and PSE. If ASE utilized all of their money and PSE had some left over. Would you be able to transfer that money to ASE to help out?

Howlett stated that there is a statute on this. As we monitor that and if we start to get close to that cap we would take it back before the Benefits Subcommittee and the Board to for an additional add to the funds. Another thing to note from a pilot standpoint, it is a restricted access, we back into a number of individuals that we allow on each side of the plan to participate. They help ensure that we do not hit that cap. In Howlett's years here we have not hit the cap, nor in the 5 years previous.

Gillespie asked if this has been in place for a number of years?

Howlett reported that the present statute went into effect on 1/1 and will run for 5 years. Prior to that, there was a 5-year statute in place.

Gillespie asked if there are results for those 5 years?

Motley reported that they looked at it. First, they assessed the volume of utilization and no year hit the cap. It was about \$9 million total and approximately \$12,000 per surgery. There was about a 2-point reduction in BMI and a 50% decrease in diabetic medications for 1-year post surgery.

Gillespie asked if you can now go back and see farther back than 1 year?

Motley stated, yes, to the extent that we can take the data.

Howlett reported that what we have struggled with was what was in place the prior 5 years, the analytics wasn't as robust. Now we are in a position to be able to capture and provide the information needed to analyze it.

Godsey asked how many patients didn't complete their pre and post-surgery requirements?

Motley stated that he doesn't have that information right now, and is more of an administrative thing on the plan side.

Godsey stated that if there is a problem for the patient, the provider in the hospital is penalized, correct?

Motley reported that in the new program requirements, the patient wouldn't be eligible for the program unless they completed their requirements on the front end.

Dr. Fiddler reported that you withhold 25% of that and there must be a problem for them to withhold that much.

Motley stated that was in place to make sure there was patient follow-up and that outcomes were being tracked.

Howlett stated that we will pull some additional stuff that can give greater clarification on this.

Health risk assessment survey analyses

Analyzed de-identified data from EBD Health Risk Assessment vendor (ComPsych) to assess risk behaviors for EBD member population.

Three risk behaviors were focus of analysis:

- Obesity
- Physical inactivity
- Cigarette, cigar, or pipe use

Hatcher questioned what the definition of physical activity was?

Motley stated that is was 20 minutes of moderate activity or an hour of vigorous activity.

Whittington reported that it was how many days you reported physical activity, the CDC definition.

Wellness program support

Wellness Committee moved forward a final recommendation to require annual biometric screening, annual completion of HRA, and annual flu vaccination to receive monthly premium incentive
–Quality of Care subcommittee adopted the recommendation

EBD Board approved recommendation above, but excluded flu shot requirement

EBD Staff are now implementing revised wellness program

Gillespie stated that she had her wellness exam last week and Catapult is doing a wonderful job! They keep all those measurements and are reported to us and our PCP.

Hatcher stated that he is concerned about the nicotine. Does it happen onsite?

Howlett reported that the measure that passed the Board stated that there would be nicotine testing. In 2018 for plan year 2019, if someone were to test positive they would have to enroll in the tobacco cessation program to receive the discount. In 2019, for 2020 benefit, the BMI is then looked at. We arrived at Catapult because they are billed as an in-network provider and not another contract or vendor where we have to go through procurement. On average, we will save \$80-\$100 for them coming onsite per employee or spouse that participates.

Hatcher reported that with the BMI specifically, are we doing the same thing with the BMI as the nicotine? At what level of BMI does someone start losing/gaining the penalty?

Howlett stated that it was greater than 40 in the past.

Kahn reported that a BMI of 40 is considered extreme obesity. It is unlikely to find that someone at this BMI doesn't have very severe obesity.

Moore reported that something that might not be thought about is when Catapult comes onsite at a school versus a state department is that they are there to keep kids safe. For Catapult to come onsite is not a problem for our employees, but when it is made available for other schools and agencies in the area to come onsite as well, it can't be controlled. The number one priority is to keep kids safe. We have requested that no other people other than the school can come onsite, but on the website the option is still available for anyone to sign up to come with the request that only this specific school can make an appointment. That's a concern of ours and the safety of our students.

Howlett stated that was the first he has heard of this. It was an initial concern and it was addressed then. The issue when you are dealing with a URL, it is open to the public but I can check on that.

Dr. Fiddler questioned if the removal of the flu vaccine from the wellness was because of the efficacy of the influenza vaccine or the lack of desire of participating in the flu vaccine that it was taken out?

Howlett reported that it is an operational struggle for us. The flu season typically runs from September through March and based on how our year lines up, you can't give the patient the vaccine for the whole year. We were running into issues to be able to operationalize and collect that data. It was an asked for EBD and ACHI to go back and maximize the marketing (getting the word out there) versus a mandated piece.

Gillespie asked if we know how many members get the flu shot?

Whittington stated that we can go back and follow up on this.

Choosing Wisely initiative & related analyses

Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation Aims to promote conversations between clinicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

Intended to spark discussion about the need—or lack thereof—for many frequently ordered tests or treatments

Consumer Reports has developed patient friendly materials based on these recommendations for consumer use.

Provider-oriented materials available to assist with patient engagement on these issues

Low Back Imaging Analyses and Cytology (Pap Test) Screening Coverage are two of the analyses. Quality of Care Subcommittee adopted AR BCBS coverage policy for Pap test screenings and were approved by the EBD Board. Quality of Care also adopted the recommendations for the lower back imaging and were EBD Board approved.

Gillespie asked if you revisit the cytology screening rates, can you crossmatch to see whether or not we have people who are being diagnosed with cancer that did not have a screen?

Whittington stated that she is not sure if they tied that to the cervical screening rates but we can definitely look into that.

Dr. Fiddler questioned about the patients who had imaging in the first four weeks were 2.6 times more likely to have surgery. Is that the request of the patient or the discussion of the physician or a combination of both?

Dr. Kahn stated that it is both. Generally, the surgeon can fairly easily talk patients out of unwarranted surgeries. In most cases, it's because the surgeon has some sort of proclivity to operate.

Gillespie asked if there is something that shows how often surgery is done on the patients that had early imaging?

Motley stated that we haven't done that yet but we can look into it.

Gillespie stated that if we look at whether or not the outreach efforts are beginning to bring down the use of imaging. If our core supposition is that our use of imaging is causing unnecessary surgeries, we should see a corresponding reduction in the surgeries happening.

Blue and You Fitness Challenge

Three-month challenge aimed at increasing physical activity and promoting friendly team competition

Sponsoring organizations:

- Arkansas Blue Cross Blue Shield
- Arkansas Department of Health
- Arkansas Department of Human Services

ACHI has issued additional side challenge to Arkansas schools and hospitals

Director's Report by: Chris Howlett, EBD Executive Director

Howlett reported that we will have the requested information out to you as it becomes available. It may be available by next month.

Kahn motioned to adjourn. Murtha seconded. All were in favor.

Meeting adjourned.

EBD Quality of Care Subcommittee Presentation

Mike Motley, MPH
Assistant Health Policy Director

Elizabeth Whittington, MPA
Policy Analyst



February 2018

- **The Arkansas Center for Health Improvement (ACHI) is a non-partisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans**
- **ACHI provides policy and analytic support to the Employee Benefits Division (EBD)**
- **Issues explored by ACHI are generated from requests by EBD leadership, Subcommittee/Board requests, environmental needs, etc.**



Objectives for Presentation:

2

- **Review background on Quality of Care issues and analyses presented in prior meetings, including:**
 - **General anesthesia for screening colonoscopy**
 - **Bariatric surgery program analyses**
 - **Health risk assessment survey analyses**
 - **Wellness program support**
 - **Choosing Wisely initiative & related analyses**
 - **Blue and You Fitness Challenge**
- **Discuss upcoming analyses**
- **Additional items**



General Anesthesia for Screening Colonoscopy

- **Prior to June 2016, EBD did not cover general anesthesia for screening colonoscopies; AR Blue Cross Blue Shield (AR BCBS) had been covering general anesthesia for their fully insured plans**
- **Some members raised concerns about being billed for general anesthesia**
- **Analysis found approximately half of colonoscopy recipients received general anesthesia, with payment denied for general anesthesia for about 80% of those**



- **In April 2016, EBD Board adopted the Quality of Care Committee recommendation to cover general anesthesia use**
- **Next steps: ACHI will provide updated utilization analysis of rates of screening colonoscopies and associated general anesthesia or conscious sedation use**



Bariatric Surgery Program Analyses

- **Act 855 of 2011 established a bariatric surgery pilot program, with the initial pilot ending in 2017**
- **Additional legislation was filed in 2017 to continue pilot program**
- **ACHI provided analyses related to bariatric surgery program, including patient outcomes and financial impact**



- **The following recommendations were adopted by the Quality of Care Committee and approved by the EBD Board:**
 - Cover up to \$3 million each for ASE/PSE
 - Utilize Medicare requirements for eligibility (BMI ≥ 35 w/ comorbidity or BMI ≥ 40 w/o comorbidity, and have failed medical weight loss treatment)
 - Require prior authorization and that the surgery be performed at a Bariatric Center of Excellence
 - Withhold 25% of provider and hospital pay with payment reconciliation contingent upon completion of all pre and post-surgery requirements
- **Next steps: Continue bariatric surgery program evaluation**



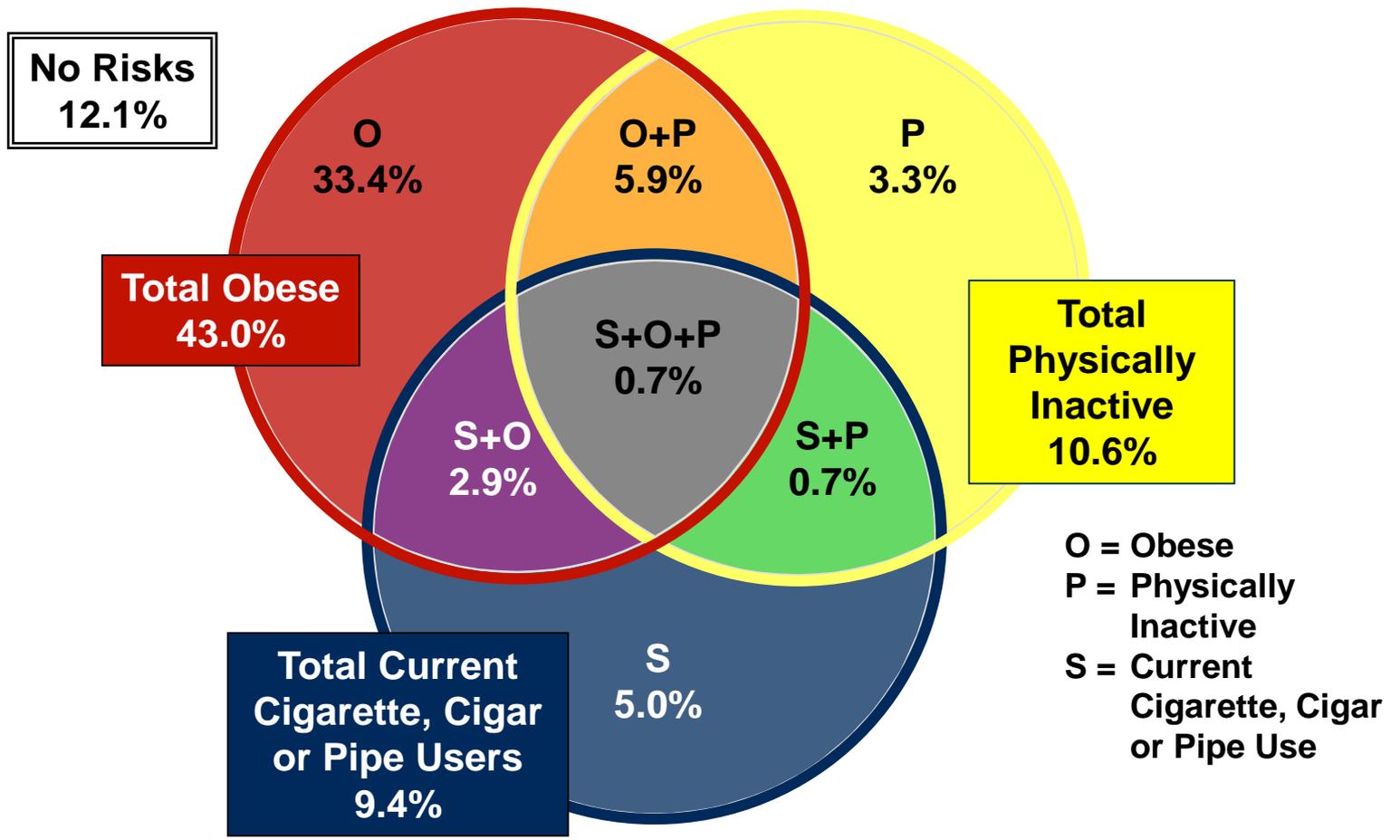
Health Risk Assessment Survey Analyses

- **Analyzed de-identified data from EBD Health Risk Assessment vendor (ComPsych) to assess risk behaviors for EBD member population**
- **Three risk behaviors were focus of analysis:**
 - **Obesity**
 - **Physical inactivity**
 - **Cigarette, cigar, or pipe use**
- **Linked associated claims costs to these risk behaviors**



HRA Respondents Eligible to Incur Claims (N=69,063)

No Risk =
 - Non-obese
 - Have never smoked
 - Physically active 5 or more days (moderate) or 3 or more days (vigorous)

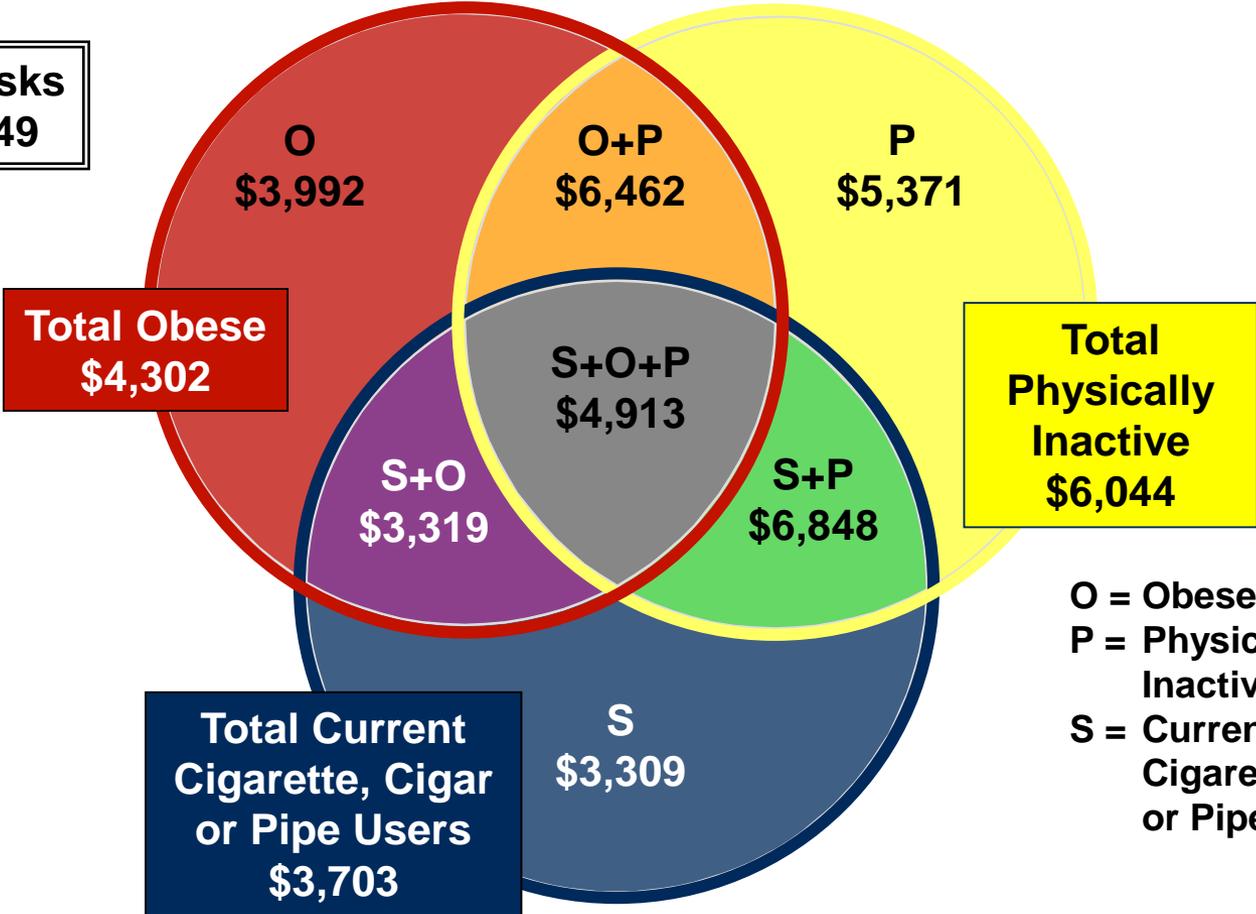


State Health Plan Self-Reported Risks 2015

HRA Respondents Eligible to Incur Claims (N=69,063)

No Risk =
 -Non-obese
 -Have never smoked
 -Physically active 5 or more days (moderate) or 3 or more days (vigorous)

No Risks
\$2,549



O = Obese
 P = Physically Inactive
 S = Current Cigarette, Cigar or Pipe Use

- **Next steps:**
 - **Additional year of HRA data will be analyzed based on 2017 survey**
 - **Will also provide trend analysis from 2015-2017**



Wellness Program Support

- **Presented the following options for wellness program modifications:**
 - **Discontinue wellness program and continue to offer wellness programs on voluntary basis**
 - **Adopt a targeted wellness visit definition requiring members to see their primary care providers and complete an HRA for premium incentive**
 - **Utilize a tiered-incentive approach for premium incentive (wellness visit, healthier weight, tobacco free, flu vaccination)**
 - **Require biometric screening and completion of HRA for premium incentive**



Wellness Committee Support

- **Wellness Committee moved forward a final recommendation to require annual biometric screening, annual completion of HRA, and annual flu vaccination to receive monthly premium incentive**
 - **Quality of Care subcommittee adopted the recommendation**
- **EBD Board approved recommendation above, but excluded flu shot requirement**
- **EBD Staff are now implementing revised wellness program**



Choosing Wisely Initiative

Choosing Wisely Background

- **Choosing Wisely is an initiative of the American Board of Internal Medicine (ABIM) Foundation**
- **Aims to promote conversations between clinicians and patients by helping patients choose care that is:**
 - Supported by evidence
 - Not duplicative of other tests or procedures already received
 - Free from harm
 - Truly necessary

[Source: Choosing Wisely Initiative Website, "About" Section.](#)



Choosing Wisely Background

- **Intended to spark discussion about the need—or lack thereof—for many frequently ordered tests or treatments**
- **Consumer Reports has developed patient-friendly materials based on these recommendations for consumer use**
- **Provider-oriented materials available to assist with patient engagement on these issues**

[Source: Choosing Wisely Initiative Website, “About” Section.](#)



Cytology (Pap test) Screening Coverage

Cytology (Pap test) Screening Coverage

- **Choosing Wisely recommendation: Don't perform routine annual cervical cytology screening (Pap tests) in women 30-65 years of age**
- **AR BCBS updated coverage policy to only pay for cytology screenings every 3 years on fully insured plans (with exceptions for high risk women)**
- **ACHI presented analyses on rates of cytology screenings, cervical cancer rates, HPV vaccination rates, etc.**

[Source: Choosing Wisely Initiative Website, American College of Obstetricians and Gynecologists Recommendation, February 21, 2013.](#)



- **Quality of Care Subcommittee adopted AR BCBS coverage policy**
- **EBD Board approved**
- **Next steps: Revisit issue to determine impact of coverage change**



Low Back Imaging Analyses

Low Back Imaging Analyses

- **Determined that back pain cost the plan more than any diagnosis category**
 - \$14,694,262 for 16,614 patients in 2106
- **Choosing Wisely recommendation: Don't do imaging for low back pain within the first six weeks of diagnosis unless red flags are present**
- **Rationale: Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs and increases the likelihood of surgery**

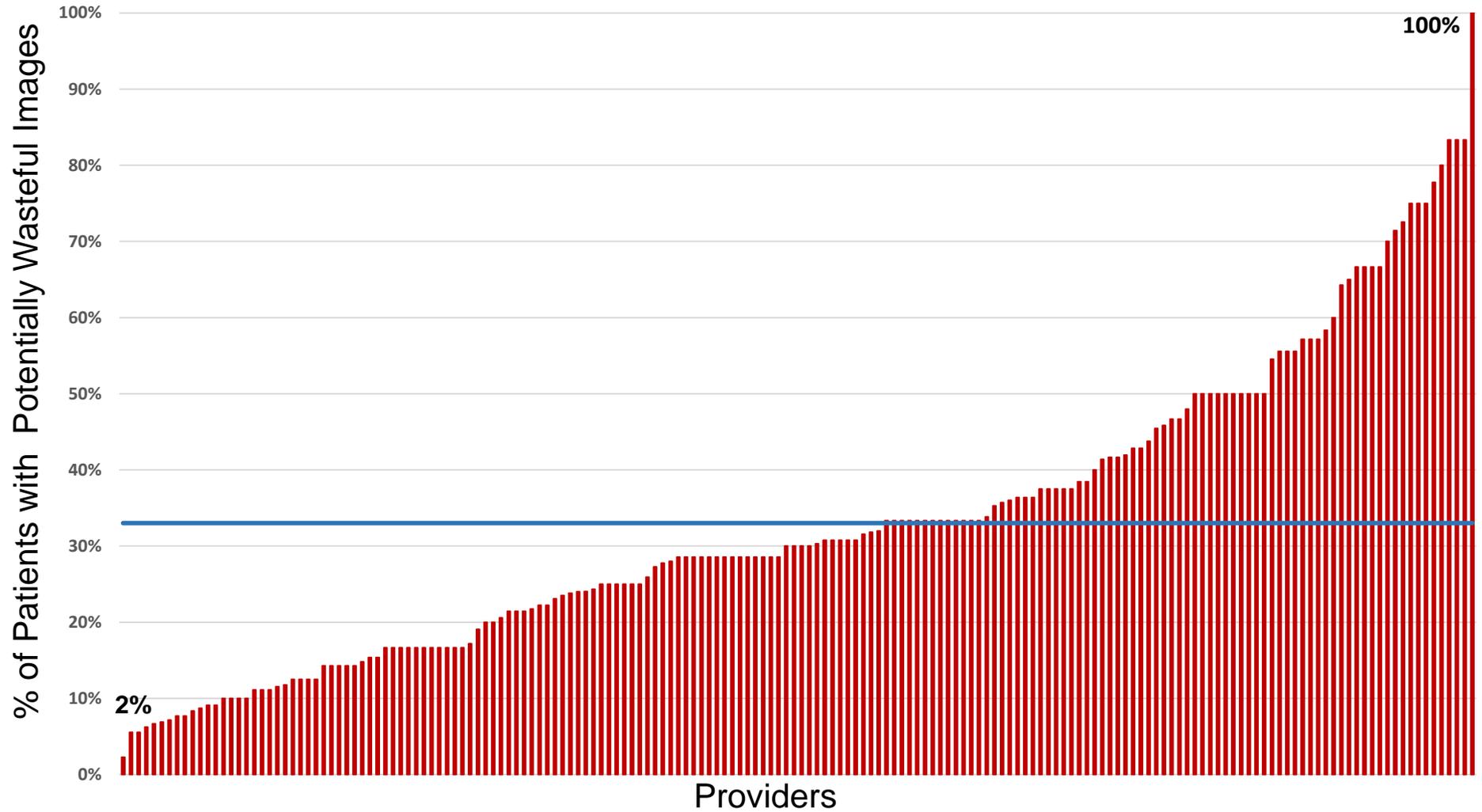
[Source: American Academy of Family Physicians, Choosing Wisely Recommendation-Lower Back Imaging.](#)



- **27% of members with uncomplicated low back pain received potentially wasteful imaging**
- **Patients who received imaging in the first 4 weeks were 2.6 times more likely to have surgery**



Potentially Wasteful Images by Providers (2014-2015)



Low Back Imaging Analyses

- **Presented the following recommendations to Quality of Care Subcommittee:**
 - 1. Member education: Disseminate related education materials in member newsletter and other outlets;**
 - 2. Provider outreach: Conduct targeted outreach to high-volume providers with higher rates of potentially wasteful imaging**
 - 3. Review existing prior authorization criteria**



Low Back Imaging Analyses

- **Quality of Care adopted recommendations as presented**
- **EBD Board approved recommendations 1 & 2 (member and provider outreach)**
- **Next steps: Revisit low back imaging analysis to determine impact of outreach efforts on imaging overuse**



Blue and You Fitness Challenge

- **Three month challenge aimed at increasing physical activity and promoting friendly team competition**
- **Sponsoring organizations:**
 - **Arkansas Blue Cross Blue Shield**
 - **Arkansas Department of Health**
 - **Arkansas Department of Human Services**
- **ACHI has issued additional side challenge to Arkansas schools and hospitals**



- **178 groups participated in 2017**
- **Challenge begins March 1 and ends May 31**
 - **Groups must register by February 14 to participate**
 - **Individual participants then have until February 28 to sign up with their group**
- **Completing the Challenge:**
 - **To complete the Challenge in 3 months, participants should exercise 3 times per week for 10 of the 14 weeks**
 - **Maximum number of points is 276, but contest goal is the completion of 30 days of logging**

