AGENDA
State and Public School Life and Health Insurance Board
Quality of Care Sub-Committee
Meeting
March 12, 2019
1:00 p.m.
EBD Board Room – 501 Building, Suite 500

I. Call to Order..........................................................Margo Bushmaier, Chair

II. Approval of February Minutes.................................Margo Bushmaier, Chair

III. Naturally Slim Update ........................................Sandy Schenck, Naturally Slim

IV. Catapult Overview ..................................................Lee Dukes, Catapult

V. Director’s Report .................................................... Chris Howlett, EBD Executive Director

Upcoming Meetings
April 9th, 2019, May 14th, 2019, June 11th, 2019

NOTE: All material for this meeting will be available by electronic means only ASE-PSE BOARD@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
March 12, 2019

Date | time 3/12/2019 1:00 PM | Meeting called to order by Margo Bushmiaer, Chair

| Attendance |
|---|---|
| Members Present | Members Absent |
| Michelle Murtha - Vice-Chair |  |
| Margo Bushmiaer - Chair |  |
| Dr. Arlo Kahn |  |
| Dr. Terry Fiddler |  |
| Dr. John Vinson |  |
| Cindy Gillespie – Proxy - Jimmy Fields - Teleconference |  |
| Pam Brown |  |
| Dr. Namvar Zohoori |  |
| Zinnia Clanton |  |
| Chris Howlett, EBD Executive Director, Employee Benefits Division |  |

Others Present:
Rhoda Classen, Theresa Huber, Cheryl Reed, Laura Thompson, EBD; Mike Motley, ACHI; Takisha Sanders, HA; Frances Bauman, NovoNordisk; Micah Bard, Dwight Davis, UAMS; Sandy Schenck, Naturally Slim

Approval of Minutes by: Margo Bushmiaer, Chair

MOTION by Dr. Fiddler

I motion to approve the February 12, 2019 minutes.

Clanton seconded. All were in favor.

Minutes Approved.

Naturally Slim Update by: Sandy Schenck, Naturally Slim

Schenck provided a brief update on the progress of the Naturally Slim pilot program. A few key points included: 381 individuals lost more than 10 pounds and 32% of individuals lowered their diabetes risk.

A few potential initiatives are: pre/post program biometrics analysis with Catapult, one-year follow up survey with May 2018 participants, partnering with EBD to offer Naturally Slim as behavioral alternative to bariatric surgery program and a celebration video produced in conjunction with onsite event at Arkansas State Capitol for local participants.
Discussion:

Bushmaier: What was the criteria to join? Was there a BMI baseline?
Schenck: Typically, we go with a BMI of 25 and above plus at least one additional risk factor, or a BMI of 30 by itself.
Dr. Zohoori: For those that start but don't finish, is the program still available for them to come back later and continue, or start all over again?
Schenck: You don't get to start all over per say, you go back to where you left off. They will continue to get reminders and get new lessons throughout.

Catapult Overview by: Jenni Abisror, Catapult

Abisror provided an overview of results from Catapult checkups last year. There were 86,286 eligible participants, 35,315 checkups delivered, 198 ASE locations and 276 PSE locations served.

Discussion:

Blood Sugar Results

Dr. Fiddler: There are 37.9% not effectively managing Diabetes and you have checked their history to see what kind of medication they are on. How long is it before you go back and do another test to see if that was a false positive or something that had to do with the medication they're on to determine if that is actually 618 newly assessed with Diabetes.
Abisror: As far as that is concerned depending on the risk range with that value we always recommend they follow up with their Primary Care Provider (PCP). Catapult doesn’t provide another follow up test within that same year. We do want to make sure that if they are in a higher risk range or newly identified that they do follow up with their PCP.
Dr. Zohoori: Of the 28,480 fasting patients, 37.9% are not effectively managing Diabetes. So, the Diabetics are the controlled (5.9%) and the uncontrolled (6.1%) which is about 12%. That is almost like a 50-50. Where does the 37.9% come from?
Abisror: That is a great question, but I will have to consult to get that answer.
Dr. Kahn: How do you explain the 0 newly assessed with Diabetes in the non-fasting category when you have a huge number in the fasting category?
Abisror: To do a new identification of Diabetes, they would need to do a fasting glucose check.
Dr. Kahn: So that is not based on guidelines? So, to say that there were none with Diabetes in the non-fasting category is not at all accurate. There are different guidelines for diagnosing people who are non-fasting with Diabetes.

Blood Pressure
Dr. Fiddler: What is the definition of Stage 1 and Stage 2?
Abisror: I will have to get back to you on that. For stage 1, I want to say its between 130-139 and/or over 89, but I don't want to give false information so that is something we can get back to you on.

Dr. Kahn: In order for this committee to be able to assess these results, we would need to know the process by which these people were diagnosed with hypertension by Catapult. Ordinarily, you don't diagnose someone with one blood pressure reading. The guidelines, very specifically this year, call for these measurements to be done correctly and point out that they rarely are. For this Quality committee to know whether we can believe these assessments, we will need to have somebody here to tell us exactly how these assessments were made.

Abisror: Absolutely, I understand that. We can provide follow up as well to make sure all of your questions are answered.

ASE/PSE Observations
Dr. Kahn: When you say smoking, did you do swabs?
Abisror: We did the blood cotinine test.

Dr. Kahn: You only found 13% and 7% people who showed up were smokers?
Abisror: This is based on self-reported data with this. This doesn’t show the positive if we did the blood cotinine test.

Dr. Kahn: What were the results with the actual measurements?
Abisror: I will have to do a follow up with that.

Dr. Kahn: These numbers are preposterously low, but they have always been that way.
Abisror: One thing to note with that is that anyone who was an admitted nicotine user did not get tested. If they stated that they didn’t use any nicotine, then we ran the test.

Dr. Kahn: When do we get those results?
Abisror: We can pull those results for you.
Dr. Kahn: I would be interested in all of the raw data rather than the summarized evaluations.

Abisro: We can certainly do that.

Howlett: From the admin side, we will need to look at it before releasing it just to make sure we don’t get too granular. We can look at that. If there are any specific questions, we can get that and try to have it by Friday.

**High Risk Patients**

Murtha: You have the average A1C as 9.6 and the high as 14.9. Did you draw A1Cs?

Abisro: We run an A1C test for anyone that is a known Diabetic.

Murtha: The ones were tested and identified as newly diagnosed with Diabetes by a finger stick/blood sugar, you didn’t run an A1C on those 618?

Abisro: We don’t do a true diagnosis with Catapult, just because there are guidelines from there just based on that information to further that. There are different guidelines for Diabetes and blood pressure as well. We want to make sure they have that information, because they may be hearing it for the first time.

**Preventive Care**

Bushmaier: You identified a lot of people that needed some other services. Other than telling them at the time of their physical, was there any follow up to that?

Abisro: Not with this. The only reminder that we provide is a personal health report that they do have access to on secure patient portal afterwards. There will be reminders there if they are overdue.

Dr. Kahn: I think it would be helpful for next time you are here to have whoever designed these measures come as well. Clinical breast exam is no longer recommended by the U.S. Preventative Services Task Force. So, to say that 15.6% of women are behind for that is to say that they are behind for something that is not recommended. So, whoever is making the decisions to tell people they are behind for things that aren’t recommended should defend that position.

Abisro: We do have a medical advisory board that does meet quarterly to discuss what’s out there in medical embodiment.

Dr. Kahn: I think we probably need to talk to the medical director.

Abisro: We can do that.
Howlett stated that if there are any more follow up questions for today’s presentations, we will be glad to get that information out to you. We will be meeting Friday for Benefits and reviewing some of the same information. He also provided an update on legislation and bills that EBD has been following. The biggest bill at the moment is SB480. We will be following up on that.

Dr. Fiddler: As far as school teachers, is there anything out there specifically dealing with public school employers?

Howlett: At the moment, the only one I am aware of is HB1223 by Rep. Grey that is allowing part-time school employees to participate in the State and Public School Life and Health Insurance program.

**MOTION** by Dr. Zohoori

Move to adjourn.

Dr. Vinson seconded. All were in favor.

**Meeting adjourned.**
Measurable results. Guaranteed.
Leading program proven to reverse metabolic syndrome, prevent diabetes & reduce obesity prevalence

10+ Years

Evidence-based, unique MINDFUL EATING and skill-building program

Simple, scalable technology platform reaches the masses

ZERO implementation fees, kit fees, or PEPM

Powerful Testimonials

Emotional Connections

VIRAL MOVEMENT

PREVENTIVE CARE
In-network benefit billed through claims with BlueAdvantage

Leading PUBLIC SECTOR PROVIDER with the most experience in STATE & LOCAL GOVERNMENT

natura)(yslim®

offered by acaphealth.
Naturally Slim® is the leader in the public sector.
Arkansas’s Metabolic Escalator™

14% living with diabetes
37% living with pre-diabetes
70% of adults overweight or obese

1 Centers for Disease Control and Prevention
2 National Institute of Health
... weight loss of as little as 3% to 5% is likely to result in clinically meaningful reductions in [metabolic disease risk].

### Percentage of body weight loss

<table>
<thead>
<tr>
<th></th>
<th>3-5%</th>
<th>5-7%</th>
<th>7-9%</th>
<th>≥9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>41.2%</td>
<td>49.8%</td>
<td>59.2%</td>
<td>70.0%</td>
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</table>

### Metabolic syndrome reversal rate
Foundations® Report

State of Arkansas
ARBenefits PSE & ASE

Program Start Date
10/8/2018
Measurably improve the health of ARBenefits plan members.

Objectives: Achieve measurable weight loss, significant program engagement and receive positive member feedback to aid in positioning Naturally Slim as a value-add to benefits for ARBenefits plan members.

Purpose of this report:
1. Foundations™ Phase Outcomes
2. Testimonials
3. Next Steps ARBenefits
Participation Overview

Accepted
Number of individuals that applied and were accepted.

Never Started
Number of individuals that were accepted but never started.

Started
Number of individuals that were accepted and started Week 1 of program.

2,905
305
2,600

90%
Started
Demographic Highlights

**Average Age**
The average age of the U.S. Workforce is 41

**Average BMI**
Normal: BMI 18.5 to < 25.0
Overweight: BMI 25.0 to < 30.0
Obese: BMI ≥ 30.0

**Participants**
On average, male participants lose more weight than female participants.
Participation Report

Weekly engagement for those participating in at least two weeks

Week 2: 2128, 88%
Week 3: 1870, 81%
Week 4: 1718, 73%
Week 5: 1555, 68%
Week 6: 1455, 62%
Week 7: 1319, 61%
Week 8: 1288, 56%
Week 9: 1193, 50%
Week 10: 1062, 50%
WEIGHT LOSS
Weight Loss by Week

For active participants

Total Weight Loss Greater Than 12,600 lbs.

Avg. Weight (in lbs.)

Week

1.5
2
3
4
5
6
7
8
9
10

2.7
3.5
4.3
5.0
5.5
5.7
6.4
7.2
9.3

6-month projection
Weight Loss by Pounds

Percentage of total population recording weight more than once

- Gained (173): 8%
- Lost 0 to less than 5 (1069): 48%
- Lost 5 to less than 10 (610): 27%
- Lost 10 to less than 20 (331): 15%
- Lost 20 or more (50): 2%

381 individuals lost more than 10 pounds

N=2233
32% of individuals lowered their diabetes risk.

* Refer to “Federal Treatment Guidelines: How much weight loss is clinically significant?” slide in the glossary for further explanation
Feeling Weight is Out of Control

How has your feeling that your weight is “out of control” changed compared to before starting the Naturally Slim program?

83% of individuals felt more in control of their weight

- Very Much Improved: 58%
- Improved: 25%
- No Change: 17%
Energy Level

How has your energy level changed compared to before starting the Naturally Slim program?

- Very Much Improved: 56%
- Improved: 5%
- No Change: 39%

61% of individuals experienced a newfound burst of energy.
Self-Confidence

How has your self-confidence changed compared to before starting the Naturally Slim program?

- Very Much Improved: 56%
- Improved: 8%
- No Change: 36%

64% of individuals experienced a boost in confidence.
Physical Activity

How has your level of physical activity changed compared to before starting the Naturally Slim program?

- 56% Quite a Bit More
- 7% Slightly More
- 37% No Change

63% of individuals increased their level of physical activity.
Indigestion

How has your indigestion changed compared to before starting the Naturally Slim program?

58% of individuals’ indigestion has improved.

- Very Much Improved: 42%
- Improved: 16%
- No Change: 42%
TESTIMONIALS
“I have lost 10 pounds. I am not craving sugar as before, I am eating slower, and I have increased my exercise activity. My clothes are fitting more loosely and I have lost some of my belly area. This program has made me see food as a source for energy and not as a mood enhancer.”

- ARBenefits Participant
“When I first began it was tough, but now that I've completed week 7, I've noticed a few things: When I get up in the morning I'm normally starving, now when I get up in the morning, I'm mainly thirsty. As a diabetic, I've took on a job duty that requires me to walk....a lot including climbing stairs. I don't feel as tired as I used to be. I only eat when I'm hungry. I monitor my glucose level daily and notice a HUGE difference. I eat my favorite food first and by the time I do eat my next item, I'm comfortably full. I think the segment that caught my attention is the video about the sugar intake. I actually tried mashed cauliflower, similar to mashed potatoes. I don't think I'll ever eat mashed potatoes again. Thank you for this program.”

-ARBenefits Participant
“This is my first post, and I'm in Week 4. I've lost 8.4 pounds so far. My goal is to lose 15 by the end of the 10 weeks. I've lost 3 inches in my waist already and 2 inches in my hips. When I start to think that 15 pounds isn't that much weight, I look at my cat. He is 16 pounds, and he is a really big boy. When I think about how much he weighs and my goal, it really puts in perspective how much weight 15 or 16 pounds is. The 10-5-10 skill has been really eye-opening and life-changing. I can't believe how much food I have left when I do that, and yet I'm comfortably full and completely satisfied. I'm eating about half of what I was before I started the program. Really, I'm probably eating less because I'm not snacking between meals. I feel like I've found the Holy Grail of weight loss programs!”

-ARBenefits Participant
“This is the first Christmas that I can remember that I have NOT packed on 5-10 pounds. I actually lost a tenth of a pound, & I’m very happy about that!”

-ARBenefits Participant
NEXT STEPS
Potential Initiatives

1. Pre/post program biometrics analysis with Catapult to review clinical improvement among May 2018 participants

2. One-year follow up survey with May 2018 participants

3. Partnering with EBD to offer Naturally Slim as behavioral alternative to bariatric surgery program

4. Celebration video produced in conjunction with onsite event at Arkansas State Capitol for local participants
Welcome!

- Participation
- Satisfaction
- Clinical Results
- Catapult Enhancements
Participation
## Participation Metrics

<table>
<thead>
<tr>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible Participants</td>
</tr>
<tr>
<td>Checkups delivered</td>
</tr>
<tr>
<td>Participation rate</td>
</tr>
<tr>
<td>Locations served</td>
</tr>
<tr>
<td>ASE = 198</td>
</tr>
<tr>
<td>PSE = 276</td>
</tr>
<tr>
<td>Outstanding/Good rating</td>
</tr>
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</table>

Congratulations on a very successful year!
Satisfaction
Patient Satisfaction

94% Rated Catapult Outstanding/Good
Insightful Comments from Participants

“Excellent program. Very personal treatment. Everyone took even extra time to make sure I understood everything and went above and beyond to ensure I had the best treatment possible. I highly recommend them to all my colleagues that didn't set an appointment.”

“This was absolutely the best for a wellness check up!!! The results were quick and the technician was so nice! The Nurse Practitioner was very nice and helpful! All the tests that are required were run without me having to pay extra at my regular doctor for the cholesterol results as I have had to do in the past. AND....I didn't have to pay a co-pay!!!! It was a win-win in all areas! I hope we have the privilege of having this service every year!!!! Thank you!!!!”

“I have never seen a medical program of this caliber that operates in this capacity. I was more than impressed with the overall system (a medical pop-up shop). To setup a medical office in a classroom where they take your vitals and blood, and moments later to video conference with the nurse practitioner who already had all of your information let me know of the level of intentionality that went into this process. It was one of the most efficient and effective things I have seen in a while.”

“As a first timer experiencing this, I was very well pleased. I currently don't have a PCP and this was a great step in that direction! Hope you all return next year.”
Insightful Comments from Site Coordinators

“I’ve heard nothing but great reviews of how successful the Catapult checkups went. Thank you for making everyone’s experience a great one! We look forward to another one for next year.”
~Mayflower School District

“Everyone was bragging about how much easier it was to do this instead of going to their Doctor and hope we do it again next year. The staff was very pleasant, courteous, and helpful.”
~Harrisburg School District

“I have praised you all to the highest to anyone that would listen!! Thank you for being efficient and professional!!! There is not a lot about the health assessments that are easy for me since we have a couple hundred people on the insurance, but this was totally painless!!”
~White Hall Schools

“I can honestly say that I did not hear one complaint about the Catapult Clinic. I received a ton of kudos. People loved the ease of scheduling an appointment online. There was an overall theme of shock and awe by how fast and efficient the process was. I received multiple comments on how nice and personable the nurses were. That is a point in which I whole-heartedly agree.”
~AR Crime Lab
Clinical Results
Population Health Report Demographics

<table>
<thead>
<tr>
<th>Patients</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35315</td>
<td>11288</td>
<td>24027</td>
</tr>
<tr>
<td>Average Age</td>
<td>46.1</td>
<td>46.2</td>
<td>46.1</td>
</tr>
</tbody>
</table>

- **Women** make up 68.0% of the population.
- **Men** make up 32.0% of the population.

Participation By Age:

- **Total**
  - 18-39: 31.1%
  - 40-49: 26.9%
  - 50-59: 28.5%
  - 60+: 13.5%
Metabolic Syndrome

Metabolic Syndrome is the name for a group of risk factors that occur together and increase the risk for coronary artery disease, stroke and type 2 diabetes.

Catapult Average = 24% Metabolic Syndrome
Blood Sugar

**Fasting Patients** (n = 28,480)
- 618 newly assessed with Diabetes
- 3,481 with history of Diabetes
- 62.1% effectively managing Diabetes
- 37.9% not effectively managing Diabetes

**Non-Fasting Patients** (n = 6,835)
- 0 newly assessed with Diabetes
- 700 with history of Diabetes
- 39.3% effectively managing Diabetes
- 60.7% not effectively managing Diabetes

Catapult Averages:
- 18.1% Pre-Diabetes
- 5.2% Controlled
- 3.8% Uncontrolled
Blood Pressure

Key Findings

11,148* newly assessed with Hypertension
11,316 with history of Hypertension
22.6% not effectively managing Hypertension
77.4% effectively managing Hypertension
3,035 with Elevated Blood Pressure

*Stg 1 - 8,742; Stg 2 - 2,367; Crisis - 39

Catapult Averages =
- Uncontrolled: 32.8%
- Controlled: 21.6%
- Elevated: 10.0%
Blood Lipids

Key Findings

- 7,296 newly assessed Dyslipidemia (abnormal lipids)
- 7,705 with history of High Cholesterol
- 6,934 not effectively managing lipid condition
- 771 effectively managing lipid condition

Catapult Average = 12.7% Controlled Dyslipidemia
37.9% Uncontrolled
Body Mass Index & Abdominal Circumference

**Body Mass Index**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>18601</td>
<td>52.7%</td>
</tr>
<tr>
<td>Overweight</td>
<td>9855</td>
<td>27.9%</td>
</tr>
<tr>
<td>Underweight</td>
<td>235</td>
<td>0.7%</td>
</tr>
<tr>
<td>Normal</td>
<td>6622</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

**Abdominal Circumference**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>At-Risk Men</td>
<td>6670</td>
<td>59.1%</td>
</tr>
<tr>
<td>At-Risk Women</td>
<td>17668</td>
<td>73.5%</td>
</tr>
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</table>
Depression

**Key Findings**

- 105 = Severe Depression
- 269 = Moderate Depression
- 406 = Mild Depression
- 291 = Minimal Depression
Preventive Care

Key Findings

1,603 men reported that they did not have a PCP
1,081 women reported that they did not have a PCP
Preventive Care

Key Findings

- 3,402 women were overdue for a Mammogram
- 4,440 women were overdue for a Pap Smear
- 3,748 women were overdue for Clinical Breast Exam
- 9,674 ages 50+ were overdue for a Colorectal Exam
High Risk Patients

**Emergency Referrals** 159

**High Risk Referrals** 2,310

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Status</th>
<th>Threshold</th>
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<tbody>
<tr>
<td>Avg SBP</td>
<td>141.7</td>
<td>High</td>
<td>233</td>
</tr>
<tr>
<td>Avg DBP</td>
<td>88.9</td>
<td>High</td>
<td>140</td>
</tr>
<tr>
<td>Avg GLU</td>
<td>131.8</td>
<td>High</td>
<td>661</td>
</tr>
<tr>
<td>Avg A1c</td>
<td>9.6</td>
<td>High</td>
<td>14.9</td>
</tr>
<tr>
<td>Avg TGS</td>
<td>196.0</td>
<td>High</td>
<td>500</td>
</tr>
</tbody>
</table>

**Emergency Referrals**
- BP ≥ 220/120
- Active Heart Attack Symptoms
- Active Stroke Symptoms
- Active Seizure ≥ 2 min
- Elevated Glucose with Emergency Symptoms

**High Risk Referrals**
- BP ≥ 160/100
- Triglycerides ≥ 500
- HgA1c ≥ 10
- Glucose ≥ 400
- History of Chest Pain
- History of Shortness of Breath
## ASE/PSE Observations

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<thead>
<tr>
<th></th>
<th>ASE</th>
<th>PSE</th>
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<tbody>
<tr>
<td>Total</td>
<td>12,541</td>
<td>22,774</td>
</tr>
<tr>
<td>Females</td>
<td>59%</td>
<td>73%</td>
</tr>
<tr>
<td>Average Age</td>
<td>46.3</td>
<td>46.0</td>
</tr>
<tr>
<td>High Risk Referrals</td>
<td>8.4%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Emergency Referrals</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Metabolic Syndrome</td>
<td>33.6%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>14.6%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>68.9%</td>
<td>60.6%</td>
</tr>
<tr>
<td>Lipid Disorder</td>
<td>51.2%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Obesity</td>
<td>58.8%</td>
<td>49.3%</td>
</tr>
<tr>
<td>Depression</td>
<td>4.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Smoking</td>
<td>13.4%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Smokeless</td>
<td>6.3%</td>
<td>3.4%</td>
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Catapult Enhancements
Catapult Enhancements

Addressing Opioids

Filled Prescription Import
Empowering Individuals to Improve their Health