



**AGENDA**

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

**May 12<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 March 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***

***June 9<sup>th</sup>, July 14<sup>th</sup>, August 11<sup>th</sup>***

***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

### May 12, 2020

Date | time 05/12/2020 1:00 PM | Meeting called to order by Dr. John Vinson, Chair

#### Attendance

##### Members Present

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

##### Members Absent

##### Others Present:

Rhoda Classen, Shalada Toles, Stella Greene, Laura Thompson, Theresa Huber, Mary Massirer, EBD; Elizabeth Montgomery, Mike Motley, ACHI; Jessica Akins, HA; Micah Bard, UAMS EBRx; Treg Long, ACH; Marissa Keith; Mitch Rouse, TSS; Kristie Banks, Mainstream; Sean Seago, MERCK; Frances Bauman, NovoNordisk; Nima Nabavi, Amgen; Sidney Keisner, UAMS

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

##### MOTION by Dr. Fiddler

I motion to approve the March 10, 2020 minutes.

Bushmiaer seconded. All were in favor.

**Minutes Approved.**

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

Montgomery and Motley presented new analyses regarding COVID-19 impact on the plan and addressed follow-up questions from the previous meeting.

##### Discussion:

##### *Coronary Angiography*

Brown: Are all of these cardiologists?

Montgomery: I do believe that these are all cardiologists that would be performing the coronary angiography, but that's something that we can come back with.

##### *Imaging for Headache*

Dr. Fiddler: How do you identify the outliers on the imaging?

Montgomery: I'm not quite sure what you mean by that, but the provider that we see with the greatest amount of variation is, in some ways, an outlier. All we tried to do in developing these graphs was to identify those providers that had the greatest amount of low-value services with them.

Motley: We simply looked at the individual providers with the most services that identify as potentially wasteful, and that's what you see here. This is just a descriptive count of those services.

Dr. Fiddler: My point is a follow up on this. If there is an individual or individuals in the group that are doing this and products are not proving to be worth what we're paying for them, what are we doing to change what is happening with Dr. A.

Montgomery: There is certainly some opportunity, as we have discussed previously, and looking at some of these low value services for engagement with those providers and try to encourage a lesson.

### *Flu Shot*

Dr. Fiddler: I think that you are going to see a lot more states requiring the flu shot so they can identify the comorbidities or the deaths, whether somebody died from COVID-19, H1N1, or the lack so they can disseminate more shots or inoculations for different types of viruses to identify what one has a quicker method. So, there might be a necessity, rather than sending people home, social distancing, and isolating whole cities, or for that matter, states to require a vaccine if one comes along for COVID-19 or SARS-2 there will be a requirement of having the influenza infection also to eliminate the lack of people in either a school district or in a particular industry. So, I think you may see all of these things change in the coming year.

Montgomery: I agree. I think that certainly with the impacts just over COVID-19, it's going to be very interesting to see private industry, public sector employers, and the schools and what they do around flu shots is kind of some result of that. It is something that we will continue to track from a research perspective and see where some of these states shift in terms of the flu shot requirement.

Bushmiaer: I just wanted to thank you for this research. It just helps us even though things could change in the near future. It's interesting that other states have not required it.

Dr. Vinson: I just wanted to clarify when you picked those eight practice states you were looking at the entire population, correct?

Montgomery: That is correct.

Dr. Vinson: So, you weren't uniquely looking at which state employees and teachers' programs highest rates; you were just looking at the states as a whole?

Montgomery: Yes sir, it was looking at the state as a whole. I was not able to ascertain what some of the vaccination rates were among the public health plans, but this was in our view a way to kind of identify some of those best practice states by looking at the statewide vaccination rates.

Clanton: These appear to be more densely populated states also.

Montgomery: That is true. A lot of these are northeastern states, with the exception of Iowa and South Dakota.

Dr. Vinson: On the eye imaging, do you have any thoughts, or can you tell if any of these are ophthalmologists or optometrist or a private practice that are like part of a big health system of group where they are employees versus independent practitioners?

Montgomery: That is something that we can try to ascertain from the claims, but we are often limited, so it's really a combination of those various types of providers that you mentioned. It could very well be that provider. A represents a larger group and the way that's coming through in the claims. That is a limitation that we faced in looking at some of these provider variations.

Dr. Vinson: I was thinking the same thing with the coronary angiography, not necessarily that it represents several providers, but I'm trying to figure out if they are doing these tests for financial reasons or are they doing the test because of educational gaps? Is it being driven for by the fee for service model to be paid for that service, or is it because they don't have the current, up-to-date education that these are low-value services?

Montgomery: That is a question that is very important, but we are kind of limited to answer right now.

Motley: What we saw in going back to the episodes of care program in the state, I think it is a combination of standing orders that are based on may be slightly outdated standards and need to survive in a fee for service environment where you have certain clinics having a standard protocol to do labs on every procedure. We saw providers change that behavior when it was brought to their attention. So, I think it is a combination of fee for service model and need for more education.

Dr. Bala: Being from the health department, we do conduct a lot of free flu shot clinics and work with the school districts, and of course, because part of the preventative services waving some of the copays and things like that. The only thing we have not tried, I think, is what South Dakota is doing is a wellness incentive approach for flu shots, similar to the smoking cessation pledge. I think we should seriously consider that and I'm sure their capability can give us the return on investment for that. I'm in the patient-centered medical group, and we use about eight to ten metrics to assess for bonuses and the practice level. I think with human behaviors, it is hard to see everyone acting the same way for one or two interventions, but we need, sometimes, a multi-prong approach. We've looked at it for the past couple of years now, and it may be worth trying out this wellness incentive approach.

Montgomery: In terms of the analysis around the flu, related illnesses and hospitalizations, that is something that we have looked at previously. We could do perhaps some updated analyses around that. When the wellness subcommittee met a couple of years ago to revise the wellness program approach, that was some of the information that we had provided at that time.

Dr. Bala: Remembering last month's presentation, was it fifty percent or fewer state employees who are on the plan that have received flu shots?

Montgomery: I believe it was a little bit less than that, yes sir.

Dr. Bala: So, you could do a return on investment if we increase it by ten or twenty percent based on the analysis of the data from past years and do modeling on that. I think it is well worth the time to try out this wellness incentive approach at least to, in theory, model it and show us how much it could be and then maybe try it one time to see how it pans out.

Motley: That is something we can look at in terms of reducing illness and reduce cost, plus the additional positive incentive at five or ten dollars. That's something that we talked through with Chris and his team, and it is something we are capable of doing. We would have to set some definitions and things, but certainly, that's something we can look at.

- Dr. Fiddler: While working in private industry for a while, when I had individuals that were way about the pay for a fee, we went looking for them to see what the reason was. Hearing a number of reasons and being cynical as I am, if somebody is in it for the money rather than the lack of understanding of what a service is, it really doesn't provide much benefit. Who approaches those people, and how do you remedy that situation?
- Howlett: The relationship for the network status, or from a provider perspective, would be HealthAdvantage. The plan would direct that, as we have done before with lower back imaging and other things. I believe you were one of the proponents for the same logic, which I agree with. If you have providers that are outliers, don't deal with the group as a whole that are meeting the metrics, but deal with the outliers. Depending on the data you're looking at if they show to have a higher proportionate in relationship to the number of procedures done versus that and make sure their numbers are stacking up. We would deal with those providers and request that HealthAdvantage would have conversations with those providers. A lot of it is as simple as showing them some of their stats and some of it is provider education.
- Dr. Fiddler: What time period is that? You talk about HealthAdvantage, if they were to see this particular situation, would you not think that they would deal with that in a reasonable period of time to see what's going on with that? So, this would not come back to us again, looking the same in six months or a year.
- Howlett: I would say that I can see something done in thirty to sixty days where you can notice some change. I would also say that you wouldn't see the same providers doing that.
- COVID-19**
- Dr. Vinson: Is the plan paying for these tests, or are they all being funded through the COVID dollars, like through the CARES Act? I know of a place that started testing in Searcy, and all of their tests and funding comes from HHS. So, I'm curious are you tracking the CPT code for billing or are you getting your data strictly from the health department
- Motley: What we have shown today is from the Department of Health. We can track along with those CPT codes. We've not looked at to what extent the plan has paid for the actual test, but it is certainly something we can do. There is a lot of information that we can glean directly from member enrollment and then link it with the health department files. Of course, there's some that we're going to get the best benefit out of looking into the claims experiencing. That one we can certainly do as well.
- Dr. Bala: Testing is not available across the board. Currently, testing is being shipped across based on the need, and we are not doing universal testing. We started with the hospitalized patients and those who are in contact with them to a priority population such as healthcare workers and those with symptoms who are in the community. So, in large part, the distribution would be where more people with symptoms are at this time or vulnerable people. Are you going to do any hotspots on mortality hospitalization because that would give us a little more of an indication of where the vulnerable populations are and how it is disproportionately affecting the population?
- Motley: I think those are things that we are looking at for the state as a whole, and with regard to this plan, if that was the directive from the plan leadership and from you all, I think we could look at that in terms of mortality and hospitalizations for this plan. The numbers are really small right now, and I think we have less than ten deaths.

Howlett provided some clarification in regard to Dr. Thompson with ACHI and out contacts with the Department of Health. We became aware ACHI was doing some assessment work and some analysis for Secretary Smith and those at the Department of Health, and that's where we leverage some of the information you have seen today from ACHI. Since they are doing the analysis from a statewide level, we saw an opportunity where they can apply that same logic and look at it from a plan specific level. The design of that is to help look at the impact to this plan, overall, based on COVID. So, that will be forthcoming as we go into the rest of the late spring and early summer.

**MOTION** to adjourn by Dr. Bala.

Dr. Fiddler seconded. All were in favor.

**Meeting Adjourned.**

DRAFT

# MAY 2020 QUALITY OF CARE SUBCOMMITTEE PRESENTATION

Mike Motley, MPH  
Director, Analytics

Izzy Montgomery, MPA  
Policy Analyst

5.12.2020

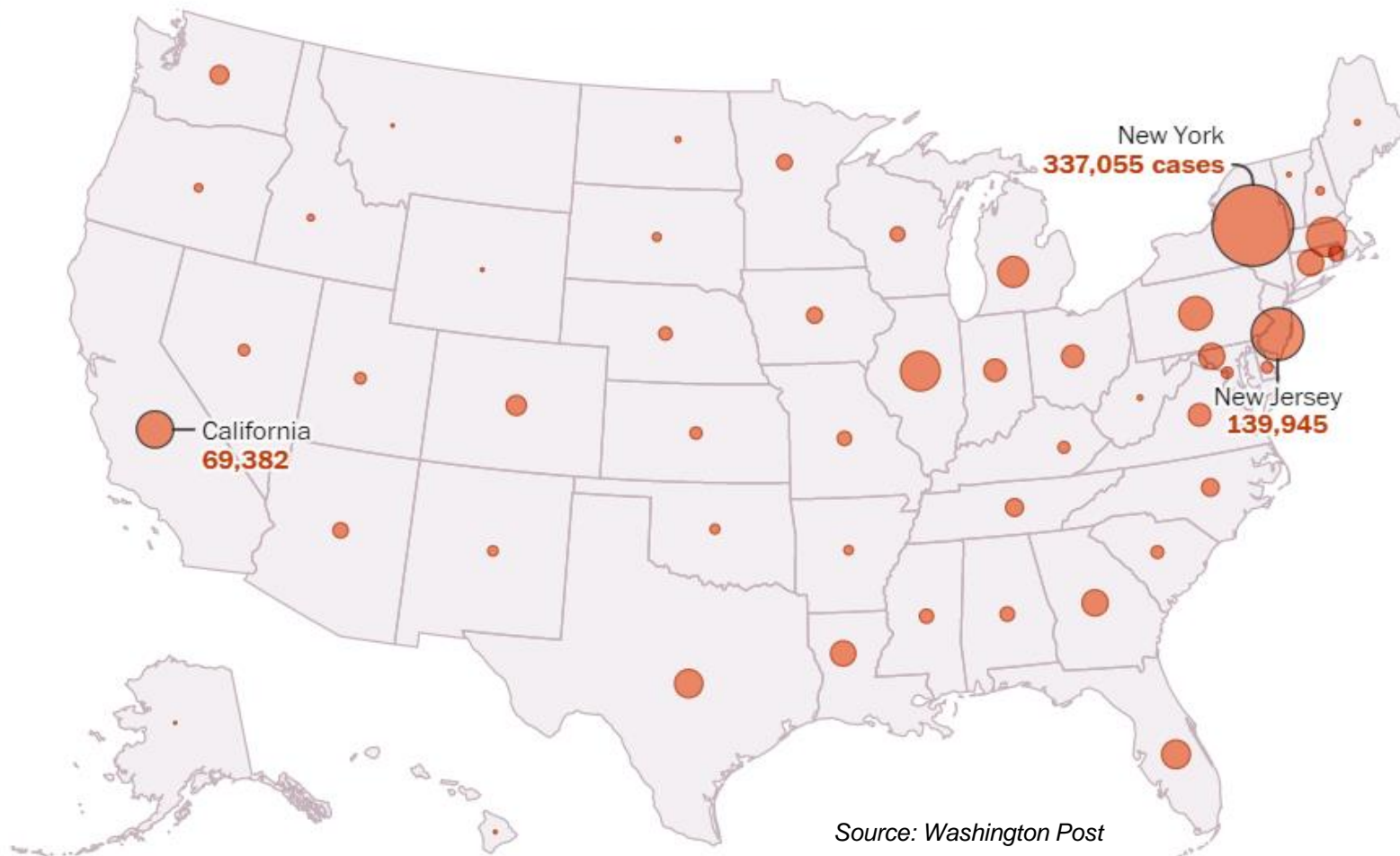
# OBJECTIVES

- Present new analyses regarding COVID-19 impact on plan
- Address follow-up questions from previous meeting





# COVID-19: CONFIRMED CASES IN THE U.S.



Confirmed Cases

**1,343,245**

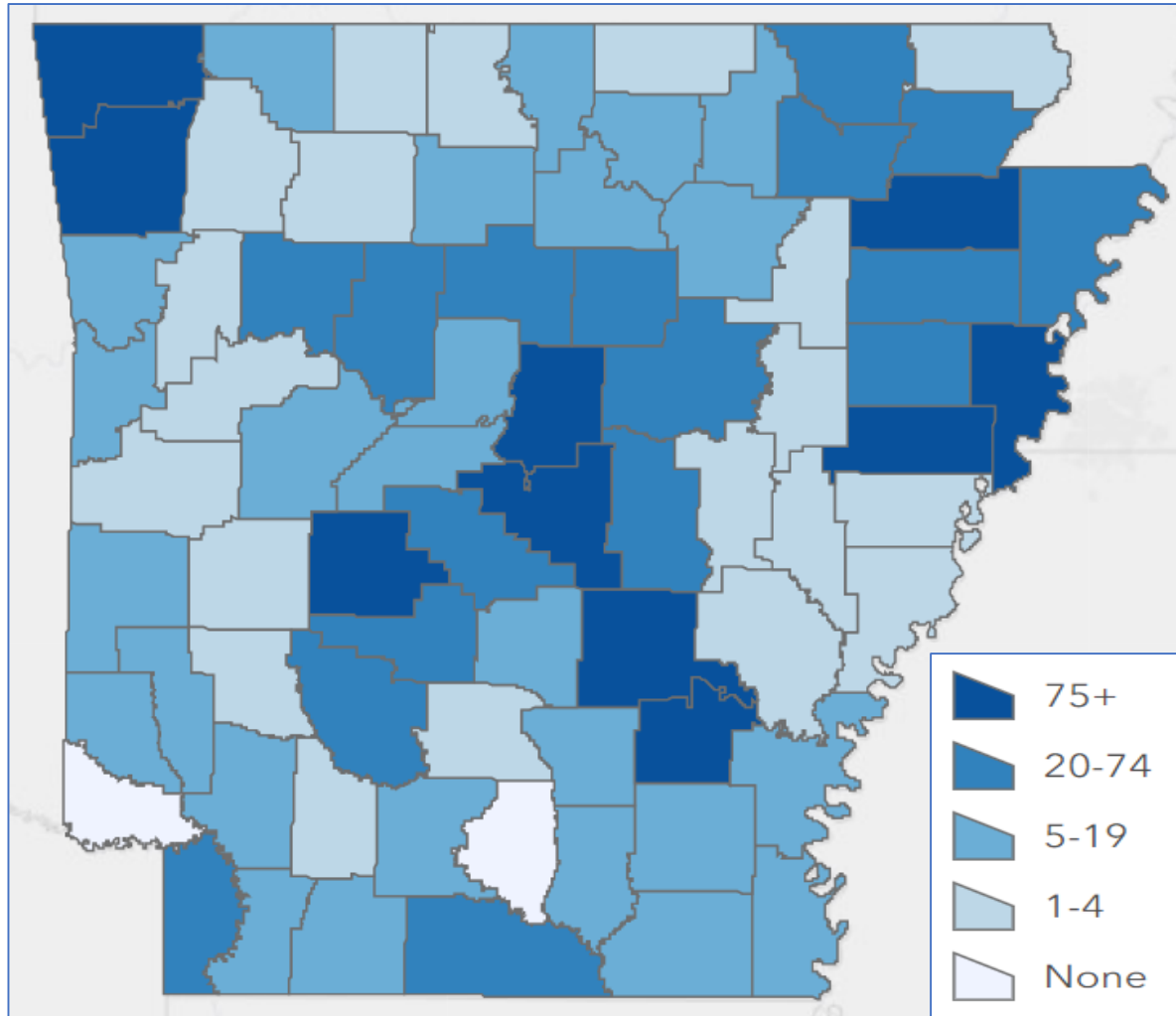
Reported Deaths

**80,137**

As of May 12  
8:30 a.m.



# COVID-19: CONFIRMED CASES BY AR COUNTY



**Cumulative Cases:**

**4,043**

Hospitalized: **61**

On Ventilator: **11**

Deaths: **94**

Recoveries: **3,149**

*As of May 12*

*8:30 a.m.*

Source: Arkansas Department of Health



# COVID-19 PLAN IMPACT

- ACHI has worked with Arkansas Department of Health to obtain COVID-19 data
- Developing analyses to determine ongoing impact of COVID-19
- Preliminary analyses today on number of positive cases and hospitalizations

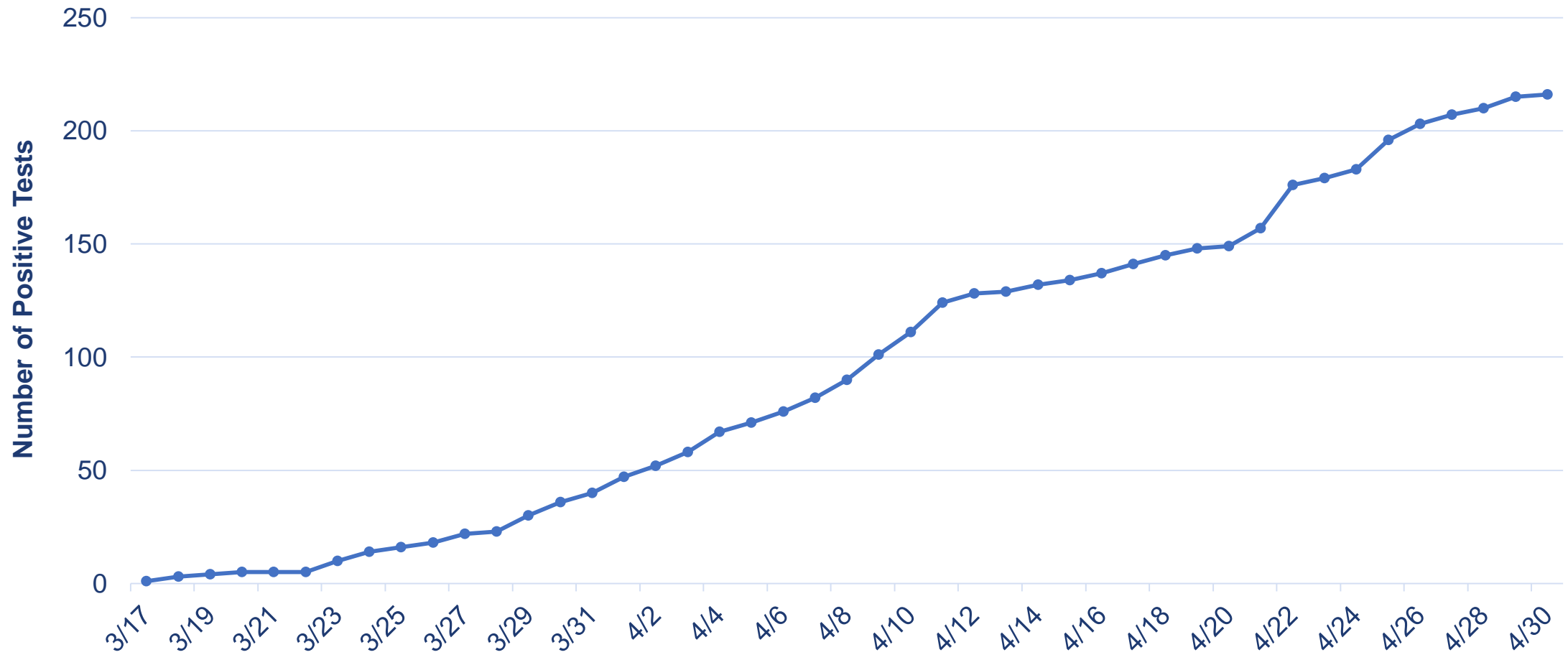


# COVID-19 ANALYSES

- Data from March 17 through May 5, 2020
- Total number of members with positive test: 219
- Total number of members hospitalized: 25



# CUMULATIVE POSITIVE TEST COUNT



# POTENTIAL COVID-19 ANALYSES

- Ongoing updates of positive cases
- Assessment of geographic “hot spots” of positive cases
- Assessment of number of members tested
- Hospitalization-related cost impact
- Comorbid condition impact
- Increase in telemedicine utilization
- Variation in elective procedure utilization



# QUESTIONS FROM PREVIOUS MEETING



# QUESTION 1

- What level of provider variation is there among the top low-value services?



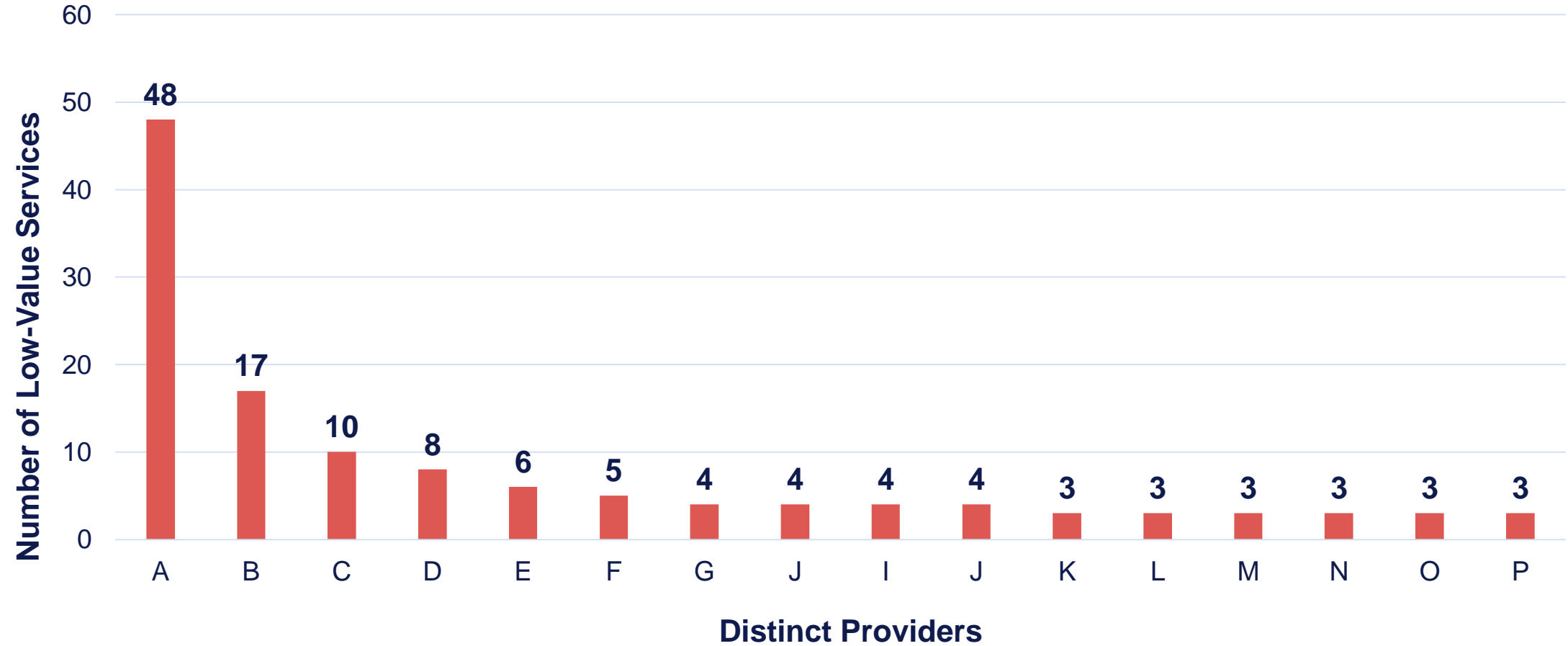


# PROVIDER VARIATION

- Focus on three of the eight top 8 low-value services:
  - Coronary angiography
  - Eye imaging
  - Imaging for headache
- Providers may represent individual providers or provider groups
- Rationale for focus on these three services is plan's ability to impact provider behavior
  - Ordering vs. performing provider
  - Provider identified from claim is likely provider who ordered test



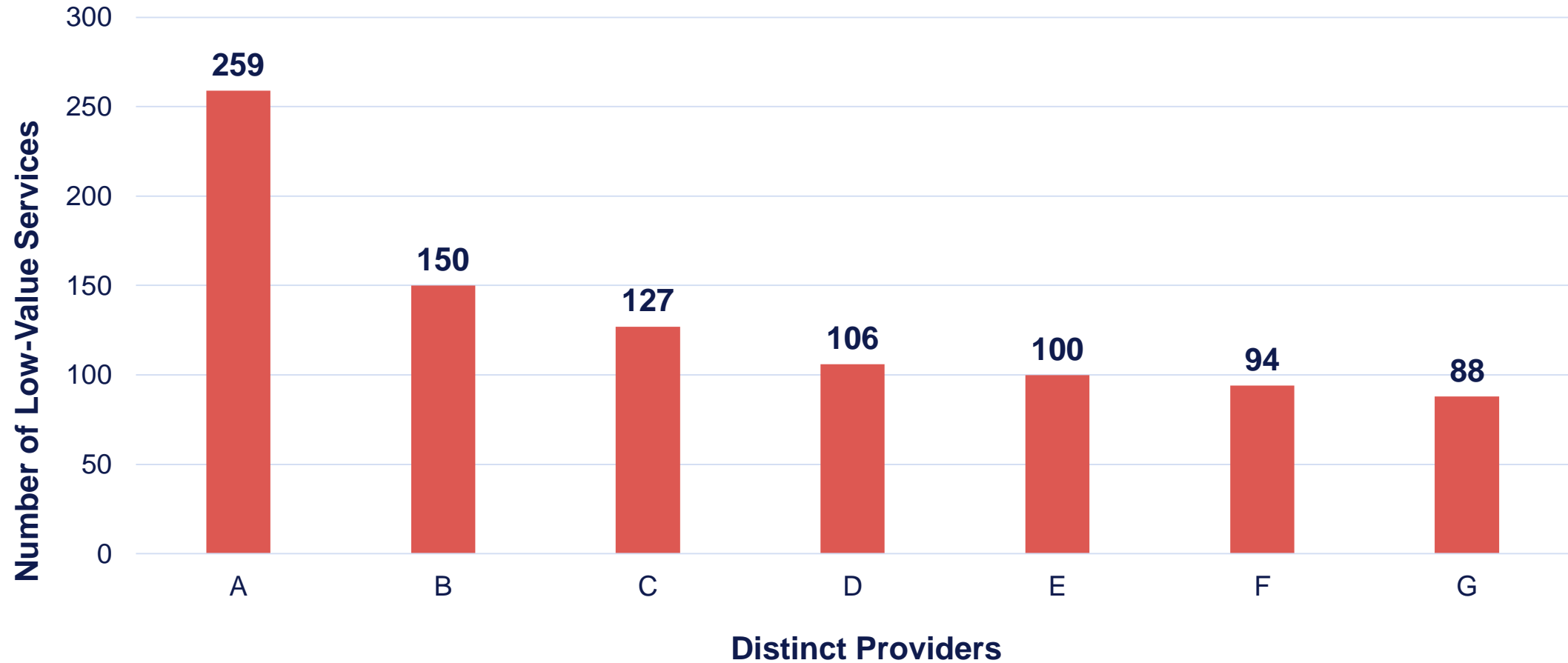
# PROVIDER VARIATION: CORONARY ANGIOGRAPHY



\*Graph includes distinct providers/provider groups with 3 or more low-value services.



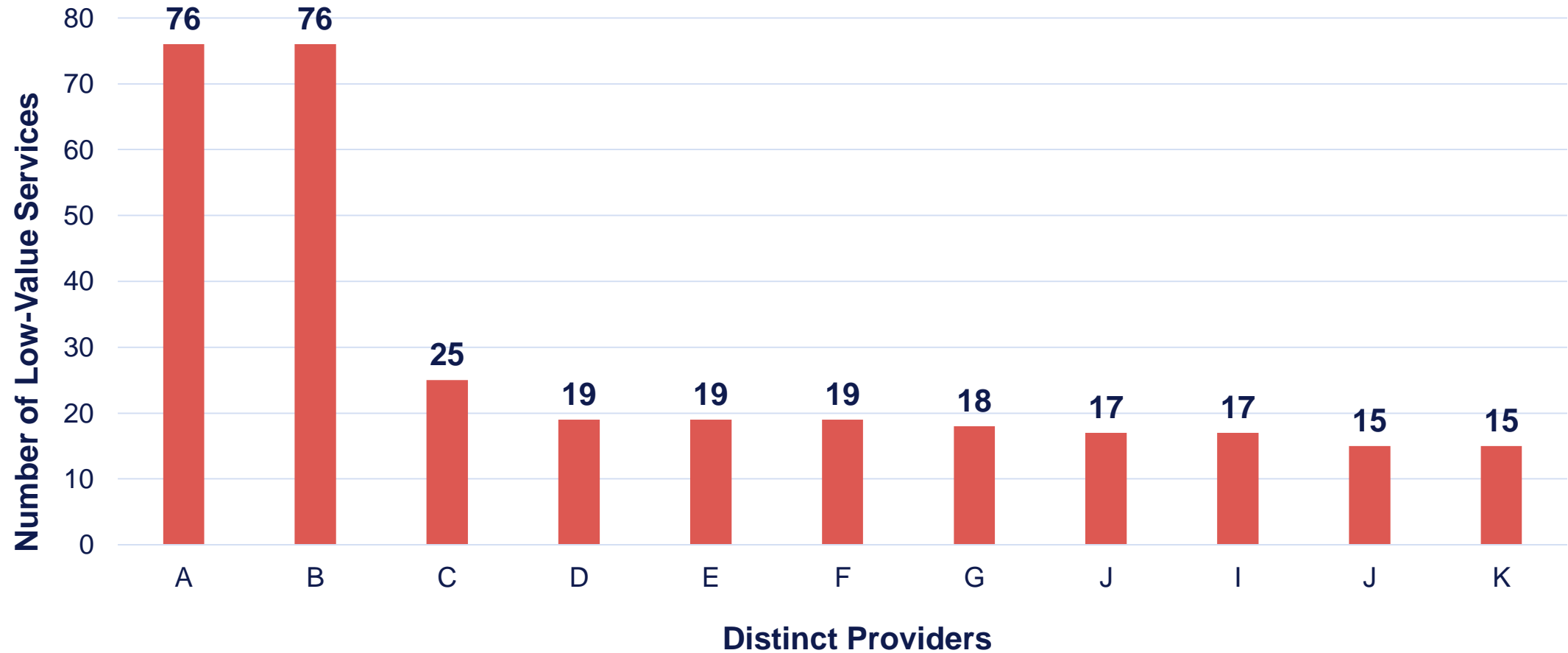
# PROVIDER VARIATION: EYE IMAGING



\*Graph includes distinct providers/provider groups with 88 or more low-value services.



# PROVIDER VARIATION: IMAGING FOR HEADACHE



\*Graph includes distinct providers/provider groups with 15 or more low-value services.



## QUESTION 2

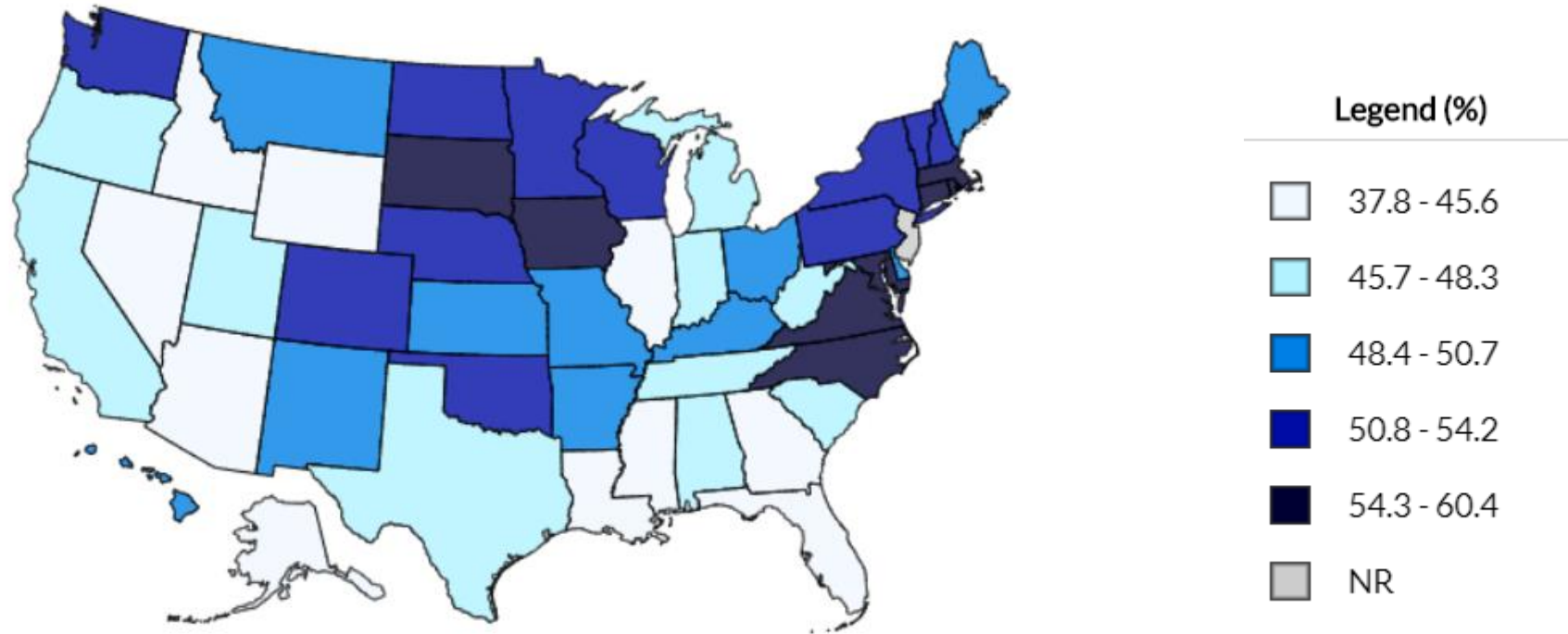
- Do other state and public school employee health plans include a flu vaccination as part of their wellness programs?



# ANSWER

Reviewed states with highest flu vaccination rates to identify best practices.

Cumulative monthly influenza vaccination coverage estimates for persons 6 months and older by state, HHS region, and the United States, National Immunization Survey-Flu (NIS-Flu), 2018-19 influenza season



# ANSWER

- 8 states were identified as best practice states:
  - Rhode Island
  - Massachusetts
  - Maryland
  - Connecticut
  - North Carolina
  - Iowa
  - Virginia
  - South Dakota



# ANSWER

Reviewed public employee health plan approaches to flu vaccination:

- [South Dakota](#) only state that utilizes a wellness incentive approach for flu shots; Members can accrue additional points toward a wellness incentive if they receive a flu shot
- [Rhode Island](#) hosts free flu shot clinics every fall and advertises these clinics to members
- [Massachusetts](#) advertises to members that flu shots have \$0 copayment and allows employees to receive flu shots at any in-network pharmacy
- [Maryland's](#) TPAs assist with member flu shot outreach and include [educational sessions](#) for members on the importance of receiving annual flu shots





# ANSWER

Reviewed public employee health plan approaches to flu vaccination:

- [Connecticut](#) offers multiple on-site flu vaccinations to members
- [North Carolina](#) publicizes to members that flu shots are “no charge benefits” and can be received at any in-network doctor’s office, health department, or in-network pharmacist; also offer on-site employee clinics
- [Iowa](#) publicizes to members that flu shots are a covered benefit and encourages annual flu shots
- [Virginia](#) directs members to participating local pharmacies to receive \$0 copay flu shots



# QUESTION 3

- In other states, are teachers and other school staff required to receive flu vaccinations?



# ANSWER

Reviewed the same 8 best practice states:

- None of the eight states require flu vaccinations for public school teachers and other school staff (although some districts may impose such a requirement)
- [Connecticut and Rhode Island](#) require daycare and preschool children to have flu shots, but do not appear to have similar requirements for employees

