AGENDA

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

January 12, 2016
1:00 p.m.

EBD Board Room – 501 Building, Suite 500

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

II. Approval of Aug. 21, Oct. 13, Nov. 10, 2015 Minutes ........Margo Bushmiaer, Chair

III. Primary Care Physician Assignment ... Alicia Berkemeyer, Blue Cross Blue Shield

IV. Anesthesia for Colonoscopies .......... Dr. Creshelle Nash, Blue Cross Blue Shield

V. Wellness Requirements 2016 ........Janna Keathley, EBD Quality Assurance Officer

VI. New Business/Topics ..............................................................Margo Bushmiaer, Chair

Upcoming Meetings

February 9, 2016

NOTE: All material for this meeting will be available by electronic means only
ethel.whittaker@dfa.arkansas.gov

Notice: Silence your cell phones. Keep your personal conversations to a minimum.
Observe restrictions designating areas as “Members and Staff only”
State and Public School Life and Health Insurance Board Quality of Care Sub-Committee Minutes
January 12, 2016

The State and Public Life and Health Insurance Board, Quality of Care Committee met on January 12, 2016 at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Little Rock, Arkansas.

Members Present
Margo Bushmiaer
Zinnia Clanton
Michelle Murtha
Pam Brown
Don Hollingsworth
Dr. Joseph Thompson
Robert Boyd
Dr. Namvar Zohoori
Frazier Edwards
Lori Eden, Deputy Director, Employee Benefits Division

Members Absent
Marjorie Greenberg
Dr. Tony Thurman
Dr. Eric Crumbaugh

Others Present
Dwight Davis, David Keisner, Geri Bemberg, Arlene Chan-Monton, UAMS; Ethel Whittaker, Lori Eden, Ellen Justus, Janna Keathley, Stella Greene, Matt Turner, EBD; Pam Lawrence, AHH; Dr. Creshelle Nash, ABCBS; Marc Watts, ASEA; Steve Althoff, MTI; Kristi Jackson, ComPsych; Takisha Sanders, Jessica Akins, Health Advantage; Jackie Baker, ASP; B.J. Himes, Karyn Langley, Qual Choice; Leo Hauser, Marvin Parks, BPS; Ronda Walthall, Wayne Whitley, AHTD, Rusty Filey, Merck; Andy Davis, Arkansas Democrat Gazette; Bridgette Johnson, Mike Latran, Pfizer; Sean Sbago, Merck; Treg Long, American Cancer Society; Leah Ramirez, Mike Motley

CALL TO ORDER
The meeting was called to order by Margo Bushmiaer, Chair

APPROVAL OF MINUTES: by Margo Bushmiaer, Chair

Bushmiaer motioned for the approval of the August 21, October 13, & November 10, 2015 minutes. Murtha motioned for approval the minutes. Boyd seconded. All were in favor.

Minutes Approved.
PRIMARY CARE PHYSICIAN ASSIGNMENT: by: Laura Thompson
Manager, Arkansas Blue Cross & Blue Shield

Thompson provided updated information regarding the alignment of the PCP program.

Thompson reported 80% (96,293) of the plans population is assigned to a Primary Care Physician. Statewide there are approximately 122,806 members enrolled in the plan. Of those only 24,528 (20%) are not assigned to a PCP. There are 34,277 attributed to the State Patient-Centered Medical Home. There are many benefits to the program for the member and the plan.

Brown recommended the Board adopt a process for alignment for assignment of a PCP. Dr. Thompson seconded. All were in favor.

Motioned Approved.

ANESTHESIA FOR COLONOSCOPIES: By: Dr. Creshelle Nash, Medical Director, Blue Cross and Blue Shield & Lori Eden, EBD Deputy Director

Eden briefly reported today’s discussion is a continuation from previous meetings. Standard of care is considered conscious sedation for colonoscopies. In today’s industry a vast number of clinics automatically administer propofol for anesthesia and the cost is passed on to the member. Of the 1750 preventive colonoscopies performed in 2014, 175 were billed separately for anesthesia. The plan will cover propofol only if it’s medically necessary, which must be verified by clinical documentation. The goal is to balance standard of care with the cost not allocated to the members.

Dr. Nash reported one of the main concerns is general anesthesia and the current guidelines. The death rate for colorectal cancer in Arkansas is higher than national averages. Colorectal Cancer is the 3rd most common cancer in men and women. The US Preventive Task Force recommends men and women between the ages of 50-75 receive colonoscopies.

Dr. Nash reported the following claims data from 01/01/2014 - 06/30/2015:

<table>
<thead>
<tr>
<th>Members with Claims for colonoscopies</th>
<th>Allowed/Denied</th>
<th>Paid</th>
<th>Cost Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>2538</td>
<td>2512 - 26 (1%)</td>
<td>$1,507,373.99</td>
<td>$593.91</td>
</tr>
</tbody>
</table>

*99% were medically indicated in 18 months for colonoscopies.
The following is a review of the cases with general anesthesia:
<table>
<thead>
<tr>
<th>Members</th>
<th>Allowed</th>
<th>Paid</th>
<th>Cost per Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>2035</td>
<td>1602 - 433</td>
<td>$330,990.74</td>
<td>$162.65</td>
</tr>
</tbody>
</table>

*79% were allowed and 21% denied based on AGA criteria.

After extensive discussion Hollingsworth requested general information regarding the clinics involved; identify the clinics, their locations, and how many procedures are performed for the members. Dr. Nash reported some locations include Little Rock, Hot Springs, and Fort Smith. Hollingsworth would like more detailed information. Dr. Nash will present the report at the February 2016 meeting.

**WELLNESS REQUIREMENTS 2016: BY: Janna Keathley, EBD Quality Assurance Officer**

Keathley reported the wellness program began in 2014. The ARBenefits Well program encourages members to have an annual exam with a provider. The goal is to establish a relationship with a provider and potentially reduce ER visits. The program has proven helpful in identifying chronic conditions that could become costly to the member and the plan. Keathley gave a couple of examples of members notifying EBD of their positive impact as a direct result of the ARBenefitsWell program.

Over 71,400 members are eligible for the wellness discount. Of these over 63,700 (89%) completed the requirements of the program. Over 7,600 have not yet met the requirements. The goal is to migrate toward more measurable outcomes in the future. Bushmiaer requested information on wellness programs and their incentives from UAMS, AFMC, Nab Holtz, Children’s Hospital, and Windstream.

**NEW BUSINESS TOPICS: by Lori Eden, EBD Deputy Director, Dr. Joseph Thompson, Director ACHI**

Eden requested additional information regarding the upcoming case management RFP. Eden has concerns with the amount of time allocated for the process which can take up to 1 year. The Quality of Care committee will provide direction as well as the Board.

Dr. Thompson briefly discussed ACHI and EBD will meet to discuss the various options for case management and provide guidance to the Board and for the RFP process.

Bushmiaer thanked the members for their participation and motioned to adjourn.

Dr. Thompson seconded. All were in favor.

**Meeting Adjourned.**
ASE/PSE Report

Anesthesia for Lower Endoscopic Procedures

Creshelle R. Nash, MD, MPH
Medical Director, Arkansas Blue Cross and Blue Shield

January 12th, 2016
• Background
• The Use of General Anesthesia
  ▪ American Society of Gastrointestinal Endoscopy
• The Question of the Quality of Care Committee
• The Arkansas Blue Cross Analysis and Findings
  ▪ Claims and Medical Record Review
• Conclusions
Colorectal Cancer (CRC) is the 3rd most common cancer in men and women
  • The death rates for CRC is high than national averages
Colorectal Screening Reduces Deaths
US Preventive Task Force Recommendations:
  • Screening for men and women aged 50-75
    • FOBT, Sigmoidoscopy or Colonoscopy
  • Colonoscopy is also utilized in diagnosis and treatment of many GI disorders
The Issue of General Anesthesia

- Sedation improves the quality of an endoscopic examination

**Mild to Moderate to Deep Sedation or General Anesthesia**
- Increased risk of cardiopulmonary complications with general anesthesia
- Level of sedation is influenced by:
  - The Procedure
  - Patient Age and Health Status
  - Concurrent Medications
  - Anxiety and Pain Tolerance
The American Society for Gastrointestinal Endoscopy states that:

“The routine assistance of an anesthesiologist for average risk patients undergoing standard upper and lower endoscopic procedures is not warranted”

However **general anesthesia is recommended in**:

- Patients with more extensive GI endoscopy procedures (e.g., ERCP);
- Patients with complicated co-morbid medical conditions;
- Patients who cannot tolerate conscious sedation; and
- Patients with an increased risk for airway obstruction due to an anatomic variant.
Review the medical necessity of anesthesia with colonoscopy within the ASE/PSE population

- **The Current Process: Monitor for use of General Anesthesia**
  - Any claim that is received is denied
  - The provider is able to appeal the denial
  - The case is reviewed for medical necessity
    - If denied: Member responsibility and may generate member appeals
• From Claims Data: 1/1/2014-6/30/2015

<table>
<thead>
<tr>
<th>Members with Claims for colonoscopies</th>
<th>Allowed /Denied</th>
<th>Paid</th>
<th>Cost per member</th>
</tr>
</thead>
<tbody>
<tr>
<td>2538</td>
<td>2512/26(1%)</td>
<td>$1,507,373.99</td>
<td>$593.91</td>
</tr>
</tbody>
</table>

• Point here 99% are medically indicated in 18 months
### Top 5 Diagnosis

<table>
<thead>
<tr>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for Malignant Neoplasm</td>
</tr>
<tr>
<td>Diverticulosis of the colon</td>
</tr>
<tr>
<td>History of Colon Polyps</td>
</tr>
<tr>
<td>Blood in Stool</td>
</tr>
<tr>
<td>Iron deficiency anemia</td>
</tr>
<tr>
<td>Other symptoms involving the digestive system</td>
</tr>
</tbody>
</table>
Review of the 2035 cases with general anesthesia:

- 79% were allowed and 21% denied based on AGA criteria
- Approximately $70,427 in costs were avoided by the plan over the time period
- Cost saved: $46,951 per year or $3,913 per month
- Does not account for the administrative cost of member and provider appeals

<table>
<thead>
<tr>
<th>Members</th>
<th>Allowed /denied</th>
<th>Paid</th>
<th>Cost per Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>2035</td>
<td>1602/433</td>
<td>$330,990.74</td>
<td>$162.65</td>
</tr>
</tbody>
</table>
• There is growth in the use of General Anesthesia in endoscopic procedures in Arkansas and the nation.
• Professional societies continue to debate the issue and have developed guidelines.
• We utilize those guidelines in our policy for ASE/PSE and our evaluation.
• We found that 79% of the endoscopy cases met medical criteria for the use general anesthesia.
• Arkansas Blue Cross and Blue Shield has done a cost/benefit analysis for other health plans
  • Discontinued medical review of general anesthesia claims with endoscopic procedures.
Thank You
Payment Innovation

Laura Thompson
Manager, Primary Care Programs
January 2016

Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield Association

Payment Innovation

Health Care Payment Improvement Initiative

Building a healthier future for all Arkansans

Arkansas Healthcare Payment Improvement Initiative

- Improve the health of the population
- Improve patient experience of care (quality and access)
- Reduce, or at least control, and cost of health care
Primary Care Alignment

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>CPC</th>
<th>State PCMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>122,806</td>
<td></td>
<td>14,640</td>
</tr>
<tr>
<td>Unaligned</td>
<td>24,528</td>
<td></td>
<td>34,277</td>
</tr>
<tr>
<td>Attributed</td>
<td>96,293</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Members</td>
<td>80%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attributed</td>
<td></td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>

**ARKANSAS BLUE CROSS and BLUE SHIELD**
Comprehensive Primary Care initiative

CPCi

Program Overview

Comprehensive Primary Care Initiative

- The CPC initiative will test a practice redesign model supported by a new payment model over 4 years (2013-2016):

  **Practice Redesign**
  - Provision of core primary care functions
  - Better use of data

  **Payment Redesign**
  - PMPM care management fee
  - Shared Savings opportunity

ARLAKANS BLUE CROSS and BLUSE SHIELD
### YEAR-TO-DATE PROGRAM SUMMARY

<table>
<thead>
<tr>
<th></th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Active Members</td>
<td>1,277,548</td>
<td>1,277,669</td>
<td>1,277,669</td>
<td>1,277,112</td>
</tr>
<tr>
<td>CPC Attributed Members</td>
<td>12,402 (9.1%)</td>
<td>13,479 (9.8%)</td>
<td>13,471 (10.1%)</td>
<td>13,256 (10.4%)</td>
</tr>
<tr>
<td>Other PCP Attributed Members</td>
<td>78,643 (61.8%)</td>
<td>76,368 (59.7%)</td>
<td>74,864 (58.5%)</td>
<td>73,104 (58.2%)</td>
</tr>
<tr>
<td>Active Non-Attributed Members</td>
<td>46,303 (36.3%)</td>
<td>46,781 (36.5%)</td>
<td>46,774 (36.4%)</td>
<td>46,830 (36.4%)</td>
</tr>
</tbody>
</table>

### TOTAL COST OF CARE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group CPC Attributed PMPM</td>
<td>$371</td>
<td>$390</td>
<td>$357</td>
<td>$361</td>
</tr>
<tr>
<td>State CPC Attributed PMPM</td>
<td>$374</td>
<td>$377</td>
<td>$342</td>
<td>$313</td>
</tr>
</tbody>
</table>

### UTILIZATION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Inpatient Admits per 1,000 per month</td>
<td>5.6</td>
<td>5.4</td>
<td>5.5</td>
<td>5.5</td>
</tr>
<tr>
<td>Group CPC Attributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State CPC Attributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Visits per 1,000 per month</td>
<td>16.0</td>
<td>16.1</td>
<td>15.3</td>
<td>15.5</td>
</tr>
<tr>
<td>Group CPC Attributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State CPC Attributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptions - Generic Rate</td>
<td>87.8%</td>
<td>89.5%</td>
<td>89.2%</td>
<td>89.3%</td>
</tr>
<tr>
<td>Group CPC Attributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State CPC Attributed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Patient-Centered Medical Home

PCMH
Patient-Centered Medical Home

- State PCMH program
  - Effective date 4/1/15
  - Multi-payer participation
  - Alignment of metrics

- 2016 CPC / PCMH Numbers
  - 210 Clinics
  - 979 providers

2016 Program Overview

Activity Metrics

- Identify top 10% of high-priority patients
- Clinical Quality Measures (CQM) report generation
- Assess operations of practice and opportunities to improve
- Develop strategy to implement care coordination and practice transformation
- Identify and address medical neighborhood barriers to coordinated care (including BH professionals and facilities)
- Provide 24/7 access to care
- Document approach to expanding access to same-day appointments
- Childhood/Adult Vaccination Practice Strategy
- Establish processes that result in contact with beneficiaries who have not received preventative care
- Complete a short survey related to patients’ ability to receive timely care, appointments, and information from specialists (including BH specialists)
- Document investment in healthcare technology or tools that support practice transformation
- Incorporate e-prescribing into practice workflows
- Integrate EHR into practice workflows
- Ability to extract data from EHR
- Care Plans for High Priority Beneficiaries
Patient-Centered Medical Home

Quality Metrics

- Percentage of beneficiaries who turned 15 months old during the performance period who receive at least four wellness visits in their first 15 months.
- Percentage of beneficiaries 3-6 years of age who had one or more well-child visits during the measurement year.
- Percentage of beneficiaries 12-21 years of age who had one or more well-care visits during the measurement year.
- Percentage of beneficiaries 6-12 years of age with an ambulatory prescription dispensed for ADHD medication that was prescribed by their PCMH, who had a follow-up visit within 30 days by any practitioner with prescribing authority.
- Percentage of beneficiaries prescribed appropriate asthma medications.
- Percentage of CHF beneficiaries age 18 and over on beta blockers.
- Percentage of beneficiaries 1-17 years of age who were given a diagnosis of non-specified URI, and who had antibiotic treatment for it during the measurement period.

2016 Program Overview
Quality Metrics Continued

- Percentage of diabetes beneficiaries who complete annual HbA1C, between 18-75 years of age.
- Percentage of diabetic beneficiaries between 18-75 years of age who are on statin medication.
- Percentage of a practice's high priority beneficiaries who have been seen by any PCP within their PCMH at least twice in the past 12 months.
- Percentage of beneficiaries who had an acute outpatient hospital stay who were seen by a health-care provider within 10 days of discharge.
- Percentage of beneficiaries age 18 years and older who were prescribed chronic Alprazolam (Xanax) during the measurement period.
- Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.
- Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) whose most recent HbA1C level during the measurement period was greater than 9.0% (poor control) or was missing, the most recent result, or an HbA1C test was not done during the measurement period.
- Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation during the measurement period.
Episodes
Arkansas Blue Cross and Blue Shield

Episode Summary as of 01/01/2016

Arkansas Blue Cross and Blue Shield now has 10 Episodes

1. Total Knee & Hip Replacement (TJR)
2. Congestive Heart Failure (CHF)
3. Perinatal
4. Colonoscopy (on hold for 2016)
5. Cholecystectomy
6. Tonsillectomy & Adenoidectomy
7. Percutaneous Coronary Intervention (PCI)
8. Coronary Artery Bypass Graft (CABG)
9. Asthma
10. Chronic Obstructive Pulmonary Disease (COPD)
Wave 1 and Wave 2 Costs

- All episodes live in 2014 had an average cost between 2% and 39% under the projections for 2014

Episode-Based REMUNERATION

Wave 3 Development

Currently exploring development of additional episodes & maintaining close alignment with Medicaid.

<table>
<thead>
<tr>
<th>Episode</th>
<th>AR Blue Cross</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendectomy</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Hysterectomy</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Major Bowel</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Non-Cervical Spinal Fusion</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>Urinary Tract Infection (with ER)</td>
<td></td>
<td>✔️</td>
</tr>
</tbody>
</table>

Projected Implementation: January 2017
Preparatory Reporting beginning Mid-2016
Quality Metrics for Existing Episodes

- AR BCBS is also evaluating the Quality Metrics for the existing 10 Episodes.
- Changes to these metrics may include:
  - Measures to ensure medically necessary/appropriateness
  - Industry 'best practices' for ensuring quality Episode outcomes

Increasing Cost Transparency

- Principle Accountable Providers (PAPs) are more selective in facilities they choose
- Facilities are now encouraged to be more competitive in negotiated costs
- Providers are more engaged with AR BCBS and are collaborating to help shape the program
- 2016 Cost Transparency Goals
  - Provide Cost Data for Primary Care Physicians for Referrals and Other Medical Costs
  - Increasing Accessibility to Cost Data for Members, Providers, and Employers with National Utilization Data
All 10 Episodes live in 2015 will be reported and finalized on the following schedule.

<table>
<thead>
<tr>
<th>Report Quarter</th>
<th>Report Date</th>
<th>Report Span</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1 2015</td>
<td>Jul 31, 2015</td>
<td>Jan - Mar 2015</td>
</tr>
<tr>
<td>Qtr 3 2015</td>
<td>Jan 31, 2016</td>
<td>Jan - Sep 2015</td>
</tr>
<tr>
<td>Qtr 4 2015 (Preliminary Year End Report)</td>
<td>Apr 30, 2016</td>
<td>Jan - Dec 2015</td>
</tr>
<tr>
<td>Qtr 4 2015 (Final Settlement Report)</td>
<td>Jun 30, 2016</td>
<td>Jan - Dec 2015</td>
</tr>
</tbody>
</table>

Thank you!

Arkansas Blue Cross and Blue Shield