



AGENDA

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

May 15, 2018

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order.....Margo Bushmaier, Chair*
- II. Approval of April 10, 2018 MinutesMargo Bushmaier, Chair*
- III. Diabetes Analysis.....Mike Motley, Izzy Whittington, ACHI*
- IV. Director’s Report..... Chris Howlett, EBD Executive Director*

Upcoming Meetings

June 12, 2018, July 10, 2018, August 14, 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

May 15, 2018

Date | time 5/15/2018 1:00 PM | Meeting called to order by Margo Bushmiaer, Chair

Attendance

Members Present

Michelle Murtha - Vice-Chair
Cindy Gillespie - Teleconference
Margo Bushmiaer - Chair
Pam Brown - Proxy - Nikki Wallace
Dr. Arlo Kahn
Dr. Terry Fiddler
Dr. John Vinson
Dr. Namvar Zohoori
Chris Howlett, EBD Executive Director, Employee Benefits Division

Members Absent

Frazier Edwards
Zinnia Clanton
Melissa Moore

Others Present:

Eric Gallo, Rhoda Classen, Jamie Levinsky, Terri Freeman, Adrea Walker, Shalada Y. Toles, Allie Barker, EBD; Mike Motley, Elizabeth Whittington, ACHI; Sandra Wilson, AHM; Sean Seago, Merck; Marc Watts, ASEA; Jessica Akins, Takisha Sanders, HA; Kristi Jackson, ComPsych; Wayne Whitley, Ronda Walthall, ARDOT; Frances Bauman, Novo Nordisk

Approval of Minutes by: Margo Bushmiaer, Chair

Bushmiaer asked for a motion to approve the April 10, 2018 minutes. Dr. Kahn motioned to approve the minutes. Dr. Fiddler seconded. All were in favor.

Minutes Approved.

ACHI Updates by: Mike Motley, Elizabeth Whittington, ACHI

Mike Motley and Elizabeth Whittington provided an analysis on diabetes within the plan.

Diabetes Prevalence in Arkansas & EBD

- Arkansas (Overall) = 13%
 - Highest rate = 17% in Izard, Mississippi, St. Francis, Monroe and Jefferson Counties
 - Lowest rate = 9% in Benton County
- EBD members with Type 2 diabetes (2016—2017): 11.2%

Discussion:

Howlett asked if that is a full diagnosis on Type 2 Diabetes. Motley responded yes.

Bushmiaer asked how these rates compare to Medicare clientele, and Whittington stated they can get that for you but we do not have it at this time.

Howlett asked if Motley could expand on the section without complications section of the grid (please refer to slide 6). Howlett asked if that is a stage type 2 compliant person managing their disease? Motley stated that there are roughly 400 codes that involve complications, and we are pulling the ones that have no complications.

Dr. Kahn interjected that compliance is a separate issue. You can be compliant and have good control, but at some point, you will have complications with Diabetes.

Howlett asked if the group that did not have complications is the control group, and Motley stated it was not really a control group. It is a group of anyone else on the plan that did not have any complication from Diabetes.

Motley stated that they do want to go back and break it down more.

Dr. Zohoori stated that it is worth noting that the group without complication is not a heterogeneous group, and if you look at the median cost vs. the total cost and what the mean cost would have been, you would see some people costing a lot more than others. It is not a homogeneous group, and some people in that group probably has a lot of other things going on with them that are unrelated. Whittington agreed that there are also a lot of large outlier claims in that population.

Dr. Kahn stated that some of the ones with kidney failure will cost Medicare not EBD. This is not the total cost.

Murtha asked if we could pull the pre-diabetes population, and Motley stated that they can do that.

Dr. Fiddler asked about how long we can expect to see a turnaround or reversal on conditions for the program Naturally Slim? Howlett answered data should be available between 10 weeks and 6 months, but is not sure the exact time to halt or change a disease state. Howlett stated that they mentioned seeing some reversals at 6 months. Dr. Fiddler asked if we are we set up to find out when they come off medication, or see a reduction in glucose in blood count?

Dr. Kahn stated that when your weight goes down, your blood sugar goes down. It depends on how much weight you lose, not the amount of time. Some will lose 10% of their weight, but they will still be called diet controlled Diabetic. You will not be able to look at claims data because they will always be labeled Diabetic.

Howlett stated that if they are coming off medication, that would be attributable to the Naturally Slim program; we can look at that. We would have to look at the population and isolate claim spend before, during and after. Whittington presented the Medicare Diabetes Prevention Program as requested. Dr. Vinson asked that we respectfully reach out to Rachel Johnson, Section Chief for

Diabetes at ADH, to see what they can offer to benefit our members. Howlett stated that they have met with her already. Dr. Vinson stated that they are offering an online module like Naturally Slim, but this program is specifically designed for Diabetes. Howlett stated that right now it is mostly Northwest Arkansas and done at Mercy Hospital, but we will circle back internally and report on the possibilities. We need to look at if it can reach people across the state.

Dr. Fiddler asked if Naturally Slim is a redux program, or is it a truly new program. Howlett stated that he does not think it is a program that started and failed again and again. Dr. Fiddler stated that this is a new opportunity, and we need to take advantage of these new programs to address Diabetes since we have worked on this problem for a long time.

Howlett asked to circle back with Motley and Whittington to get the precise take-a-ways from the meeting.

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

As of last Friday morning, Naturally Slim has 2,578 ASE and 1,951 PSE signed up in a little over 2 hours, about 16 people a minute. The approved amount was 1,000 in each group.

For Catapult, just over 10,000 people have had screenings. We have over 15,000 appointments available with 579 clinics coming up, and 72 clinics are in pending status. We are not trying to replace your PCP, but we are trying to make it easier to get the screening at your workplace at a reduced cost. The average claim is about \$160. If you tell your doctor you do smoke, then you do not have to be tested. That part of the claim is \$20. The data from your screening is rolled up and sent to you on your phone.

Dr. Vinson asked when we will get the numbers to compare the self-reported number to the actual number. Howlett stated that this is a weekly feed of numbers from the screenings. Dr. Vinson asked if it then goes to ACHI from that weekly feed. We can look at relative data during a time set period, but Howlett stated that it will not be 100% ready until it is all put together and completed.

Murtha asked if we could look at the data from May to July, and Howlett stated that we can look at it from where we started receiving it. Howlett stated that we need to decide what we are looking at and the best things to focus on. We will not have a full range to look at until the end of October.

Dr. Vinson said it would be good to look at a sample of what it might look like, and Howlett asked what type of sample do is wanted. Dr. Vinson is mainly thinking of the self-reported numbers for smoking and obesity in comparison to the real measured data to determine real costs.

Howlett asked if we could get past the time frame for the health screenings. Motley and Whittington will circle back by Thursday with Howlett to see if the self-reported data is different from the real measured data on the same people.

Murtha expressed concern for comparing apples to oranges on the self-reported data to the real numbers. Motley agreed and said that we need to pick the groupings to look at and then look at the claims data based on the groupings.

Howlett is wanting to look at the claims for the period of one year. Murtha stated that if we follow the people for the time in program and then follow their claims and compare the BMI, A1C, or BP at 6 months and then a year. Motley agrees to not compare the self-reported rates to the actual rates.

Howlett said we don't want to end up back where we started. Howlett stated he will go back and address these requests before the next meeting.

Dr. Fiddler made a motion 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



May 2018

Objectives for Presentation

- **Review initial analyses of EBD members with Type 2 diabetes**
- **Discuss Medicare's Diabetes Prevention Program**
- **Review worksite wellness best practices and existing initiatives**
- **Additional items**



Cost of Diabetes

- **More than 30 million Americans have diabetes**
- **Health care costs for Americans with diabetes are 2.3 times greater than those without the disease**
- **Diagnosed diabetes costs \$327 billion per year**
- **\$1 in \$7 health care dollars is spent treating diabetes and its complications**

Source: American Diabetes Association (ADA), "The Staggering Costs of Diabetes." Retrieved from <http://www.diabetes.org/assets/img/advocacy/2018-cost-of-diabetes.jpg>



Diabetes Prevalence

- **National Prevalence Data:**

- **Total: 30.3 million people have diabetes (9.4% of the US population)**

- **Diagnosed: 23.1 million people**

- **Undiagnosed: 7.2 million people (23.8% of people with diabetes are undiagnosed)**

Source: Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2017. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2017. Retrieved from

<https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>



Diabetes Prevalence in Arkansas & EBD

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- **EBD members with Type 2 diabetes (2016—2017):**
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Source: County Health Rankings & Roadmaps, “Arkansas 2018—Additional Measures: Diabetes Prevalence.” Retrieved from <http://www.countyhealthrankings.org/app/arkansas/2018/measure/outcomes/60/data?sort=sc-2>



EBD Type 2 Diabetic Population Profile

Category	Number of Members	Median Cost	Total Claims Cost for Group
Members with Type 2 diabetes (without complications)	8,295	\$1,456.89	\$40,161,258.76
Members with Type 2 diabetes (with complications)	6,695	\$3,515.14	\$68,119,505.42
Other EBD members	133,748	\$536.60	\$394,253,903.00

Medicare Diabetes Prevention Program



- **Sessions take place in group-based, classroom settings**
- **Provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control**

Source: Centers for Medicare and Medicaid Services, “Medicare Diabetes Prevention Program (MDPP) Expanded Model.” Retrieved from <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/index.html>



Arkansas Healthy Employee Lifestyle Program (AHELP)

- **Overseen by the Arkansas Department of Health**
- **State agencies, licensing boards, etc. are eligible to participate**
- **Employees can earn points by completing healthy behaviors**
 - **Each employee can accrue up to three days off of work**
- **Also includes Community focused program known as CHELP (Community Health Employee Lifestyle Program)**

Source: Arkansas Department of Health, “Worksite Wellness—AHELP and CHELP.” Retrieved from <https://www.healthy.arkansas.gov/programs-services/topics/worksite-wellness>



Next Steps

- **Assess quality measures associated with diabetes management**
- **Develop recommendations for potential EBD management of diabetic population health**