

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

**Minutes**

April 8, 2009

The State and Public Life and Health Insurance Board, Quality of Care Committee met on April 8, 2009 at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Little Rock, Arkansas.

**Members Present**

Shelby McCook  
Caryl Hendricks  
Dr. Joseph Thompson  
Dr. Michael Moody  
Ray Montgomery

**Members Absent**

Carol Shockley  
Dennis Moore  
Renee Mallory  
Steve Madigan  
Dr. William Golden

Jason Lee, Executive Director, Employee Benefits Division, DFA

**Others Present**

Roy Jeffus, ADHHS; John Herzog, EDS; George Platt, Amy Tustison, Stella Greene, Sherri Saxby, Jane Young, Cathy Harris, EBD; Rhonda Jaster, EBD/ACHI; Shirley Tyson, ACHI; Bryan Meldrum, Nova Sys; Shonda Rocke, NMHC; Ronda Walthall, Wayne Whitley, AHTD; Shirley Tyson, ACHI; Barbara Melugin, BCBS/HA; Patricia Brown, Carol White; PDB Enterprise; Randy Clifton, Amgen;

**Call to Order**

The meeting was called to order by Shelby McCook.

**Approval of Minutes**

June 11, 2008 minutes not approved. Not vote could be taken due to lack of quorum.

**Committee Leadership** *by Jason Lee, EBD Director*

Lee said the Quality of Care Subcommittee has not been given the full attention from the Board and from EBD within the last year even though they are legally obligated to do so and is certainly in the best interest of the members. Lee made a pledge to the committee to do what can be done from an EBD perspective; to energize, engage the group, and ask the groups help on moving forward into the remainder of this year and into the 2010 plan year and beyond.

**Committee Status Report and Mission Review** *by Shelby McCook*

Chairman McCook said it's been so long since the committee has meet and so they need to review the law to see what the Quality of Care Committee is

required to do. McCook referenced Arkansas Code § 21-5-404, concerning the powers and functions of the Quality of Care Committee. McCook suggested the committee meet every two months

Chairman McCook commented on ACHI's contributions in the Quality meeting. McCook referenced the HEDIS measures that Shirley Tyson reported on in the last meeting.

Tyson said since that time they did an additional analysis at the request of Dr. Golden. Tyson explained that in the last meeting they were asked to combine the comprehensive measures for diabetes to see how many of those patients received all three services instead of one of the three; Hemoglobin A1C (HbA1c), Eye exam test during and Low density lipoprotein cholesterol (LDLC) screening. Tyson said they have already provided the results of that analysis to EBD but she can also provide it to the committee as well.

Tyson reported they have looked at other measures such as beta blockers use, anti-depressant medication management and persistent beta blocker use after a heart attack. Tyson said they also did some additional mapping as oppose to just providing the raw numbers to determine if there are any regional variations in the picture. Tyson said they do not have the final results to present to the committee at this time.

Tyson said they have not stop short of providing the provider level analysis and it is something that they are still in line to do depending on the need from the committee.

Lee informed the committee that over the last 8 months EBD has taken some great steps to expand their internal analytic team. Lee said they have lost of tools, data and predictive modeling utilities that they have not had readily available in the past so now they can truly start to see results from the decisions that they make.

Hendricks and Lee discussed whether EBD will participate in the next quality regional extract. Chairman McCook suggested they include this topic as an agenda item for discussion in one of the upcoming meetings.

Chairman McCook and Tyson discussed the list of measures that were presented to the Quality committee last year. Tyson explained the measures were decided by the Quality subcommittee. The committee reviewed all of the available measures then selected those specific measure based upon their populations. Tyson said the HEDIS specifications are developed by the National Committee for Quality Insurance (NCQA) are sanctioned by the National Quality Forum other nationally recognized committees.

Tyson said she will provide the committee with the total list of measures from previous meetings.

Chairman McCook said he would like to include prostate and colonoscopy exams in the list of measures. McCook said there are different ideas and a lot of test going on about the value of a Prostate-Specific Antigen (PSA) test.

Lee said it is important for them to have considerable amount of discussions about the merits of individual preventative care annual exam and visits. Lee said they have eliminated all the barriers to access and it's free and so in the months ahead he would like to have real discussions about participation levels, motivations and encouragement. Lee informed the committee that the legislation directs the committee to look at financial incentives to improve performance; a way to financially incentives the member or the provider to become more participatory in the preventative care environment.

Hendricks commented that the plan has been very proactive regarding prescriptions but she really does not know anything about the rest of the plan. Hendricks requested information on the benefit plan design. Lee said he provide that in the next meeting.

Chairman McCook commented the benefit plan is design so that if people really want to be healthy it's pretty much a free ticket as far as wellness. McCook said there is a lot of misunderstanding about the plan's benefit schedule among the medical community.

Tyson said another possible missing factor is consumer education. Tyson said members may not be aware of what services they should have to be well until an event happens.

Lee said they do have some communication tools coming down the line with personal health records.

Dr. Moody said he is not sure whose responsibility it is to educate; whether it is the providers responsibility to educate their patients as to the preventative services available or is it the health plan's responsibility to educate the members.

Roy Jeffus with the *Arkansas* Department of Health and Human Service told the committee it is something that they struggle with at ARKIDS First. Jeffus said they do massive amounts of outreach and extensive work with the medical society and have also done incentive payments but they did not get that much of a return because people are just not going to go to the doctor if they have a good reason.

Dr. Thompson said one of the things they are seeing nationwide is that they don't go to the doctor during 9-5 work hours. Dr. Thompson said they really want

people to seek preventive services or earlier treatment for routine services but there are some negative financial incentive workings against them.

McCook suggested the study group take the issue on as a project to try to gather information on what the carriers have that the plan can utilize. McCook said it might be good for Jeffus to provide someone to set in on the meeting as well because Medicaid needs to be involved because it all works together.

### **E-Prescribing**

Lee said they are starting to have some very early conversations about E-Prescribing as it relates to the members on our plan. Lee said there are a lot of initiatives from Medicaid and others to bring the medical community into the e-prescribing environment. Lee said he wanted to get the feelings of the quality committee about E-Prescribing and how it can be used for our members in the world moving forward.

Lee explained E-prescribing is an integrated electronic system that allows a prescriber's ability to electronically send prescription directly to a pharmacy from the point-of-care.

Dr. Moody said the medical profession is certainly very positive as far as the attitude and encouragement, and so it's not an obstacle. Moody said there are a lot of practices that have done all the feasibility studies and have accepted the concept but they've just not been able to write the check. There are some financial incentives but making that initial investment has been the major stumbling block. Obviously, there is a lot of money in the stimulus packet and the medical society and others are talking about how to access that to help small practices be able to afford the electronic medical record. The pharmacies are already geared up to participate but it's the electronic medical record and the afford ability that is the major stumbling block.

Dr. Thompson talked about the stimulus packet. Dr. Thompson said the federal government will have some sort of guidance or performance expectation for business but that the plan may want to go further and say "here is what we want for the state.

Montgomery commented that about 10% of our physicians have developed some type of EMR and it'll all be tied together. Montgomery said I think our application here is probably to make sure that our continuity of service and application functions whether than waiting or looking at the money. I think in the next 2 or 3 years as we've talked about the federal government is going to figure out all those problems we are expect to see a lot of physicians come on line with that component as well as many others. I guess from our standpoint is just making sure when the flood gate opens up that we're utilizing the information appropriately and maximizing the potential. Montgomery said they are going to

get a lot of data that we are going to have start trying to figure out what they will do with that information.

John Herzog addressed the committee to talk about E-Prescribing.

Hendricks suggested they look at other states and Medicare collaborative that are coming together. Hendricks said they need to look for specific standards.

Dr. Thompson commented large employers in the private sector are not pushing us to do it so therefore it is not really getting much attention. So, if Medicaid or state employee plans don't pay attention to it, then probably nobody is going to pay attention to it.

**Meeting Adjourned.**