

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

Minutes
July 8, 2009

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

Members Present

Shelby McCook
Caryol Hendricks
Carol Shockley
Dr. Michael Moody
Renee Mallory

Members Absent

Dr. Joseph Thompson
Dennis Moore
Ray Montgomery
Steve Madigan
Dr. William Golden
Ray Montgomery

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

April 8, 2009 minutes not approved. Not vote could be taken due to lack of quorum.

ARHealth Schedule of Benefits & Wellness Services *by Jason Lee*

Lee provided an overview of the AR Health Schedule of Benefits & Wellness Services and then answered questions from the committee members.

No action taken by the committee.

HEDIS Update *by Shirley Tyson, ACHI*

Shirley Tyson with the AR Center for Health Improvement (ACHI) provided an update on the EBD HEDIS analysis results.

Tyson explained that when ACHI started the analysis process the committee decided on four key principles for the analysis.

- Based upon standardized specifications
- Follow sound, standardized, transparent methodology
- Recognize methodological challenges in fairly distinguishing performance among physicians.
- Must use quality measures as centerpiece.

Below are the previous HEDIS measures selected by the Quality of Care.

- Breast cancer screening
- Comprehensive diabetes care
 - HbA1c Screening
 - LDLC Testing
 - Eye Exam
- Cervical cancer screening
- Asthma management

Tyson provided the results of an additional measure.

- Anti-depressant medication management.
 - Acute phase treatment
 - Continuation phase treatment

State level Performance

The quality indicator rate for Anti-depressant medication management among the EBD Population for 2006:

Results of Acute phase: Of individuals age 18 to 75 with new diagnosis of depression receiving medication enrolled in plan treated with antidepressant medication for a 12 week period, **67%** remained on the drug the entire 12 week period (84 days).

Results of Continuation phase: Of individuals age 18 to 75 with new diagnosis of depression receiving medication enrolled in plan treated with antidepressant medication for a 180 day period, **44%** remained on the drug the entire 180 day period.

Tyson presented the HEDIS results by EBD regions and public health regions. There are seven EBD defined regions that includes counties located outside the state. All public health regions are located within Arkansas defined by the Arkansas Department of Health.

National Comparison

- EBD rates are consistently below the national commercial plans on five of the six indicators previous measures
 - Greatest gap in the LDLC screening at a 20% difference.

- The EBD plan's rates are higher in all reported indicators when compared to the national Medicaid and Arkansas Connect Care results.
- Results observed are not consistent with national quality report results.
- For the Antidepressant Medication Management indicator, the EBD population's results were better in the acute phase but performed slightly lower in the continuation phase.

Tyson answered questions from the committee and audience members.

Lee informed the committee that they have introduced the idea of a new Medication Management program created, administered and monitored by our in house monitoring staff. We are looking with new opportunities to take a different approach to how we handle certain medications issues. Lee said he would e-mail the members a copy of the plan's preferred drug list for them to review.

Schedule of 2009 Meetings *by Jason Lee*

Lee explained it was adopted at the last meeting for them to schedule the meetings every two month as opposed to quarterly; but they failed to adjust the July meeting and so it is actually three month later than the last time they met.

Lee said the next scheduled meetings will be September 9th and November 4th

Committee Direction *by Shelby McCook, Chair*

McCook said it is very important that the committee members attend the meeting because it is required by law. McCook said they will send a letter out to the members asking them to attend or provided the name of the individual who can represent them.

McCook said nationwide there is a movement on this Quality of Care thing and it is so important and it ties in with the Trauma systems and electronic patient records and every body is working towards it.

McCook said they need to zero in on what kinds of things we want to start measuring so we can compare how we are doing.

Recommendation and Next Steps

Lee gave the members a one page questionnaire as to what you see as the single most important medical issue that we'll be facing in the next 5 to 10 years because it's important that we discuss the overall quality of healthcare for our members. Lee said It's important for them to use the resources they have to go after what we all perceive is the areas of most critical importance. Lee said he will present the results in the next meeting.

Lee said he will send the questionnaire via- e-mail to the members as well and encourage the members to share it with others.

McCook reviewed the Quality of Care Action plan that was approved by the Board in April 2009.

Meeting Adjourned.