

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

Minutes

June 11, 2008

The State and Public Life and Health Insurance Board, Quality of Care Committee met on June 11, 2008 at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Little Rock, Arkansas.

Members Present

Shelby McCook
Dr. William Golden
Dr. Joseph Thompson
Dr. Michael Moody
Tom Emerick
Caryl Hendricks
Ray Montgomery
Renee Mallory

Members Absent

Carol Shockley
Dennis Moore
Steve Madigan

Sharon Dickerson, Executive Director, Employee Benefits Division, DFA

Others Present

George Platt, Stella Greene, Faith Houston, Kim Wilmot, Shannon Roberts, Marilyn Jersild, Cathy Harris, EBD; Rhonda Jaster, EBD/ACHI; Bryan Meldrum, Nova Sys; Shonda Rocke, NMHC; Marc Watts, ASEA; Wayne Whitley, AHTD; Shirley Tyson, ACHI; Jeff Britt, Pfizer; Barbara Melugin, BCBS/HA; Nena Sanchez, AFMC

Call to Order

The meeting was called to order by Shelby McCook.

Approval of Minutes

The request was made by Chairman McCook to approve the January 9, 2008 minutes. Dr. Thompson made the motion to adopt. Mallory seconded. Minutes approved.

EBD Activities Update *by Sharon Dickerson, Director*

Dickerson reported EBD has been providing ACHI with claims information for the HEDIS report. Dickerson said the EBD Health Services Department rolled out its new Mommy 2 B maternity program at the beginning of June.

Dr. Thompson commented on the premiums for the PSE group. Dr. Thompson said the premiums will have an impact on the cost of care and the quality of care of the plan at some point.

Dickerson said it all comes down to funding. Dickerson said the cost of the program is not more than the cost of the program in any other states contiguously to Arkansas. Dickerson said quality will decrease considerable if individuals drop out of the insurance program because they want have any healthcare at all or they will only seek it through emergency measures and it won't be preventative.

Dickerson informed the committee Representative Abernathy invited her to speak to the Legislators about the alternative to what the plan currently has. Dickerson said she reported that the other alternative is the HD PPO and Health Savings Account.

Chairman McCook agreed. McCook said the HD PPO plan is an option for members, and then suggested Dickerson emphasize the option in the meeting with the legislators.

Chairman McCook talked about an expense he incurred for a routine exam. McCook suggested that in the future they increase the copay amount rather than cutting benefits. McCook said a lot of people are going to quit doing preventive services if they have to pay too much.

Dickerson referred the issue to the Benefits Strategic Planning Committee (BSPW) for review.

HEDIS Provider Level Measures Analysis Update *by Joe Thompson, MD*

Dr. Thompson reported many large employers across the nation have asked their provider networks to start reflecting the quality of care. Dr. Thompson explained that the HEDIS provider level measure analysis was an effort that the Board undertook over a year ago.

Dr. Thompson explained the importance of taking the process slow. Dr. Thompson said it is important to make sure that the information is accurate on the front end in order to move forward. Dr. Thompson commented other states have rush to public reporting on provider mortality rates and other measures; and although it does improve the system, it causes a lot of friction and tension in the process.

Shirley Tyson, Research Associate/Policy Specialist for ACHI stated they conducted a HEDIS analysis in order to provide information to the Quality Committee and the Board regarding the quality of the care currently being provided to the health plan enrollees. Tyson explained that the information can serve as a resource as health plan benefits are examined and adjusted to better

suit the plan's enrolled population; guide in the development of strategies for provider incentive programs and other cost containment efforts. In addition, serve as the foundation for a consumer education tool to educate the health plan enrollees on making decisions about their health care and health-related needs.

Tyson explained the utilization of quality of care measures are an effective way to reduce health-related costs, increase use of preventive services, and improve the health of patients. Tyson said by rewarding providers who have proven quality according to standard measures; positive change in the health care system is encouraged, rewarded, and implemented. This will benefit providers, patients, employers, and health insurance companies.

Tyson reported on six HEDIS indicators that were selected by the EBD Quality Committee and the analytic team at ACHI for initial analyses.

- **Comprehensive diabetes care (CDC):** The CDC measure selected indicates the percent of enrollees aged 18–75 years who have been diagnosed with type 1 or type 2 Diabetes and who had:
 - Hemoglobin A1C (HbA1c) test during the measurement year.
 - Eye exam
 - Low density lipoprotein cholesterol (LDLC) screening
- **Breast cancer screening (BCS):** This measure is used to assess the percent of females aged 52–69 years who had a mammogram during either the measurement year or year prior to the measurement year.
- **Cervical Cancer Screening (CCS):** This measure indicates the percentage of women age 21-64 years who received one or more Pap tests to screen for cervical cancer within the measurement year.
- **Use of appropriate medications for people with asthma (ASM):** This measure is used to determine the percentage of patients 5-56 years of age who were identified as having persistent asthma and who were appropriately prescribed medication within the measurement year.

The committee also viewed several level results for the selected HEDIS indicators among the EBD population.

- State Level Results
- Regional Results
- Comparison with Regional and National Results
- National Comparisons
- Interpretation of Results

Recommendations

Tyson reported that based upon the information obtained during the development of the report, ACHI encourages the implementation of the following recommendations.

1. HEDIS report(s) development on a yearly or bi-yearly basis.
2. Development of reports for the enrollee or consumer population, health care providers and plan case managers with various levels of detail based upon the target population
3. Develop a comprehensive demographic profile of the enrollee population.
4. Require Primary Care Physician (PCP) selection by all plan enrollees.

The committee discussed the HEDIS results.

Dr. Thompson requested Tyson rerun the numbers for eye exams; specifically the overlap on the diagram between the eye exams, LDL and the hemoglobin A1C assessments. Dr. Thompson said It maybe that they are missing opportunities to do better disease management and control of their clinical risk factors.

The Regional Quality Initiative Update *by Dr. William Golden*

Dr. Golden reported he recently presented at the Governor's Roundtable on Health Care. Dr. Golden said the RQI data is available on the AFMC website and that the numbers are not quite as good looking because performances blend Medicaid services with commercial insured. Dr. Golden said they also broke it down to regional variations and will work on incentives in the future

Dr. Golden reported the data project ends at the end of June and they have a commitment from the fund's sponsor to continue funding the project. Dr. Golden said they are going to propose to the RQI steering committee to continue collecting the data and expand it to eight measures.

Dr. Golden said he will meet with the insurance plans so they can get down to the practice level. Dr. Golden reported they will continue the collection and that the amount of money involved is low but there will be money for the next fiscal year so they can collect data for fiscal year 2007 and 2008.

Dr. Golden commented the toughest part of the project was getting the lawyers to sign off on the agreement to share data; but overall, the data piece was fairly successful and the next step is to see if they can get it more granular. Dr. Golden said he hopes they can have the key parties and EBD involved with some joint efforts to work on the measures.

Hendricks commented she has reviewed both sets of data and there is a real difference in them. Hendricks said at some point they are going to have to look at what made one area so successful and what they can do to improve it.

Other Issues

Dr. Thompson updated the committee on the trauma system proposal that is under development.

Meeting Adjourned.