I. Call to Order..............................................................Dr. John Vinson, Chair

II. Approval of October Minutes...........................................Dr. John Vinson, Chair

III. Health Risk Analysis Update ....................................Elizabeth Montgomery & Mike Motley, ACHI

IV. Director’s Report .............................................................Chris Howlett, EBD Director

V. Adjournment .................................................................Dr. John Vinson, Chair

Upcoming Meetings
December 10th, 2019, January 14th, 2020, February 11th, 2020

NOTE: All material for this meeting will be available by electronic means only.

Notice: Please silence your cell phones. Keep your personal conversations to a minimum.
Date | time 011/12/2019 1:00 PM | Meeting called to order by Dr. John Vinson, Chair

## Attendance

### Members Present
- Dr. John Vinson – Chair
- Margo Bushmiaer – Vice-Chair
- Michelle Murtha
- Dr. Arlo Kahn
- Cindy Gillespie
- Zinnia Clanton
- Dr. Terry Fiddler
- Dr. Appathurai Balamurugan
- Terri Freeman, Employee Benefits Division (EBD) Operations Manager

### Members Absent
- Pam Brown

## Others Present:
- Rhoda Classen, EBD; Elizabeth Montgomery, ACHI; Takisha Sanders, Jessica Akins, HA; Treg Long, ACS; Micah Bard, Octawia DeYoung, UAMS EBRx; Greg Jones, MTI

Dr. Vinson welcomed Dr. Bala as a new member of the Quality of Care committee and Dr. Bala gave a brief introduction about himself.

## Approval of Minutes by: Dr. John Vinson, Chair

**MOTION** by Dr. Fiddler

I motion to approve the October 15, 2019 minutes.

Clanton seconded. All were in favor.

Minutes Approved.

## Health Risk Analysis by: Elizabeth Montgomery, ACHI

Montgomery addressed follow-up questions from the last meeting and discussed the upcoming update of Health Wasted Calculator analysis.

### Discussion:

**Obesity**

Dr. Bala: What is the denominator for the overall state population?

Montgomery: In terms of the obesity rate? I am not sure, but I think it is around 26%-30%.

Dr. Kahn: You mean for the EBD population not the state?
Dr. Bala: Yes.
Montgomery: For obesity in 2018 within the population, we saw 47.6% and the statewide rate was 37%.

Dr. Fiddler: This is self-reported, and they understand what the definition of obese is?
Montgomery: On the survey, a member is only required to provide their height and weight and then that BMI is generated on the back end. The HRA itself does not ask a member to give their BMI number.

Dr. Fiddler: Okay, because males and females think of obese differently. I know men who think they aren’t obese but are and women who are obese but aren’t. 75%, or three-fourths of 19,000, of these numbers are between 35-65 consider themselves obese or by definition.

Montgomery: We use the CDC definitions around obesity so that would be a BMI of 30 or higher would have been incorporated into this.

Dr. Kahn: This doesn’t say that only 23% of age 35-44 were obese, it says that of our entire population 25% of the obese people were in that age group.

Smoking
Clanton: Is there any previous data that shows the smoking rates and whether they are increasing or decreasing?
Montgomery: Yes, what we presented did include the 2017 data, so I can give you those numbers. I can provide that information in a table if you would like. We did see that in 2017 that rate was about 8.7% as opposed to 9.3% in 2018. We also know that we had a lot fewer respondents in 2018 due to the nature of the HRA administration or the worksite wellness visit. In terms of demographics, it was still fairly comparable from year to year. But we have that going back to 2015, and I believe it has always been somewhere around 8%-9%.

Flu Shot
Dr. Bala: Part of the caveat with this data is when they received the flu shot. Typically, I tell my patients to try to get it at the earliest, end of October, so you have protection. Since we don’t have a cutoff, it’s possible they got it in December and had a flu diagnosis. It’s hard to interpret the data when there is no definite set point. It doesn’t tell the true picture.

Dr. Vinson: Do you think there could be any coding issues? Would a doctor ever code that they have the flu even if they don’t have the flu.

Dr. Kahn: Yes, for sure. These days fewer of those because it’s typical to do a flu test, but if you have someone come in and it looks like they have the flu during flu season, they might not even test for the flu and they might have just had a respiratory infection.

Dr. Vinson: Does this include both outpatient and inpatient diagnosis cost?
Montgomery: Yes, any expenditures that maybe weren’t related to the flu are still captured here.

Dr. Kahn: It has a lot of limitations.
Gillespie: Do we have anything where we have looked to see what the flu shot rate is based on our claims data?
Montgomery: I do believe we did complete an analysis on that in 2016 when the wellness committee were considering incorporating flu shots into the wellness requirement, but we have not revisited that since then.

Gillespie: It’s just surprising when you think about schools being part of this. School employees you would expect a very high percentage.
Dr. Vinson: At the schools, they can go to their doctor, pharmacy, and most of the time either a local health care provider or health department is coming in and providing it for the children and the employees. The state average is somewhere around 46% based on reported data.

Gillespie: All hospitals are required to get a flu shot.

Dr. Vinson: UAMS has a condition of working there that you must receive a flu shot or have a medical contraindication or you must wear a mask.

Dr. Kahn: The only data we have in the all payer claims database is claims, so anyone getting a flu shot that doesn’t have a claim submitted we have no access to.

Gillespie: Where do they get a flu shot where there is no claim other than the health department? I know at pharmacies they get your insurance information.

Dr. Vinson: In theory, the health department bills 95%-100% as well and they should capture it.

Gillespie: Should we look to see what it’s like now?

Dr. Vinson: The wellness subcommittee recommended, at least initially in the discussions, that if you’re going to get the discount on your wellness benefit then a flu shot would be required unless you had a contraindication. The thought process was that it would produce cost savings. It was the theory based on national data and other employer data in well designed studies. One thing that EBD has done even though it wasn’t a requirement for the wellness benefit was to increase advertising and patient outreach on how important the flu shot is as well as increasing the number of onsite clinics.

Dr. Bala: With all the limitations, I would not recommend making this as an official one, because clearly there are people who get flu shots throughout the season. If you are not able to tease out who got the flu shot at an early date and look at their flu related hospitalization and cost and compare it between the two cohorts, then you are muddying the waters.

Dr. Kahn: It’s even muddier than it looks. There are plenty of people who don’t even come to see the doctor that have the flu, but who call in and say they have flu-like symptoms and my daughter has the flu and they get Tamiflu to treat the flu and there is never a claim or diagnosis.

Dr. Fiddler: Do you only have one year of data prior to what you are showing us here?

Montgomery: We have done the HRA analysis since 2015, but specific to the flu shot this is the first time we have looked at the flu shot expenditures. To capture the claims cost for this group that said they had a flu shot in 2018, we did look back at 2017 and 2018 flu season to capture those claims.

Dr. Fiddler: I would like to see the efficacy of the vaccine in 2016-17 and 2015-16 and if you got this to be 40%, I would be curious as to what that percentage rate was for those two years.

Gillespie: It would be interesting, for those of us who were not here before, to see whether or not the efforts have increased or at least showing an increase in the number of employees getting the flu shot.

Montgomery: Sure.

Dr. Kahn: In terms of analyzing either the efficacy on the flu shots or the financial advantage, I don’t think it is necessary for subcommittee or the Board to do this stuff because the CDC is doing this all the time. It is more effort than seems necessary.

Dr. Fiddler: They are running out of Tamiflu already this year. Pharmacies in Conway are being sent patients because none of the private physicians have flu vaccines available.
Dr. Kahn: Some pharmacies ran out of the kind of flu vaccine that older people were supposed to get as well.

Dr. Vinson: There has been recent data that in certain age populations and depending on how at risk the person is, even for those that go the flu, there are lower rates of disease morbidity and mortality. They might be less likely to have a hospitalization even if they got the flu rather than someone who got the flu but didn’t get the flu shot. It’s hard to measure effectiveness because it’s not just did you get it or not but also how sick were you. Getting the flu shot may mean you have less severe symptoms.

Dr. Kahn: When did you start increasing the outreach efforts?

Gillespie: I came into DHS in 2016 and that was about the time. DHS was having an effort by then and having flu shots on site. I am wondering what our actual claims data shows in terms of the percentage that actually got a shot. Those who choose to respond would have a component in who they are. I understand we may not be billed for every shot that is given, but we should be billed for most of them.

Dr. Vinson: In theory, there are some people who may pay cash, but I wouldn’t think that it would be thousands of people and the difference between 38% and 56%.

Gillespie: If we actually have a much lower percentage and if the last time this was looked at was 36% or 37% and we’re still sitting in the 30’s or lower 40’s, then we might want to have a discussion around there being more we could or should do to try to encourage employees to get the flu shot.

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**Director’s Report by: Terri Freeman, EBD Operations Manager**

Freeman provided an update on the wellness as listed below.

<table>
<thead>
<tr>
<th>2020:</th>
<th>2019:</th>
</tr>
</thead>
<tbody>
<tr>
<td>81% Completed</td>
<td>80% With Discount</td>
</tr>
<tr>
<td>19% Without Completion</td>
<td>20% Without Discount</td>
</tr>
</tbody>
</table>

Catapult has been responsible for 45,219 members and the PCP forms are at 26,640.

Dr. Bala: The 19% of those who have insurance through the state right? Does UAMS come under this?

Freeman: No, UAMS does not fall under our plan.

Dr. Bala: **Do you have the percentage of state and public school employees who actually have insurance through this plan?**

Freeman: I could have that as a takeaway.

Dr. Vinson: Does an employee and their spouse or child if enrolled or just an employee that has to do the wellness benefit?

Freeman: Both employee and spouse have to complete the wellness if they are both on the plan, but the children are not required.

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**Meeting adjourned.**
November 2019
Quality of Care Presentation

Mike Motley, MPH
Director, Analytics

Izzy Montgomery, MPA
Policy Analyst

11.12.2019
OBJECTIVES

- Address follow-up questions from last meeting
- Discuss upcoming update of Health Waste Calculator analysis
FOLLOW-UP QUESTION

- What is the age distribution of HRA respondents who self-reported as being obese, physically inactive, or current smokers?
### OBESITY AMONG HRA RESPONDENTS: AGE (2018)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24</td>
<td>260 (1%)</td>
</tr>
<tr>
<td>25 to 34</td>
<td>3,655 (19%)</td>
</tr>
<tr>
<td>35 to 44</td>
<td>4,409 (23%)</td>
</tr>
<tr>
<td>45 to 54</td>
<td>4,932 (26%)</td>
</tr>
<tr>
<td>55 to 64</td>
<td>5,096 (26%)</td>
</tr>
<tr>
<td>65 to 74</td>
<td>927 (5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,278</strong></td>
</tr>
</tbody>
</table>
CURRENT SMOKING AMONG HRA RESPONDENTS: AGE (2018)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 24</td>
<td>26 (1%)</td>
</tr>
<tr>
<td>25 to 34</td>
<td>451 (13%)</td>
</tr>
<tr>
<td>35 to 44</td>
<td>871 (25%)</td>
</tr>
<tr>
<td>45 to 54</td>
<td>964 (28%)</td>
</tr>
<tr>
<td>55 to 64</td>
<td>1,027 (30%)</td>
</tr>
<tr>
<td>65 to 74</td>
<td>109 (3%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,448</strong></td>
</tr>
<tr>
<td>Age Range</td>
<td>2018</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
</tr>
<tr>
<td>18 to 24</td>
<td>26 (1%)</td>
</tr>
<tr>
<td>25 to 34</td>
<td>470 (13%)</td>
</tr>
<tr>
<td>35 to 44</td>
<td>747 (20%)</td>
</tr>
<tr>
<td>45 to 54</td>
<td>1,073 (30%)</td>
</tr>
<tr>
<td>55 to 64</td>
<td>1,097 (31%)</td>
</tr>
<tr>
<td>65 to 74</td>
<td>183 (5%)</td>
</tr>
<tr>
<td>Total</td>
<td>3,596</td>
</tr>
</tbody>
</table>
FOLLOW-UP QUESTION

- How many of the HRA respondents who reported having any of the current health conditions (listed in the survey) have more than 1 of those conditions?
MOST FREQUENT CURRENT HEALTH CONDITIONS AMONG RESPONDENTS (2017 – 18)

- Anxiety: 10.5% (2017), 13.2% (2018)
- Arthritis: 9.5% (2017), 9.9% (2018)
- Back Pain: 11.1% (2017), 11.7% (2018)
- Depression: 8.4% (2017), 9.2% (2018)
- Diabetes: 9.6% (2017), 10.1% (2018)
- High Cholesterol: 14.9% (2017), 17.1% (2018)
- High Blood Pressure: 30.9% (2018)
HRA RESPONDENTS REPORTING MULTIPLE CURRENT HEALTH CONDITIONS (2018)

<table>
<thead>
<tr>
<th>Number of Reported Health Conditions</th>
<th>Percentage of HRA Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>29%</td>
</tr>
<tr>
<td>2</td>
<td>19%</td>
</tr>
<tr>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>7</td>
<td>1%</td>
</tr>
</tbody>
</table>
FOLLOW-UP QUESTION

- What were the plan expenditures for those who did and did not have a flu shot?
BACKGROUND ON 2017–18 FLU SEASON

- According to the CDC, the 2017-18 flu season was a “high severity season”

- Overall effectiveness of the 2017-18 vaccine was estimated to be 40%

FLU SHOT RATES AMONG RESPONDENTS (2017 – 18)

2017: 55.5%
2018: 56.2%
FLU DIAGNOSES AMONG RESPONDENTS, 2018

- Of all HRA respondents, overall flu rate was 6.2%, based on flu diagnosis
- Of those reporting getting a flu shot, 6.6% had a flu diagnosis
- Of those reporting not getting a flu shot, 5.7% had a flu diagnosis
FLU EXPENDITURES

- For this analysis:
  - Episode defined as three weeks following flu diagnosis
  - Includes plan paid amount + member cost share

- Overall total episode costs were approximately $1,300,000
  - Plan paid episode costs were approximately $846,000
  - Member paid episode costs were approximately $454,000
FLU EXPENDITURES

- Total episode costs for respondents (1,384) who received a flu shot and had a flu diagnosis were approximately $800,000 (Average cost per member $578)

- Total episode costs for respondents (926) who did not receive a flu shot and had a flu diagnosis were approximately $500,000 (Average cost per member $539)
CONCLUSIONS

- Many respondents report having more than 1 current health conditions as asked in HRA.

- There was very little difference in costs (following flu diagnosis) between those who did and those who did not receive a flu shot.

- Other consequences related to flu such as absenteeism, severity of illness, spread of disease, etc. are not captured in analysis.
NEXT MONTH

- Will present updated Health Waste Calculator analyses
- Analyses will include first two quarters of 2019 and trends on top 8 wasteful services