AGENDA

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

April 11, 2017

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

I. *Approval of March 14, 2017 Minutes.....Margo Bushmiaer, Chairman*

II. *Call to Order.....Margo Bushmiaer, Chairman*

III. *ACHI Updates .....Michael Motley, Izzy Whittington, ACHI*

IV. *New Topics .....Margo Bushmiaer, Chairman*

V. *Director's Report..... Chris Howlett, EBD Executive Director*

Upcoming Meetings

May 9, 2017, June 13, 2017, July 11, 2017, August 15, 2017

NOTE: All material for this meeting will be available by electronic means only ethel.whittaker@dfa.arkansas.gov. Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as "Members and Staff only"

State and Public School Life and Health Insurance Board Quality of Care Sub-Committee
Minutes
April 11, 2017

Date | *time* 4/11/2017 1:00 PM | *Meeting called to order by* Margo Bushmiaer, Chair

Attendance

Members Present	Members Absent
Dr. John Vinson	Dr. Namvar Zohoori
Pam Brown (Nancy Godsey Proxy)	Dr. Andrew Kumpuris
Zinnia Clanton	Frazier Edwards
Dr. Joseph Thompson	Don Hollingsworth
Robert Boyd	
Michelle Murtha	
Margo Bushmiaer	
Chris Howlett, EBD Executive Director, Employee Benefits Division	

Others Present:
Geri Bemberg, Dwight Davis, UAMS; Ethel Whittaker, Marla Wallace, Cecilia Walker, Stella Greene, Terri Freeman, Eric Gallo, Drew Higginbotham, Matt Turner, Shalada Toles, EBD; Kristi Jackson, ComPsych; Marc Watts, ASEA; Karyn Langley, Qual Choice; Wayne Whitley, Ronda Walthall, AHTD, Andy Davis, Arkansas Democrat-Gazette; Mike Motley, Izzy Whittington, Randy Loggins, ACHI; Jessica Akins, Health Advantage; Sean Seago, Merck

Approval of Minutes by: Margo Bushmiaer, Chair

Bushmiaer asked for a motion to approve the March 14, 2017, minutes. Boyd motioned for adoption of the minutes. Dr. Thompson seconded; All were in favor.

Minutes Approved.

ACHI Updates by: Izzy Whittington, Mike Motley, ACHI

Whittington reported the objectives for the presentation is to review prior analyses from the March 2017 meeting, assess readmissions and ER visits following bariatric surgery, evaluate the impact of bariatric surgery on diabetic medication use, and review background and requirements for bariatric Centers of Excellence.

Whittington reported Legislation was filed during 91st General Assembly to continue coverage for the bariatric surgery (Act 927). The Act was amended during legislative process to continue bariatric

surgery pilot program through December 31, 2021. The program requires that costs not exceed $3 million for Arkansas State Employees (ASE) or $3 million for Public School Employees (PSE).

Following are the legislation provisions that would allow the EBD Board to discontinue the program:

"The State and Public School Life and Health Insurance Board may discontinue or suspend a plan option offered under subsection (a) of this section if the board determines adjustments are necessary to ensure the financial soundness and overall well-being of the State and Public School Live and health Insurance Program."

Whittington reported bariatric surgery demonstrated to be effective at achieving weight loss and improving coexisting conditions. The essential components of the program are intensive behavioral management before referral for surgery, multidisciplinary team approach (bariatric specialist, psychologist, psychiatrist, nutritionist, etc.), and post-surgery care including ongoing weight monitoring, review of dietary changes, and assessment of coexisting conditions.

EBD Bariatric Surgery Program Analysis

Year	2012	2013	2014	2015	2016	Overall
Number of Procedures	189	298	181	48	59	775

From the beginning of the program in 2012 to the end of 2016, EBD paid for 775 bariatric procedures, according to the claims experience. For the 775 bariatric procedures, the cost associated with surgery alone totaled approximately $9 million through 2016.

Whittington reported ACHI is the administrator of all payer's claims database. ACHI receive private payer data from those who represent 2000 covered lives. The data from 2013 – 2015 is compared to Employee Benefits Division volume of surgery data. Research demonstrates EBD only represent 15% of the total enrolled, but paid for 57% of surgeries in the private database.

Motley reported the emergency department visits after bariatric surgery:

- ✓ **30 Day Mortality Rates for Bariatric Surgery Patients:**
  - EBD:0.12%
  - ASMBS Bariatric Centers of Excellence Database: 0.13%
  - Tennessee episode program: 0.0%

Motley reported of all EBD bariatric surgery patients through 2016, only 1 individual died within 30 days of surgery.

The following is the impact of Bariatric Surgery on Diabetes Medication Usage:

- ✓ 194 EBD bariatric surgery recipients 4 years before and after surgery.
- ✓ On medication prior to surgery = 85/194 (43%).
- ✓ On medication after surgery = 41/194 (21%).
- ✓ 51% decrease in number of patients who are taking diabetes medication, suggesting improved control of condition.

Dr. Vinson inquired is there an avenue to obtain data for those who underwent bariatric surgery? If so, what are the objectives? Motley reported a patient survey will be developed to collect the data.

Dr. Thompson recommended to the Board legislative direction to consider up to $3 million for each of the ASE and PSE plans; that has a direct $6 million impact that the actuary will need to incorporate in the rates. Also, adopt the Medicare approach eligibility of a BMI over 35 with a comorbidity, or a BMI of over 40 with unsuccessful medical management for obesity; require prior authorization with the Centers for Excellence, and incorporate a 25% withhold for the hospitals and surgeons.

Dr. Vinson would like to review zip codes of those members who had bariatric surgery.

Dr. Thompson motioned to be consistent with Act 927, recommended:

1. **The Board conditionally cover up to $3 million each for ASE and PSE plans**
2. **Utilize Medicare requirements for surgery eligibility (BMI of 35 or higher with comorbidity or a BMI of 40 or higher with no comorbidity, as well as having unsuccessfully attempted medical weight loss treatment).**
3. **Require prior authorization for surgery and that the surgery be performed at Center of Excellence.**
4. **Withhold 25% of provider and hospital pay with payment reconciliation contingent upon completion of all pre-surgery and all post-surgery follow-up requirements.**
5. **Program components to be specified by EBD prior to implementation.**

Boyd seconded;

Discussion:

Dr. Vinson inquired if the 25% for surgeons is a separate payment from the hospital payment? Also, are all surgeons at the Centers for Excellence employed by the hospital?

Dr. Thompson commented the surgeon and the hospital would have shared financial incentive for completion of the program.

Godsey inquired what is considered the 12-month follow-up?

Dr. Kahn stated in his opinion the division should require beyond 12-months for follow-up.

Godsey inquired if the division withhold funding from the hospital and surgeons; what happens if the patient is not compliant?

Dr. Thompson is concerned that it would be difficult to require the hospital or surgeons' to be responsible for the patient.

Godsey inquired what is considered 12-month compliant? Should they follow-up once a month? Or are they expected to lose a certain amount of weight?

Dr. Kahn stated from the recommendations of the United States Preventive Task Force pre-surgical requirements should include intensive behavior counseling. The criteria should include meeting with a dietician twice a month for the first few months and then monthly for up to two (2) years. The beginning BMI of 35 will decrease below 35, at that point surgery is no longer required.

Dr. Kahn reported the pre-surgical requirements should be strictly adhered to, and should include the U.S. Preventive Task Force guidelines for intensive behavior counseling.

Dr. Vinson inquired if the Centers of Excellence are successful in working with patients assisting in weight loss, what is the best method of reward? Also, is intensive behavior counseling currently offered with the program?

Dr. Kahn reported the Centers for Excellence should be rewarded for providing intensive behavior counseling even if the patient does not require surgery.

After detailed discussion the committee voted. All were in favor.

Motion approved.

Dr. Vinson inquired if EBD and/or ACHI could provide information, or help identify options regarding intensive behavior counseling with the goal of educating patients.

Whittington provided the Blue and You update:

- 54 schools and school districts are still participating in the challenge (3 dropouts after the end of March)
- Blue and You posts Leaderboard on their website—
- https://secure.blueandyoufitnesschallenge-ark.com/index.aspx

- **Completing 30 Checkpoints:**

  - Small – Central Elementary (100%)
  - Medium – Lamar Middle School in Lamar, AR (96.65%)
  - Large – Drew Central School District in Monticello, AR (85.42%)

- **Percentage Participating:**

  - Small – Rena Rockets, Rena Elementary School in Van Buren, AR (86.67%)
  - Medium – Lamar Middle School in Lamar, AR (90%)
  - Large – Northside Elementary in Cabot, AR (78.69%)

DIRECTOR'S REPORT by: Chris Howlett, EBD Executive Director

Howlett reported the Wellness and Benefits committees are assisting the plan with a definition or defined discount regarding the wellness plan design. The Wellness committee will provide recommendations to the Benefits committee and the Board.

Howlett commented there were several legislation components that are now laws that will have an impact on the division. Further information will be provided at a later meeting.

The DUEC committee is addressing opioids and other plan design modifications that could impact the Quality of Care committee.

Howlett reported Bob Boyd, Board member, referred the company Omada, who may present information regarding diabetes that the plan may be able to incorporate.

The intensive behavior therapy information may be provided before the May 9th meeting.

Dr. Thompson motioned to adjourn. Boyd seconded; all were in favor.

Meeting adjourned.

EBD Bariatric Surgery Program Assessment: Phase Two

Mike Motley, MPH
Assistant Health Policy Director

Elizabeth Whittington, MPA
Policy Analyst

ACHI
Arkansas Center for Health Improvement

April 2017

Objectives for Presentation:

- **Review prior analyses from March 2017 meeting**
- **Assess readmissions and ER visits following bariatric surgery**
- **Evaluate impact of bariatric surgery on diabetic medication use**
- **Review background and requirements for bariatric Centers of Excellence**

2017 Bariatric Surgery Legislation

- **Legislation filed during 91st General Assembly to continue coverage for bariatric surgery (Act 927)**
- **Amended during legislative process to continue bariatric surgery pilot program through December 31, 2021**
- **Requires that costs for program not exceed $3,000,000 for ASE or $3,000,000 for PSE**

Bariatric Surgery Legislation

- **Provision of legislation allows for EBD Board to discontinue program:**
- ***"The State and Public School Life and Health Insurance Board may discontinue or suspend a plan option offered under subsection (a) of this section if the board determines adjustments are necessary to ensure the financial soundness and overall well-being of the State and Public School Life and Health Insurance Program."***

Bariatric Surgery: Background

- **Demonstrated to be effective at achieving weight loss and improving coexisting conditions**
- **Essential components of program:**
  - **Intensive behavioral management before referral for surgery**
  - **Multidisciplinary team approach (bariatric specialist, psychologist/psychiatrist, nutritionist, etc.)**
  - **Post-surgery care including ongoing weight monitoring, review of dietary changes, and assessment of coexisting conditions**

Prior Analyses on EBD Bariatric Surgery Program

EBD Bariatric Surgery Patient Demographics

Gender	
Female	638
Male	137
Total	**775**

Member	
Primary	691
Non-Primary	84
Total	**775**

Age Group	
<=35	108
36-45	237
46-55	259
56-65	146
>65	25
Total	**775**

Plan	
ASE	362
PSE	413
Total	**775**

EBD Bariatric Surgery Volume and Cost

Year	Number of Procedures	Total Amount Paid By Plan for Surgery Admission
2012	189	$2,144,633
2013	298	$3,516,403
2014	181	$2,301,193
2015	48	$481,850
2016	59	$622,782
Total	**775**	**$9,057,960**

*Surgery window includes triggering hospital stay and one day prior to that hospital admission.

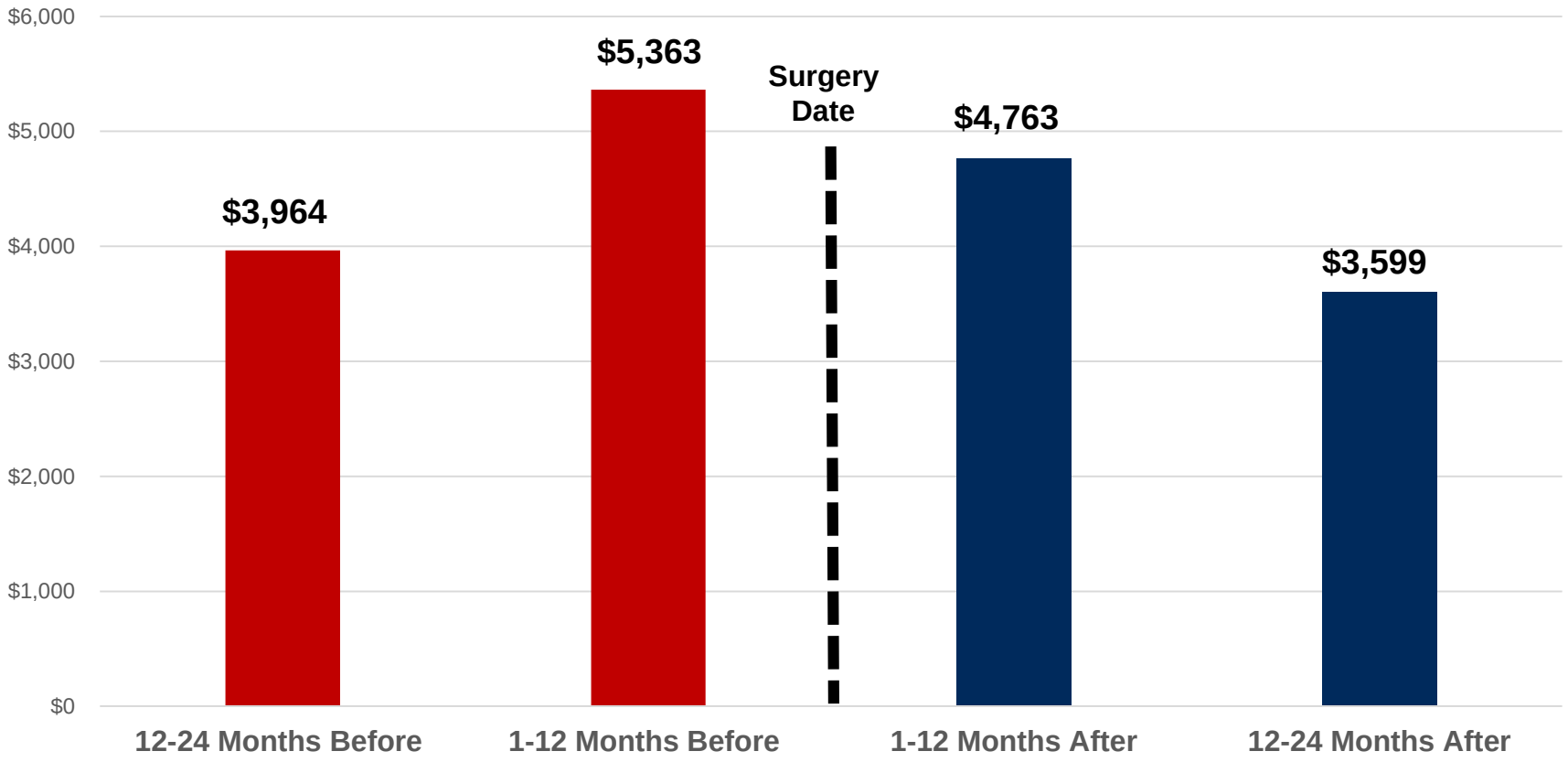
Changes in BMI Post Surgery

- **2015 BMI Data for 2012-2013 cohort of 282 patients with available 2015 HRA data**

- **Distribution:**
  - **Above 35 BMI = 86 (30%)**
  - **Between 30 and 35 BMI = 92 (33%)**
  - **Below 30 BMI = 104 (37%)**

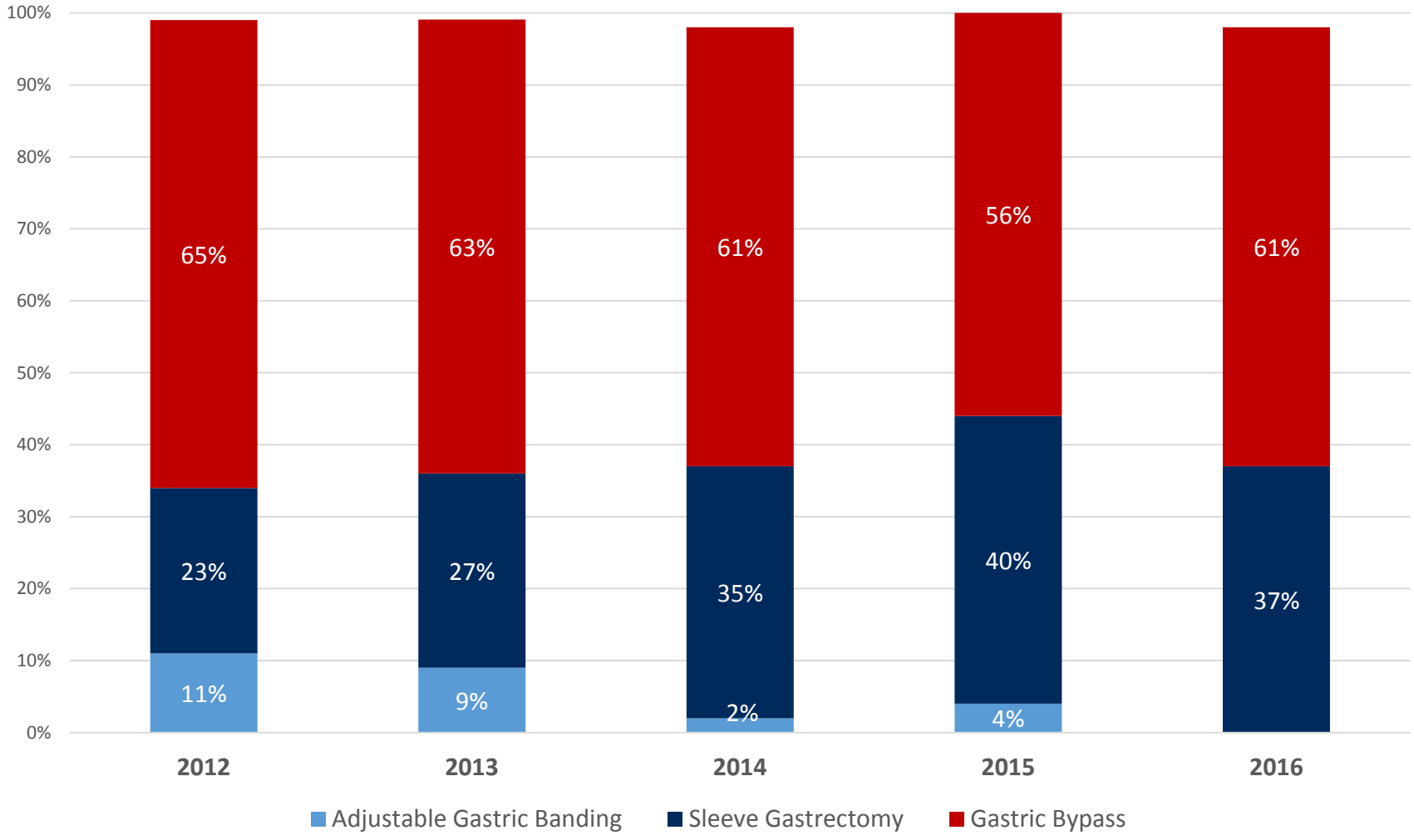
Pre/Post-Surgery Costs

- 2012-2013 cohort: 487 patients
- Average surgery cost: $11,624



Phase Two Analyses on EBD Bariatric Surgery Program

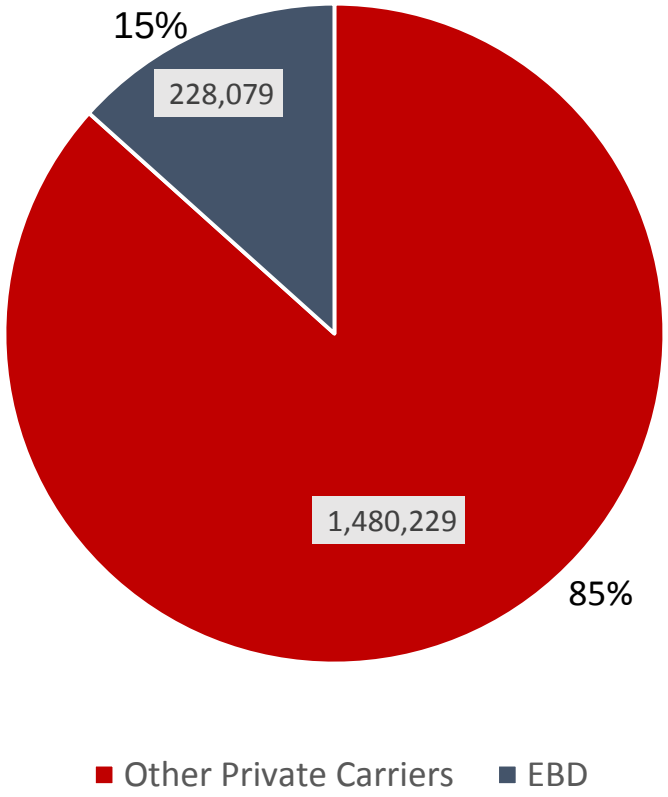
Bariatric Surgery Procedures from 2012-2016



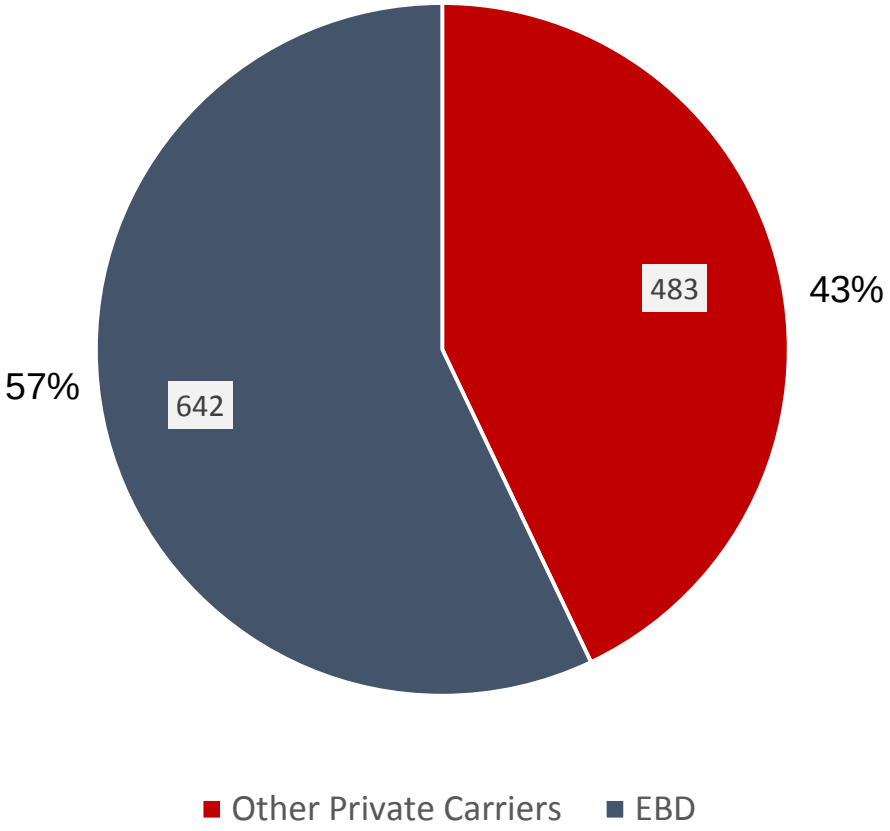
*BDPB procedure excluded for low percentage of surgeries across all years.

Total Enrollment for Private Carriers in AR (2013-2015)

- **EBD members comprise 15% of Arkansas privately insured (All-Payer Claims Database data)**



Bariatric Surgeries Paid by Private Payers (2013-2015)



Inpatient Readmissions after Bariatric Surgery

- **30 Day all-cause readmission rates:**
  - **EBD bariatric surgery patients: 2%**
  - **National: 4.9%***
  - **Tennessee episode program: 5.1%**

(Some readmissions could be associated with events not related to bariatric surgery)

*Chen, et. al. "Assessment of post-discharge complications after bariatric surgery: A National Surgical Quality Improvement Analysis", Bariatrics, 2015 Sep;158(3):777-86. doi: 10.1016.

Emergency Department Visits After Bariatric Surgery

- **30 Day all-cause ER visit rates:**
  - **EBD bariatric surgery patients: 9%**
  - **National: 11.3%***
  - **Tennessee episode program: 11.9%**

(Some visits could be associated with events not related to bariatric surgery)

*Telem, D.A. et. al. "Rates and risk factors for unplanned emergency department utilization and hospital readmission following bariatric surgery", Annals of Surgery, 2016 May;263(5):956-60. doi: 10.1097

30-day Mortality Rates for Bariatric Surgery Patients

- **EBD: 0.12%**
- **ASMBS Bariatric Centers of Excellence Database: 0.13%***
- **Tennessee episode program: 0.0%**

(Of all EBD bariatric surgery patients through 2016, only 1 individual died within 30 days of surgery)

*American Society for Metabolic and Bariatric Surgery (ASMBS), "Bariatric Surgery Misconceptions". Accessed April 10, 2017. Retrieved from https://asmbs.org/patients/bariatric-surgery-misconceptions

Impact of Bariatric Surgery on Diabetes Medication Usage

- **194 EBD bariatric surgery recipients 4 years before and after surgery**
- **On medication prior to surgery = 85/194 (43%)**
- **On medication after surgery = 41/194 (21%)**
- **51% decrease in number of patients who are taking diabetes medication, suggesting improved control of condition**

Centers of Excellence

- **Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)**
  - **Joint accreditation from the American College of Surgeons and American Society for Metabolic and Bariatric Surgery**

- **Accreditation based on surgery volume, surgeon experience, data collection, and other key quality indicators**
  - **MBSAQIP Standards Manual**

In-Hospital Mortality: Centers of Excellence vs Other

2012 study*

Accredited: 0.06%

Non accredited: 0.21%

2013 study**

Accredited: 0.08%

Non-accredited: 0.19%*

*Nguyen, N.T. et al. "*Outcomes of Bariatric Surgery Performed at Accredited vs Nonaccredited Centers"*, Journal of the American College of Surgeons, October 2012; Volume 215, Issue 4, 467-474

**Gebhart, A. et. al. "Impact of accreditation in bariatric surgery', Surgery for Obesity and Related Diseases, 10 (2014), 767-773

ACHI

Medicare Coverage of Bariatric Surgery

- **2006**
  - **BMI ≥ 35, at least one co-morbidity, and had unsuccessful medical treatment for obesity**
  - **When performed at Bariatric Center of Excellence (ASBCOE)**
- **2010 providers argued access may be hindered; appealed to CMS to drop COE requirement**
- **2013 CMS no longer requires that bariatric surgeries be performed in certified facilities**

Michigan Bariatric Study (2010)

- **No significant difference in COE vs. non-COE facilities rates of serious complications**

- **Other CMS-reviewed studies had similar conclusions**

***Birkmeyer N.J., et al. "*Hospital Complication rates with Bariatric Surgery*", JAMA. 2010; 304(4):435-442.**

EBD Bariatric Procedure Breakdown by Facility

- **Asterisk denotes facilities which have been accredited as Centers of Excellence**

Facility Name	Location	Number of Procedures
Baptist Health Medical Center*	Little Rock, AR	357
Northwest Medical Center Springdale*	Springdale, AR	218
Northwest Health Physicians' Specialty Hospital*	Fayetteville, AR	4
NEA Baptist Memorial Hospital*	Jonesboro, AR	1
Other	N/A	11
Total	**N/A**	**591**

*Includes only Health Data Initiative available hospital discharge data.

Next Steps

- **Further consideration of EBD bariatric program by Quality of Care Subcommittee**
- **Develop recommendations to track program efficacy and patient outcomes moving forward**
- **Revisit Centers of Excellence requirement**
- **Additional items?**

Blue and You-School Challenge Update:

- 59 schools and school districts are participating in challenge
- Blue and You posts a leaderboard on their website, allowing participants to track their progress against other teams—https://secure.blueandyoufitnesschallenge-ark.com/index.aspx
- **School Challenge Leaders (as of 3/31/17):**
    - Completing 30 Checkpoints:
        - Small – Deaf Leopards, Arkansas School for the Deaf in Little Rock, AR (66.67%)
        - Medium— Lamar Middle School in Lamar, AR (61.11%)
        - Large—Drew Central School District in Monticello, AR (77.08%)
    - Percentage Participating:
        - Small—Rena Rockets, Rena Elementary School in Van Buren, AR (86.67%)
        - Medium—Lamar Middle School in Lamar, AR (90%)
        - Large—Northside Elementary in Cabot, AR (78.69%)