

State of Arkansas

BLR Clinical Review

Introductory Meeting and Project Review

July 2021

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Agenda

Disease State Prevalence

Review of Market Benchmark

Clinical Review

Recommendations

Questions

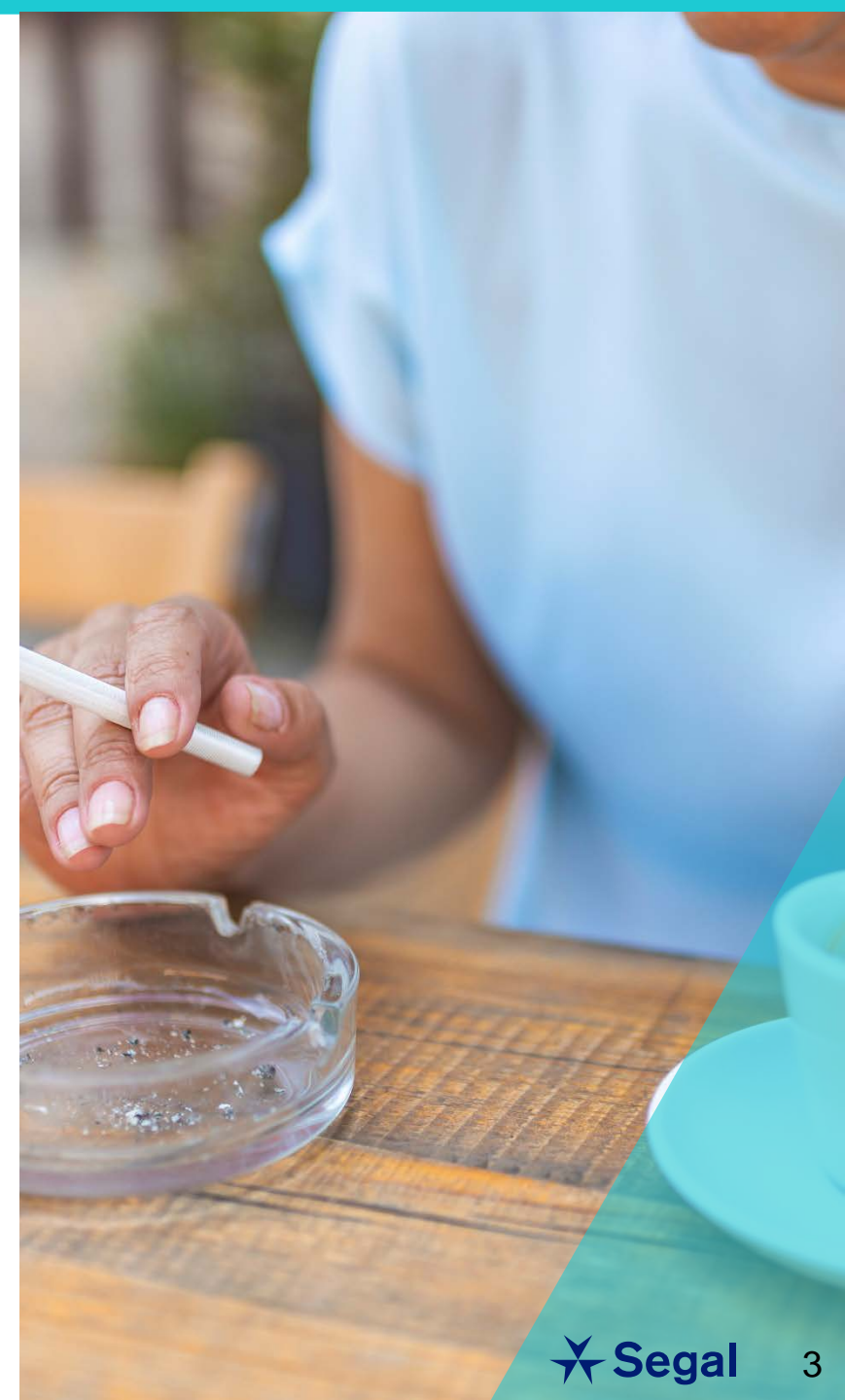
Disease State Prevalence

Arkansans are:

- Significantly more likely to have heart disease, diabetes and/or be obese
- Significantly more likely to smoke
- More likely to have cancer
- Less likely to exercise or eat well
- Arkansans are 150% more likely to smoke than to report consuming two or more fruits and three or more vegetables daily (i.e., skip the broccoli and grab a cigarette).

State of Arkansas 2020 Health Plan Review

- Female members: 57%
- Male members: 43%
- % of claims paid by age group
 - 30% in 55-64
 - 26% in 65+
 - 16% in 45-54

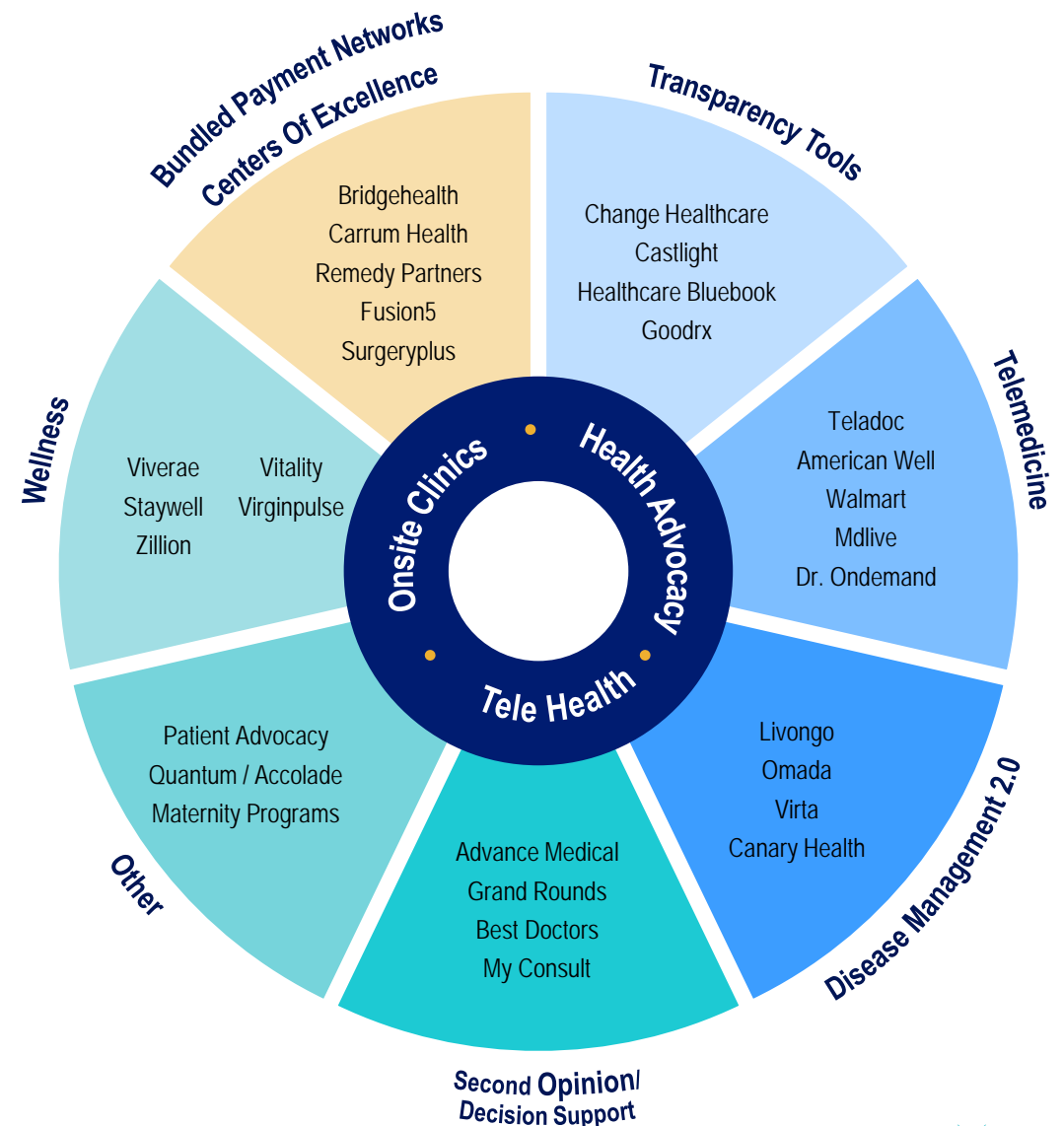


Solutions to Consider

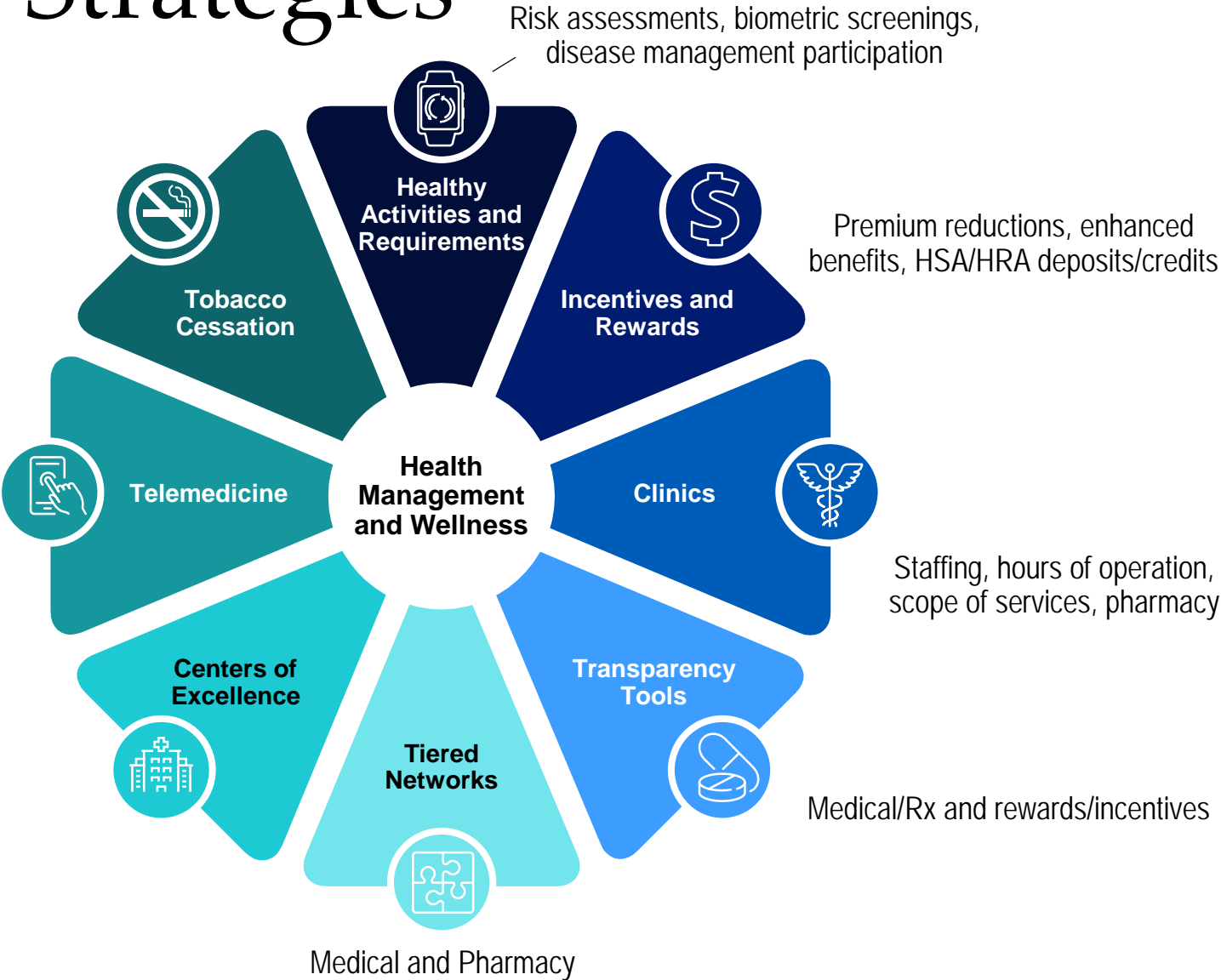
What is Right for You?

Plan sponsors are exposed to an ever growing array of solutions:

- Which ones really work?
- What are the trade-offs?
- Which vendors will be in business in 3 — 5 years?
- What 1 — 2 areas can you focus on?



2018 Study Focused on Health Management and Wellness Strategies



How Many Digital Therapeutics Are There?

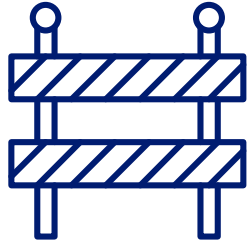
The marketplace has many products covering several disease conditions, including (but not limited to):

- Diabetes
- Hypertension
- Obesity Management
- Cardiovascular conditions
- Musculoskeletal conditions
- Cancer
- Skin conditions
- COPD/asthma
- Behavioral health, including substance use disorders and pediatric behavioral health
- ADHD
- Sleep disorders
- Neurologic disease or injury
- Digestive Health

| Wellness

Prospective Programs

What You're Up Against



**Status
quo bias**

(a.k.a. inertia and
fear of change)



Complexity

(a.k.a. people just
don't understand)



**Hedonistic
tendencies**

(a.k.a. pleasure NOW)

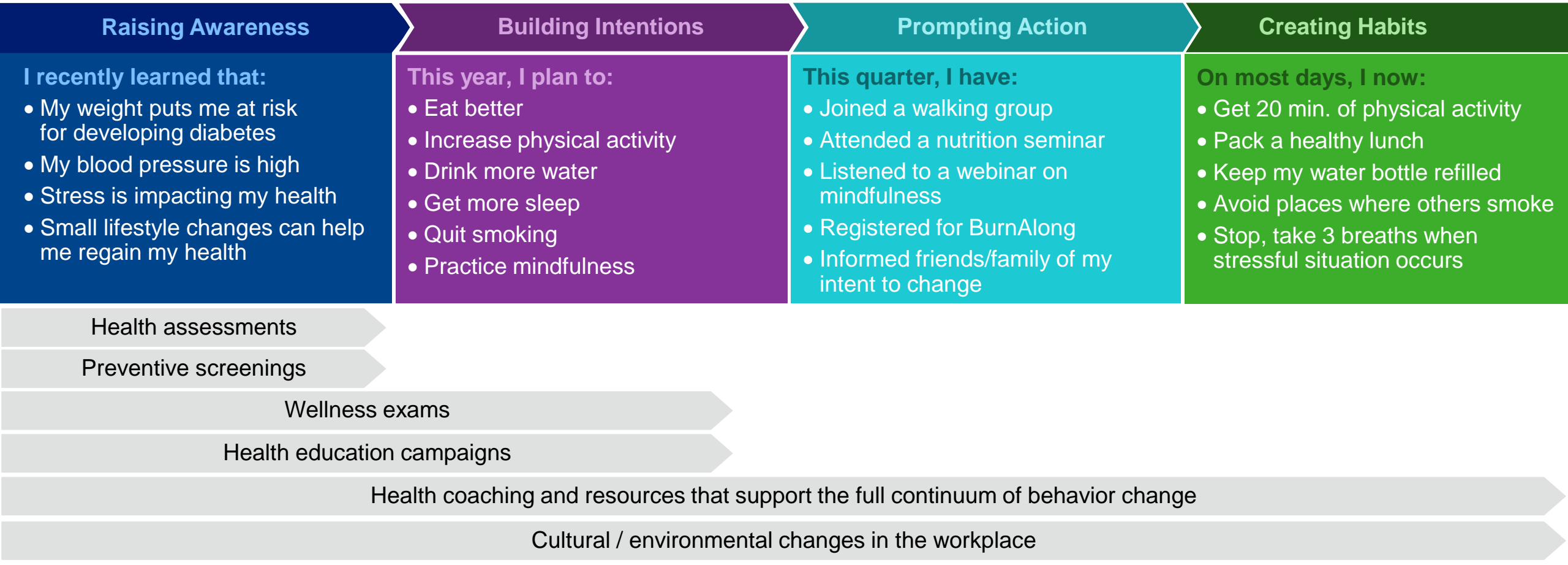


**Information
overload**

(a.k.a. too many
notifications)

If We Intend to Drive Sustained Behavior Change...

How Well Are We Addressing the Four Drivers of Change?



To what extent do the programs we offer impact each of the four drivers of change?

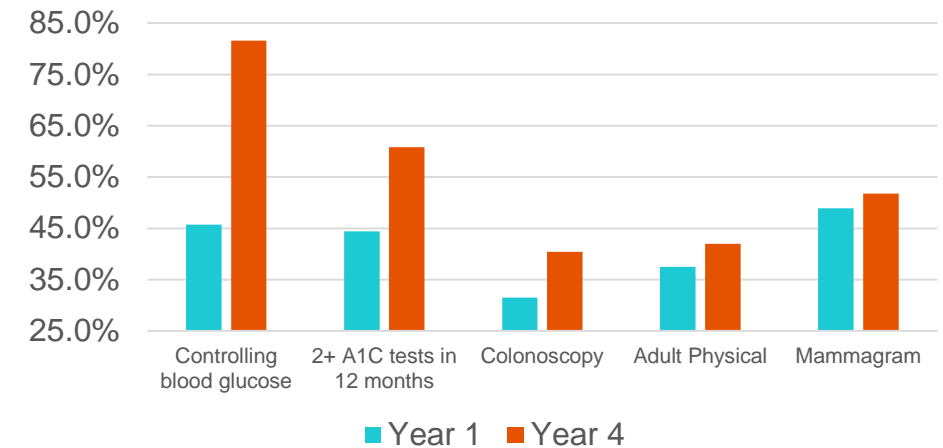
Successful Wellness Example

Driving Health Improvement to Reduce Healthcare Costs



- **Challenge:** Increase impact of wellness programs within plan that included union employees and limited ability to change plan design
- **Approach:** Implemented outcomes-based performance guarantees for vendors, enhanced employee communications, simplified wellness program design, facilitated ongoing collaboration / sharing of best practices among vendors

Improvements in Wellness Screenings and Measures



Results: \$70 million in net health plan savings over 3 years; significant improvement in screening rates; lower than benchmark trend rates on costs for members with: Diabetes, Hypertension, Hyperlipidemia, Heart disease, and Asthma/COPD.

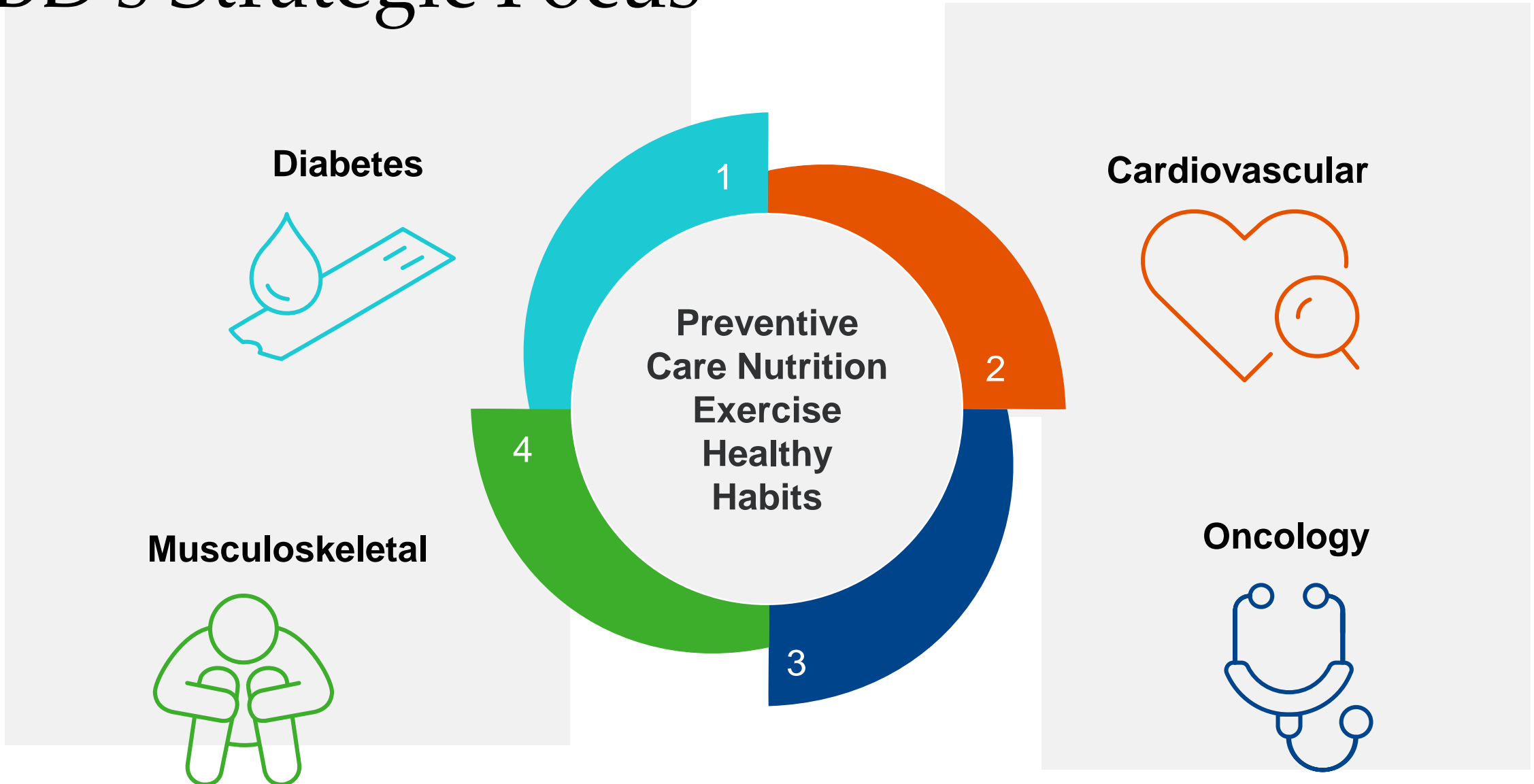
Clinical Review

Key Takeaways From Health Plan Review

1. Consider an enhanced oncology management strategy can improve clinical quality outcomes while reducing cost.
2. Surgical musculoskeletal conditions drive high cost and absenteeism. Utilization management, prevention, and COE strategies can contain overall cost while ensuring proper utilization of surgical procedures.
3. Diabetes management strategies should include prevention and a focus on reducing dependence on high cost injectable insulin.
4. Consider additional funding to enhance the bariatric program.
5. Shift the focus of case management outreach from the biometric screenings to the medium risk and emerging risk population.



EBD's Strategic Focus



Strategies to Consider

Arkansas Employee Health Benefits Program



Stakeholder Collaboration

- Medical and PBM
- Other vendors
- Hospitals/Physicians
- Pharmacists
- Health departments

Telehealth/Virtual Care

- Medical
- Behavioral health
- Sample vendors
 - Teladoc/Livongo
 - Amwell
 - MDLive (Cigna)
 - DoctorOnDemand
 - Amazon Care

Digital Therapeutics

- New technologies
 - Blood-pressure cuffs
 - Pulse oximeters
 - Smart thermometer
 - Self-exam kits
- Digital Health Coaching
 - Diabetes
 - Hypertension
 - Musculoskeletal
- Market expanding rapidly

Communications/Member Support

- Promoting any new resources available
 - Opt-in text messages
 - Community and transportation signage
 - Social media
 - Flyers/posters
- Supporting members accessing new modes of care/technologies

Evaluation/Data Analysis

- Cost savings
- Clinical improvements
- Patient Reported Outcomes Measures
- Member satisfaction
- Competition Model for health plan vendors



Q&A



| Appendix

Chronic Conditions

Obesity

- AR's obesity rate is 20% higher than national average (37.1% vs 30.9%)¹ (<https://chronicdata.cdc.gov/>) (females 26%, males 14%)
- AR's obesity rate among 18-24 year olds is 45% higher than national average (26.2% vs 18.1%) and 34% higher among 25-34 year olds (39.6% vs 29.5%)¹ (<https://chronicdata.cdc.gov/>)
- Among 45-54 year olds, nearly half (45.7%) of AR's adults are obese¹ (<https://chronicdata.cdc.gov/>)
- AR has the 3rd highest obesity rate in the nation (only Mississippi and West Virginia are higher)¹ (<https://www.cdc.gov/obesity/data/prevalence-maps.html>)

Diabetes

- AR has the 5th highest prevalence of diabetes in the nation (13.6%)² (<https://stateofchildhoodobesity.org/diabetes/>)
- Among 35-64 year olds in AR, 16.5% have been diagnosed with diabetes¹ (<https://chronicdata.cdc.gov/>)
- An additional 5.4% of AR adults have been diagnosed with pre-diabetes¹ (<https://www.cdc.gov/diabetes/library/reports/reportcard/prediabetes.html>)

¹CDC

²Behavioral Risk Factor Surveillance System

Chronic Conditions

Cancer

- AR has the 7th highest death rate from cancer in the nation (165.7 deaths/100,000)¹ (https://www.cdc.gov/nchs/pressroom/sosmap/cancer_mortality/cancer.htm)
- AR has 5.4% higher age-adjusted cancer incidence rate than the national average (472.8/100,000 vs 448.7/100,000)¹ (<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=arkansas>)
 - Among males, AR has a 10% higher age-adjusted cancer incidence rate than the national average (537.2/100,000 vs 488.5/100,000)¹ (females at under 1%) (<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=arkansas>)
 - Among <65 year olds, AR has a 8.8% higher age-adjusted cancer incidence rate than the national average (246.6/100,000 vs 226.7/100,000)¹ (Ages 50+ at 5.5% and Ages 65+ at 2.7%) (<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=arkansas>)
- Top cancer diagnoses among AR residents are¹ (<https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=arkansas>)
 - Lung & Bronchus — 53.3/100,000 (AR 31% over the USA Rate)
 - Breast (Female) — 40.9/100,000 (AR 2.6% under USA Rate)
 - Colon & Rectum — 25.6/100,000 (AR 18.5% over the USA Rate)
 - Prostate (Male) — 19.9/100,000 (AR 5.7% under USA Rate)
 - Leukemia — 14.2/100,000 (AR 1.4% over the USA Rate)

¹CDC

²Behavioral Risk Factor Surveillance System

Chronic Conditions

Heart Disease

- AR's mortality rate from Coronary Heart Disease is 52% higher than the national average (182.5/100,000 vs 120/100,000)¹ (<https://chronicdata.cdc.gov/>)
- AR has the nation's 3rd highest mortality rate from Heart Disease (only Oklahoma and Mississippi are higher)¹ (https://www.cdc.gov/nchs/pressroom/sosmap/heart_disease_mortality/heart_disease.htm)
- Between 2013 and 2018, the mortality rate from Coronary Heart Disease increased by 12% for AR, while it decreased by 11% for the nation as a whole¹ (<https://chronicdata.cdc.gov/>)

¹CDC

²Behavioral Risk Factor Surveillance System

³America's Health Rankings — UnitedHealth Foundation

Chronic Conditions

Behaviors Impacting Health

- Exercise — Fewer than 1 in 5 (19.3%) AR adults met the federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days; this is 16.3% lower than the national average³
(<https://www.americashealthrankings.org/explore/annual/measure/exercise/state/AR>)
- Physical Inactivity — Nearly a third (31.2%) of AR adults reported doing no physical activity or exercise other than their regular job in the past 30 days; this is 18% higher than the national average³
(<https://www.americashealthrankings.org/explore/annual/measure/Sedentary/state/AR>)
- Nutrition — Only 8% of AR adults reported consuming two or more fruits and three or more vegetables daily (consistent with national average)³
(<https://www.americashealthrankings.org/explore/annual/measure/fvcombo/state/AR>)
- Tobacco Use — 20.2% of AR adults report smoking compared to 15.9% of adults across the nation (i.e., 27% higher rate for AR)³
(<https://www.americashealthrankings.org/explore/annual/measure/Smoking/state/AR>)

¹CDC

²Behavioral Risk Factor Surveillance System



³America's Health Rankings — UnitedHealth Foundation

9 Key Opportunities for Improvement



Potential to Impact through Collaboration

Strategies	Health Plans	PBM	Specialty Vendors	EAP	Hospitals	Medical Providers	Community Resources
1 Increase access to medical care	●	●	●	●	●	●	●
2 Enhance support for those with chronic conditions	●	●	●	●	●	●	●
3 Drive more culturally competent health care	●	●	●	●	●	●	●
4 Improve nutrition access and awareness	●	◐	●	○	●	●	●
5 Boost opportunities for physical activity	●	○	●	○	◐	◐	●
6 Reduce financial insecurity for participants	●	◐	◐	●	◐	◐	●
7 Promote safe, healthy homes	◐	◐	◐	●	●	●	●
8 Ensure safe, healthy communities	○	○	○	○	●	●	●
9 Ensure safe, healthy workplaces	○	○	○	●	●	●	●

 Low impact
  Moderate impact
  High impact