Review of Human Factor Analysis Population Health Management Report

Key Finding 1: Reductions in Spending from 2013 to 2014

- The reported reductions in spending are likely results of the work of the Drug Utilization and Evaluation Committee, reference-pricing strategies, and overall benefit design.
- It will be difficult to duplicate this reduction in costs below an even lower threshold going forward.
- EBD is in the process of securing a new pharmacy benefit manager contract that is expected to help EBD better identify areas for more efficient management of pharmacy expenses.
- There is concern that savings resulted from shifting costs to members through increased premiums and deductibles.

Key Finding 2: Diabetes Complications and Co-Morbidities

- EBD is continuing its disease management and case management programs for high risk members and members with multiple chronic conditions. A new case management contract will be rewarded soon that will continue and possibly improve these services.
- To better manage complex chronic conditions, EBD is attempting to identify individuals that need more help through the required Health Risk Assessment (HRA). Individuals identified through the HRA with a chronic condition are now referred to our disease management coaching.
- We are at the very early stages of developing a more comprehensive diabetes management program that is inclusive of other resources, such as the American Diabetes Association, Diabetic Education Group from the Health Department, and other potential stakeholders.
- Since 2013, EBD has participated in elements of the Arkansas Health Care Payment Improvement Initiative such as the Comprehensive Primary Care initiative and now Arkansas Patient-Centered Medical Home (PCMH) that encourages physicians to be more engaged in patients' health. Specifically, providers are responsible for managing high risk members. As these programs continue and expand, more of EBD members will benefit from them.

Key Finding 3: Preventive Screenings

- Analysis of claims going back more than two years should produce better screening rates. It is possible that members received screenings outside of the 2013-2014 window but still within the recommended time frames.
- EBD is continuing and expanding the wellness program to increase members' participation in early screenings.

Key Finding 4: Musculoskeletal Diagnoses

- As mentioned in the report, these injuries are commonly work-related. At least 50% of EBD beneficiaries are active, primary members, meaning they are employed by the state or a school district. There is unknown number of employed spouses or dependents as well, all of whom are susceptible to these common work-related injuries. Without identifying how many cases there were contributing to each of these costs, it's impossible to know if the costs reported are unusual for the number of cases or the number of employed members.
- The State and Public School Life and Health Insurance Board is in the process of developing a program similar to its Drug Utilization and Evaluation Committee that will evaluate medical treatments. It is likely that some of these high-frequency or high-cost conditions will be reviewed by that committee going forward.

Key Finding 5: Medication Compliance

- EBD is in the process of securing a new pharmacy benefit manager contract that will hopefully help better understand and manage pharmacy expenses, and potentially lower costs. This in turn could lead to better adherence by members.
- Medication compliance is a target of EBD's case management and disease management program. EBD is trying to engage as many members as possible in these programs to improve the health of its members.
- Medication management is part of a milestone for the PCMH programs. Members will benefit over time from increased care coordination and education for patients of the medical homes.

Key Finding 6: Patient/Physician Communication

- Outside of a review of the carriers' networks, EBD does not have a lot of influence in this space.
- By supporting the PCMH initiatives, EBD is helping increase the number of beneficiaries that are covered within this value-based model.
- The HRA may identify other gaps of the member population's communication needs.
- In a membership survey, EBD could members to identify communication issues with physicians.

Key Finding 7: Avoidable Emergency Room Visits

- EBD has implemented a nurse coach line that eliminates the copay for members if they are referred to the emergency department. High-frequency members are then referred to disease management and case management to avoid future visits.
- The PCMH model is increasing members' access to primary care and addressing continuity of care issues. A key outcome measurement is ensuring 24/7 access to care and the availability of records outside of business hours.

Key Finding 8: Warehouse Data in Relational Database

- EBD does utilize a relational, queryable database. At the time of the request for data for this report, EBD was in the process of training a new employee to manage this database whose position had been vacant for several months.

Overall population health management strategies:

- Engaging in value-based purchasing (AHCPII)
    - Targets include reducing avoidable ER visits, chronic condition management, eliminating waste and high-variance cost procedures, encouraging healthy and active lifestyles
- Disease and case management programs (review of new and current contracts)
- Increased monitoring and intervention of high-frequency and high-cost conditions (DUEC, MUEC, wellness program)