

LMBC Meeting Minutes
 December 11, 2018
 8th Floor Conference Room, 111 SW Columbia Ave
 Attendance

<i>LMBC Members present</i>	<i>Staff</i>
Tara Anderson	Cathy Bless
Tom Armstrong	Anne Hogan
Dave Benson	Michelle Taylor
Jamie Doscher	
Alan Ferschweiler	
Mark Gipson	<i>Presenters</i>
Leslie Goodlow	Jennifer Grillo (Kaiser)
Ashlie Grundy	Chika Yagi (Kaiser)
Jay Guo	Amber Robson (Kaiser)
Jeannette Hopson	Stacey Carmichael (Moda)
Claire Houston	Laurie Armitage (Moda)
Craig Morgan	
Rachel Whiteside	<i>Other Attendees</i>
	Anne Thompson (Aon)
	Shelley Zhao (Aon)
<i>LMBC Members absent</i>	Joel Michaels (Occupational Health)

1. **Meeting Called to Order** – Co-chair Dave Benson called the meeting to order at 1:21 pm.

1. **Meeting Minutes Discussion** – Dave asked the committee to peruse the meeting minutes for any edits to be made. With no changes required, Dave requested a motion to approve, Alan Ferschweiler started the motion and Jamie Doscher seconded the motion. Committee agreed to accept the minutes.

2. **Kaiser Annual Reporting (Jennifer Grillo, Chika Yagi, Amber Robson)**

Committee members introduced themselves to Jennifer Grillo, Executive Account Manager, Chika Yagi, Underwriter, and Amber Robson, Workforce Health Consultant. Jennifer began the discussion by thanking members and talking about her three years of experience with Kaiser. A not-for-profit, integrative system delivers care, and is both a health insurance carrier and hospital system. All providers within the Kaiser system have electronic access to member data and communication between them is important but members' privacy remains a key goal as well.

Jennifer moved on to the Utilization and Population Health handout. Kaiser's emphasis is on an integrated approach to employee health with a focus on prevention, disease management and engagement with the patient. Prevention includes birthday postcard reminders and phone calls. For example, members who are identified as high risk or are pre-diabetic are automatically enrolled in a disease management program. When employees are engaged in both this and a lifestyle management program, employers can save up to an estimated \$1,920.00 per employee in annual health care costs and hospital admissions can drop by as much as by 66% (page 5).

The executive summary on page 7 of the handout lists the utilization results of the measurement period from 7/1/17 to 6/30/18:

- Total paid claims rose 5.2% from \$412.23 per member per month (PMPM) to \$433.82 PMPM. This is higher than the current KP trend of 4%

Alan questioned the comparison between the City of Portland's trend of 5.2% and the general trend of 4%. He wanted to understand what the experience has been for the City only—what is the City's general trend? Chika Yagi responded that she would follow up on this question. As an underwriter, their expectation has been that there would be average claim of \$500K every two years. The City has experienced one each plan year for the last two years.

- Utilization by service categories showed a decrease in inpatient cost (-12.8%) while outpatient (12.6%) and other (11.5%) increased; Kaiser told the committee the increase in outpatient was due to an increase in administering specialty drugs. The increase in "other" was due to the increased cost of ambulance (57.5%) and home health (56.2%)
- Overall there were no unusual claims activities noted and large claims over \$100K remained unchanged at 19 claims.
- Total pharmacy costs increased by .8% due to an increase in specialty drug use. Specialty prescriptions are 1.1% of the total number prescriptions but are 44.3% of the total pharmacy costs.

Jennifer highlighted that Kaiser providers attempt to split a vial of specialty medication between two patients if possible by scheduling appointments on the same day.

- There were 290 specialty prescriptions processed and the top 5 by cost were: 1. Cystic fibrosis 2. Rheumatoid arthritis 3. Hepatitis C (2) 4. Hypertension
- Generic prescription fill rate was 91.5%. Jennifer mentioned that members can have brand names filled if it's medically necessary and approved by Kaiser; she also noted that no pharmaceutical representatives are allowed into Kaiser facilities.

The City's population demographics (excluding PPA) were listed on page 9 of the handout. Some highlights include:

- There were 1909 Kaiser subscribers and 4848 members during the measurement period of 10/1/17 to 9/30/18
- The average subscriber age was 45.9 and average member age, 33.3
- 49% of the total group identified as female; Jamie requested that the committee be given a demographic report listing the age percentages of subscribers only
- Average family size is 2.5
- Enrollment stability index is 94.1%, reflecting that most enrollees enrolled in the plan stay in the plan with Kaiser

The City's lifestyle risks overview results were listed on page 10 of the handout:

- There has been a 1.6% increase of members who are classified as overweight or obese according to the adult body mass index (BMI) scale: from 72.8% in 2016 to 74.4% in 2018.

Dave wanted to know if Kaiser would be migrating away from the BMI standard because of it's potential for inaccuracies and Jennifer replied that it's still being used by providers.

- There has been a 1.4% decrease in children who are identified as being overweight (from 29.3% to 27.9%).
- Members who are identified as having prediabetes (37.7% to 30%) or as diabetic have decreased (12.4% to 9.5%)
- Both cholesterol (32.7% to 35.8%) and blood pressure rates (9.1% to 9.8%) have increased, while smoking rates have decreased (10.8% to 9.3%).

Dave wondered about the drop within smoking rates and Jennifer deferred to Cathy asking if the City had focused on any tobacco cessation programs. Cathy answered no, and Jamie asked if vaping, marijuana use, and chew was included in these rates. Jennifer responded no but the decrease could also be the result of the preventive care initiative and increased employee engagement.

The City's preventive services results were listed on page 11 of the handout. While the flu immunization rate had increased from 29.7% in 2016 to 39.2% in 2018, breast cancer, cervical cancer and colorectal cancer screening rates went down:

- Breast cancer: From 85.7% in 2016 to 81.3% in 2018
- Cervical cancer: From 89.8% in 2016 to 86.8% in 2018
- Colorectal cancer: From 78.8% in 2016 to 75.6% in 2018

Cathy inquired whether these colorectal cancer rates included only colonoscopy procedures and Amber Robson replied that this number included home kit percentages as well.

Jennifer moved on to page 12 of their handout showing that \$4,153,950.00 of the City's medical costs can be attributed to weight, based upon Kaiser's calculations. Again, based upon Kaiser's calculations, obese workers are 27.4% more costly than normal or overweight employees and currently 1,810 adult members can be classified as being overweight or obese. Jamie asked if Kaiser was still partnering with Weight Watchers and both Jennifer and Amber were not aware of any formal relationship (Moda currently has a Weight Watchers online discount). Jennifer did mention the Kaiser website offers member discounts. Cathy added this website had been mentioned in a past Benefits newsletter and she emphasized developing a Kaiser plan and Moda plan highlights page within future newsletters may be a important.

The Kaiser member's glucose numbers were featured on page 13 of the handout and revealed that 53.8% of all members were measured for glucose in the last 3 years. Of these, 39.5% had a prediabetic or diabetic test results—that's 755 total members. Medical costs totaling about \$803,166.00 were related to diabetes within Kaiser. Jennifer mentioned that members with prediabetic results are automatically enrolled in a disease management program. Nurses also regularly contact members with diabetes to help monitor their condition. Cathy asked if Jennifer had numbers relating to how many members were compliant with their pre-diabetic or diabetic medications or were engaged when contacted. Jennifer replied that she would compile these numbers.

Page 14 of Kaiser's handout featured costs and percentages related to smoking. During the period of 10/1/17 to 9/30/18, 319 members identified themselves as regular smokers. Kaiser estimates that \$1,855,304 in medical costs can be related to smoking. Jennifer added that tobacco cessation classes and products are available to members. Cathy wanted to know if this included medication and Jennifer confirmed this—at no cost to members.

Jennifer also identified that providers use motivational interviewing techniques with their patients encouraging rather than discouraging them to seek additional help or coaching. Providers refer patients who are overweight or smoke to local Kaiser health coaches. These coaches have access to patients' medical records and can provide them with ongoing support at no charge.

The conclusion of Kaiser's presentation featured recommendations for the upcoming coverage year and included the following (Page 16):

- The promotion of their telehealth and cost estimator tools
- Education of members on their prescription mail order service; a member would not be charged a co-pay for a first time, 90-day order.
- Development of a multi-year wellness strategy
- Promotion of cancer screenings; Cathy wanted to know how often members were reminded about these types of screenings and Jennifer answered that it happens during office visits, automated calls, KP.org alerts as well as birthday postcard reminders.

Jamie wanted to know more about Kaiser's mental health, LGBTQ and chemical treatment program offerings. Jennifer responded that Kaiser has made an effort to hire more providers specializing in both mental health and chemical dependency treatment. About 80 providers have recently been hired. When a primary care physician identifies a potential problem, they will connect the patient to a specialty provider who can address a particular issue.

The Gender Pathways Clinic located on N. Interstate specializes in treating LGBTQ members who are transitioning or who have transitioned. The Brookside Center located on SE Sunnyside road offers both residential mental health and residential addiction treatment.

Dave wanted to know how Kaiser would respond to a child experiencing a mental health crisis—what's the process? Jennifer answered that the parents of the child could contact Kaiser's crisis center. Responders would assess the patient over the phone and the child could be seen by a provider or go to a treatment center and it's not handled through their PCP. Dave was concerned with the average wait time and Jennifer relayed that Kaiser has same day emergency appointments available as well as appointments labeled as "urgent" where patients could be seen in three to four days. Patients can also be prescribed medications after their mental health specialist contacts a provider who can then write a script.

3. Moda Annual Reporting (Stacey Carmichael, Laurie Armitage)

Committee members introduced themselves to Stacey Carmichael, Moda Director of Sales and Account Services and Laurie Armitage, Moda underwriter, before they began their presentation. Laurie began the discussion by asking members to turn to page 2 of the City's medical utilization review handout. Covering the period from July 1, 2017 to June 30, 2018, the medical utilization dashboard featured the following demographic highlights:

- 9809 subscribers and dependents enrolled in the self-insured plan (a 2.3% increase)
- Average member age was 35.3
- Gender identification was split evenly at 50% between male and female

Regarding medical claims, inpatient per member per month (PMPM) costs decreased by -13.9% while outpatient PMPM costs increased by 5.9%. Laurie attributed the decrease in inpatient costs to fewer expectant mothers being admitted and babies being born.

The top disease classes in order of the cost by PMPM were the following: 1. Musculoskeletal and connective tissues (back, shoulder, hip, legs, etc.) 2. Neoplasm-benign and malignant (cancers) 3. Health Services (preventive care) 4. Mental health and behavioral disorders 5. Injury and poisoning 6. Symptoms and Ill-defined conditions

The City's distribution of allowed costs on page 5 of the handout showed there were \$49,556,730.00 in claims paid out between July of 2017 to June of 2018. Laurie highlighted that 14.2% of these members used no services and therefore incurred no costs while approximately 20% of members accounted for 80% of these costs.

The prospective and retrospective risk scores of the City's members as compared to Moda's other public-sector group show similar numbers. Prospective risk factors do not include unforeseen claims such as broken limbs, births, etc. The condition specific prospective risk scores on page 6 reveal the difference a program like Healthy Foundations can make in members' lives as the prospective risk for diabetes related risks are lower than the overall average risk score that includes peer group averages.

The top medical and prescription claimants were listed on Page 7 on the handout. These 175 unique individuals or claimants had claims over \$50,000. Cancer of the pancreas was the most expensive disease based on medical and prescription claim costs but in the previous year ranked number 34. Dave Benson noted that colon cancers did not make this top 30 list and he wanted to know whether it was due to aggressive outreach and screenings. Cathy Bless responded that a correlation between colonoscopies and claims results can't be made because of all the potential variables.

April of 2017 was shown to be costliest medical PMPM as listed on page 8. The allowed PMPM was \$610.42 for this month. The period of time measured was from January of 2016 to June of 2018. The overall allowed PMPM average for this 30 months was \$462.32.

The City's inpatient admit numbers were highlighted on Page 9 of the handout. Laurie pointed out the -26% drop in members being admitted for musculoskeletal and connective tissue issues (broken limbs, etc.) well as the -31% decrease in neoplasm-benign and malignant admits (cancers) from the previous year. Overall, the City experienced a -14% PMPM decrease in inpatient admits.

While the City experienced a drop in inpatient claims, outpatient PMPM claims increased by 11.2% as compared to the previous year as seen on page 11 of the handout. Radiology (oncology) services and claims increased by 16.4% while laboratory/pathology services and claims increased by 14.2%.

Emergency department visits were highlighted on page 12 of the handout. While 8995 members had no emergency department visits, 14 members had four or more visits to the emergency department during the July 2017 to June 2018 measurement period. The top five reasons for emergency department visits were the following: 1. Abdominal pain 2. Nonspecific chest pain 3. Open wounds of extremities 4. Other upper respiratory infections 5. Spondylosis (spinal degeneration); intervertebral disc disorders.

Out of these emergency department visits, Moda was able to determine the percentage of paid claims that were non-avoidable or avoidable based on an NYU algorithm (page 13 of the handout). For the last coverage year, 23% of the estimated allowed emergency dollars were for non-avoidable visits while 34% of the estimated allowed emergency department dollars were for potentially avoidable visits. Avoidable is defined by Moda as "the condition" being "potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g. the flare-ups of asthma, diabetes, congestive heart failure,

etc.)". After being asked, Laurie could not determine whether this was due to a member not being able to schedule an appointment with their primary care physician. Joel Michaels, the City's Occupational Health Manager, added that Moda's patient advocate consistently reaches out to these patients to see how they would rate their emergency room experience and to determine if they qualify for additional programs such as Healthy Foundations. There is also additional promotional materials that could be part of a Newsletter discussing "Right Care, Right Time".

As highlighted on page 15 of the handout, Providence Portland Medical Center was the most utilized facility followed by Legacy Emanuel, Legacy Good Samaritan, OHSU, and Providence St. Vincent. Though listed as the fourth most utilized facility, OHSU accounted for the most paid inpatient and outpatient total dollars at \$45.40 PMPM; Providence Portland came in second at \$23.36 PMPM.

With limited time remaining, Laurie jumped to page 21 of the Moda handout which featured the dental utilization dashboard for the City. During the previous coverage year, 43% of members or 4,650 people had preventive dental care, while 27% of member or 2860 people had no visits at a dental clinic (this number includes members coming on and off the plan). Intensive care, including bridges, implants, dentures and crowns was needed by 13% or 1,197 of the City's self-insured members. Preventive cleanings were performed on 69.5% of all members (4.7% above peer group) and 81.5% of children ages 2-12 (7.9% above peer group).

Claims costing between \$250 to \$500 accounted for most of City's paid dollars distributed and the highest number of members at 2,943 (though 2,860 members had no claims and no dollars distributed). Page 24 of the handout also showed that 153 members had \$2,500 and over claims paid. The total amount of paid dollars distributed equaled \$4,875,813.00 during the last coverage year.

4. Preventive Care Initiative Update (Cathy Bless, Michelle Taylor)

Cathy began discussion by letting the committee know that Michelle Taylor will continue to provide union representatives lists of members who still need to meet the preventive care initiative standard by the end of the year. She deferred to Michelle who added she would provide the most current data to them by next week.

Michelle noted that Moda staff are still actively making phone calls to employees who have not yet met the standard, while Kaiser staff continue to upload notices to their online portal, www.kp.org. Moda patient advocate Heidi Jurgens has a list of providers who have openings in their schedules. Employees with Kaiser coverage can also go to a Kaiser Care Essential Clinic (located on Hawthorne Blvd. and in the Pearl District) to get their preventive care exams.

Michelle has also requested Moda review any pending claims to determine whether members have met the requirement. Tara Anderson asked if employees could go to an urgent care clinic for their preventive exam and Cathy confirmed that they could. Employees would probably have to pay the \$35.00 co-pay at the time of their visit and be reimbursed after the appointment.

5. Other Business: None

6. Public Comment: None

7. Next Meeting: Tuesday, January 8, 2018, 8th Floor Columbia Square Building. The meeting will begin at 1:00 PM and will be scheduled to go until 3:00 PM.

8. The meeting was adjourned at 3:16 PM.