Approved: 02/12/09
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on January 20, 2009, in Room 136-N of the Capitol.

Senator David Haley was excused.

Committee staff present:
Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the committee:
John Miall, Special Consultant to the American Pharmacists Association for HealthMapRx
Ben Bluml, Senior Vice President for Clinical Outcomes, American Pharmacists Association
Barb Langner, PhD, Policy Director, Kansas Health Policy Authority

Others attending:
Approximately 22 members of the public

Chairman Barnett recognized Ron Hein, representing the Kansas Restaurant and Hospitality Association and Reynolds American, Inc., who requested introduction of a bill dealing with the subject of a statewide smoking ban. The bill would recognize accommodation for both smokers and non-smokers. Upon a motion by Senator Barnett for introduction of this legislation and a second by Senator Pilcher-Cook; the motion passed.

Senator Vicki Schmidt moved introduction of a bill relating to TB evaluation requirements. Senator Brungardt seconded the motion; the motion passed.

Senator Vicki Schmidt moved introduction of a bill concerning polysomnographic technologists; Senator Brungardt seconded the motion. The motion passed unanimously.

Senator Schmidt introduced John Miall and Ben Bluml, from HealthMapRx (better known as the Asheville Project). Senator Schmidt indicated that as focus on saving healthcare dollars has escalated, the Asheville Project has been considered a "success story" in North Carolina and throughout the United States.

Mr. Miall indicated the Asheville Project was born from a frustration stemming from containing healthcare costs in Asheville, North Carolina. It is a patient-centered model involving collaboration among nurses, pharmacists, physicians, and other health care providers. Mr. Miall outlined the project which focuses on chronic diseases (diabetes, cardiovascular, and asthma,) and interventions by pharmacists (as the hub or point of care) collaborating and coordinating with other healthcare providers to achieve optimum outcomes for patients (Attachment 1). He reported that following implementation, the City of Asheville's savings has been greater than $6 million in eight years. Mr. Miall indicated that currently there are 100 locations around the U.S. that have implemented this model. Pharmacists are provided additional training and perform as the regular point of patient contact. All data is transmitted back to the primary care provider to ensure continuity of care. The pharmacist is paid a fee for each patient contact.

Mr. Miall indicated efficacy of the program has been documented and that following a meeting with leaders at the KU School of Pharmacy, a pilot program is proposed for four areas in Kansas: Topeka, Wichita, Kansas City metro, and Lawrence. It is believed positive results can be realized after one year. Data collection and analyzation will take approximately 6-12 month following the date of implementation.

Senator Kelly requested clarification related to cardiovascular events and the number of patients in medication compliance (Statin therapy) three years prior to and three years after program implementation. Mr. Bluml agreed that the percentage of those in compliance pre-program is unknown and following implementation, compliance is known by refill data.

Senator Kelsey inquired as who pays the pharmacist and how much the pharmacist is paid. Mr. Miall and

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on January 20, 2009, in Room 136-N of the Capitol.

Mr. Bluml reported there are several methods in which a pharmacist is paid: by third party administrator, a health plan benefit manager, or a small for-profit business that provides that service. Fees are negotiated in each community across the United States. Mr. Bluml indicated an average fee is $2-$3 per minute per face-to-face contact. The projections made during the presentation were based on a pharmacist rate of $2.50 per minute with typical utilization patterns for each diagnosis.

Senator Kelly asked if the pharmacist reimbursement was based on time spent during a patient encounter and if so, what safeguards are included in the program to ensure accurate billing. Mr. Miall clarified that each pharmacist documents his/her clinical services and the amount of time spent in each encounter which is considered the pharmacist's attestation and therefore, is the basis of the amount billed to the health plan.

Senator Barnett recognized Barb Langner, PhD, policy director of the Kansas Health Policy Authority, who presented information (Attachment 2) on the Chronic Disease Management Initiative. Ms Langer reported various initiatives include:

a.) CMS Health Promotion Grant for Disabled
b.) Enhanced Care Management Pilot in Wichita
c.) State Employee Health Plan and Dialog Initiative
d.) Medical Home Initiative

Ms. Langer reported that Kansas was awarded $900,00 in January 2008 as part of a $150 million Medicaid Transformation Grant (MTG). Preliminary findings from the MTG show significant opportunities exist to help beneficiaries with preventive care, particularly for those struggling with chronic disease as well as opportunities for various health screens and disease prevention.

The Enhanced Care Management (ECM) project was designed to provide care management services to HealthConnect beneficiaries living in Sedgwick County. Ms. Langner described te project's goals, demographics, and early results.

The various opportunities and incentives for health screens contained in the State Employee Health Plan were described. Senator Schmidt asked Ms. Langner to provide information about the cost of incentives paid to state employees for participating in health screens, the number of employees who were provided incentives, and the expense for one-on-one coaching by health providers. In other words, the total cost of all incentives and services provided to state employees. Ms. Langner will follow up with the information requested

The Medical Home Initiative was discussed, and goals were reviewed. Ms. Langner reported a meeting among key stakeholders occurred in September 2008 and resulted in the formation of three sub-groups to explore ideas for marketing the medical home in Kansas, to identify how medical home principles can be applied in Kansas, and to consider designs for potential pilot projects in Kansas.

Senator Barnett adjourned the meeting at 2:24pm. The next meeting will be held on January 21, 2009 at 1:30pm.