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The Arkansas Center for Health Improvement is an independent, non-partisan health policy center jointly supported by Arkansas Blue Cross and Blue Shield, Arkansas Children’s Hospital, the Arkansas Department of Health, Delta Dental of Arkansas, and the University of Arkansas for Medical Sciences.
The Arkansas Center for Health Improvement (ACHI) was established in 1998, creating a much needed intersection between research and policy. As the state’s primary health policy center, ACHI has become widely recognized as a trusted advisor and catalyst for change. ACHI provides critical data, analyses, and strategies that drive decisions and shape public policy surrounding the health and productivity of Arkansans.

VISION
To be a trusted health policy leader committed to innovations that improve the health of Arkansans.

MISSION
To be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy, and collaborative program development.

CORE VALUES
Commitment • Initiative • Trust • Innovation
These are the fundamental principles that guide the Center’s collective and individual decisions, strategies, and actions. These core values define what ACHI—the organization and its people—stands for throughout time, regardless of changes in ACHI’s internal structure and leadership or changes in the health care landscape.

The purposeful structuring of ACHI as an independent entity with separate administrative and policy decision bodies uniquely positions ACHI to serve as an unbiased convener. ACHI brings together diverse groups of stakeholders to accomplish a common goal in an evidence-based manner while providing for the transparent consideration of varied interests and positions.
Since its inception in 1998, ACHI has focused significant resources on improving the health of Arkansans through enhanced quality of care and expanded access to health care coverage. In fact, ACHI conducted the first comprehensive, state-based survey of health insurance coverage in Arkansas, publishing *The Arkansas Fact Book: A Profile of the Uninsured*, in 2005. It is gratifying to see that our work has moved from a collaborative, data-fueled vision to implementation of statewide initiatives designed to transform our health care system in ways that hold real promise for improving health care quality, expanding access to care, and containing costs.

Thanks to the bipartisan efforts of our state legislature, more than 200,000 Arkansans now have health care coverage, many for the first time in their lives, through the Health Care Independence Program (Private Option). We have gone from having one of the highest rates of uninsured citizens in the nation to the state with the largest percentage decrease in its number of uninsured. Individuals are receiving preventive care and are able to better manage their chronic conditions. Our hospitals have reported significant decreases in uninsured admissions along with a decrease in uncompensated care losses. Insurance premiums through the Health Insurance Marketplace average 2 percent lower in the second year of operation than in the first.

Importantly, the expansion of access to health care was preceded by initiatives to strategically plan for the health care workforce we need and to accelerate use of health information technology. At the same time, we are improving quality and controlling costs through the Arkansas Health Care Payment Improvement Initiative—a multi-payer, patient-centered restructuring of the way we deliver and pay for health care. Nearly half of our primary care providers are now transforming their practices into team-based patient-centered medical homes, with 80 percent of Medicaid beneficiaries now served in this new value-based payment strategy. In addition, twenty-three episodes of care designed to increase quality and cost efficiency have been developed through a rigorous, collaborative process. The major insurance carriers serving our state and our largest public and private self-insured employers—including Walmart and the state employee health system—have joined, providing a strong base for sustainable change. Better care coordination and quality will improve outcomes and contain costs.

As Arkansas moves forward in the transformation of our health care system, ACHI is working with the Arkansas Insurance Department and major stakeholders to build an all-payer claims database that will ultimately improve transparency, thus allowing consumers, businesses, and policymakers to make more informed choices for improving health.

When Arkansans put their heads together, remarkably innovative solutions are forged. This has never been more apparent than it is today as the nation watches our state successfully wrestle the health care system problems that have plagued our country for decades. If we can maintain momentum, there is great reason to be optimistic about the future health and productivity of our citizens. For this, I am profoundly grateful to the hundreds of Arkansans and to the ACHI team, past and present, who have worked tirelessly toward these life-changing accomplishments.
Core support for ACHI is provided by five annual sponsors: Arkansas Blue Cross and Blue Shield, Arkansas Children’s Hospital, the Arkansas Department of Health, Delta Dental of Arkansas, and the University of Arkansas for Medical Sciences.

An Administrative Committee, composed of the chief administrators from each sponsor organization, serves as a governing body distinct from the ACHI Health Policy Board. The Administrative Committee provides performance review and establishes compensation for ACHI’s Director, oversight of ACHI’s financial performance, and approval of ACHI’s annual budget. The Committee has formally delegated ACHI policy decisions to the Health Policy Board.

As changes in leadership at Arkansas Children’s Hospital and the Arkansas Department of Health brought two new members to the ACHI Administrative Committee, we would like to extend our gratitude to Jonathan Bates and Paul Halverson. We deeply appreciate the confidence they placed in ACHI through the annual support provided by their organizations and for the time and expertise they devoted to helping improve the health of Arkansans. To our newest Committee members, Marcy Doderer and Nathaniel Smith, we extend a hearty welcome.
By Administrative Committee agreement, the ACHI Health Policy Board (HPB) was established as a separate, independent entity to identify and establish strategic priorities and set policy recommendations to benefit the citizens of the state. This self-perpetuating group of 21 members contributes diverse perspectives on health and the health care system, and provides guidance to ACHI staff in advancing their recommendations. This allows ACHI to serve as an independent voice articulating the needs of Arkansans.

Jerry Adams  
President and CEO, Arkansas Research Alliance

Joseph Bates, MD (2014 Chair)  
Deputy State Public Health Officer & Chief Science Officer, Arkansas Department of Health

Sandra Jackson Brown  
CEO, Jefferson Comprehensive Care System, Inc.

Larnell Davis (2000-2013)  
Executive Director, Jefferson Comprehensive Care System, Inc.

Anthony Fletcher, MD (2013 Chair)  
Cardiologist, Cardiology and Medicine Clinic

Joe Fox, MBA  
President, Community Bakery, Inc.

Stephanie Gardner, PharmD, EdD  
Professor and Dean, College of Pharmacy, University of Arkansas for Medical Sciences

Ray Hanle  
President and CEO, Arkansas Foundation for Medical Care

Susan Hanrahan, PhD  
Dean, Nursing and Health Professions, Arkansas State University

Caryol Hendricks  
Executive Director, Employers’ Health Coalition

Don Hollingsworth, JD  
Former Executive Director-Retired, Arkansas Bar Association

Kurt Knickrehm, MBA  
Vice President, Regions Insurance

Ray Kordsmeier  
Owner, Kordsmeier Furniture

Andrew Kumpuris, MD  
Cardiologist, Heart Clinic Arkansas

Ray Montgomery  
President and CEO, White County Medical Center

Eduardo Ochoa, MD  
Medical Director, Latino Clinic, Arkansas Children’s Hospital

James Raczynski, PhD (Ex officio)  
Professor and Dean, Fay W. Boozman College of Public Health, University of Arkansas for Medical Sciences

Mary Beth Ringgold  
President, Cajun’s Wharf, Capers, and Copper Grill

Herb Sanderson  
Associate State Director for Advocacy, AARP

Robert Shoptaw  
Former CEO-Retired, Arkansas Blue Cross and Blue Shield

G. Richard Smith, MD  
Dean, College of Medicine, Vice Chancellor, University of Arkansas for Medical Sciences

F.S. “Sandy” Stroope  
Owner, Boat World, Inc.

Joseph W. Thompson, MD,MPH (Ex officio)  
Director, Arkansas Center for Health Improvement

Susan Ward-Jones, MD  
CEO, East Arkansas Family Health Center, Inc.

For an overview of the Board’s health policy positions, visit ACHI’s website at www.achi.net.
Total available funding for the biennial period spanning fiscal years 2013 through 2014 (July 2012-June 2014) was $9,025,090. Included were annual sponsor contributions totaling $1,900,000 from Arkansas Blue Cross and Blue Shield, Arkansas Children’s Hospital, the Arkansas Department of Health, Delta Dental of Arkansas, and the University of Arkansas for Medical Sciences.

This core funding provides an underpinning that has allowed ACHI to develop its initiatives and position itself to take on meaningful projects funded through grants, contracts, and special projects.

Grants, contracts, and special projects totaled $7,125,090 for the biennial period ending June 30, 2014.
ACHI FUNDING FY 14

- $950,000
- $686,000
- $264,985
- $2,720,357

Sponsoring Organizations
Contracts
Grants
Special Projects
### GRANTS

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<td>Arkansas Department of Health-CDC</td>
<td>Adult Immunization, Employer Awareness</td>
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<td>University of Arkansas Fayetteville</td>
<td>Interventions for Obesity Prevention Targeting Young Children in At-Risk Environments: An Integrated Approach</td>
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<td>Blue &amp; You Foundation for a Healthier Arkansas</td>
<td>Health Workforce Strategic Planning Primary and Specialty Care Survey</td>
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### CONTRACTS

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<td>Arkansas Department of Human Services</td>
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<td>Arkansas Department of Education</td>
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### SPECIAL PROJECTS

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<tr>
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**achi biennial report • 2013-2014**

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Each member of the ACHI Leadership Team brings a unique background of experience and expertise to ACHI forming a well-rounded management base for the Center’s work.

Under the overall guidance of ACHI’s Director, Dr. Joe Thompson, members of the Leadership Team work in and manage the Center’s efforts in the areas of governmental relations, access to quality care, population health policy, health system transformation, health data, and health policy research. ACHI’s Chief Operational Officer oversees ACHI’s strategic plan, financial management, operations, workflow and project management, and communications.

ACHI extends a special thanks to the following former associates for their years of service and many contributions toward improving the health of Arkansans:

Jana Casteel, MHSA
Fiscal Officer

James Cotton
Management Information Systems Specialist

Sarah Frith, MA
Prevention Specialist

Rhonda Hill, MPH
Director, Health Care Finance

Michelle Justus, MS, RD, LD
Director, Disease Prevention Health Promotion

Chaitanya Katterapalli, MS
Senior Computer Specialist

Stephen Lein
Project Director

Dilan Pinidiya, MEd, MS
Research Associate

Dionne Ware
Research Associate

Angela Littrell, MA, Director, Health System Transformation; Heather Rouse, PhD, MSEd, Director, Health Policy Research; J. Craig Wilson, JD, MPA, Director, Access to Quality Care; Joe Thompson, MD, MPH, ACHI Director; Helen Reid, MPH, Director, Population Health Policy and Interim Chief Operational Officer; Kenley Money, MA, MFA, Director, Health Data Initiative; Suzanne McCarthy, MS, MPH, Director, Government Relations and Founding Senior Associate.
Experience has proven that health solutions are most meaningful and efficient when structured around evidence. Together, the Health Data and Research Teams form the heart of ACHI’s ability to evaluate issues, inform policy decisions, and provide evidence-based solutions to Arkansas’s health and health care system challenges.

Equally important is the ability to analyze results of programs undertaken to improve health. The ACHI Health Research Team has worked with the Injury Prevention Center at Arkansas Children’s Hospital, the Arkansas Tobacco Settlement Commission, and the Departments of Health, Education and Human Services to evaluate the results of programs that include the state’s Graduated Driver Licensing Law, Child Wellness Intervention Project, Coordinated School Heath, and Comprehensive School Wellness Centers.

**BODY MASS INDEX DATA AND ANALYSIS**

Since 2003, ACHI has helped facilitate annual body mass index (BMI) screenings conducted in Arkansas public schools. In addition to providing parents with an actionable child health report, ACHI conducts analyses of collected data and makes available reports at the state, county, school district, and individual school levels. These reports are used to inform school and population health policies and programs.

As a result of this work, ACHI has amassed one of the largest student BMI databases in the world. While these data are safeguarded in adherence to the very strict guidelines of the Health Insurance Portability and Accountability Act (HIPPA), they have, in de-identified format, been useful to researchers investigating the cause and effect of childhood obesity and various programs implemented to reverse and
prevent further spread of the epidemic. This includes an ongoing study funded by USDA’s National Institute of Food and Agriculture titled *Interventions for Obesity Prevention Targeting Young Children in At-Risk Environments: An Integrated Approach*. A key aim of the study is to provide a better understanding of how the food environment facing children and their families impacts childhood obesity.

Results to date suggest that the food environment matters. Living in a food desert (a low-income neighborhood with limited access to a large grocery store with healthy food options), exposure to fast food restaurants around the school or home, and exposure to neighborhood convenience stores each contribute to increases in childhood obesity. The food environment confronting children within elementary schools also matters. For example, early findings in the evaluation of the federal Fresh Fruit and Vegetable Program demonstrate as much as a four-point reduction in BMI percentile for participating schools compared to schools that did not participate. Finally, this study is examining the role of the social environment within schools. Specifically, there is evidence that obesity rates among older or referent peers can affect the weight of younger students. Knowledge of peer effects such as these may help in designing school-based interventions to encourage healthier diets or increases in physical activity. Resulting publications include:

ARKANSAS HEALTH DATA INITIATIVE

In addition to BMI data, the Arkansas Health Data Initiative housed at ACHI integrates data sets from a variety of state and national sources within a robust and scalable data center. The ability to link key pieces of information previously held separately provides a comprehensive picture of health status and contributing factors that can be used to identify the best opportunities for improvement and efficient use of resources. Governance of these data assets for policy support is provided by the Arkansas Health Data Initiative Advisory Committee, composed of representatives from each organization providing data.

ALL-PAYER CLAIMS DATABASE

An all-payer claims database (APCD) is a large-scale database that systematically collects health care data from a variety of payer sources. APCD functionality varies from state to state. And, APCDs have been vehicles for increased transparency in the health care system, allowing for examination of quality among services and assessments of the impact of state programs and initiatives. Currently, fifteen states have an APCD and several more are actively working to implement this type of database.

ACHI submitted a competitive bid for and was awarded a contract by the Arkansas Insurance Department’s Health Insurance Rate Review Division to build the Arkansas APCD. The contract is based on a grant from the Centers for Medicare and Medicaid Services, Center for Consumer Information and Insurance for the purpose of supporting health insurance rate review and increased transparency in health care pricing. Development of the Arkansas APCD is now underway including an inclusive stakeholder engagement process and technical infrastructure design.

Reports, tools, and information developed as part of the Arkansas APCD will be available in February 2015 at www.arkansasapcd.net.

RESEARCH FELLOWSHIP

A two-year ACHI-UAMS Graduate Research Fellowship in Health Policy Analysis has been established with the University of Arkansas for Medical Sciences, College of Pharmacy. Anand Shewale, MS, is ACHI’s first postgraduate fellow. During his fellowship with ACHI, Anand is working 20 hours per week with the APCD development team. His focus is on building clinical classification reference data for use with APCD analyses and reporting.
Guided by evidence and fueled through collaborative stakeholder engagement, the ACHI Health Policy Team works to catalyze change through effective health policy and program development. Opportunities to develop this work often come from external events. For example, the national focus on health care reform provided impetus for an unprecedented advancement of many years of engagement toward improvement in the quality of, access to, and cost of health care for Arkansas citizens. Thanks to the financial support of our annual sponsors, ACHI has the ability to nimbly seize these opportunities and in many cases generate additional funding through relevant grants and contracts.

POPULATION HEALTH POLICY

ACHI believes that promoting good health—including oral health—and preventing diseases are essential factors for improving the health of Arkansans. While lifestyle choices made by individuals can have a dramatic impact on their short-term and long-term health, environmental factors make it difficult, if not impossible, for many people to follow through on healthy choices. This is especially true when it comes to obesity, which along with physical inactivity and tobacco use, are the root causes of most preventable chronic diseases like diabetes, heart disease, hypertension, and cancer.

Obesity is a complex problem with biological, behavioral, social, economic, environmental, and cultural causes. ACHI’s work in obesity prevention has been centered on policies and activities that make the healthy choice the easy choice through collaboration with a variety of state and national organizations, state agencies, schools, and community leaders.

One such project was conducted with the EAST Initiative through which ACHI established a Students for Healthy Communities challenge. The challenge encouraged students to take on projects to help their communities increase access to healthy foods and safe places for physical activity. As a result, EAST focused a spotlight on this issue by adopting...
health and wellness as the theme for its 2013-2014 National Service Project.

Most recently, ACHI engaged with the Winthrop Rockefeller Institute to conduct a concentrated two-day statewide planning session toward development of a ten-year strategic plan for obesity prevention. Four dozen people representing the best minds at all levels currently working to solve the problem of obesity in Arkansas participated in the process. The resulting plan, scheduled to be launched in 2015, contains a framework around nine priority areas that can be achieved within two-year, five-year, and ten-year timeframes.

ACHI’s past involvement in tobacco prevention has led to implementation of several important policies, including clean indoor air and an increase in the tobacco excise tax. Currently, a new nicotine-related threat exists in the form of e-cigarettes and other electronic nicotine delivery systems (ENDS). ACHI has engaged in the development of policy solutions, especially targeting children and young adults. For example, currently in process is collaboration with the Arkansas Department of Higher Education toward statewide prohibition of the use of ENDS on all college and university campuses.

EMPLOYEE BENEFITS DIVISION OF THE ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION (EBD)

Over the past several years, ACHI has maintained a mutually beneficial relationship with EBD that has included conducting multiple analytic projects that EBD has used in consideration of its health plan designs and management. Additionally, ACHI has used data from the EBD health plan’s large, statewide population to model health policy solutions. ACHI has also helped EBD navigate through health care changes such as the Affordable Care Act and provided consultation as to how the health plan and its members could be impacted.

Recent projects include helping EBD engage in the Arkansas Health Care Payment Improvement Initiative with a focus on improving quality of care and reducing costs. Additionally, ACHI has produced research reports for EBD on results of their bariatric surgery program and state health plan member use of emergency rooms.

Currently, ACHI is assisting EBD in exploring the potential of an employee health care clinic to serve the approximately 16,000 state employee plan members working within close proximity to the State Capitol building. This clinic would increase productivity and reduce absenteeism by providing a worksite clinic access point for needed services to complement the employee’s primary care provider.
HEALTH SYSTEM TRANSFORMATION

The statewide initiative to transform Arkansas’s health care system, which is now well underway, has many complex parts surrounding three basic fundamentals: access, quality, and cost. The Health Insurance Marketplace and Arkansas’s own Health Care Independence Program, commonly known as the Private Option, are working together to improve access to health care for many of the roughly one-half million Arkansans who were previously uninsured. Improved access to health care provides a remedy for several of the problems that contribute to the poor health of Arkansas citizens and the unsustainability of the state’s health care system. However, for sustainable transformation to take place, the expansion of access to health care must be accompanied by efforts to improve quality and cost, health care workforce development, and expanded use of health information technology.

ARKANSAS HEALTH CARE PAYMENT IMPROVEMENT INITIATIVE

Funded as part of a sizeable State Innovation Model grant from the U.S. Centers for Medicare and Medicaid Innovation Center, Arkansas has embarked upon a comprehensive initiative to restructure our health care payment and delivery system. The Arkansas Health Care Payment Improvement Initiative (AHCPII) is working to create a patient-centered system of care that incentivizes providers for delivering high quality, cost efficient, and coordinated team-based care. Arkansas’s novel approach combines delivery strategies that include episodes of care (retrospective and assessment), patient-centered medical homes, and health homes. To date, 23 episodes of care have been developed. Half of the state’s primary care physicians—representing nearly 80 percent of Arkansas Medicaid beneficiaries—have enrolled in the initiative to receive additional per-member, per-month payments to transform their practices into patient-centered medical homes and to support coordination of care for patients with complex health care needs.

ACHI has worked in close collaboration with the Arkansas Department of Human Services and been intrinsically involved with stakeholders across the state in developing the design and implementation of the AHCPII. Importantly, our work has included engaging multiple payers with a shared interest in improving quality and stabilizing costs. Currently, the participating payers are Medicaid; the state’s largest private insurers; and a growing group of self-
insured employers, including the state employee health plan and Walmart. Provisions in the Health Care Independence Act require all payers offering plans on the Health Insurance Marketplace to participate in the AHCPII beginning in 2015.

ACHI often serves as a bridge between multiple stakeholder groups as implementation of the AHCPII progresses. Staff are major participants in regularly scheduled meetings, including the Multi-Payer Executive Committee and the Physician Advisory Group. In addition, ACHI Director, Dr. Joe Thompson, leads a monthly meeting between the Arkansas Medical Society and the Arkansas Hospital Association, and with participating public and private payers.

In addition to participating in the AHCPII, Walmart has provided funding to ACHI for the production of a video describing the program. The video is available on our website at achi.net. Funding from Walmart also enabled ACHI to implement an Employer Advisory Council to educate, promote, and recruit additional self-insured organizations and to produce a state tracking report to measure the impact of the program on quality and cost.

ACCESS TO QUALITY CARE

More than 50 percent of Arkansas adults are living with at least one chronic disease. Two years ago, more than 25 percent of working-age Arkansans did not have health insurance. These two statistics combined to secure Arkansas a place near the bottom of all national health rankings. Those without a means of paying for medical services often forego preventive measures and are unable to pay for medications and treatment that enable them to manage their conditions and improve their health. Without affordable access to health care, employees with preventable diseases like diabetes, hypertension, and cancer are less productive and experience a higher number of days absent from their jobs. Further, there is greater likelihood that their condition will develop into a life-threatening crisis, resulting in an expensive hospital emergency room visit for treatment. The resulting uncompensated care exposure creates a fiscal vulnerability for hospitals, some of which are the largest employers in the communities they serve.

In a highly innovative, bipartisan move, Arkansas became the first state in the nation to receive a waiver from the U.S. Department of Health and Human Services to implement an Arkansas-centric premium assistance model that allows for the expansion of health care coverage to more than 200,000 low-income citizens. This new strategy is neither traditional Medicaid nor Medicaid Managed Care. Arkansas’s
innovative approach employs premium assistance to purchase private insurance on the newly established Health Insurance Marketplace.

ACHI worked throughout the legislative process to provide policy expertise and data to inform the development of the Arkansas Health Care Independence Act, also known as the Private Option. ACHI’s work in this area continued in collaboration with the Arkansas Department of Human Services as the program was implemented. ACHI has also worked closely with the Arkansas Insurance Department toward implementation of the state’s Federally Facilitated Marketplace and helped to marry the public and private perspectives under which each had traditionally operated.

During the first year of implementation, more than 200,000 citizens enrolled in private insurance plans through the Private Option. Due to inclusion of this group, the average age of Arkansas’s Marketplace risk pool was approximately 10 years younger than in any other state, contributing to an average 2 percent decrease in premium rates for year two of the program. Hospitals reported that
In anticipation of expanded coverage and as part of the overall Health System Improvement Initiative, ACHI has undertaken key projects to guide and inform policy development with a goal of ensuring that an adequate health care workforce is available to all Arkansans.

During the first six months of the Private Option, the number of people hospitalized without insurance fell by 46.5 percent compared with the same period the previous year. Further, uncompensated care losses related to uninsured patients fell by 56.4 percent, yielding a total six-month benefit of $69.2 million. During the same period, there was also a 5.8 percent increase in total non-urgent hospital outpatient clinic visits by insured patients, suggesting that more patients began avoiding emergency rooms as a point of entry into the health care system and instead were seeking care in more appropriate settings.

In anticipation of expanded coverage and as part of the overall Health System Improvement Initiative, ACHI has undertaken key projects to guide and inform policy development with a goal of ensuring that an adequate health care workforce is available to all Arkansans. This includes development of a research report, funded by the Blue & You Foundation for a Healthier Arkansas. The report provides, for the first time, a comprehensive picture of the statewide and county-level availability and accessibility of primary and specialty care and serves as a guide to policymakers.

The report, Arkansas Health Care Workforce: A Guide for Policy Action, and several related issue briefs are available on the ACHI website at achi.net.
HEALTH CARE INDEPENDENCE ACT

The federal Patient Protection and Affordable Care Act (PPACA) provides for the expansion of health care coverage to low-income individuals. A subsequent Supreme Court ruling left the politically charged decision to do so up to each state. Arkansas’s 89th General Assembly made history with the bipartisan development and passage of the Health Care Independence Act of 2013. Often called the Private Option, this innovative, Arkansas-centric approach to expanding health care coverage makes health insurance available to more than 200,000 of our citizens through private insurance plans. Arkansas was a pioneer in developing and implementing the premium assistance approach to coverage for low-income individuals. Several other states have since followed our lead. ACHI played an active role in providing information and policy guidance as the legislative solution for reducing our state’s high percentage of uninsured adults was developed.

HEALTH INSURANCE MARKETPLACE

Another aspect of the PPACA was implementation of a Health Insurance Marketplace (HIM) through which citizens can shop for and purchase health insurance plans that meet requirements for providing essential health benefits. Arkansas chose to initially operate a federally facilitated HIM, later enacting legislation that would establish a private, nonprofit Marketplace if a state-based Marketplace is approved by the U.S. Department of Health and Human Services.

OTHER HEALTH-RELATED LEGISLATION OF NOTE:

HEALTH CARE COVERAGE

- Establishment of the HIM Navigator, Guide and Certified Application Counselor Program

- Establishment of the Office of the Medicaid Inspector General within the Governor’s office to investigate Medicaid fraud and removal of Medicaid fraud investigations from the Department of Human Services

For more information on how the Private Option fits within on-going efforts to create a high quality, cost efficient, and sustainable health care system for Arkansans, visit our website at achi.net.
• Transference of regulatory responsibility for Health Maintenance Organizations from the Arkansas Department of Health (ADH) to the Insurance Commissioner

• Cessation of the Arkansas Comprehensive Health Insurance Pool to be replaced by the availability of plans through the HIM for providing health care coverage for individuals to whom comprehensive health care coverage was not available because of preexisting health conditions

• Allowance of reimbursement to ADH for medical supplies and services provided

HEALTH WORKFORCE

• Creation of a Home Visitation Regulatory Program for home visitation by nurses, social workers and other early childhood and health professionals or trained and supervised lay workers

• Dental hygienist collaborative agreements that allow direct insurance payments to dental hygienists for hygiene services if the collaborative dentist is not enrolled with the insurance company

• Creation of a Medicaid Primary Care Case Management Program—a shared savings pilot program to cover numerous counties in the Arkansas Delta

• Authorization for the Arkansas State Medical Board to issue unrestricted licenses to practice medicine to foreign-trained faculty of UAMS

TOBACCO AND OTHER NICOTINE DELIVERY SYSTEMS

• Prohibition of smoking tobacco in and on the grounds of all medical facilities

• Prohibition of the transfer of e-cigarettes and other nicotine products to minors, and prohibition of minors to possess or buy e-cigarettes
The ACHI Operations Team provides utility to ACHI’s research, data, and policy work encompassing:

- Communications led by Debra Pate, whose responsibilities include facilitating media inquiries, advancing ACHI’s work to the media and to a variety of stakeholder and other audiences through traditional and social media channels, maintenance of the ACHI website, and managing speaking engagements delivered by the Center Director.
- Executive Assistance to ACHI Director and Chief Operational Officer is provided by Lori Smedley. Lori maintains the Director’s calendar, makes travel arrangements, facilitates correspondences, and maintains faculty records.
- Financial Management under the guidance of Andrea Roy, BBA, ACHI’s Fiscal Manager, with Assistant Business Manager, Candice McNair. This includes management of ACHI’s overall and project budgets, purchasing, accounts payable and income management.
- Project Management led by Debbie Bell, MBA, who is responsible for implementation of processes that ensure timely completion of multiple, simultaneous projects conducted at ACHI, helping to facilitate establishment of project leads and teams, schedules, project communication, and resource management and tracking.
- Editing and Technical Writing conducted by Rachel Phillips, BS, who is responsible for providing editing, style management, layout design, and writing assistance for ACHI reports, briefs and other written products.

Office Administration led by Pat Russell, MA, Human Resources and Operations Manager. Pat manages administrative support provided by Pearl Gordon, MS, Health Policy and Advocacy Specialist, and Administrative Analysts, Kesha Hart, BS, and Megan Bowers, BS. In addition, she is responsible for facilitating staff hiring and onboarding of new associates.

Operations Team

Back row: Andrea Roy, BBA, Fiscal Manager; Kesha Hart, BS, Administrative Analyst; Debbie Bell, MBA, Project Manager; Megan Bowers, BS, Administrative Analyst; Lori Smedley, Executive Assistant; Pat Russell, MA, Human Resources and Operations Manager. Front row: Helen Reid, MPH, Director, Population Health Policy and Interim Chief Operational Officer; Candice McNair, Assistant Business Manager; Rachel Phillips, BS, Technical Writer/Editor; Pearl Gordon, MS, Health Policy and Advocacy Specialist; Debra Pate, Communications Specialist.
**Kesha Hart**, Administrative Analyst, received a Bachelor of Science degree in Health Sciences with a minor in Exercise Science from the University of Arkansas at Little Rock in May 2013.

**Hanna Jokinen-Gordon**, Senior Research Analyst, graduated from Florida State University in May 2014 with a PhD in Demography/Sociology with an emphasis on population health.

**Katie Leath**, Health Policy and Advocacy Coordinator, was awarded the status of Certified Research Specialist (CRS) from the University of Arkansas for Medical Sciences (UAMS) Office of Research Compliance in December 2013. The CRS Program provides essential training in key areas for individuals involved in, or interested in, learning more about research at UAMS. Certified Research Specialists complete 28 hours of coursework and pass a comprehensive CRS Proficiency Exam.

**Andrea Roy**, Fiscal Manager, received recognition for completing 30 years of service with the University of Arkansas for Medical Sciences in September 2014.

**Joe Thompson**, ACHI Director, was honored with the David E. Bourne Award from the Arkansas Public Health Association in May 2014. The award recognizes public health policy achievement exemplified in the life and works of a distinguished public health advocate.

**Jennifer Wessel**, Senior Policy Analyst, received a Juris Doctorate from the University of Arkansas at Little Rock William H. Bowen School of Law in May 2013.
ACHI has been instrumental in the development and implementation of one of the most comprehensive health system transformation efforts in the country. As a result of the state’s innovative approach, Arkansas is one of a handful of states to receive funding from the U.S. Centers for Medicare and Medicaid Innovation Center in the form of a State Innovation Model (SIM) grant to assist in the advancement of the Arkansas Health System Transformation Initiative—considered to be a possible model for other states facing similar challenges. More importantly, this initiative holds great promise for improving the health of Arkansans by meeting the decades-old need for a sustainable, well-coordinated, patient-centered health care system.

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The majority of our resources over the past two years have been devoted to supporting intense collaboration with hundreds of stakeholders as we moved through creation of a guiding vision, strategic planning, program design, policy development, and implementation. We are positioned to continue this work while moving into a phase of evaluation of the results of these efforts. Projects on the horizon include:

- A comprehensive evaluation of Arkansas’s Health Care Independence Program, or Private Option, for which ACHI has provided a detailed design that has been approved by the U.S. Department of Health and Human Services.
- A state tracking report funded by Walmart designed to be a multi-payer evaluation of the Arkansas Health Care Payment Improvement Initiative for the purpose of evaluating the impact of the initiative on quality and cost. This tracking will also allow us to identify and adjust for unintended consequences and develop improvements as needed.
- A self-evaluation of State Innovation Model activities. This evaluation is a requirement of SIM grantees. ACHI has worked closely with the Arkansas Department of Human Services to develop an evaluation plan to capture and report on specific measures around diffusion and impact of SIM achievements, specifically with regard to episodes of care and patient-centered medical home implementation. The self-evaluation will be compiled by ACHI on a quarterly basis through 2016.
- Establish and lead a Patient-Centered Medical Home Coordination Center to assist in the alignment of increased participation by payers offering plans through the Health Insurance Marketplace as required by the Health Care Independence Act.

As we continue working to improve the Arkansas health care system, we will also devote resources toward health improvement and population health policy. Included in this work will be:

- On-going efforts to inform Arkansas citizens and limit exposure to the potential harm posed by e-cigarettes and other electronic nicotine delivery systems.
- Launch and implementation of the ten-year strategic plan for preventing obesity, including public release and promotion of the plan; recruiting statewide champions of the framework; organizing a learning summit with leaders from obesity centers in states with similar successful programs; coordinating existing obesity prevention organizations to develop and execute plans for achieving the two-year, five-year, and ten-year goals of the plan.
- Continued strategies and policy development to improve oral health and access to dental care.