ACHI provides critical data, analyses, and strategies that drive decisions and shape public policy for the health and productivity of Arkansans.
Over its nearly 20-year history, ACHI’s mission has been to serve as a catalyst—an agent that provokes or accelerates significant change or action without being consumed in the process. As evidenced by the timeline in this report, ACHI’s staff have been at the forefront of the remarkable success that Arkansas has achieved in health promotion and prevention, healthcare coverage, and payment transformation. In the midst of uncertainty—and sometimes turbulence—at the federal level, we remain poised to protect gains and advance policies to improve the health of Arkansans.

In such an environment, timely access to data is critical to inform policymaking. For 14 years, the Arkansas Health Data Initiative (HDI) housed at ACHI has been the go-to source for shaping the debate. The HDI links key pieces of health data to provide a more complete picture of health status and identify opportunities for improvement and targeted allocation of limited resources.

Capitalizing on our knowledge from the HDI, ACHI pursued the development of an All-Payer Claims Database (APCD) for Arkansas. The 2015 enactment of the Arkansas Healthcare Transparency Initiative Act—which named ACHI as the APCD administrator—strengthened the state’s ability to collect claims data through the APCD from public and private sources and signaled a transition to a more transparent healthcare system for consumers. The Arkansas APCD has served as a data source for task force deliberations, premium rate review, and program development for special needs populations. As the data grows more robust, the APCD will be vital to assessing and tracking health-system performance, and a valuable research tool.

ACHI’s research team has expanded and is increasingly contributing to new knowledge in the health and healthcare arena. ACHI is leading the federally required waiver evaluation of Arkansas’s expansion of coverage through the Health Care Independence Program, as well as the successor program, Arkansas Works. The scientific rigor of the ACHI evaluation approach is unprecedented, and the interim findings and complementary analyses have been the spotlight of recent national research symposia.

In order to safeguard the state’s investment in healthcare coverage, we must diligently focus on upstream health risks and behaviors that result in chronic disease and preventable death.

Under Healthy Active Arkansas—a 10-year initiative to encourage and enable healthier lifestyles where Arkansans live, work, and play—ACHI has mobilized a network of approximately 250 local leaders to create change in their communities. With county judges, business leaders, superintendents, and other local officials engaged, we are excited about the network’s potential. Its continued expansion and recruitment of local leaders will drive needed improvements in communities across the state.

As ACHI moves into its third decade as a catalyst to improve the health of Arkansans, I am grateful for our dedicated staff and partners who share in our many successes. I am also comforted in knowing that we will continue to stand arm-in-arm as we tackle the challenges and seize the opportunities ahead.

Joseph W. Thompson, MD, MPH
President & CEO,
Arkansas Center for Health Improvement
Professor, University of Arkansas for Medical Sciences, Colleges of Medicine and Public Health
General Pediatrician

Dr. Thompson is ACHI’s guiding force responsible for establishing center priorities and direction. His work is centered at the intersection of clinical care, public health and health policy. Dr. Thompson is responsible for developing research activities, health policy, and collaborative programs that promote better health and health care in Arkansas.
ACHI’s Health Policy Board consists of 21 members from across the state who bring diverse perspectives and interests on health. This independent board identifies and establishes strategic priorities, provides direction and guidance, and serves as a forum for the exchange of ideas. The board guides ACHI’s involvement in and position on specific policy matters, and it issues position statements that articulate the health needs of Arkansans.

2017 Health Policy Board Members

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President & CEO  
Arkansas Research Alliance

Joseph Bates, MD, MS  
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Family Medicine  
Ouachita Valley Family Clinic

Sandra Jackson Brown  
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Jefferson Comprehensive Care System, Inc.

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Annabelle Imber Tuck, JD  
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Annabelle Imber Tuck, JD  
Public Service Fellow & Jurist-in-Residence  
University of Arkansas for Medical Sciences

Susan Ward-Jones, MD  
CEO  
East Arkansas Family Health Center, Inc. (Board Chair)
Throughout the past two decades, ACHI has focused on three major areas affecting the health of Arkansans. These include: (1) improvements in access to and quality of health care, (2) elimination of financial barriers due to a lack of health insurance coverage, and (3) mitigation of health risks in order to improve Arkansas’s underlying population health. Through these efforts, ACHI seeks to facilitate access to high quality, cost-effective care for all Arkansans, so that everyone may receive the right care at the right time in the right place.

Within each of these three areas, ACHI has pursued our mission to support policy initiatives, inform program development, and facilitate empirically based research. ACHI has emerged as a nationally recognized policy-setting organization that has benefited Arkansas and has become a model for other states across the nation.
Within the areas of access to care and healthcare quality, over the past two years, ACHI has focused on making data more available and transparent to increase the state’s understanding of workforce needs, the impact of payment transformation initiatives, and other opportunities to enhance the health delivery system and increase its responsiveness to the needs of Arkansans. In 2015, the Arkansas General Assembly established the Healthcare Transparency Initiative and named ACHI as the administrator of the state’s All-Payer Claims Database (APCD). The Arkansas APCD now contains 2013-2017 medical, pharmacy, and dental claims, as well as enrollment and provider files from public and private payers.

The integration of these data established an invaluable new tool for policymakers, clinical leadership, researchers, and consumers. Our research team continues to translate data from the APCD and other state resources into information to assist policymakers and help agencies meet programmatic requirements concerning the health needs of Arkansans.

ACHI has been a key player in the Arkansas health landscape for nearly 20 years—convening key stakeholders, advancing evidence-based policy recommendations, and contributing to significant efforts to improve health.

**1998-2001**
- Southern Rural Access Program
  - Increased access to health care in rural, underserved areas of Arkansas

**2000**
- Tobacco Settlement Proceeds Act
  - Established framework for use and distribution of Arkansas’s share of national lawsuit proceeds

**2003**
- Arkansas Health Data Initiative
  - Integration of data to inform healthcare policy with evidence

**2006**
- ARHealth Networks
  - Advanced a small-business safety net insurance program, as recommended by Governor’s Roundtable

**2007**
- Southern Obesity Summit
  - Convened Southern states to discuss progress and emerging opportunities in the management of obesity

**2007-2017**
- Child Health Advisory Committee
  - Participated as inaugural members to help establish rules and regulations for nutritional health in schools; developed statewide school BMI measurement methodology

**2015**
- Clean Indoor Air Act
  - Protected Arkansas workers and citizens from secondhand smoke in the workplace and public places

**2015**
- Arkansas General Assembly established the Healthcare Transparency Initiative and named ACHI as the administrator of the state’s All-Payer Claims Database (APCD).

The Arkansas APCD now contains 2013-2017 medical, pharmacy, and dental claims, as well as enrollment and provider files from public and private payers. The integration of these data established an invaluable new tool for policymakers, clinical leadership, researchers, and consumers. Our research team continues to translate data from the APCD and other state resources into information to assist policymakers and help agencies meet programmatic requirements concerning the health needs of Arkansans.
In the coverage arena, Arkansas has been nationally recognized for its innovation in response to the opportunities and challenges posed by the Affordable Care Act. The original Health Care Independence Program—initially sponsored by Republican leadership with Democratic gubernatorial support—is a unique individual premium assistance approach to coverage expansion of Medicaid, with widely recognized impact for improved competition, successful enrollment, and control of health insurance premiums. The coverage-expansion approach was supported by four subsequent legislative and gubernatorial decisions. ACHI has been an integral contributor to the waiver development for the original program and the transformation into Arkansas Works in 2016. As programmatic changes, such as caps on income eligibility and work requirements are implemented, ACHI will be a source for impact assessment. Our research team is also conducting the federally required waiver evaluation for the program—documenting the program’s cost-effectiveness and the impact on access and quality for the low-income population served by the program.
Population health is an investment that requires long-term commitment, as well as monitoring of opportunities to mitigate health risks that consistently place Arkansas as one of the least healthy states in the nation. ACHI engages in partnerships for health-promotion and prevention opportunities and program development for tobacco control and prevention, improved physical activity and nutrition, and other opportunities to safeguard the state’s population, such as fluoridation and vehicle safety requirements. Programs to increase the number of Arkansans at a healthy weight are coming together in a new strategy under the governor’s Healthy Active Arkansas initiative. Our team has documented the cost of obesity, and we monitor available interventions to help make the healthy choice become the easy choice, which will improve workforce productivity and life expectancy for Arkansans. With support from the Blue & You Foundation for a Healthier Arkansas and our Healthy Active Arkansas partners, ACHI has engaged, recruited, and activated a statewide network to implement action plans in their communities to advance the objectives within the nine priority areas of Healthy Active Arkansas.
The Dr. Tom Bruce Arkansas Health Impact Award was established in honor of the late Dr. Tom Bruce. The award will be given to an individual who embodies Dr. Bruce’s lifetime of service by demonstrating courageous leadership and a sustained record as a catalyst for improving the health of all Arkansans, and who exemplifies ACHI’s core values (trust, commitment, innovation, and initiative). In 2016, ACHI presented the inaugural award to Joseph H. Bates, MD, MS.

ACHI is fortunate to be able to draw upon the diverse knowledge and experience of a dedicated team of professionals.
As we near the end of 2017, Arkansans face a period of uncertainty about affordable access to coverage and the future of healthcare delivery and financing. However, times of disruption can often be times of opportunity, and possible changes to well-entrenched policies under the ACA may lead to new and innovative frontiers if our state and national leadership engages with vision, commitment, and a firm grasp of fundamental health-policy concepts. ACHI stands ready to support Arkansas’s leadership in making the decisions necessary to safeguard expansion of coverage opportunities and value-based purchasing strategies.

On an individual level, we must recognize that the healthcare system has a limited impact on overall health. We make choices every day about how active we are, what we choose to consume, and what avoidable risks to which we subject ourselves. These choices, however, are only as beneficial as the options available to us. We need to engage local leaders to help make the healthy choice the easy choice, not only at a policy level, but also at a community level to encourage evidence-based choices that truly empower Arkansans to lead healthier, active lives. Finally, we should set expectations in our daily lives, to ensure a healthy and productive future for ourselves and our families.