

**Minutes**  
**Owning Your Own Health Committee**  
**April 26, 2013**  
**Scott Heyman Conference Room**

DRAFT

Present: Don Barber, Board of Directors Chair; Mary Ann Sumner, Chantalise DeMarco, Board of Directors; Kenneth Foresti, Beth Miller, Excellus; Brooke Jobin, Jackie Kippola, Tompkins County; Robert Lawlis, Operations Director for CAP Connect

**Call to Order**

Mr. Barber called the meeting to order at 1:35 p.m. He distributed copies of a framework for the discussion and spoke to its contents:

- The Board of Directors has the responsibility for setting the direction of the Health Insurance Consortium;
- It is common knowledge that the cost of health care is climbing at an unsustainable pace; and that rate is much higher than local governments can handle with a limit on resources;
- Other than reducing the cost of overhead by the act of creating the Health Insurance Consortium, the Health Insurance Consortium has not taken any action to plan a different trajectory as a Consortium;
- Like everyone else 80% of the cost of health insurance claims are from 20% of the covered population (CAPA, Excellus);
- The obvious overarching strategic action for the Health Insurance Consortium to remain viable and to protect the size of the workforce needed to provide the services of local government is to reduce claims cost);
- We are not the only entity to recognize this problem (Clinical Integration, Excellus/Wellness). Because the Health Insurance Consortium is in a special place from nearly every other entity working on this situation: being the insurance company, the employer, and the patient; the Health Insurance Consortium can take a different path. But that path has to have the buy-in of the Board of Directors, members (municipalities), and employees. This buy-in step is both an asset and a curse. An asset because with buy in from all we have a more than likely chance of success in reducing claims cost. A curse because we are talking about changing habits, dialog and priorities of a group of greater than 4,000 folks. The purpose of this Committee is to think outside the box of strategies to bring the three facets of our Health Insurance community together to achieve the soon to be defined goal of reducing claims costs for the Health Insurance Consortium.

Mr. Lawlis agreed with Mr. Barber's comments and said when there is discussion of ways of impacting cost there are opportunities where small changes in behavior can result in a cost savings. He said there will not be one solution but a variety of different solutions that includes patient engagement campaigns, modifications to benefit design, and others. He said providers need to be doing everything they can to help and noted patient engagement is something providers struggle with as well and something they will be looking at as well.

Ms. Kippola spoke of an e-mail sent out by the Human Services Coalition advertising a six week Living Healthy Tompkins workshop series with a focus on long-term health challenges. This was broadcast to the general public and she would like to pursue what opportunities there are for these workshops for staff.

Ms. Miller said wellness is a big topic that has been used loosely in healthcare reform discussions but a clear message that they want people to engage in active healthy lifestyles. She said the ability exists to allow premium differentials, which is something that the Consortium as an organization can think about. She recognized the collective bargaining component and said this could be an opportunity to engage employees in a voluntary program at a lower reduced premium. She also noted it would have to be set up in a way that the Consortium's overall revenue would not be impacted. Ms. Miller said Excellus has incorporated wellness into their program and do offer a voluntary premium differential with an 85% participation rate. This includes a blood draw that provides baseline information; the member receives a report back or it is sent to their physician.

Mr. Lawlis said an important thing to keep in mind when discussing wellness is that sometimes there are things that are good and important things to be doing but just in the context of the healthcare budget are inflationary even if they are better for the entity as a whole. He provided depression as an example and said untreated depression is cheaper in the context of the health plan than treated depression; however, it is huge in terms of productivity of the workforce and an individual's wellbeing.

Mr. Foresti said beginning a wellness program is the most difficult step. One of the leading organizations is WELCOA (Wellness Council of America). They have tried to organize benchmarks, steps for organizations to begin and created evidence-based wellness programs instead of busy wellness activities. He reviewed seven benchmarks: capturing senior-level support, creating cohesive wellness teams, collecting data to drive health efforts, carefully crafting an operating plan, choosing appropriate interventions, creating a supportive environment, and carefully evaluating outcomes. He said there are tips available that can make a difference with worksite wellness and distributed information that he believes will help create an infrastructure that can help in this process. He spoke of other wellness programs being created in the region and offered to share information on what has worked and has not worked in other places. Mr. Foresti said Excellus is willing to help in any way.

Ms. Sumner said the Town of Dryden is one of the largest small employers in the Consortium and has 40 employees. They have participated in many of the programs mentioned but has seen minimal impact. They have a wellness team and through a grant the Town now has three standing workstations, two bicycles, and a basketball net and she would like to see these opportunities utilized more. She said controlling costs is important but her main concern is for her staff to be healthy.

Ms. DeMarco said she had a conversation with the Town of Danby which has a similar population of employees and one of the things they were going to try was providing fruit in the lunch room so that when they need a snack what would be available would be something healthy. This is an attempt to influence decisions in a small way without there needing to be a lot of thought put into it.

Mr. Lawlis said the Consortium will have to give thought to how to approach the various sizes of employee groups within it.

Ms. Jobin said Theresa Lyzcko attended the last Joint Committee on Plan Structure and Design to speak about what opportunities the Health Department could offer employees and the community. The County did have a Wellness Committee that did well for some years but is no longer very active. She said typically they see changes in the use of health care and participation in one's health care and when there are changes in plan design the employee pays

more attention to what they are spending their money on. She said over the last three years there have been many federally mandated plan changes and does not think the employee population is aware of what is available to them and would like to see education efforts. She also said she would like to get a better understanding of what the definition of wellness is and what the Consortium needs to do.

Ms. DeMarco said she thinks there will need to be a global effort as well as looking at individual work locations in addition to tailoring specific efforts to different groups. She would also like to see stress management be a part of any wellness effort. Ms. Kippola said the Consortium does not have a good handle on the demographics of work environments or a good way of across-the-board communication with employees such as a monthly newsletter. It was noted that not all employees have access to digital communications.

Ms. Sumner said there is always a focus on the 20% that are responsible for claims and suggested looking at the 80% that aren't using benefits to see what they are doing right.

Mr. Barber noted two comments that have been made during the discussion: 1) keeping the healthy population healthy; one of the key strategies should be keeping those individuals from entering the 20%; and 2) Education and letting people know how to continue to practice healthy living. He said as more people are motivated the more others will follow. One of the things that is important to focus on for him is that the Consortium focus on helping its employees be healthy and happy and that they save money by not having to give as much to healthcare premiums. He said the Consortium will ultimately save money should focus on the health of the employees.

Mr. Lawlis noted that some of these things can feel invasive to employees. In response to a question by Mr. Barber of whether anyone could see resistance to these programs, Ms. Kippola said it will depend on cost and there are other issues such as allowing employees to attend workshops during the work-day. It was noted that many of the results from these efforts are not immediate and will take time to be realized. Ms. Sumner said there will be some immediate benefits, such as employee productivity. It was stated that efforts should include both employees and their dependents.

At this time there was discussion of what this Committee can accomplish in the short term and laying out a process for information that is needed.

Ms. Sumner said she was hoping there could be improvements to the plan that is offered. Up until recently, the Town of Dryden has paid 100% of the premium and they need another way to engage employees. Mr. Barber said this Committee could provide a primer on what is included in the other plans as well as the mandated changes that have occurred. Ms. DeMarco said it would be important to know what the smoking cessation plan components are because this is an area where there could be quick and measurable changes. Ms. Miller said there is nothing Excellus has that identifies a person as a smoker. She said the Consortium has a combination of plans and some of them contain a smoking program. The Classic Blue or the Traditional do not.

Following a brief discussion, Ms. Sumner asked that members have access to the various plans available through the Consortium and the design of each of them. Ms. Miller said she will provide them but noted these are not regularly maintained and that they are high-level. Ms. Sumner asked if there is a wellness component the Consortium could buy into for an extra cost if it is determined that what is available now is not adequate. Ms. Jobin spoke of the

County's wellness program and reimbursement system; she will send Ms. Sumner information about this as well as summaries of the County's plans.

There was a brief discussion of a newsletter. Ms. Kippola explained the County has a bi-monthly newsletter for employees that is produced by a group of volunteers. Because of postage costs, she doesn't believe it is distributed to retirees unless they have e-mail access.

Mr. Barber summarized the comments that have been made with regard to developing strategies for reducing claims cost:

- Information plan design;
- Education - information can be obtained from Beth McKinney of the Cornell Wellness Program;
- Providing information and education to members on what the costs are; each month a member who has had a claim within the month receives a statement showing details of the costs incurred;
- Healthcare consumer education and an information "road map" for employees. Mr. Barber said if someone from the Health Consortium was talking to employees about healthcare and how it affects their job, health, and costs they could begin to look at the steps they could take to reduce those costs and make themselves healthier.

Mr. Lawlis spoke of the need for people in the community to have a good understanding of where they should go for care when they are not feeling well giving examples of primary care physician, urgent care, or emergency room care. He also said good primary care relationships can also negate the need to go to urgent care centers in some cases. Family Medicine Associates, for example, is open 7 days a week and until 9 p.m. some evenings.

Mr. Lawlis said the Hospital just started "Kids Care" which is like urgent care but is targeted to pediatrics. Ms. Jobin questioned if this is charged under urgent care fees or emergency room fees. She said she thought urgent care had to be a free standing building to be an urgent care center. He did not have the answer but that center is isolated from the Emergency Room Department and is staffed by pediatricians from Buttermilks Falls Pediatrics and Northeast Pediatrics. He will look into this and will provide an answer at the next meeting.

A question was raised as to what a Five Star Urgent Care Center is as one recently opened downtown. Mr. Lawlis said these are physician owned centers; the Medical Director for the local one was previously an Emergency Room physician from Cayuga Medical Center; he described it as "watered-down" urgent care. His personal opinion is that it fits somewhere between what the Cayuga Medical Center urgent care centers and the primary care provider and thinks patients would be better served by stronger primary care relationships.

Mr. Barber asked those present to begin thinking about a curriculum of how to begin the education process for both the Board of Directors and employees. He suggested coming up with general subject ideas and trying to use that as focus point for the education effort. Ms. Sumner said 50% of medical calls are for slips and falls. There was a good campaign last year for slip and fall prevention and thinks this is an area the Consortium could help with. Ms. Kippola said the Office for the Aging has created a useful brochure to address the prevention of slips and falls in the elderly.

**Next Meeting**

A meeting wizard will be done to establish the next meeting date.

**Adjournment**

The meeting adjourned at 3:10 p.m.