

Minutes
Owning Your Own Health Committee
June 12, 2013 - 11 a.m.
Scott Heyman Conference Room

APPROVED

Present: Don Barber, Board of Directors Chair; Chantalise DeMarco, Mary Ann Sumner, Board of Directors (arrived at 11:10 a.m.); Jackie Kippola, Brooke Jobin, Tompkins County; Steve Locey, Locey & Cahill; Mack Cook, Board of Directors; Kenneth Foresti, Beth Miller, Excellus; Leslie Moskowitz, City of Ithaca; Robert Lawlis, Operations Director for CAP Connect; Emily Mallar, CAP Connect

Call to Order

Mr. Barber called the meeting to order at 11:08 a.m. He welcomed those present and stated the Consortium is working on creating a culture of owning your own health and using that to help the Consortium and the broader community to understand that everyone has a role in managing their health and claims costs. At the last meeting a number of things were discussed and there was a far-ranging discussion that concluded with the need for a focused education and awareness. He stated there are opportunities to share information and said Betty Falcao from the Health Planning Council has a number of daily and weekly web alerts that can be used and Excellus has information to share as well. Part of this Committee's discussion can be on how to expand and organize those opportunities. Mr. Barber said as a Consortium there are municipal members that have various levels of administration and there can be discussion about what can be done as a group to bring everyone to the same place.

Ms. Sumner arrived at this time.

Mr. Barber asked those present to share their thoughts about what type of information the Committee might want to share and what process to use to deliver the information.

Mr. Cook said with regard to information he has been tackling the issue of wellness and how to get employee buy-in on a wellness plan and came across a plan being used in Batavia, New York for the last two years. The City Manager reported he has been getting positive results and said that in his union contracts they have negotiated a higher than normal co-pay sharing arrangement. However, at the individual level anyone can bring that down to as low as five percent based upon the results of matrix testing and they have built in protection for generic drugs, pre-existing conditions, and conditions that may be beyond an individual's control. Mr. Cook said the City Manager has invited representatives of the Consortium to meet with him, the union leadership, and the human resources department to discuss this. With two years of a track record they are finding that they have been able to lower their claims costs by almost 20%. He said it is being well received by the City Council and by employees.

Mr. Barber asked how this was introduced to employees. Mr. Cook said they did a great deal of education and the main hurdle they had to overcome was confidentiality and the fact that many individuals have conditions they manage and who would not score well in the matrix. He said if an individual is doing everything their physician has prescribed for them to do they get the maximum number of points. They have approximately 215 employees.

Ms. Miller addressed the issue of confidentiality and said there are always concerns surrounding biometrics testing with regard to who is doing the screening and who is looking at the data. She said Excellus partners with Interactive Health Solutions (IHS) for the Blue for You program and they collect the data. Excellus receives a sample of the data that comes back;

however, it is non-identifiable. She said they give a baseline read on the entire group so specific illnesses that stand out can be targeted. It is Interactive Health Solutions that makes a determination of whether an individual should receive a discount and not the employer. Ms. Miller said IHS targets five major categories and is evidence-based and bundle of codes they are testing for. She explained how the codes are set up in the system and said there is a health risk assessment completed by the individual and there is a full report that goes to the individual. They can also have the same report sent to the physician. She said Blue Cross does a premium differential if someone participates; however, it is a voluntary program. A presentation was made a few months ago by Jennifer Stuckert from IHS to the Joint Committee on Plan Structure and Design.

Mr. Lawlis said the big question would be how the information would be intended to be used and whether it would be used to inform real benefit changes. A decision to get that information is a lot easier than the bigger hurdle of actually changing how the Consortium approaches benefit design.

Mr. Locey said in doing a quick calculation, if the Consortium with 5,000 covered lives were to have 100% participation the maximum exposure would be \$750,000 if everyone went for one of the screenings every year.

Ms. Sumner said all of the employers within the Consortium have different levels of premium contributions. She said she has been looking for a way to have a higher employee contribution with some way for employees to control their own costs.

Ms. Miller said there are times where this catches high-dollar cases early on. Mr. Locey said because there would be more people in the system there would be more expense on the preventive and diagnostic sides. It would be difficult to quantify the savings that would result in the long-run. He said most everyone will agree that a healthier workforce in general is better and having a healthier population should lower costs in the long run; however, proving that theory can be difficult. He said making a benefit change for the Consortium can be very complex given the number of entities and having a collective total of approximately 40 labor contracts.

Mr. Locey said there are two types of wellness programs defined in the Affordable Care Act: participatory wellness programs which are completely voluntary and there is no reward or incentive to use it; and a health contingent wellness program which offers some type of tangible reward that can be up to 30% of premium and it can be as high as 50% of premium if it can be shown that the wellness program is targeted to reduce the smoking rate.

Ms. Sumner said this sounds good, however, as a small employer she does not have time to implement something like this. Mr. Locey said the Consortium would need to figure out a way to adopt a wellness program that employers could negotiate. He also noted that any plan would need to be approved through the New York State Department of Financial Services. Mr. Barber said the Joint Committee would need to develop and move forward ideas for plan design changes.

Ms. DeMarco spoke to the subject of communication and said she thinks about this more in terms of how people in the smaller groups can be connected to others. She said there are often spontaneous opportunities that present themselves that offer an opportunity to reach out to some sort of educational component to address some of the major health conditions. She suggested sessions that can engage employees when opportunities present themselves. She gave an example of if an employee has a heart attack to hold a session to educate employees

on heart disease and cardiovascular risks. Ms. Moskowitz suggested a community resource list for Tompkins County that contains health services and information along with each organization and a contact person. Ms. DeMarco suggested this could be a responsibility of the Executive Director position that is being considered.

Ms. Miller said she and Mr. Foresti have been looking at utilization and have selected a couple of areas to target. Mr. Foresti distributed a Health Management Opportunities by Prevalence report for the Consortium that showed the categories with the highest prevalence as well as a comparison municipal population. He said the three most prevalent areas were back pain, hypertension, and depression and anxiety and believes measures can be put into place for education. He said there has to be a campaign and there has to be a “carrot” or some kind of incentive, and some kind of peer-type influence as well. Ms. Moskowitz said she is working on a program within the City with two departments that are going to run the program and she will only be providing the support.

Ms. DeMarco there has to be a mindset change from an employer standpoint that this is important to the workplace and cannot be something that is only a responsibility of employees when they are not in the workplace. It has to be an overall wellness initiative that includes time at work. She said employers need to communicate that this is important and reach out to employees with some opportunities made available on work time. Ms. Sumner agreed this is a very important message which should be emphasized to all members.

Mr. Lawlis cautioned in looking at the data and deciding where the Consortium would want to focus wellness at is that utilization of services related to diagnosis is not necessarily synonymous with prevalence in a population. He said a higher incidence of depression in terms of services can be a good thing; however, in terms of where diagnosis of depression occurs the Consortium probably wants more people diagnosed and appropriately treated. He said some resources such as health assessments and stress surveys are collateral ways to get information.

Mr. Barber said it appears from the data that back pain is a significant issue for the group and may be an exercise for this Committee to communicate and think about moving forward with a focus on that issue specifically. He suggested before the next meeting information and other resources that may be available to help with this and options for communicating be identified. Mr. Locey questioned how many cases within the information presented relate to Worker’s Compensation. Mr. Lawlis suggested Excellus bring back more specific information about the back pain cases to the next meeting. Mr. Locey said he would like to explore whether there is some collaboration that could happen between health insurance and Worker’s Compensation. Ms. DeMarco said she would like to see a breakout of depression versus anxiety.

The following tasks were assigned for the next meeting:

1. **Identify Resources:** *Beth Miller, Leslie Moskowitz, and Mack Cook*
2. **Different Medium to communicate with people; who and how to present information:** *Chantalise DeMarco, Mary Ann Sumner, and Brooke Jobin*

Mr. Barber will gather information on Worker’s Compensation for the next meeting.

Owning Your Own Health Committee
June 12, 2013

Next Meeting

The next meeting will be July 10th at 9:30 a.m.

Adjournment

The meeting adjourned at 12:05 p.m.