

Greater Tompkins County Municipal Health Insurance Consortium  
**Owning Your Own Health Committee**  
October 26, 2016  
3:30 p.m.  
Old Jail Conference Room

**Agenda**

1. Call to Order (3:30) Schiele
  
2. Agenda Changes (3:30)
  
3. Approve Minutes of September 21, 2016 Meeting (3:35)
  
4. Executive Director's Report (3:37) Barber
  - a. CanaRx update
  - b. Newsletter
  - c. 2017 Budget
  - d. Potential new members
  
5. 2017 Flu Clinic Report (4:00)
  
6. Discussion of Promoting the Concept of Wellness (4:10) Feeley
  
7. Next Agenda Items (4:25)
  - a. Confirm next meeting date
  
8. Adjournment (4:30)

*Next meeting: November 23, 2016 (tentative)*

**Owning Your Own Health Committee**  
**September 21, 2016 – DRAFT**  
**3:00 p.m.**  
**Old Jail Conference Room**

Present: Ted Schiele, Nancy Zahler, Jackie Kippola, Don Barber, Emily Mallar (arrived at 3:21 p.m.), Leslie Moskowitz; Brooke Jobin, Debby Kelley, Olivia Hersey (arrived at 3:21 p.m.), Bev Chin

Guests: Meghan Feeley, ProAct; Via conference call: Beth Miller, Ken Foresti, Excellus; Conor Cornelius, Interactive Health Solutions

**Call to Order**

Mr. Schiele, Chair, called the meeting to order at 3:03 p.m.

**Changes to the Agenda**

A discussion of changing the meeting date was added to the agenda.

**Approval of Minutes of August 17, 2016**

It was MOVED by Ms. Zahler, seconded by Ms. Kippola, and unanimously adopted by voice vote by members present, to approve the minutes of August 17, 2016 as corrected. MINUTES APPROVED.

**Executive Director's Report**

Mr. Barber provided members with a copy of the September issue of the newsletter and said the Board of Directors will be voting tomorrow on the Consortium's new logo design. He reported the Audit and Finance Committee met yesterday and recommended a five percent premium rate increase for all PPO plans. Changes to the Metal Level Plans will be: Platinum – increase of 3.53%; Gold – increase of 3%; Silver – decrease of 3.54%; and Bronze – decrease of 1.69. The Committee also recommended benefit changes to the Metal Level Plans that will next be considered by the Board of Directors.

Mr. Barber reported on the process undertaken by the Joint Committee on Plan Structure and Design to bring the Metal Level Plans into compliance with the actuarial values and said it was a very constructive and productive process. He spoke of the budget and said the most noteworthy item relates to prescription drug expenses; he stated the trending model over the last two years has been slightly under 9% and this has not been adequate.

Ms. Hersey arrived at this time.

Mr. Barber said at tomorrow's meeting the Board of Directors will be voting to accept six new municipalities into the Consortium that will bring a total of 28 employees into the Consortium. If the Board approves the addition of these municipalities it will trigger an additional labor representative on the Board. He also reported responses to a Request for Proposals for a Pharmaceutical Benefits Manager are being reviewed; additional information is being gathered and he expects the Review Committee to meet to develop a recommendation in October that will be forwarded to the Board of Directors.

**CanaRx**

Mr. Barber said there was a very good discussion about CanaRx at the last Joint Committee meeting and questions were raised with regard to the enrollment process. Ms. Feeley provided a copy of the member enrollment form and a document providing an overview

of the enrollment process. Mr. Barber said this was also discussed by the Audit and Finance Committee. Once all questions are answered he said the only remaining hurdle is that ProAct is the only pharmaceutical benefits manager that has been interviewed that works with CanaRx; therefore, the only opportunity for the Consortium to save money with this benefit exists only with ProAct. It was noted that the County and TC3 has used CanaRx outside the Consortium for several years and if the Consortium selected a different PBM individual municipalities could undertake the same type of relationship with CanaRx.

Ms. Maller arrived at this time.

Ms. Jobin questioned who the regulatory agency is for CanaRx. Mr. Barber said this question was raised at another meeting and Ms. Feeley is currently looking this as well as what oversight Canada Health has, if any, with CanaRx.

#### Flu Clinics

Ms. Feeley provided an update on appointments that have been scheduled for the upcoming flu clinics. There are currently slightly less than 150 members who have signed up which is lower than last year's turnout of 240 at the clinics and 275 at the pharmacy. Ms. Jobin said she will reach out to the County Highway Department to make sure employees aware of the clinics being held. She suggested that when planning for next year's clinics that thought be given to scheduling the clinic around trainings that are being held.

#### Update on Blu4U

Mr. Barber said the purpose of this discussion is to talk about the rollout that took place recently with Tompkins County, TC3, and the Town of Ithaca and to plan for when and what will happen next year as the six new municipalities that will have this benefit come into the Consortium.

Mr. Cornelius said the first time this program was rolled-out was in February and only two people were screened. During the recent roll-out there were four people who requested the sign-up packet and members will have until September 30<sup>th</sup> to participate in the Program. He said he and Ms. Miller are trying to figure out an effective way to roll-out the program next year to achieve increased participation. There was a brief discussion of problems associated with the recent rollout; however, specific information on those concerns was not available.

Mr. Cornelius spoke to the process next year and said that enhancements will need to be made to the communication process and also on assurance being given to members with regard to patient confidentiality. A salesperson from Interactive Health and/or Ms. Miller will make an on-site visit prior to the enrollment event and provide an informational presentation about the program and to alleviate any concerns that may exist. He said the marketing campaign seemed to have reached a greater population this time; they will continue with that but will also have someone on-site to help people register for the program.

Ms. Hersey said she thinks there is a lack of understanding or knowledge about the program and this needs to be addressed instead of focusing solely on the marketing component. Ms. Jobin spoke of the importance in trying to reach those individuals who are not doing anything to address their health. Mr. Schiele agreed and said this is why building up the culture of wellness in the employee population is important. Mr. Cornelius spoke of the newsletter published by Interactive Health and suggested it could be shared with all Consortium members who are enrolled in a Metal Level Plan as a form of ongoing passive education on what a wellness program is. Mr. Barber asked Mr. Cornelius to forward that newsletter to the Consortium. Mr. Foresti produces a monthly newsletter that is posted on the Consortium's website as well as the ProAct newsletter.

Ms. Zahler said in addition to people's overall awareness of wellness there is an issue with having people go to a website for information and motivation as opposed to having a personal coach or device that provides direct feedback. She said she would like to know if this is being implemented elsewhere and if so, if it is being done successfully.

Ms. Hersey said not only is support from the top down important, it is also helpful the co-workers to build communities of groups of workers around wellness and this is difficult to do with the very small numbers of people enrolled in the Metal Level Plans. Mr. Schiele agreed that many times it takes groups of people doing things together and that doesn't currently exist. Ms. Miller questioned if this Committee could make a recommendation to the Board of Directors that it would like to make the Blu4U Program available across all health plans.

Mr. Barber spoke about process and said this Committee could make a recommendation; however, the Joint Committee would need to talk about it as well because it is a benefit issue and for most of the employers in the Consortium there is a bargaining issue component. He said much more time needs to be spent with management to get them to embrace wellness. This Committee recommended a resolution that was adopted by the Board of Directors that asked all partners to adopt a wellness policy which some have done but a number of them have yet to do so. Part of the Consortium's overall strategy from the Executive Committee is the newsletter that is starting to build recognition that wellness is important. He said although the framework is starting to be built there are a lot of challenges that still remain.

Mr. Schiele said he would like to have a meeting with many engaged individuals as possible to brainstorm how the Consortium can bring out the concept of wellness and talk about what employers and the Consortium can do. This is something that will be an ongoing long-term educational process that will need support from the top down.

Mr. Cornelius suggested the monthly newsletter would be an effective step to start providing members of municipalities that have Metal Level Plan with information about wellness and the Blu4U Program. *Mr. Schiele asked that Mr. Cornelius a copy to the Administrative Clerk to be forwarded to the Committee and to post on the Consortium website as well.*

### **Update on Put Fruit to Work**

Mr. Schiele reported this is Put Fruit to Work Week. Information was included in the newsletter and also in the Ithaca Journal.

### **Next Agenda Topics**

The following items were suggested for inclusion on the next agenda:

Discussion of promoting the concept of wellness;  
Final report on Flu Clinics; and  
Update on CanaRx

### **Meeting Schedule**

The Committee agreed to change the meeting schedule to the fourth Wednesday of each month at 3:30 p.m. with discussion to follow concerning the months of November and December due to the holidays.

### **Adjournment**

The meeting adjourned at 4:22 p.m.

# WORKPLACE HEALTH MODEL

## 1 ASSESSMENT

### INDIVIDUAL

(e.g. demographics, health risks, use of services)

### ORGANIZATIONAL

(e.g. current practices, work environment, infrastructure)

### COMMUNITY

(e.g. transportation, food and retail, parks and recreation)

## 4 EVALUATION

### WORKER PRODUCTIVITY

(e.g. absenteeism, presenteeism)

### HEALTHCARE COSTS

(e.g. quality of care, performance standards)

### IMPROVED HEALTH OUTCOMES

(e.g. reduced disease and disability)

### ORGANIZATIONAL CHANGE, "CULTURE OF HEALTH"

(e.g. morale, recruitment/retention, alignment of health and business objectives)

## 2 PLANNING & MANAGEMENT

### LEADERSHIP SUPPORT

(e.g. role models and champions)

### MANAGEMENT

(e.g. workplace health coordinator, committee)

### WORKPLACE HEALTH IMPROVEMENT PLAN

(e.g. goals and strategies)

### DEDICATED RESOURCES

(e.g. costs, partners/vendors, staffing)

### COMMUNICATIONS

(e.g. marketing, messages, systems)

## 3 IMPLEMENTATION

### PROGRAMS

(e.g. education and counseling)

### POLICIES

(e.g. organizational rules)

### BENEFITS

(e.g. insurance, incentives)

### ENVIRONMENTAL SUPPORT

(e.g. access points, opportunities, physical/social)



**CONTEXTUAL FACTORS**  
(e.g. company size, company sector, capacity, geography)

