

Strategic Planning Committee
May 10, 2011
4 p.m.
Courthouse Conference Room

Accepted

Present: D. Barber, Chair of Consortium Board of Directors
J. Kippola, Tompkins County Administration
C. DeMarco, Labor Representative, Member of the Consortium Board of Directors, and
Chair of the Consortium Joint Committee on Plan Structure and Design
K. Harris, Manager of Guthrie Clinic, Ithaca
T. Turner, Executive Director of Physicians Hospital Organization - Cayuga Area
Planning; Cayuga Medical Center
B. McKinney, Director of Cornell University Wellness Program
B. Chin, Human Services Coalition
L. Darlow, M.D., Family Medicine Associates, Vice President of Clinical Integration at
Cayuga Medical Center, President of Cayuga Area Physicians Alliance
M. Lloyd, CSEA
M. Sumner, Town of Dryden Supervisor; Member of the Consortium Board of Directors
H. Masser, Town of Enfield and Member of the Consortium Board of Directors
L. Shawley, Town of Danby and Member of the Consortium Board of Directors
J. Constantz, M. Sumner, Town of Dryden Supervisor and Member of the Consortium
Board of Directors
B. Jobin, Tompkins County Benefits Manager
P. Bursic, Director of Benefits, Cornell University

Call to Order

M. Barber called the meeting to order at 4:05 p.m.

Introductions

Mr. Barber, Town of Caroline Supervisor and Chair of the Greater Tompkins County Municipal Health Insurance Consortium, welcomed everyone. He outlined the purpose of this meeting, stating it is to bring people together to discuss the healthcare industry, common issues and goals, to provide an opportunity for municipal officials to learn about healthcare, and to develop a strategic approach to the future.

Those present introduced themselves and provided a brief statement of their experience and/or what they would like to see this Committee review.

Mr. Barber explained that members of the Consortium Board of Directors are elected or appointed officials who have limited knowledge of health insurance but who take the Health Insurance Consortium very seriously. Labor has a voice on the Board of Directors and plays a large role on the Joint Committee on Plan Structure and Design. He spoke of the constant changes in health care and suggested using this as a forum to learn about the industry as well as changes that are and could be taking place in the community. The Consortium is working with Excellus for health care and Medco for the prescription side and has over 2,000 contracts with over 4,500 covered lives.

Mr. Masser, a Social Worker in private practice, and a Consortium Board Member, has experience working for Mutual of Omaha and in marketing health, life, and disability insurance. He is interested in heading off possible glitches, particularly with definitions.

Ms. DeMarco is employed by the Mental Health Department and thru her job deals with prior authorizations for providers, the interactions clients have with pharmacies and access to

medications, Medicaid, and Medicare Part D matters. She also does electronic insurance billing for psychotherapists in private practice and is familiar with problems that go along with mental health diagnosis.

Ms. Kippola is interested in seeing improvements in the connection within the community. She spoke of the benefits of everyone collectively pooling resources and communicating with health care providers to get better service.

Ms. Shawley has a background in finance. She has worked with municipalities and has worked for Blue Cross Blue Shield in Syracuse for 10 years. She is looking for opportunities to help small municipalities as well as the Consortium.

Ms. Chin works for the Tompkins County Health Planning Council. She has worked for several insurance companies and HMO's (Health Maintenance Organization's).

Ms. Lloyd is employed by the Health Benefits Department of CSEA (Civil Service Employees Association). That Department is interested in looking for opportunities to slow the growth of health care expenses instead of shifting costs from employers to employees.

Ms. Jobin is the Health Benefits Manager for Tompkins County. One of the major responsibilities of her position is to enroll employees in the health insurance program. She is also the liaison for employees and retirees who have difficulty navigating through the insurance system. She would like to see better communication between the insurance subscriber and the organizations that are providing the service.

Mr. Constantz has been involved in health care for 30+ years; he has worked for Blue Cross Blue Shield and different hospitals and physician organizations. Mr. Barber noted Mr. Constantz has a long history of working with the Consortium.

Dr. Darlow said those who are buying insurance are not getting what they are paying for. From the physician side the only way they can meaningfully make a difference is with care management and to be able to identify the patients who need the most help. He and Mr. Turner believe as a health care organization, with doctors and the hospital working together managing resources, they can do health care management better than any health insurance company can. Although health insurance companies are paying the bill, doctors care about what happens to the people they are caring for. He said it was a major breakthrough several weeks ago when one of the executive vice presidents of Excellus acknowledged that the physicians are better qualified than Excellus to do care management and that Excellus did not do a good job at this although they are paid for it.

Mr. Turner explained each insurance company has its own process to do care management and it's different for each payer. If care management is done locally and it is across-the-board for the entire network for all the providers it is a simple process. Dr. Darlow believes there are some times when care management is not being done and that people are paying for a service they are not receiving. There is a problem with a lack of consistency and if you do care management the correct way it is important to be payer agnostic. Dr. Darlow stressed that care management can be done best here on a local basis because providers are invested and there is already a system in place.

Mr. Turner said the current system does not work because it is based on rewarding for the more volume that is done as it promotes ancillary services, surgeries, patient churning, and laboratories. In no way does it address quality and controlling costs. CAP represents the majority of physicians in Tompkins County (excluding Guthrie) and it is those physicians who can drive healthcare locally and keep resources local. They would like to build a physician interdependency with a system that is centralized, does care management, disease

management, and is payer agnostic. He explained it is 20 percent of the population that incur 80 percent of the cost and managing a portion of that can dramatically reduce costs.

Dr. Darlow spoke of the high quality physicians that are in the area of which many have connections with Cornell and said when patients leave the area for care the ability is lost to do peer review and process improvement. Having community standards, physicians who hold each other accountable and creating a system where employers want to encourage employees to receive care locally would greatly benefit the community and health care within the community. In other places where this has been done it has been shown that there is a cost savings, more employees stay at work, employees are healthier, health care is more efficiently delivered, and everyone seems to be pleased. Dr. Darlow strongly believes such a network would be successful here given the resources that exist in this community.

Mr. Turner and Dr. Darlow offered to provide the Committee with a PowerPoint presentation on efforts undertaken on this over the last 15 months. This will be scheduled at the next meeting.

Ms. Sumner said the Town of Dryden has fewer than 50 employees. Having learned a lot of information about health insurance and plan design since the inception of the Consortium she is pleased with the opportunity to work with providers on managing and containing health insurance costs.

There was a discussion of the frustration patients have when dealing with insurance companies, as well as the amount of time physicians spend communicating with insurance companies on administrative matters.

Mr. Bursic said the Consortium has moved from a small group of insurance purchasers to a group trying to pull purchasing power together. It has now become a self-insured unit, making it a more intense management and bearing more of the responsibility for outcomes than before. He has 25 years of experience and has witnessed many changes in the health care industry; he fully endorses the aspirational view of what Dr. Darlow and Mr. Turner have brought to the table. He agrees with Dr. Darlow's assessment of insurance companies not being able to provide care management and said Cornell has never purchased care management from an insurance company. The careful analysis being done with the physicians is very important and something Cornell has been engaging them on since 2006.

Mr. Bursic said Cornell has people located all over the world and care management is not going to work for all of Cornell staff and faculty; therefore, this needs to be addressed on different levels. It could, however, be addressed at least partially, with local caregivers. Cornell is invested in this process and an opportunity exists to form healthcare delivery in this area more to everyone's liking and under better control. It will take not only a personal commitment but a financial commitment as well. Mr. Bursic spoke of the need to gather and share information, as well as to make decisions on what to do with the data.

Mr. Harris has 25 years of experience between Prudential and Empire Blue Cross and administered health plans for over 20 years. He now works for Guthrie, overseeing the operations on Hanshaw Road. He agreed with statements made by Dr. Darlow and Mr. Travis, stating Guthrie physicians share the same frustrations with the administration of health care management. They have looked at insurance company based care management and approval functions have also tried to some case management. The Guthrie Clinic has 26 sites around the Southern Tier and use the electronic record system "EPIC". With this system they are able to get a clear picture and manage wellness. He spoke of the benefits of paying a little more when someone is healthy to catch illnesses early and to maintain good health, stating that concept is only slowly catching on and noted Medicare this year started an annual wellness exam benefit. As a not-for-profit organization Guthrie accepts all patients and has a financial

assistance program. Mr. Harris said Guthrie is willing to learn about the Consortium and how they can be a partner.

Ms. McKinney said there are a lot of opportunities because the Consortium is self-insured. The Consortium has opportunities to look at wellness and behavior changes and noted four components that lead to a lot of medical problems: healthy weight and eating right, exercise and physical fitness, smoking cessation, and stress management. The Cornell Wellness Program has been in existence for 20 years and has evolved based on the resources they have and by trying new things. One of the things they want to do is to engage with the community as part of the Cornell town-gown mission. She extended an offer to talk to the Consortium about needs, resources, and to brainstorm ideas. There are many opportunities and ways to engage employees in taking care of themselves. Ms. McKinney offered the Cornell Wellness program as a resource to the Consortium.

Ms. Chin spoke of the Creating Healthy Places project. This is a multi-year grant-awarded project of the Human Services Coalition that's involved in built environmental support for increased physical activity and healthy eating. They also have a second grant that involves working with medium-size work sites (under 1,000). This has a very strong emphasis on the entire population towards preventive health.

Mr. Barber said he believes local communities can control their own destinies and do not have to wait for the state or federal government to lay out a plan for them. From the comments made it is clear that everyone wants to have quality of life, which means good health. He spoke of some of the comments he has heard that relate to end-of-life decisions and promoting Hospice and said Wisconsin has had a tremendous reduction in its health care costs because they have focussed on the aging population and helping them with decisions that need to be made. They are very comfortable with the decisions that they have made but have also reduced the outrageous costs that can take place in the final months of someone's life.

Mr. Barber asked everyone to briefly state what they would like to see come from this group.

Below is a summary of those comments:

Mr. Harris is interested in learning more about what this effort will look like and how Guthrie and can support and be involved.

Ms. McKinney would like to be a resource for wellness programs.

Mr. Bursic agreed with Mr. Barber's statement about not waiting for state or national health care reform. He thinks this is an essential forum and Cornell is committed to working with everyone and getting a much better view of how care is being delivered.

Mr. Sumner said as a town leader she finds this forum very informative and valuable.

Mr. Turner said he will soon be the President of the Tompkins County Palliative Care Services (Hospice) Board. Those services are greatly underutilized in this community and they are working collaboratively with the hospital on the palliative care services side. He spoke of clinical integration and said they are trying to create a clinically integrated network. Cayuga Medical Center is the first employer that is in a pilot; they will also be actively engaging all of the employers, particularly those who are self-insured.

Dr. Darlow said this is their first opportunity to take clinical integration into the community. They have gone to the payers, had discussions with Cornell, but this is the first opportunity to meet and talk about what it means to healthcare consumers and to Tompkins

County residents. As he is a resident of this community, raises his children in this community, and his business is located here, Dr. Darlow said he is invested in this community and strongly believes it is bad for the community when health care leaves the community. It is in his self-interest as an employer and as a resident of Tompkins County, to make sure that the message gets out that a system has to be built that works for everyone and is looking forward to an opportunity to educate and be educated.

Mr. Constantz spoke of the opportunities that exist and said he visited an organization "Health Care 21" which is the single-largest most robust community of employers who came together for their 14th annual meeting. The ability to engage the primary care community will be key to success.

Ms. Kippola would like to see healthcare efficiently delivered within the community. She would like the County take advantage of the resources available and the experience of Cornell's Wellness Program. She would also like County employees and residents to have the similar programs offered to them. She acknowledged the competition that exists between providers but looks forward to the opportunities for cooperation and coordination.

Ms. Jobin would like to learn how to better actively communicate to employees about how to participate in their health care and for employees to not only view health care as a deduction in their paycheck.

Ms. Lloyd would like the Consortium to be successful and looks forward to exploring incentives and wellness programs.

Ms. Chin is interested in the Consortium being more proactive in its health care and to see all of the community supports that exist being utilized.

Ms. Shawley hopes this forum continues and that more members of the Consortium Board of Directors attend. Although the main reason for starting the Consortium was to control costs it is important for the Board of Directors to learn as much as possible about health care.

Ms. DeMarco said its amazing the Consortium has reached this point and hopes through this process the Consortium Board can learn about the resources that exist. She said the Consortium has an opportunity to do unique things and to affect the community as a whole. She looks forward to this exciting opportunity to establish partnerships through a community effort.

Mr. Masser believes the health care issue is currently at the federal level but will eventually be forced down to the local level and communities are going to be forced to create a product. When that happens this community will have a better-educated populous and is pleased this is step is being taken.

It was mentioned that there is a large number of people who commute to Tompkins County for employment who also receive health care here and how that information flows to providers outside the area is also very important.

Mr. Barber asked that anyone with agenda items to submit them to the Consortium and he will work on bringing other employers to the table as well. A Meeting Wizard request will be circulated to establish the next meeting date in approximately one month.

Adjournment

The meeting adjourned at 5:45 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk