

**Owning Your Own Health Committee
April 16, 2014 – 9:30 a.m.
Scott Heyman Conference Room**

Present: Don Barber, Leslie Moscovitz, Ted Schiele, Brooke Jobin, Steve Wright, Jackie Kippola, Mack Cook, Beverly Chin

Guests: Jennifer Stuckert, Interactive Health Solutions; Mike Catalano, City of Cortland Police Chief; Dr. Steve Cohen, Cohen, Matt Blakeslee, John Bartholf, Ignite Health; Ken Foresti, Excellus BCBS

Call to Order

Mr. Barber called the meeting to order at 9:30 a.m.

Approval of Minutes of March 19, 2014

The minutes of the March 19, 2014 were deferred to the next meeting as Mr. Schiele had minor clarification changes he said he would submit.

Interview of Ignite Health

Mr. Barber provided a brief overview of the Consortium's history and stated that in the short time it has been operating the Consortium recognizes that owning your own health is an important component in managing claims costs. He explained the Committee has been looking at wellness programs and biometric screening and is interested in conducting a pilot program of employee groups.

Dr. Cohen and Mr. Blakeslee distributed information and provided the Committee with a PowerPoint presentation. Key points covered during that presentation are as follows:

- Ignite Health began two years ago, is fully licensed by the New York State Department of Health; is 100% patient-focused and works to make sure everyone has a very seamless experience with the atmosphere, exit counselor, and screener; confidentiality is extremely important;
- Three main services are provided: biometric screening, health assessments, and health coaching;
- A proprietary algorithm (IHQ) created by Ignitehealth to quantify and communicate the health risk of individuals who undergo biometric screening. The IHQ assigns numerical weights to an individual's lipid profile, blood pressure, glucose, and BMI and expresses these indicators as a percentage score of 0 to 100; primarily focused on cardiovascular events. They are approaching having 15,000 individual biometric results in their system with an associated IHQ score;
- Biometric testing is through a finger stick, both fasting and non-fasting. Finger stick testing provides immediate results and provides an immediate opportunity to consult and counsel individuals on their test results. They strongly believe that this provides a valuable "teaching moment" that is lost with doing a venous blood draw;
- Three levels of exit counseling are available: review of biometric screening data, very carefully scripted action steps and follow-up with the personal physician depending on the results;

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- Ignitehealth offers clients individual, on-site face-to-face health and wellness coaching through two models – a defined model where the client selects the number of coaching sessions, and a continuous model;
- Ignitehealth offers a series of group health education sessions: nutrition, physical activity, and stress reduction;
- All clients will receive aggregate biometric screening results; health coaching clients receive coaching utilization reports and IHQ-based outcomes data; clinical review of the data and presentation of finding to the executive team is available depending on the level of service selected;
- Customize program towards customer needs; 100 percent of those who participated in the screening event found it to be an organized and positive experience;
- Ignitehealth is an Excellus participating provider; and
- They have partnered for a number of years with the Mayo Clinic.

Ms. Chin asked if local resources are brought in. Dr. Cohen said they do bring in local resources and because Tompkins County is in a unique position to have the universities close by they would easily be able to facilitate the use of local resources.

Mr. Cook said the Consortium is unique in that it encompasses 15 different municipalities with many different labor groups, and a variety of health care and prescription benefit plans. The challenge the Consortium will face is designing an incentive program to get a positive outcome.

Mr. Bartholf said they have a lot of employers and plans that have integrated their benefit plans with wellness and various incentive programs. It is a continuum in terms of culture change. As the culture evolves different types of incentives can be gradually brought in. There is not any “one size fits all” as some incentives are on a premium level, some have health benefit account incentives, and others are strictly at the paycheck level.

Mr. Schiele asked if they could provide data in terms of what results could be expected at a start-up period as well as over a period of time as the culture changes. Dr. Cohen said this information can be provided. He noted that the collective bargaining process has to be respected as well and there and it is a process to build a trust.

Mr. Bartholf spoke to how their business model differs from others and said they spend a little less on the biometric screening and by doing the finger stick, they quantify the to see where the highest risk lies, and then extra dollars can be applied to things such as coaching and intervention programs to people who need them to effect the greatest change in health costs. They stressed the importance of working with the healthy population to keep them healthy

Mr. Barber said the Committee has come to appreciate the biometric screening and would like to pursue the health coaching. At the present time there are two opportunities to proceed and Mr. Barber asked if Ignitehealth would be willing to work on a pilot program with the Consortium. The goal is to find out from employees which program they feel the most comfortable with and which program engaged them to want to take the next step. Dr. Cohen said they could set up a survey that would be customized with questions targeted towards an employee’s experience that could be used by the Consortium. They suggested using different employer groups to avoid confusion.

Ms. Kippola requested Ignitehealth provide a list of resources.

Mr. Cook distributed information on biometric testing from the Government Finance Office that includes information on the impact on employers and employees and the challenges with incentivizing programs.

Interactive Health Solutions (Blue4U)

Ms. Stuckert distributed information and said Interactive Health Solutions partners with Excellus in the Blue4U program. The program is an outcome-based program that allows for the measurement of results on a clinical level from year-to-year.

The following points were noted during the presentation:

- Quality survey of participants has consistently provided a 99.44% satisfaction rating;
- An independent study showed at the 2½ mark there is a 7.7% decrease in medical spend per member per month;
- Much faster return to work with Worker's Compensation;
- Ability to measure on a clinically, objective basis year-to-year outcomes and improvement;
- Over 20 years of experience; outcomes-based wellness program;
- Robust and customized website that provides tools and resources throughout the year;
- On-site health assessment includes fasting blood draw (not finger stick), blood pressure, measures total cholesterol, triglycerides, HDL LDL, VLDL, total cholesterol/HDL ratio, glucose; test results are available online approximately two days after testing and can be transmitted to an individual's physician;
- The cost per employee is \$150 and is all inclusive;
- Monthly newsletters and webinars;
- Targeted individual e-mails based on identified risks;
- Unlimited, year-long coaching opportunities for all participants;
- Health coaching is ongoing, unlimited and done telephonically from an individual's home and is done with the same health coach;
- BMI, height and weight is not included; and
- Comprehensive individual written report and aggregate report is provided.

Mr. Barber asked Ms. Stuckert if Interactive Health Solutions would be willing to participate in a pilot program. She said she would recommend running a program for six weeks by 20 to 30 people and that when the Consortium looks at comparing one program to another it look at ease of use by participants as there would be no outcome in terms of claims costs for such a short period of time. All of the online tools would be available to participants in a pilot program. Interactive Health Solutions would not charge for the pilot program. She encouraged the Consortium to use the same employees for both programs to provide an objective side-by-side comparison.

Ms. Stuckert spoke to why BMI is not included and said some individuals will not get on a scale at the work place and often those are the people you are trying to reach. If someone is overweight it will likely affect glucose, blood pressure, and lipids so they focus on what happens as a result of the weight. They can test for tobacco and nicotine but it would be at an additional cost and is expensive. If a participants indicates they are a smoking they are offered smoking cessation opportunities and resources.

Ms. Stuckert will provide references.

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Members discussed whether it would be a good idea to use the same group of people for both pilots and there was a preference being towards using different employee groups. It was stated that a lot can be gained from information from someone's first experience and if a participant has already used one of the other programs that will be lost if they have already used one of the programs. It was stated that the two programs are very different, one is heavily web-based and the other places a lot of emphasis on the first contact. It will be important to have consistent evaluation criteria.

Mr. Catalano and Mr. Wright spoke in support of employee wellness programs, particularly if they are voluntary and incentive-based. Mr. Wright

Mr. Barber will contact Ignitehealth to see if they will match the offer by Interactive Health Solutions to run a six-week pilot program at no cost to the Consortium. He will also ask for access to the Mayo website. This will be presented to the Board of Directors at its April 24 meeting. Ms. Kippola said if this is something the Consortium wishes to pursue consideration should be given to issuing a request for proposals.

Adjournment

The meeting adjourned at 11:38 a.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk