

New York State Department of Health

Year 4 Performance Incentive Initiative: Required Documentation Cover Sheet

PHAB Measure:

4.1.1 A: Establishment and/or engagement and active participation in a comprehensive community health partnership and/or coalition; or active participation in several partnerships or coalitions to address specific public health issues or populations

Submitter:

- Tompkins County

Required Documentation:

- RD3: Community, policy, or program change implemented through the partnership(s) or coalition(s)

Narrative:

- Draft minutes from OYOH, dated 4/26/2017
- Draft minutes from OYOH, dated 8/17/2016

Collectively the documents achieve the required documentation,

These minutes document recommended best practices and policies that were originated in the Owing Your Own Health (OYOH) Committee, passed by resolution, and sent on for consideration and adoption by other committees and eventually the Board.

The April 26 minutes report on passage of a resolution recommending that the Consortium Board of Directors adopt healthy meeting guidelines. The Board membership includes a representative from each municipality, and representatives from labor unions, and members will be urged to advocate for these guidelines to be adopted by their constituent organizations, further broadening the policy change.

The August 17 minutes report on passage of a resolution recommending that a new prescription drug service be added to health care benefits. The service supports chronic disease management by making mail order filling of maintenance medications easier, and lowering co-pays for these medications.

Owning Your Own Health Committee

Minutes – Draft

April 26, 2017

Legislature Chambers

Present: Ted Schiele, Debby Kelley, Jackie Kippola, Emily Mallar, Beverly Chin (arrived at 2:38 p.m.)

Guests: Don Barber; Meghan Feeley, Josh Allen, ProAct (via conference call)

Call to Order

Mr. Schiele, Chair, called the meeting to order at 2:34 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of March 22, 2017 Minutes

It was MOVED by Ms. Kippola, seconded by Mr. Schiele, and unanimously adopted by voice vote by members present, to approve the minutes of March 22, 2017 as submitted. MINUTES APPROVED.

Please note that minutes are approved at the following meeting, however "approved minutes" are not available separately.

Executive Director's Report

Mr. Barber reported he is working on planning for the Retreat that will be held on May 10th at 9 a.m. He will also be working with Ms. Feeley and Ms. Miller to development an enrollment protocol for new members for January 1 of each year that includes responsibilities and timelines for everyone involved. In the past, new members have joined the Consortium in November but that may not be possible any longer. He said Excellus had changed its pharmacy benefits manager and also the software, and this caused a lot of problems during the last start-up period.

Ms. Chin arrived at this time.

Mr. Barber reported that last Actuarial Value calculations have been done for next year and no changes are needed to be made to the Metal Level Plans in 2018.

He said Ms. Feeley has been doing a utilization review for other Consortium committees and he highlighted some of the items contained in the report: 25% increase in plan spend for prescription drugs; expenses rose from \$8.5 million to \$10.65 million with the vast majority being due to an increased ingredient costs. There was a 1% increase in generic usage. It was identified that the main reason for the spend going up was due to specialty drugs. Although there was a slight increase in usage the increase in the spend for that was 53% which was primarily driven by usage of Harvoni which is used to treat Hepatitis. He said this is a short-term treatment as the drug can only be taken through one treatment cycle. There was \$500,000 spent on this drug and Ms. Feeley has reported that of the six members who are using the drug there are only a few remaining scripts expected in 2017 and this should result in a reduction in claims for the year.

Ms. Feeley said the Consortium should see a decrease in the drug plan spend for 2017 and noted CanaRX is expected to start in July. She suggested promoting more mail order utilization as it is only at 8% which is low. Ms. Chin asked for suggestions on how this could be done. Ms. Feeley said a lot of ProAct's plans make mail order mandatory. She said there are a

lot of ways members can manage their mail order prescriptions and she will provide the Consortium with marketing materials to let members know this option is available. Mr. Barber said this is one topic that will be covered at the retreat. Mr. Schiele said this is a topic that could be covered in an educational video for members with information about the savings and how to use the ProAct website.

CanaRX

Mr. Barber said at its last meeting the Board of Directors approved CanaRX as a pharmacy option and he has developed a letter to be sent, along with other information, to the benefit clerks that would be provided to all subscribers from the Consortium introducing the program. ProAct will then follow-up with a specific letter to all subscribers who qualify based on current medications that qualify under the CanaRX formulary. He said a conference call will be scheduled with benefit clerks in early May to provide information and answer questions (this took place on May 16th. On July 1st CanaRX will start billing the Consortium and bills for the County and TC3 will switch to the Consortium at that time.

Blue4You

Mr. Barber reported ten individuals signed up for the Blue4You Program but did not have further information at this time.

Healthy Meetings Resolution

Mr. Schiele distributed copies of a resolution that he revised since it was discussed at the last meeting. Ms. Kippola referenced language in the draft that included examples of “nuts and seeds for snacking or salad toppings, low or reduced calorie options,” and said there are many options and did not think the resolution should be so specific or dictate what people should eat. Ms. Chin said almost any nutrition article will refer to fruits and vegetables as being a healthy option and supported including this reference in the resolution. Ms. Kippola did not object to including a reference to fruits and vegetables. Mr. Schiele said he likes there being vegetarian options when there are meals served at meetings. There was agreement to remove the wording “nuts and seeds for snacking or salad toppings, low or reduced calorie options,”.

RESOLUTION NO. 2013 – ADOPTION OF HEALTHY MEETING GUIDELINES

MOVED by Ms. Chin, seconded by Ms. Mallar, and unanimously adopted by voice vote by members present. MOTION CARRIED.

RESOLVED, That the Owning Your Own Health Committee recommends that the Greater Tompkins County Municipal Health Insurance Consortium Board of Directors adopts the following commitment and guidelines for healthy meetings:

Commitment:

We are committed to supporting good health for our volunteer leadership and employees, and to modeling a healthy lifestyle.

Guidelines

Physical Activity: At meetings or events lasting longer than 60 minutes, we will encourage employees to take care of their comfort needs, and we will schedule regular intervals for attendees to stand, stretch, and refocus.

Healthy Diet: At meetings or events where food will be served, we understand the value of providing healthy choices, and accommodating common preferences. This may include a selection such as fruits and vegetables, vegetarian options and drinking water.

We also understand that attendees may have dietary restrictions, and that reasonable food choices to accommodate those with certain food allergies should be made available.

We urge everyone to practice, support, and encourage all steps that make the healthy choice the easiest choice.

Announcement

Ms. Mallar announced CAP (Cayuga Area Physicians) will be hosting a second in a three-part series about transforming health care in Tompkins County on May 17th at 4:45 p.m. at The Space at Greenstar. This segment will be on Patient Engagement and Making Informed Decisions". She distributed a flyer and invited members to attend.

Making the Case for Consortium-wide Wellness Program

Mr. Barber reviewed a document he provided to members that gave the background of work the Committee has done relating to wellness initiatives. He said the Consortium has a number of different employers that are not held together by anything other than they all pay health insurance premiums. Up to this point there have been efforts to try to have each employer take some responsibility for wellness on-site and that is still happening. The Blue4You Program is something that could be adopted Consortium-wide and the document is about building a case for doing that. The distributed document covers the ever increasing cost of health care, the wage changes over time, and why at collective bargaining negotiating these days everything is going towards the cost of health insurance. The OYOH Committee objective is to do something to bend that curve and the data shows that moving towards vast majority of subscribers using those programs can actually bend that curve.

Mr. Barber said one of the programs that has been analyzed in detail by the Business Case for Wellness Programs was the Local Home of Health model, a Blue4You program, in which people were told their numbers, given goals to work on, and after two years claims decreased by 21%. He noted it came with a price as people were given incentives to participate. He said his idea for bringing this forward was to gather the ideas that have been circulated by this Committee over the years for discussion. He hypothesized that rather than trying to push partners into wellness programs they aren't staffed to manage, it could be possible for the Consortium to offer a Blue4U type program as an a la carte program that would not be tied to any benefit plan and not necessary to be collectively bargained for inclusion.

Ms. Kippola said she would like to see the information condensed into a marketing piece. Mr. Barber said there are several audiences of which one is the Board of Directors and they would need to see detailed information. Once adopted there would need to be a condensed and concise marketing brochure. Mr. Schiele agreed with a statement contained in the document that the program would start with incentives to come later. It was stated that one of the greatest benefits of the program would be to have members know their numbers. Mr. Barber stated that Excellus has reported that the data shows that the majority of members are not getting their annual physical and do not know their numbers.

The following revisions to the document were suggested:

Paragraph two: Change “Intuitively, we know that healthy members generate very little health care expense” to “Intuitively, we know that healthy members are less likely to incur high health care expense.”; and

Change “Most chronic diseases are very easy to treat...” to “Most chronic diseases are easier to treat...”

Mr. Barber asked that further changes be provided to him and once the language is finalized he would present the information to other Consortium Committees.

Ms. Kippola suggested having testimonies from Consortium members who know their numbers and who can speak about what that knowledge has done for them. She said the Consortium now includes 28 municipalities and thinks it needs to look like a nicely marketed package. It was suggested that it be placed in a format that is familiar to members such as the newsletter. Mr. Barber will work on gathering some testimonies for the marketing piece and asked that any suggestions on this also be provided to him.

Promoting the Concept of Wellness

There was a brief discussion concerning possible redesign of the Consortium’s website. Ms. Pottorff said she was in the process of communicating with Catalog and Commerce about the possibility of the Consortium being able to create a template exclusively for the Consortium. Mr. Schiele said if that could be done he would like to be involved in designing the template. He is also interested in having easily accessible and engaging information such as short video clips on the site to promote initiatives. It was also stated that its important to take advantage of technology such as mobile applications. Mr. Barber said the topic of how the Consortium communicates with its subscribers is something the Board should have a discussion about and suggested Mr. Schiele bring this issue up at the next Board of Directors meeting. Mr. Schiele suggested Jim Blizzard be asked if he would be interested in doing these videos and he will prepare something to present to the Board.

Next Agenda Items

The following items will be included on the next agenda:

- Rollout of flu clinics for the Fall;
- Making the Case for Consortium-wide Wellness Program;
- Promoting the Concept of Wellness;
- Executive Director: Blue4You program, Outreach to Benefit Managers, Retreat update

Adjournment

The meeting adjourned at 3:41 p.m.

Owning Your Own Health Committee

August 17, 2016 – draft

3:00 p.m.

Old Jail Conference Room

Present: Ted Schiele, Nancy Zahler, Jackie Kippola, Don Barber, Emily Mallar, Leslie Moskowitz; Brooke Jobin (via conference call)

Guests via conference call: Meghan Feeley, ProAct; Beth Miller, Ken Foresti, Excellus

Call to Order

Mr. Schiele, Chair, called the meeting to order at 3:07 p.m.

Changes to the Agenda

There were no changes to the agenda.

Approval of Minutes of July 27, 2016

It was MOVED by Ms. Zahler, seconded by Mr. Schiele, and unanimously adopted by voice vote by members present, to approve the minutes of July 27, 2016 as submitted. MINUTES APPROVED.

Please note that draft minutes are approved at the following meeting, however "approved minutes" are not available separately

Executive Director's Report

Logo

Mr. Barber displayed the final logo proposal that will be considered by the Board of Directors at the September meeting. He said the September issue of the newsletter will contain articles on the upcoming flu clinics, work that has done on actuarial values by the Joint Committee on Plan Structure and Design, smoking cessation, out-of-network costs, and health insurance coverage when traveling abroad. A suggestion was made to also include information on Put Fruit to Work. Mr. Barber said he will send Ms. Jobin the article on out-of-network costs to review and asked that she provide feedback prior to publication.

Budget

Mr. Barber said there have been large increases in pharmaceutical expenses that have resulted in the budget being adjusted upward by \$1.8 million. Although all drug costs have increased, the bulk of the increase has been in specialty drugs. In looking at the long-range budget forecast he said premium rate increases cannot be in the 4% range with these significant increases and the Audit and Finance Committee is looking at different strategies to address this. He said at a recent conference hosted by Excellus they predicted specialty drugs will be 50% of the pharmaceutical spend by 2020; at this time they represent approximately 20%.

Ms. Feeley said ProAct has no way of knowing how much drugs are going to cost but as more members use specialty drugs and the prices rise a look needs to be taken at ways the Consortium can be proactive in trying to control those costs. Mr. Barber said the number of users of specialty drugs has not increased, this increase is due to the cost of the drug which is driven by the pharmaceutical company with there being no oversight on the costs by federal government.

Municipal Interest in the Consortium

Mr. Barber reported the Towns of Preble, Scipio, Springport, and the Village of Union Springs have passed resolutions to join the Consortium. The Towns of Moravia and Aurelius have also expressed interest in joining. All have Metal Level plans.

CanaRx

Mr. Barber referred to a summary document he prepared on CanaRx. Ms. Feeley said she reviewed the document and felt it summarized the background information well and stated the CanaRx program could provide the Consortium with significant savings. She noted the CanaRx formulary contains a couple of specialty medications and she doesn't believe the program would greatly diminish the generic drug utilization because a physician would need to complete a waiver and state why a member needs a brand name drug.

There was a brief discussion concerning a suggestion of there being a cost placed on drugs dispensed by CanaRx to avoid members switching to a brand name drug at no cost to avoid the copay associated with a generic drug. Ms. Feeley explained that attaching a copay would generate more cost to CanaRx to process the drug and would defeat the purpose of the program.

Ms. Zahler said the Consortium has a responsibility to exercise due diligence and to not encourage anything that would be illegal, inappropriate, or negative financially to the Consortium and she doesn't think moving towards CanaRx would have any of those consequences. She suggested if people are leary about people moving from a generic medication to a brand name medication that a pilot program could be done. Mr. Schiele responded that the County and TC3 have already been using CanaRx since 2007.

Mr. Barber read the following information provided by Ms. Feeley. "In regards to the CanaRx formulary that is monitored by ProAct, CanaRx offers many medications. What they do is send us the formulary on a quarterly basis; ProAct then prices out every medication on the formulary and decides if it is more beneficial to go through CanaRx or ProAct. Any medication that is deemed to be more beneficial to go through ProAct is removed from the CanaRx formulary. This assures that the member and the Plan is saving as much as possible." Ms. Feeley said anything that is cheaper with CanaRx would stay with CanaRx and anything that is cheaper through ProAct would stay with ProAct. ProAct does not benefit from CanaRx; it is a voluntary program to help their clients save money.

Mr. Schiele asked Ms. Jobin if the County, based on its experience, would choose to use CanaRx again. She said it is a good program for individuals but thinks some members do take advantage of switching to a brand name drug from a generic although she does not know how many members do that. She said Mr. Locey has run a report in the past that provides this information. Ms. Feeley said she could look into brand versus generic utilization but stressed again that a member cannot switch without a physician's involvement. Ms. Jobin said she believes some physicians will go along with a patient's request to switch to a brand name but would like to see statistics on usage. Ms. Zahler suggested notifying those who are using brand name drugs to let them know they are eligible for CanaRx as an alternative. Ms. Feeley said reports are run on a quarterly basis and ProAct notifies members who are eligible that the medication they are using is available through CanaRx.

Ms. Jobin asked Mr. Barber to talk with Mr. Locey about information she had received from him in the past indicating that generic medications in the United State becoming more expensive than brand name drugs internationally. Mr. Barber said this is a true statement. She said does not have a problem with CanaRx but would like to make sure that audits are in place to make sure that the program is the most efficient it can be and is used effectively. Ms. Zahler

said there will also be a small number of people who use a program inappropriately but doesn't believe a benefit should be canceled because of the overwhelming number of people who do use it appropriately. There was consensus that the Consortium should to the extent possible audit the program and attempt to keep the inappropriate use minimized as much as possible.

With regard to the Consortium moving forward with CanaRx Mr. Barber said each municipality would decide whether to offer this to its employees. As the present time the County and TC3 are billed directly by CanaRx; if the Consortium were to do this those bills would stop going to the County and TC3 and would come directly to the Consortium. Each municipality that has a bargaining unit would likely want to go through the same process as the County did in developing a memorandum of understanding about making this available to employees. The contract would be strictly between CanaRx and the member. The Consortium not have anything to do with the contract, it would only be paying the bill.

RECOMMENDATION TO MOVE CANARX FORWARD TO CONSORTIUM COMMITTEES

It was MOVED by Mr. Schiele, seconded by Ms. Zahler, and unanimously adopted by voice vote by members present, to approve the following motion:

RESOLVED, That the Owing Your Own Health Committee recommends that to the Joint Committee on Plan Structure and Design and the Audit and Finance Committee be introduced to CanaRx and be provided with information considered by the Committee, including an updated report prepared by ProAct on brand name and generic drug utilization along with meeting minutes of the Committee's discussions,

RESOLVED, further, That those Committees be asked to forward any questions that they would like answered back to the Owing Your Own Health Committee,

RESOLVED, further, That barring any impediments, That the Owing Your Own Health Committee would like the Board of Directors to consider requesting the Pharmaceutical Benefit manager to make CanaRx opportunities to the Consortium's covered lives.

In response to a comment by Ms. Kippola Mr. Barber said the Consortium is currently in the process of interviewing finalists for the Consortium's Pharmaceutical Benefit Manager contract and will include this as a discussion topic during interviews.

2016 Flu Clinics

Mr. Barber distributed a copy of the flyer for the upcoming Flu Clinic. Following discussion the following revisions were suggested:

- Add language "as a covered benefit with no copay" to the first sentence after the chart;
- Add an address and contact number for each of the sites;
- Move Bolton Point to the afternoon column; and
- The name of the Consortium will be corrected on the flyer

Ms. Feeley will update the flyer and provide to Mr. Barber. A day prior to the Flu Clinic she will send an e-mail to benefit clerks informing them of the schedule of appointments (without employee names). The flyer will be distributed electronically to benefit clerks. Ms. Zahler suggested Board members receive the information as well. Ms. Feeley will also make sure ProAct has an adequate supply of documentation that members may request to show they received the vaccination.

Update on Put Fruit to Work

Mr. Schiele had no report at this time.

Next Agenda Topics

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

Update on Flu Clinics;

Update on CanaRx;

Update on Blue4U and discussion of how to market this and move this towards a longer-range approach for the Consortium

Adjournment

The meeting adjourned at 4:07 p.m.