

BENEFITS ADVISORY COMMITTEE
MINUTES OF MEETING
DECEMBER 15, 2011

[In these minutes: Administrative Working Group Update, Electronic Explanation of Benefits, RFP Update, Tobacco-Free Campus Presentation, Open Enrollment Update, Medical Premium Relief Program Update, Consult-A-Doctor™, Election of BAC Chair (July 1, 2012 – June 30, 2014)]

[These minutes reflect discussion and debate at a meeting of an Office of Human Resources committee; none of the comments, conclusions, or actions reported in these minutes represent the view of, nor are they binding on the Office of Human Resources, the Administration, or the Board of Regents.]

PRESENT: Gavin Watt (chair), Pam Enrici, William Roberts, Tatyana Shamliyan, Dale Swanson, Patricia Miller, Sara Parcels, Jennifer Schultz, Nancy Fulton, Karen Lovro, Michael Marotteck, Carl Anderson, Judith Garrard, Theodor Litman, Rodney Loper, Dann Chapman

REGRETS: Jody Ebert, Sandi Sherman, Joseph Jameson, Amos Deinard, Roger Feldman, Richard McGehee, Fred Morrison

ABSENT: Kathryn Brown, Aaron Friedman, Keith Dunder

OTHERS ATTENDING: Karen Chapin, Kurt Errickson, Ryan Gourde, Shirley Kuehn, Kathy Pouliot, Kelly Schrotberger, Sheri Stone, Jill Thielen, Laurie Warner

GUESTS: David Golden, director, Public Health and Communications, Boynton Health Service

I). Gavin Watt called the meeting to order and welcomed all those present.

II). Mr. Watt reported that Vice President Kathryn Brown will replace Dr. Frank Cerra as chair of the Administrative Working Group (AWG). As always, he will continue to report on the work of the AWG at future BAC meetings.

III). Employee Benefits' announcements:

- Karen Chapin announced that Medica's Explanation of Benefits (EOB) are now available online. UPlan members interested in receiving electronic EOB statements rather than paper statements should visit [mymedica.com](https://www.mymedica.com/member/prewelcome.do)® (<https://www.mymedica.com/member/prewelcome.do>) and make this election. Plan participants can change back to the paper format at any time should they decide they prefer that format over the electronic format.

Mr. Swanson asked how long the electronic EOB statements will remain available online. Mr. Chapman noted that electronic EOB statements are available online for 18 months and beyond that copies can be gotten by calling Medica's customer service department.

- Ms. Chapin reminded members that Employee Benefits has issued two RFPs:
 1. Human resources consulting and data warehousing services.
 2. Flexible Spending Account (FSA).Results of the RFPs will be shared with the committee once decisions have been made.

IV). Mr. Watt welcomed David Golden, director, Public Health and Communications, Boynton Health Service and adviser to the Student Health Advisory Committee (SHAC) who was invited to provide members with information on the Student Health Advisory Committee's (SHAC) recent request to President Kaler to implement a tobacco-free campus policy.

By way of background information, Mr. Golden noted that in February 2008, SHAC requested that the President's Office consider implementing a tobacco-free campus policy. At that time, President Bruininks responded by appointing a committee to look into the issue. The committee launched an extensive investigation lasting about a year into whether such a policy would be feasible and also to gauge the level of campus support for a tobacco-free policy. The Benefits Advisory Committee (BAC) was represented on this committee. Upon completion of their work, the committee issued a recommendation that the campus go tobacco-free as of January 2011. After review of the committee's recommendation, President Bruininks decided not to make a decision about the policy during his tenure. He expressed some concerns regarding how the policy would be implemented.

Members' attention was turned to a letter and supporting documentation that was sent to President Kaler this fall asking him to consider implementing a tobacco-free policy. President Kaler met with SHAC in November, and while he did not agree to implement a tobacco-free policy, he suggested SHAC look at whether support for a tobacco-free policy still exists today given the previous recommendation was now several years old. Before considering implementation a tobacco-free policy, President Kaler wants to ensure the support for such a policy still exists. In addition, President Kaler also recommended that cessation services be encouraged.

SHAC continues to work to garner support for a tobacco-free policy, noted Mr. Golden, and would like the endorsement of the Benefits Advisory Committee. To gain the BAC's support, Mr. Golden highlighted the rationale for implementation of a tobacco-free campus policy:

- In a vast majority of environments that institute a tobacco-free policy there is an immediate reduction in cardiovascular incidents (heart attacks).

- The Office of the Surgeon General issued a report indicating that any exposure to secondhand smoke is harmful.
- Instituting a more restrictive ordinance could serve to help some people decide to quit smoking. Twenty five percent of the smoking population who were surveyed in 2008 strongly favored a tobacco-free policy because they saw it as an opportunity to quit using tobacco, and only a very small percentage said they would leave the University if this type of policy were put in place.
- The American College Health Association has adopted a no tobacco use policy. Currently, over 600 campuses across the country have gone smoke-free. In Minnesota, only three four-year public institutions have not gone tobacco free, Metro State University; University of Minnesota, Twin Cities; and University of Minnesota, Morris.

Next, Mr. Golden solicited members' comments and questions. Salient comments and questions included but were not limited to:

- How do people who refuse to, or are unable to quit smoking, particularly employees, deal with a tobacco-free policy? According to Mr. Golden these individuals would need to go off-campus to smoke. He noted that it would be relatively easy for people to access an off-campus location in order to smoke.
- Opponents of the policy raise the concern about the safety of people who have to go off-campus to smoke, particularly students in the evening. According to Carl Anderson, chief operating officer, Boynton Health Service, there have been no documented incidents at institutions where a tobacco-free policy has been instituted of people being accosted or assaulted as a result of having to relocate to smoke.
- Please comment on the enforcement aspect of a tobacco-free policy. Mr. Golden stated that other campuses that have gone smoke-free have found that enforcing the 25-foot rule is much harder than enforcing a total smoking ban. Any smoke-free campus policy needs to be well communicated before the policy is actually implemented. There should be discussions prior to policy implementation about what exposure to secondhand smoke really means. A tobacco-free policy is actually inclusive rather than exclusive because the reality is that people do not need to smoke at any particular moment in time.
- Is there a budget for an educational campaign should a tobacco-free policy be implemented? Mr. Golden stated that he would expect there would be some sort of budget to help support an educational/communication campaign. He also noted that smoking is very expensive for health plans. Ms. Chapin added that there may be resources available through the Wellness Program to support these efforts in some fashion.
- How many students smoke? According to Mr. Golden, 3.6% of students currently smoke on a daily basis and approximately 16% of students use tobacco once a month or more.

- The terms smoke-free and tobacco-free have been used interchangeably in today's discussion, please explain the difference. Mr. Golden noted that tobacco-free also includes chewing tobacco. Almost 100% of tobacco users are also smokers; chewing tobacco is not an alternative to smoking but typically an addition.
- To increase the likelihood that a tobacco-free policy will be successful it will be very important that there be widespread support across the entire campus so it does not look like this is only a public health initiative. There will need to be a coalition of people, representing various interests and across multiple venues, who support the policy.

Following the discussion, Mr. Watt entertained the motion below from a member in support of a tobacco-free campus policy:

“The BAC requests the President to protect the health of students, staff, faculty, and visitors by implementing a tobacco-free policy for the entire University of Minnesota system.”

The discussion continued and highlights included:

- The term systemwide was operationally defined by the BAC to include not only all five University of Minnesota campuses, but also all University-owned facilities, e.g., extension sites, Minnesota Landscape Arboretum, Les Bolstad Golf Course, etc.
- Given the differences between the various employee classes, will certain groups be more likely to be disciplined for unintended consequences resulting from this policy? Please remember that tobacco use is an addictive behavior.
- Successful implementation of a tobacco-free policy will be very challenging. In addition, campus boundaries will need to be made very clear.
- From an employer's perspective, a smoke-free policy has productivity implications, which will differentially impact individuals in the various employee groups. Implementation will be critical to the success of the policy.
- There could be revenue implications for instituting a tobacco-free policy systemwide across all University-owned properties.

At the conclusion of the discussion, Mr. Watt called the question. A majority of members present voted to endorse the motion. Mr. Watt stated that a letter would be drafted and sent to President Kaler with this message.

Mr. Watt thanked Mr. Golden for his presentation. Before departing, Mr. Golden noted that someone from the coalition that is being formed by SHAC will be in contact with the BAC to see if any members are interested in serving.

V). Mr. Watt called on Kathy Pouliot, manager, Benefit Services, to provide members with a preliminary open enrollment report. Mr. Chapman noted that the full open enrollment report will be shared with the committee early next year once all the data has been compiled.

In Ms. Pouliot's opinion, 2012 open enrollment was very successful. Very few complaints were heard, but rather people just wanted assistance figuring out which Medica plan would work best for them. A handout with open enrollment activity information was distributed to members. She noted that any day when Service Center calls exceed 200 is considered a very busy day and calls were high during the whole month of open enrollment, particularly the last few days. Other open enrollment statistics shared by Ms. Pouliot included:

- Twelve *Meetings with Medica* were held for HealthPartner members. Almost 2,000 HealthPartner members attended these meetings.
- Four benefit fairs were held and Employee Benefits sponsored five computer labs to assist people with open enrollment. In addition, Employee Benefits had a number of people walk-in on a daily basis to ask questions.
- A total of 12,402 individuals enrolled during November's open enrollment period.

In response to a question, Mr. Chapman stated that very few people were demonstrably upset by the change to a single plan administrator, which was somewhat surprising. People, for the most part, were resigned to the changes, and accepting once they understood the rationale for the decision.

VI). Next, Mr. Watt called on Shirley Kuehn, manager, Benefit Support Services, to provide information about problem open enrollment elections and to provide an update on the Medical Premium Relief Program. Approximately 1,500 individuals experienced problems with open enrollment, noted Ms. Kuehn. Employee Benefits has been working diligently to resolve these issues. Of these individuals, a relatively small number (191) of HealthPartners enrollees had not completed their open enrollment for medical coverage. Employee Benefits sent a letter to these individuals asking them to contact Employee Benefits so their open enrollment issue can be resolved. Beginning next week, Employee Benefits will follow-up with members who did not respond to the letter they were sent.

Regarding the Medical Premium Relief Program, applications are being received, noted Ms. Kuehn. To date, 688 applications have been submitted to Employee Benefits.

Mr. Swanson asked whether people will be notified if their application for the Medical Premium Relief Program has been accepted. Ms. Kuehn stated Employee Benefits will only contact people if there is a problem with their application. Applicants can call Employee Benefits if they have questions about the status of their application.

Ms. Chapin reported that Employee Benefits is sending out emails to people currently enrolled in HealthPartners, but moving to either Medica Elect/Essential or Insights by Medica to explain how the plan they elected for 2012 works and remind them about other miscellaneous matters they need to do because they changed plans. In addition, Employee Benefits has sent Nancy McClure, senior vice president, HealthPartners Medical Group and Clinics, a list of HealthPartners' clinics and the corresponding Medica plan(s) they are in in an effort to make sure HealthPartners' clinics are prepared to accept UPlan members coming through with Medica coverage.

VII). Ms. Chapin distributed a handout with information about Medica's virtual clinic option, Consult-A-Doctor™. Employee Benefits would like to offer this service to UPlan members, noted Ms. Chapin, but wants to consult with the BAC before doing so.

Consult-A-Doctor 24/7 uses U.S. licensed and board certified doctors who are available around the clock to consult, answer questions, give advice, diagnose common conditions, and prescribe medication when appropriate. In order to participate in the program, UPlan members need to register for the service. Members can access Consult-A-Doctor 24/7 via the phone or online. Once a member has contacted Consult-A-Doctor their credit card will be charged for a copay and the remainder of the cost of the visit will be billed to Medica. At the conclusion of the Consult-A-Doctor 24/7 visit, a visit summary will be sent to the member who can share it with their regular provider.

Generally, programs of this type have a high satisfaction rating, noted Ms. Chapin. She then highlighted reasons for employee satisfaction:

- Lower (\$10) copay versus a higher copay for an office, urgent care or emergency room visits.
- 24/7 access to a physician via phone or web.
- Reduces need to use urgent care or emergency room.
- Quick access to a medication, if appropriate.
- Visit summary available for primary care physician.

Moving on, Ms. Chapin cited benefits for the UPlan:

- Cost savings.
- Adds a value health benefit.
- Increases productivity.
- Another low cost, easy access care option for UPlan members.
- An option for addressing concerns about lack of primary care providers due to a higher volume of patients once health care reform is implemented.

Regarding cost savings, Ms. Chapin highlighted the average total plan costs for different types of health care visits:

- Consult-A-Doc \$45
- Primary care office visit \$100
- Urgent care visit \$150
- Emergency room visit \$750

Ms. Chapin then turned members' attention to the remaining slides, which contained information on the scope of services covered under the service, information about a pilot project that was conducted as well as focus group feedback.

As stated earlier, Ms. Chapin indicated that Employee Benefits would like to move forward with this service, but before doing so wanted to get feedback from the BAC. She solicited members comments/questions.

Tatyana Shamliyan asked whether the Consult-A-Doctor physicians would have access to patient medical records. Ms. Chapin stated that Consult-A-Doctor physicians would not have access to patient medical records. She added that she is not sure whether they would have access to Medica claim information or not, but would check and find out. Mr. Anderson stated that more than likely this service will build records for people who use the service as is the case with convenience clinics and other providers.

Professor Garrard asked how primary care physicians feel about this service. Mr. Anderson stated that similar to quick clinics when they were first introduced, people thought quick clinics would drive up utilization and use of antibiotics, but that did not happen. While these are also valid concerns for virtual care clinics, on the flip side this type of service will save the plan money, and will give more people more access to more care. In addition, it is a great way to spread resources in the system, especially in light of health care reform.

Mr. Watt stated that the nurse line service through the UPlan is very similar in many respects to Consult-A-Doctor except the nurse line service cannot prescribe. With that said, is the UPlan paying twice for the same service? Ms. Chapin stated that the same comparison can also be drawn with quick clinics. Despite the fact the University has a nurse line service, many people still use the quick clinics because people can be treated versus simply advised/counseled.

Nancy Fulton stated that she would like eventually for this service to be able to access patient's primary care medical records. Having these records would make Consult-A-Doctor a better service. Ms. Chapin stated that she doubts this is currently possible until electronic medical records are completely portable and shared among all providers. Mr. Chapman stated that this service does not yet exist, but is in the process of being developed. Mr. Watt suggested bringing up this point with Medica during their annual review. Mr. Anderson added that it will eventually be a requirement for clinics that want to comply with 'meaningful use' to participate in a health information exchange.

Michael Marotteck noted that the Consult-A-Doctor service is a good option for people in rural Minnesota, but, personally, he would be more apt to contact his primary care clinic for a virtual clinic visit because it has access to his medical records. Having said that, he would not want the University to stop covering electronic visits at members' primary care clinics and make UPlan members use Consult-A-Doctor. Ms. Chapin stated that the intent in offering Consult-A-Doctor is not to preclude UPlan members from using their own primary care clinic. Mr. Chapman added that this service is simply an add-on for those UPlan members who find it of value.

Sara Parcels stated that based on the types of conditions Consult-A-Doctor treats, it would not be necessary for the physician to see a patient's medical records. Ms. Shamliyan stated that her concern about the Consult-A-Doctor physicians not having access to a patient's medical records stems from the fact that without having access to these records, the Consult-A-Doctor physicians will not know, for example, what other medications a person is taking or other medical conditions he/she may have.

At the conclusion of the discussion, members agreed that offering Consult-A-Doctor would give members another tool/resource for accessing health care. The committee supported offering Consult-A-Doctor.

VIII). The last agenda item, noted Mr. Watt, is election of the BAC chair for the term July 1, 2012 – June 30, 2014. He noted that while several people were nominated, only one person accepted their nomination and that was Tina Falkner who had previously served on the committee.

Mr. Watt stated that the election of the vice chair will be deferred until the spring once all the seats that are scheduled to expire are filled. Unlike the chair seat, the vice chair seat must be filled from within the committee's membership.

Members voted and unanimously elected Tina Falkner as BAC chair for the term July 1, 2012 through June 30, 2014.

IX). The next meeting will be January 19th, noted Mr. Watt, when President Kaler will attend. Another agenda item for the January agenda will be the committee's charge. Hearing no further business, Mr. Watt adjourned the meeting.

Renee Dempsey
University Senate