

BENEFITS ADVISORY COMMITTEE (BAC)

April 14, 2016

Minutes of the Meeting

[In these minutes: Employee Benefits Update; Prime Therapeutics Plan Review; Employee Comments, Pharmacy Program; Advanced Care Directives]

PRESENT: Tina Falkner (chair), Ken Doyle, Cynthia Murdoch, Jody Ebert, Amos Deinard, Dale Swanson, Brenda Reeves, Ted Litman, Fred Morrison, Terri Wallace, Sue Jackson, Scott Marsalis

REGRETS: Karen Ross, Karen Connaker, Amy Monahan

ABSENT: Jennifer Schultz, Sophia Benrud, Joe Jameson, Ken Horstman

GUESTS: Karen Peterson, executive director, Honoring Choices Program; Monica Nierengarten, account manager, Prime Therapeutics; John Hogge, clinical account manager, Prime Therapeutics; Karen Chapin, health programs manager, Office of Human Resources; Kathy Pouliot, benefits services manager, Office of Human Resources; Ryan Reisdorfer, assistant health programs manager, Office of Human Resources; Ken Horstman, director, Office of Human Resources; Doug Swyter, financial analyst, Employee Benefits

1. Employee Benefits Update: Karen Chapin, health programs manager, Office of Human Resources, reported that they have passed the March deadline for Wellness Assessment participation. She said participation has increased two years in a row now: 12,689 people or 46.4% of the eligible population participated in the Assessment. Chapin added that the Wellness Program is a big draw for new employees.

2. Prime Therapeutics Plan Review: Monica Nierengarten, account executive, Prime Therapeutics; and John Hogge, clinical account manager, Prime Therapeutics, shared plan performance data, as follows:

- The number of drugs used in 2015 compared to 2014 decreased 0.4%.
- The cost of drugs increased 9.0%.
- The change in high cost drugs vs. low cost drugs decreased 3.3%.
- The change in total cost per UPlan member per month went up 4.9%, compared to 17.4% for Prime Therapeutics entire book of business.
- Cost trend drivers for 2015 included the increase in specialty drug costs, especially those taken for Hepatitis C and cancer medications. Drug cost inflation was also a factor.
- Specialty drug cost per member per month made up 30.5% of costs.
- The generic fill rate is high at the University, outperforming Prime's book of business.
- Solutions that Prime Therapeutics have put in place to control costs include utilization management programs like prior authorization, working with the UPlan clinical pharmacist to approve recommendations, and guided health (looking at claims information to identify instances where intervention may assist in both health and cost.)
- The cost share per member per month has gone down in the past three years, from \$9.43 in 2013 to \$8.99 in 2015.

- Eleven of the top twenty drugs by cost are specialty drugs.
- The UPlan clinical committee reviews nearly 400 drug classes each year, including 70 new drugs in 2015, and implements clinical strategies to help control costs.
- Coupon strategies affect costs of drugs. These strategies are used by drug companies in classes of drugs where there are a lot of generic options available. The UPlan implemented an anti-coupon plan by excluding five brand drugs in five drug categories with many generic alternatives.
- UPlan usage included an increase in the prevalence of chronic diseases.
- The UPlan partnered with Nipro for diabetic meters. In comparison with competitors, Nipro meters “stack up nicely” in terms of technology and accuracy. UPlan users of diabetic meters will receive notification of the new Nipro meter available to them if they have incurred diabetic-related claims recently.
- A Prime Therapeutics member satisfaction survey revealed that 78% of respondents are either satisfied or very satisfied with their Prime Therapeutics drug benefits. Neirengarten stated that a new hire will be taking over all customer service operations at Prime, which she believes will impact survey results related to customer service in the future. They are also redesigning their webpages to make them more navigable.

3. Employee Comments, Pharmacy Program: Cynthia Murdock shared employee comments on the pharmacy program, as revealed in the survey delivered by Employee Benefits. She said that 24 comments were purely positive, while 12 were both positive and negative. Sixteen of the 76 respondents stated that everything about the program was great. Negative comments included lots of comments about prescription refill procedures and mail order usage. Other complaints included comments on cost, prior authorization, and customer service.

4. Advanced Care Directives: Karen Peterson, executive director, *Honoring Choices* Program, provided an overview of the potential benefit to University employees for Advance Care Planning. Survey results have shown that 82% of people believe it is important to write down their end of life care wishes, but only 35% of Minnesotans have done so. This is why they exist, said Peterson. Advance Care Planning is not a document, she added, but a conversation and a process. As life changes, advance care plans might change. The three questions individual should answer include:

- Who would you want to make decisions for you if you could not make them for yourself?
- What would be the goals of treatment if you permanently lost the ability to meaningfully know who you were, who you were with, or where you were?
- Do you have any spiritual, personal, or cultural views that would affect treatment choices?

Peterson said that it is important to talk to loved ones, bring your directive to your healthcare provider, and re-visit your directive regularly. She added that research shows that more than one in six adult workers are currently involved in caregiving of an aging or ill family member. Having decisions made ahead of time can relieve stress in times of illness or emergency. Peterson provided a copy of the *Honoring Choices* Health Care Directive to the committee, and said the form is available on their [website](#) in a variety of languages.

In response to a question about something happening while away from home, Peterson said that once an individual is in a hospital, the staff will find out who your caregiver is. There is also talk about having a state repository of directives. She added that most physicians, regardless of which state an individual is in, will at least read your directive and use it as a guide. There are also a variety of apps and companies that will securely hold the information for care providers. Current MN drivers' licenses also state on the back whether an individual has a health care directive.

Peterson also said that a health care directive is a statement of patient preferences and not a medical order; there is no requirement to have a doctor sign off on it and EMTs will not follow the document. POLST (Physician Orders for Life Sustaining Treatment Form) is a specific medical order, which EMTs will follow. Once admitted to a hospital, the health care directive would be the document doctors would follow. She added that specific treatments are not part of a directive, but rather patient goals and values are. However, medical conditions can be included in the directive.

When asked about its legal power, Peterson said that individuals could be taken to court for not adhering to a directive. Usually the difficulty results from individuals being kept alive when the patient's directive says that the patient wished otherwise.

Honoring Choices has speakers that offer information and programs. They are available to the University, said Peterson, if the University wishes to use their services, and if a department would like to do so. She said they have worked with the Center for Spirituality and Healing in providing education about directives.

The committee agreed that the University should pursue this free opportunity. Chapin stated that OHR will devise a plan to provide information to individuals, probably around the open enrollment period.

Having no further business, the meeting was adjourned.

Patricia Straub
University Senate Office