

BENEFIT FRINGE MTG.

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Attendees: (Note – due to Chancellor’s Cabinet Mtg., VC Largent and VC Gerhardt unable to attend today’s mtg.) Jerry Herman, Patricia Dudley, Anna Roy, Bob Frost, Debra Weintraub, Ruby Andrews, Jennifer Seibert, Peter Wantuch, Helane Carpenter.

ANNOUNCEMENTS: GROUP FUND RAISER PERALTA NIGHT WITH THE WARRIORS, February 22, 2013; students are welcome, and a portion of the ticket sales proceeds will go to Peralta Foundation.

Jerry Herman: What is the cost?

Jennifer: The cost is \$30 -35 dollars, depending upon where you sit. It’s an ESPN Game. (Peralta Foundation receives \$5 from every \$30 ticket and \$7 for every \$35 ticket).

Open Enrollment 2013: The Open Enrollment Fair will be held on Tuesday, April 30, proceeding the annual open enrollment period of May 1 - 31, 2013.

Feedback is needed for the upcoming “Benefits for Everyone Newsletter.” The purpose of the newsletter is to document our communication of relevant topics and updates. Your comments and content is requested; make comments online, i.e., healthcare reform issues, access to 403(b) updates, etc.

Peter: Maybe you can communicate with your peers and constituents at PRO (Peralta Retirees Organization) about the opportunity to make comments and/or give feedback; put that out to them.

Jennifer: This is an opportunity to make this publication more valuable, and believe it or not, it is read by people outside of the Peralta community.

(Aside) Patricia: ING changed to Capitol One....

Patricia Dudley: TB testing which previously had been offered by Peralta Nurses is no longer available until a new contract is negotiated.

Jerry Herman: PRO will attend a Laney College Magic Theater production and will kick off a PRO Wellness Program, March 14th luncheon at the Laney College Bistro.

Open Enrollment 2013, will launch with the April 30th Benefits Fair. May 1, 2013 open enrollment begins. The Benefits Office is willing to come out and make presentations. Feel free to invite us!

“Peralta Benefits for Everyone” will be going to print in February; need feedback for content, please provide content, issues of interest, etc. This is an opportunity, particularly, for PRO constituents to input content. Deadline 2/15.

Highlights: benefit changes....

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“Benefits for Everyone” contains specified information for retirees usually in pages 20 – 24.

Fiscal Cliff: As the New Year dawned, what impact on Peralta? After the initial increase to \$240 effective January 1, 2013, the monthly maximum contribution to pre-tax commuter plan increased again to \$245/month.

MEDICARE DRIVE: Working on a specific email network for Peralta Retirees to enhance communication; outreach will include telephone calls, and correspondence. Our numbers of non-coordinated, Medicare eligible retirees has drastically reduced. On February 5th we hosted Social Security/Medicare, Kaiser Sr. Advantage, and Sutter Health all in this room with about 25 retirees who attended our workshop. The workshop offered the opportunity for attendees to “catch up” with information highlights relative to retirement and Medicare enrollment. Several signed up on site with either Kaiser Senior Advantage or Medicare. Retirees who attended the workshop had retired within the past 5 years. There were a number of surviving spouse and/or caretakers in attendance as well.

We publish most frequently asked questions regarding Medicare enrollment in the “Benefits for Everyone Newsletter.” We re-direct back to Social Security and Medicare for expanded information, and this is essentially why they have a presence at our workshops. They own the body of information and answer any and all questions that people may have on Medicare relative to their individual scenario.

Peter: Patricia is asking probably the most common question we get as consultants: “As an active employee, do I have to sign up for Medicare if I’m still working? The answer is that as long as a person is an active employee and if they defer their enrollment in A and B and it is coordinated up until actual retirement, they will not be penalized. There is no penalty if you are active.

JOINT POWERS AUTHORITY RECOMMENDATION: We explored, we learned, and we concluded, based on our previous meetings and discussions that, the JPA issue be tabled. Note: It was “moved,” not “motioned” that the JPA consideration be tabled until the first meeting of this committee in January, 2014 with the understanding that our consultant will have an analysis and perhaps a recommendation for us at that time.

Peter Wantuch: Updates with the Affordable Care Act - There are these “Exchanges” we talked about; California’s Exchange is called “SHOP.” That’s an important buzz word you need to recognize. So, what’s happening now is that we clearly understand the government subsidies based on income. The unions have stepped in this situation and said we want the federal government to allow us as unions to allow our lower paid people to opt out of a union contract, while still under the umbrella of the union, to secure the health plan that fits under the Exchange. The Federal government is saying we didn’t create that, and the unions are saying yes you did, it’s in the law, and let us remind you, Mr. Obama, that if you push back on this, we’re the ones who supported your re-election. And if you don’t allow us to do this, which is set up in the law, then we will look negatively on supporting your legislation, and we will look negatively on future Democrats and the support we will give.

So, there is really a lot of “arm twisting” in this area that I said last time – watch what happens with regards to allowing people out of the benefit plans to secure benefits under the exchanges, and at the

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same time also void the \$2,000 penalty. So this is a very interesting development because if an employer doesn't cover someone, the employer will be "dinged" \$2,000 a year. But what the unions are saying is that they want an exemption from that, allow our people to come in, allow our people to get the government subsidy based on their income. It's a really interesting development to see what happens.

Debra: Do you know which unions these are?

Peter: They were the larger unions: Teamsters, AFL-CIO, they're all going to jump on this one after another.

Jerry: This is called "PAU" -- politics as usual.

Peter: But this is exactly what we talked about last month -- how people were going to view this, try to get their constituents not only in the exchanges for preferential rating, but now in these exchanges for preferential support. Like, it would be perfect for your adjuncts, people who may be working on a minimal financial basis to get access to these benefits.

So stay tuned!

Jennifer: At our last meeting we didn't have the opportunity to discuss our wellness campaign, so I'll turn the podium back over to Peter, but as a footnote, our Tuesday event was co-sponsored by Sutter Health and there were over 60 flu shots administered compared to the 55 shots administered in August. About 20 or so attended the meeting, and in that meeting it was interesting that the ladies in the room said they liked the December "save the date," the men said they liked the letter they got two days ago prior to the Annual Medicare event.

SOCIAL SECURITY/MEDICARE: Presented about an hour-long discussion; spouses and caregivers were in attendance. We also offered an additional workshop entitled "Understanding Eldercare Issues." We want to thank Peter and PSW for providing lunch and refreshments. And at this point I will turn the podium back over to Peter for a continuation of our discussion on wellness.

The last time we looked at wellness was in 2010, this was the year of the weight loss competition. In that particular year, there was an employee from COA who won. Today we'll look at our claims data with both our HMO and self-funded plans.

Peter: When it comes to wellness, we're just going to talk about what has happened as far as outcomes and see what the District's specific claims are running. It comes to two types of wellness, in my mind. (1) Is the passive way, the education process whereby you are giving people information through written materials, or, (2) through promotion, i.e., having Kaiser come out and run a specific training or workshop. The same thing happens with CoreSource where they outreach offering facilitation with chronic illness conditions, i.e., smoking cessation, asthma, diabetes, heart, preventative care with wellness exams, etc. It's easier to facilitate lifestyle changes before someone has to go into the hospital. It's easier to help someone with diabetes, for example, in dispensing of insulin and diet changes before

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they necessarily have to go into a hospital setting. So again, there is specific outreach through websites promoting wellness.

Debra: What is the difference between preventive and wellness?

Peter: Preventive is a form of wellness; preventive care would be your examinations, but wellness would be behavior starting with diet changes, smoking cessation, exercise, etc.

Jennifer: Wellness could also be perceived with joining a health club; well women/well man. We use the terms interchangeably.

Peter: In my mind I see wellness as a part of preventive; wellness is more of a lifestyle change.

Medicare Drive: Benefits will continue outreach for Medicare coordination of eligible retirees. Numbers have drastically reduced. Kaiser Sr. Adv., Sutter, PSW, Soc. Sec. participated in Medicare Workshop on Feb. 5th with about 25 retirees. Retirees who attended were a "newer" group of people who have retired within the past five years.

WELLNESS PRESENTATION:

Peter Wantuch: Patricia – good question. Regarding wellness, we'll look at two types:

1. Passive, and ,
2. Pro-active through education, promotion, active training.

Through provider outreach and training via Kaiser or CoreSource coordination and maintenance – diabetes, asthma, heart conditions – presented through online tool for maximum outreach and distribution.

Refer Medical Wellness Claims Data through CoreSource, November 1, 2010 through October 31, 2012 below:

Population Being Reviewed	Description	Total Relevant	Not Completed	Actual	All CoreSource Norm
More than 50 years old	Patients without any Colorectal Cancer screening in the analysis period	967	719	74.4%	75.8%
Men more than 50 years	Men without PSA test in the	400	262	65.5%	57.8%

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old	last 2 years				
Women more than 49 years old	Patients without Colorectal Cancer Screening	537	396	73.7%	73.9%

PSA testing for men, Colo-rectal screening, CoreSource norm is 75%. These should all be zero. Breast cancer screening, childhood obesity. (Refer to PPCD Medical Wellness Claims Data through CoreSource Nov. 1, 2010 thru Oct. 31, 2012 for complete statistical details) The purpose is to present this information for public knowledge and then moving forward create public awareness/guidance on utilizing the available tools at Kaiser Wellness website for both active employees and retirees. We want to create a health and wellness culture practice/life style consciousness. There are tools in place that facilitate outreach efforts and dissemination of information to both active and retiree populations.

These are all preventative measures that are covered and could lead to large claims.

Jennifer: This is only reflective of Peralta covered members.

Peter: Identifying high risk members; non-response outcomes; people don't want to get help. They perceive it as an invasion of privacy.

Both Kaiser and Core source reach out through physicians, sending educational materials, telephone calls with low response outcomes.

See:

Phone calls to members	654
Average calls per enrolled members	16.8
Educational materials sent (at members request)	59

Kaiser and CoreSource both make available health assessment tools online (screenings, etc.). Objective to make tools available to facilitate lifestyle changes to improve health outcomes. People don't want to know outcomes, nonetheless these tools are available.

Jerry: Perhaps people simply don't respond, if a telephone call, because calls are perceived as intrusive. People simply don't answer calls. Need to find a better way of reaching out to get more effective results.

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Jennifer: I'd like to offer the suggestion that we allocate time for a deeper discussion for this topic using a larger focus group.

Peter: I agree. But we are talking basic, fundamental information.

Peter: Trained medical professionals call; doctors and nurses. Yes, at least bring the dialog up.

Jennifer: Renew the relationship with primary care physicians, or not. This is the current focus of Kaiser and CoreSource based on the most prevalent chronic diseases.

Patricia: I've been in health education since 1974. We can talk about approach, I read about these issues; parameters constantly change. The information is constantly shifting.

Peter: We're focusing on these conditions, bringing the primary care givers into the conversation for outreach, motivating. We're simply talking about basic information; keeping it simple and fundamental.

Debra: There is so much information; if I have a physician whom I trust. How many people have a relationship with their Primary care Physician? I think the connection for Peralta people to raise conscientiousness about wellness is to communicate through the primary care physician relationship.

Jennifer: Part of it is through communication via primary care physician, but part of it is being motivated and pro-active by taking personal initiative.

We're going into Kaiser Data, Pg. 12. Preventive Lifestyle Risks:

Obesity: declining (as in doing worse) (Pg. 11) More people are obese, more people have higher cholesterol levels, diabetes, high blood pressure, and I guess we've improved a little for members who have stopped smoking. 70% of all disease can be self-controlled, i.e., smoking.

Peter: Bringing this information for public knowledge in conjunction with creating a culture of health both at work and home; a lifestyle and change in thinking. Online resources are available. How do we promote better eating habits? Do we bring in a nutritionist? Do we want to bring someone in to talk about smoking cessation? We've done well, but we can do even more. Give people the tools to reach out to their children. I read something recently that stated that smoking is on the rise for kids. Those are the things we want to talk about; making people aware and utilizing the wealth of available online resources. "Web MD," for example is a tool that people need to be aware of where they can get up to date information on any given medical condition. The information is written by medical professionals.

Ruby: Often the information presented at these websites is too overwhelming and difficult to navigate through making the effort too daunting and frustrating to manage.

Jerry: Online practice for over 75 year olds not the best approach resulting in low response rates. Make it more appealing for appropriate age group; simplify.

Peter: Focus on "wellness" subject matter that encourages engagement.

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Jennifer: Simplify information. My frustration, for example when going to Web MD, is drilling down the inundation of information.

Debra: There must be lots of research done by Kaiser (or large research organizations, etc.) on why people do not comply with good wellness habits.

Patricia: The answer is social norming. It's an effective strategy to behavior change, i.e., if you think other people are doing something, it's more likely that you will do it too.

Peter: Yes, we're trying to build a culture-- social norming -- plant the seeds. I agree with you 100%.

Kaiser will throw money at groups that want to create wellness/structure and bring it into a cultural norming. If you create that culture, you will get some support through projects, classes, workshops that engage in a creating a cultural norm, not just for Kaiser Members. We can invite Kaiser to implement workshops.

Jennifer: We've tried it in the past with low participation results.

Jerry: Create a monetary incentive -- "Pay to Play!" Give a money incentive. Let's try it!

Peter: I'm willing to do it!

Debra: A raffle incentive...

Summary of Recommendations:

1. Shotgun approach – blitz communication
2. Promoting relationships between primary care physicians
3. Targeted/pointed/simplified communications
4. Social norming – creating a culture of wellness that becomes a social norm
5. Using Social Media
6. (Debra) make it an organizational/school change and not just an individual change

Meeting concluded, Next Meeting March 7 – 10am-Save the Date.