

Healthy Boiler Committee
Thursday, March 7, 2019

Attendees: Steve Abel, Pam Aaltonen, Bill Bell, Michelle Jansen, Beth McCuskey, Nicole Noel, Veronica Bonderski, April Sauer, Candace Shaffer, Hannah Austerman, Ashley Byrd, Mary Delaney, Jeff Hadden, Jen Hodges, Alexis Norton, Brandy Royer, Dr. Keith Helton, Melissa Cotterill, Kaycee Eaton

On the phone: Kendra Gardin, Susan South, Vanessa Mettler, Eric Manor, Danny Vukobratovich, Jane Yacilla

2019 Benefits Survey Results (reference “2019 Open Enrollment Survey Results” PowerPoint)

- Around 10,000 people were sent the survey; 1,553 responded – down from 1,731 in 2018.
- Usefulness of tools (**slide 4**)
 - Most useful resources were website & enrollment guide – people want the enrollment guide sooner
 - Not many use the presentations – scaled those back last year
- BenefitFocus Attitudes & Ease of Enrollment (**slide 6**)
 - Moved from E-Benefits to BenefitFocus a few years ago & haven’t had as many complaints since the move
- Comments About Open Enrollment (**slide 7**)
 - Enrollment was two weeks long instead of three weeks; people responded that wasn’t enough time
 - Main concern seems to be that people need two weekends to review with spouses instead of one weekend. Perhaps this year, keep it at two weeks but shift the start date so people get two weekends
 - Will focus on educating people from August through beginning of October about benefits so changes at Open Enrollment not as much of a surprise
- Perceptions of Interactions with HR (**slide 12**) – there’s been a huge influx in customer service need since Fall – the numbers are pretty good considering that
- Attitudes on Changes to Spousal Insurance Policy (**reference slides 14-16**)
 - Majority think change to spousal insurance is a bad idea, unnecessary, and unfair – the mean went below 3.0, which is very rare for surveys like this (**slide 14**)
 - LHD conducting a benchmarking survey for us on this
 - Bill Sullivan said we would readdress this with employees in April/May
 - Most employees don’t think spouses are a problem so they don’t see why we are wanting to make a change
 - Nicole suggested that we communicate that spouses being covered is contributing to our costs significantly (50% more expensive than employees) – have to raise premiums in part because of this
 - Need to look at alternatives and mitigate any unintended consequences
 - Need to communicate if other Big 10 universities are also changing spousal coverage

- Savings that happened from migration to HSA plans has plateaued and now we have to make other adjustments as health care costs continue to rise
 - Because Purdue's plans are so rich, we have an inordinate number of spouses on the plan than in other places
 - Higher costs of plan coverage could also cause "care avoidance" – if avoid care, those doctor costs tend to be higher because the problems get worse
 - In a white paper from LHD, discovered that people don't tend to use health care more or less in a PPO plan vs. HSA plan
 - Need to be careful talking about "rich benefits at Purdue" because people who have been around a long time have seen erosion of the benefit richness
 - This isn't unique to Purdue – decreasing everywhere
 - Jane asked if we can split out if it's a Purdue spouse (slide 16)
- Center for Healthy Living (reference slides 17-20)
 - Knowledge & Behaviors (slide 17)
 - People don't seem to understand they can establish a Nurse Practitioner as a PCP
 - Promotion of CHL – Steve said if could do focused overview on the academic side, it might help raise awareness
 - Have done presentations to FCBC and APSAC/CSSAC; benefit ambassadors reach out to One to One (OTO) to do presentations for departments; APSAC fair; New Faculty Orientation & New Employee Orientation presence
 - Attitude (slide 18) – the question didn't specify if it was since One to One took over
 - Attitude of those with recent appointment (slide 19) - people who had appointment in the last 12 months had much better experience than those who did not have one
 - CHL Comments (slide 20)
 - Concerns about lack of ability to attract and retain multiple doctors, especially female doctors
 - There's a huge deficit of primary care in Indiana (and the whole country)
 - Expected turnover from Premise employees but now we are working on how to retain current staff
 - The three providers at CHL now have been there over a year – no one has left since they came to work for OTO (except for the one transition doctor)
 - NP's are advanced level providers; need to communicate that they can serve as PCP
 - Utilization of providers is at 86% at the CHL (significant increase from past years) – monitor this monthly and as the utilization starts to get higher, OTO can recommend if we need another doctor
- Telephonic coaching (slide 22) is very underutilized - more communications to be sent out
- Healthy Boiler (reference slides 23-25)
 - Anticipated the responses about difficulty of using – have since updated home page and "earn" tab to make it easier to use
 - The 22% that aren't interested in participating are mostly because of privacy concerns
 - Communicate to those that don't participate that they are leaving money on the table

- Trent wrote an article on what we're allowed and not allowed to do with the data
- Need to ease what has been perceived as a complexity or give increased flexibility to earn the money
- Added a lot to portals about workshops, etc.
- Working to change and make it easier to log activities
- Data issues caused some problem with people logging in one day and not able to the next
- What could Purdue do to help you be healthy? (**slide 27**) – Evan & Grace pulled out themes
- Caregiving (**slide 28**) – Someone from HHS asked us to pose this question – but people don't seem to understand that children at home qualify as caregiving (thought it was more about "sandwich" generation and caring for disabled relatives)

Response to Survey Discussion

- Bill said need to spend more time and effort on Healthy Boiler portal to drive up engagement
- **Do we have any testimonials on people using HB portal and how it has changed their behavior?**

Healthy Boiler Wellness Program Progress

- 2018 Engagement (**reference "2019 OE Survey 030619.pdf"**)
 - Westcomm created an infographic to summarize our Open Enrollment survey data
 - If using this for employee communication, should break it up into smaller communication pieces because it's too busy and difficult to understand
 - Need to change "physician" to "provider" on the back doughnut chart – make sure in future communications to mention that a provider includes NP, physician, physician assistant – should talk about "health care team" at CHL and not provider
 - At least once a year, should communicate all the things an NP or physician assistant can do
 - Make "your responses matter" more prominent so they see that their engagement makes a difference
- Virta Health (**reference slides 9-10**)
 - Outcomes based on those who had been in the program 1 year
 - Return on investment (ROI)
 - Performance Guarantees are in place – if Virta doesn't hit their goal, they pay between 50% and 100% back
 - Had a very significant payback from Virta this last year
 - Too early to see ROI – need 2 years' worth of data and only have 1 year – and people can start at any point in the year
 - Participants can be in the Virta program indefinitely but if they disengage, how do they maintain the progress they made?

- There's nothing in place today – need to consider options
 - Maybe engage them with a health coach at the beginning of the program, and they can keep the coach even after they are done
- CHIP - <https://chipealth.com/> (slide 11)
 - Looks at overall lifestyle factors for individuals – strong emphasis on plant-based diet & measures exercise improvement
 - Can go onto the CHL portal to indicate interest – go through screening first to ensure participant is a good fit for the program
 - Did first program last Fall – had 20 people (national recommendation) for 2 months
 - 17 got screened both times
 - Social aspect was very helpful – they still meet even after the program ended
 - CHIP is 10% of the cost of Virta
 - CHIP recommends that employees also pay some of the cost to make sure they're invested in the outcomes but Purdue is paying for it in full right now
- Diabetes Management Program (slide 16)
 - This program helps reduce stress and is focused on total well-being, including emotional
 - Working on creating a survey to measure emotional outcomes
 - Programs fill up quickly and there's always a waitlist
 - If go through the program, can get free meter and strips – can continue to get strips if keep working with a coach
 - Next program doesn't start until June – if someone needs help now, s/he can engage with coach now and then enroll to get the strips later
 - Purdue ranked in top 20th percentile on controlling A1c in LHD's data
 - Need to communicate that people participating in programs, making changes, & lowering their health costs can lead to flat premiums
 - Each 1% decline in A1c results in a \$2,000 savings in health care costs and 1.3 years added back to member's life
 - Need mixed messaging to promote this – focus on cost as well as sustainability and quality of life
 - Type 1 diabetics can work with a coach to get free strips, too

2020 Healthcare Strategy (reference slides 18-30)

- Cost Saving Actions to Date (slide 18) – list of actions since 2013
- 2019 Milestones (slide 19)
 - Primary Care tiered networks
 - Need to stress the stability of providers – local PCP's tend to be more stable; younger generation is a little more transitory
 - Independent PCP's tend to be lowest cost, highest quality
 - Consolidated PUSH/CHL
 - CHL is eventually being torn down so need to think about whether we model after what we have today or focus on a building with a bigger scope

- Provider RFP's
 - COBRA & Direct Billing – used Infnisource for the last 50 years; very low cost, extremely high maintenance
 - Disability is currently with Cigna
- LHD's focus for Purdue by 2020
 - Evaluate vendor relationships
 - Plan design
 - Population health/wellness
 - Change management
- Spousal Coverage (**slide 20**)
 - A few people reached out to HR to thank them for bringing up the spousal surcharge because they did the math and it worked out to be more cost efficient for them to remove spouses from Purdue plan
 - Consider giving a small amount of money to married individuals to help them pay for spousal medical coverage elsewhere
 - If can lower expenses by the projected level, can delay plan design changes or premium increases even longer or prevent eliminating coverage
 - If you have any feedback on spousal coverage, send to Candace Shaffer (shaffe14@purdue.edu)
 - If people have extremely ill spouses, could still cover spouse as secondary coverage
- Benefit Tiers (**slide 22**)
 - If changed tier level to current median income of benefits-eligible population, it would be \$54,000 – if move it to that level, cost to Purdue would increase \$1.2 million and would have to adjust premiums by that amount just to get net neutral
 - Beth suggested moving up the tier over several years but LHD not sure how to “walk into this” – there will always be the question of “why that number?”
 - What is the appropriate level of tiers?
 - Tiering like this is unique to higher education
 - Some people don't accept their raises because it will put them over the tier and they'll end up with less take home pay
- Medical Plan Design (**slide 24**)
 - Would communicate well in advance (a year or more) if get rid of PPO plan in 2021 – but NOTHING has been decided yet
 - May look at doing a hybrid of PPO and incentive plan in 2021
 - Will need to make sure we have the data on other Big 10 universities that no longer have PPO plans because it will come up
 - LHD still thinks a good portion of people at Purdue are over-insured (**slide 25**)
- Healthy Boiler (**slide 27**) – this is only an example (not specific to Purdue)
- Tobacco & Preventive Dental (**slide 30**) – Purdue has considered doing random saliva testing to prove someone isn't a smoker; have also considered just eliminating the surcharge

2019 Spring Communication Plan

- Brand Guidelines
 - Did audit of Healthy Boiler communications over last year – recommendation is to expand how we are talking about it
 - Communications have traditionally focused on incentives – want to focus on all of it and not just incentives
 - When talking about wellness, we are talking about whole self – behavior, financial, physical, social, work-life
 - Let them know resources available to them under each of those pillars
 - Give each component of the plan a different color & its own graphic
 - One-pagers to focus on each of the pillars
- Westcomm (our communications partner) is building a library of materials – print and online
- There will also be a video of an overview of the Healthy Boiler program
- Westcomm is working with OTO on a video for CHL so people can see the space and hear from the providers, Bill Bell, and Candace
- Open house for CHL – April 10
 - Posting on social media & printing materials/invitations
 - Deciding on the time – want employees and the community to come
- Spring Fling
 - Last year, CHL did a booth to test A1c's, had snacks, and had providers come over for a meet and greet
 - Advertise “walk with your coach” during the Spring Fling Walk
 - Chance for people to meet the coaches