Healthy Boiler Committee
Thursday, April 19, 2018
1:30 – 3:00pm – STEW 311

Attendees: Mandy Smith, Evan Perrault, Nicole Noel, Steve Abel, Jen Hodges, Candace Shaffer, Hannah Austerman, Michelle Warren, Amy Boyle, Colleen Robison (phone), Mary Delaney, Jenny Coddington, Vanessa Mettler (phone), Jessica Sinclair (intern with Steve Abel), Jeff Hadden, Pam Aaltonen

Welcome

Introductions

2018 Health & Wellness Updates

- Full-time concierge will be at CHL
  - Position not fully designed yet
  - Only 6 or 7 other employers across nation have this service
  - Final candidates have been interviewed by Purdue Benefits and One to One Health
  - Can be telephonic for regionals
  - Referral-based

- Imaging at PUSH – 43 images at PUSH from employees or dependents from January-March
  - No set goal for utilization
  - One to One guides patients to PUSH for imaging when it makes sense

- CHL Updates
  - Staffing
    - 1 new full-time physician onsite – M, T, W, TH
      - Great feedback on his work
      - First day as CHL employee is Monday
    - 2 FT family NP’s
      - Nisha was added in March – M-F
    - 2 RN health coaches
      - 1 for 5 years at full capacity
      - 1 started mid-January, not at full capacity
    - 1 holistic wellness coach (community services, intervention)
    - 2 part time pharmacists - .67 FTE
      - Work for Purdue and work at CHL a couple days a week
      - Onboarded in December
1.5 EAP counselors, not at capacity

- **Capacity**
  - Provider capacity has PG’s associated with it (80% to meet PG)
    - 110% capacity in December - walk-ins and double booking contributed to this
    - Head provider resigned in January – capacity went down to 70% so he could close out his patients
  - Pharmacist wasn’t at CHL in October-December which accounts for the 0% figures
  - RD started mid-January
  - CHL has been very busy with Healthy Boiler physicals
  - Started advertising telephonic coaching in January

- **Partnerships**
  - Be Heart Smart (with Purdue Extension)
    - Class limited to 25 at a time, classes were full, and had waiting lists of 20
    - 3 interactive lectures and 1 hands-on cooking class
  - Dining with Diabetes
    - [http://www.purdue.edu/hhs/extension/programs/detail.aspx?programId=1&type=1&category=food](http://www.purdue.edu/hhs/extension/programs/detail.aspx?programId=1&type=1&category=food)
    - Coming up in October
    - Hoping to use demo kitchen in Lyles Porter (that way could use webcam to allow electronic participation)
  - Get WalkIN’
    - Dubois County example: [https://www.duboiscountysfreepress.com/dubois-county-purdue-extension-offers-free-email-based-walking-program/](https://www.duboiscountysfreepress.com/dubois-county-purdue-extension-offers-free-email-based-walking-program/)
    - Pre and post survey
    - Email-based walking program
    - No pre-set goal
    - Evan asked about an indoor track to do walking office hours
    - There’s also walking coaching available with health coaches around Purdue West
    - Note: this program does not count for Healthy Boiler. The walking/running that an individual may complete as a result of receiving the emails can count within the 150 minutes of activity/week for 8 weeks
  - Diabetes Management (One to One program)
- 16 sessions, 1 hour per session
- Taking ages 18 and over – for eligible employees and dependents
- Start sign-ups once advertised
- Will be in the evening and include dinner (showing how to make healthy meals that don’t sacrifice taste)
- **CHIP (Complete Health Improvement Program)**
  - [https://www.chiphealth.com/](https://www.chiphealth.com/)
  - Being used at Ohio University right now and they’re getting good results
  - Plant-based diet
  - Should OTO partner with any of our colleges to do research? Publish results? What results should be tracked?
  - Up to Purdue if we want to say need to have certain diagnosis to participate – recommendation is to not limit the program but up to Purdue
    - Nicole thinks better to get people involved before they actually are diagnosed
  - Training is in May and sessions will begin in June
  - Will be held in afternoon and evenings (two different offerings)
    - Need to work on getting approval for EE’s to go on work time
    - Think can at least get it approved as part of 2019 medical plan
  - Module-based, with homework for them to complete before each session (also virtual component for regional campuses)
- **InBody Scale**
  - Shows body composition measurements
  - Take shoes and socks off and stand on the scale – it scans the person and prints out information on their metrics
  - CHL will send out information on this to get people to come in and try it
  - Do you have to make appointments to use it? – maybe do walk-in days with mini coaching sessions and then make a longer appointment
    - Haven’t finalized what to do with this
    - Could schedule 15 minute appointments for a month or so
  - Good for up to 650 pounds and for ages 3-99
  - Those with pacemakers should not use the scale; pregnant women can but their measurements may not be accurate due to their water weight gain
- **Spring Fling**
  - Could hand out the information to those at Spring Fling as advertisement
  - Or they sign up and get follow-up information
• Healthy Boiler Wellness
  o Payments will be paid at April paycheck for monthly and BW will get it last pay in April
    ▪ Can do through Payroll for those with HSA
  o 25% engagement but the programs at CHL and communications from HR should improve engagement
    ▪ Others can set up competitions and invite people to come
  o Walk the Wabash
    ▪ Working on one-pagers to explain how to do/set up competitions and memo to department heads and deans to champion competitions
      • Maybe do a Qualtrics survey to get the data points that CHL needs when creating the competition?
    ▪ If do for 8 weeks, will count toward one of the Healthy Boiler incentives
  o There are two steps to most of the incentives – so people are doing the first step and get the checkmark but it doesn’t actually go through in the system
    ▪ Won’t get incentive payment for the activities until they have done the PHP and biometrics – it won’t even give you a check if you’ve completed the requirements for the activities but not the PHP and biometrics tasks
    ▪ PNW working on some quick videos on how to do the incentives – should be done by mid-May; already have instructions written up
    ▪ Maybe send out emails to people who haven’t participated and remind them there’s money to be made
  o OneAct in Healthy Boiler site (slider banner) – random act of kindness
    ▪ Can report if you did something nice for someone
  o Social Media
    ▪ Alexis posts something almost every day

Population Health Updates
  • Based on 2017 data
  o Percentages are the percentage of adult population that had this diagnosis in 2017
    ▪ In line with what CDC shows
  o Top 5 Drug Categories
    ▪ 85-95% of endocrine is diabetes medicine
    ▪ Musculoskeletal – related to obesity (pain meds, anti-inflammatory, Humira, psoriasis)
    ▪ Neurologic – ALS or multiple sclerosis
    ▪ Non categorized – new drugs out on market (usually includes new oncology drugs)
Benchmark for physicals is around 44% - their best in class client has 86% of EEs who get physical whose only incentive was telling people how important this is

Top 5 categories by cost of care
- Musculoskeletal system care was expensive mostly because of the medicines

RUB Migration
- Shows by risk category the healthy and low risk categories who stayed healthy or didn’t move to another category
- Includes all campuses
- Purdue is 1-2 points above benchmark here

Purdue’s mammogram screenings went up 6 percentage points which is a good jump
- PNW has started this on their campuses

Transparency tools
- Evaluating Castlight – a lot of people just using it like a phone book instead of its intended purpose
- LHD recommends getting rid of Castlight because it’s not worth the money anymore
  - Think we can come up with something else through Vital Incite and Anthem with one less vendor
  - Some like that it’s neutral, all health costs are in one spot
  - Only tool available to people to price right now
  - If it was to go away, needs to be replaced with something similar
  - Purdue’s utilization is very low – 1,600 unique users last year but majority looking up a phone number (declining use over the years)
  - Maybe just need to educate more around this
  - Is the cost per user worth the cost of the tool?
- HR been looking at other tools – Anthem has a transparency tool that could be available
  - There are 2 different Anthem tools – Anthem Cost Compare (which has been around for years although Purdue can’t see right now because we use Castlight) and a mini version of Castlight (will look like the Castlight from 2 years ago)
  - Isn’t as robust with number of procedures but it’s a decent tool – can look up 2,400 different procedures
    - Have 3X that many with Castlight but when look at number of searches, the overwhelming majority would fall into one of those 2,400 that Anthem has
    - Castlight’s data comes from the same source that this Anthem data would come from
  - Concierge at CHL could help direct people using these tools
Task Forces

- Musculoskeletal and Mental Health
  - Mental Health kick off next Friday
  - Musculoskeletal is in May – REM and Work Comp involved

IPFW – Healthy Boiler Update

- 28th annual health fair just took place
- 1,100 people came through
- 154 did bone density scan this year; 144 did skin cancer screenings (up from 75 from last year)
- Fort for Fitness Marathon (mini, 5k, and 10k)
  - IPFW working on a plan to incentivize people to participate

Next Meeting

- Next meeting is September 18 in KPTC – update mid-summer from Candace (slide deck, report, etc.) on how everything is progressing
- Want to look at the Anthem transparency tool at this meeting
- Review what happened at the task force meetings

Goals of the Healthy Boiler Committee

- Focus on faculty and staff healthcare and well being
- Validate branding and messaging of the Healthy Boiler Wellness Program
- Wellness Activity review and feedback
- Assessment of system engagement