## Agenda

<table>
<thead>
<tr>
<th>Agenda Topic &amp; Direction</th>
<th>Prior Meetings Discussion &amp; Direction (March 17, 2010)</th>
<th>April 2010 Agenda Items – Person Reporting</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Absent: Susan Halsey, Nicolas Gisholt, Wafa Hassan, Ex-Officio - Terry Curry</td>
<td>Additions to and Approval of Agenda – Brown</td>
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<td><strong>Agenda</strong></td>
<td>The meeting was called to order by the Chair Bob Brown at 11:00 a.m.</td>
<td>Approval of Minutes – Brown</td>
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<td><strong>Approval of January Minutes</strong></td>
<td>The Chair reviewed the meeting agenda. Francoise Bigelow requested time to discuss professional development funds. <em>It was moved by Mark Urban-Lurain and seconded by Ruthi Bloomfield to approve the agenda as amended. Motion carried.</em></td>
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<td>The Chair called for the approval of the February, 2009 minutes. <em>It was moved by Jim Schneider, supported by Mark Urban-Lurain to approve the minutes as corrected. Motion carried.</em></td>
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<td>Update From Terry Curry</td>
<td>Change in Pay Schedule for Academic Year Faculty and Academic Staff</td>
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<td>Donna Zischke indicated that on March 29, 2010 an Open Forum is being held for faculty and staff who want to ask additional questions about the change in pay schedule for academic year faculty and staff. Under this new system, effective with the 2010-2011 academic year, annual salary will be distributed in 10 payments rather than 12. Faculty and academic staff on 12 month appointments will be affected.</td>
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**UNTF**

Bargaining continues with no anticipated date when the negotiations will be concluded. As reported in February, UNTF members will receive pay raises retroactive to 1 October 2009. They will see the raises in their April paychecks.

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<th>Health Care</th>
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**From ASAC February Minute:**

In response to Mike Rich’s comment that the January 26, 2010 University Committee on Faculty Affairs Minutes state that the Faculty Health Care Committee will now be the health care committee from this point forward representing UCFA (see UCFA Minutes Jan 26, 2010), Terry Curry indicated that the Health Care Strategy Advisory Committee may be dissolving. ASAC requested representation on the Faculty Health Care Committee, suggesting that Lynne Zelenski continue her service as ASAC liaison on health care issues. Donna Z thought this was possible.

**March 19 2010 Update from Lynne Zelenski – ASAC representative to HCSAC:**

(received after ASAC March Meeting)

1. The HCSAC was indeed disbanded.

2. One of the recommendations from UCFA was to explore an employer (MSU) provided health clinic. President Simon asked the UCFA group to come up with a prospectus of sorts on a university provided health clinic. She would like us to provide some general requirements- for example access, quality, choice, convenience etc. She wants to be able to take this “prospectus” to people who can then research the idea in full and explore what it would take to implement this clinic. The group started working on this in February. Attached is what we have so far (see Attachment A). We discussed this in detail today at our meeting. We will do some editing, reorganization and add a little more meat to it, but this is the direction in which we are heading.
3. I want to dispel the misperception that the university administration is pushing the employer provided, onsite health care idea. This came out of the UCFA group. You may want to refresh people’s memory on this. Although you already received a copy of this, I will attach the UCFA recommendations that were submitted in December—see the third recommendation.

Let me know if you need anything further from me. Thanks - Lynne

**Key Issues**

**ASAC Nominations for 2010-2011**

As described in our bylaws, ASAC solicits nominations for individuals to be considered four three 1-year appoints. This year four positions are open because of the lack of nominees for the 3-year elected position for the functional area of research. On March 15th the ASAC Election Committee Co-Chairs circulated a request for nominations. Donna Zischke reported that two nominations had been received in addition to the three people who stood for election but were not elected. These four positions are appointed by Terry Curry, Associate Provost/Associate Vice President for Academic Human Resources.

**ASAC Officer Election – May 12**

ASAC By-Laws state, “Officers (Chair and Vice-Chair) for the upcoming academic year will be elected in the last meeting of the academic year. This meeting shall occur after the election/appointment process and no later than May 15th. This meeting will be a transition meeting and all old members and all new elected and appointed members will attend. All members, old and new, will vote.” Our last meeting for the 2009-2010 year will be on May 12.

Our By-Laws also state that a quorum for meetings is a simple majority of the elected and appointed membership. **For the May meeting we will have 17 elected and appointed members so a simple majority is 9 (For current members leaving ASAC, please remember that your term is not up until August 15).**

Robert’s Rules of Order Newly Revised indicate that the two most common means of nominating candidates for office are nominations from the floor and by a nominating committee. Historically we have used the “nominating from the floor” method. Robert’s Rules further state that elections are commonly conducted by ballot unless there is only one candidate nominated for an office and then election may occur by acclamation. If there is more than one nominee for Chair or Vice-Chair we will vote by ballot at the May 12 meeting (you would need to be present to vote). If not, we will vote by acclamation (also at the May 12 meeting).
Discussion of UNTF and ASAC

In February, Mike Rich initiated a discussion on the future of Specialist not included in UNTF. There is a shared concern among many that all specialists will receive the same benefit package, irrespective on union affiliation or not. In March the committee continued to discuss the following questions:

How should ASAC operate? How should we be aligned? With faculty? With Union?

Should ASAC be restructured to represent its current make-up?

Do we represent all Academic Specialists or do we represent non-unionized Academic Specialists?

There was general consensus to wait until the contract has been negotiated to fully understand the current environment. Next Steps will include making this topic the major topic next Fall's ASAC Fellows Meeting.

Academic Specialists Professional Development Fund

Due to budget shortfalls the Academic Specialists Professional Development fund has been suspended. It is unlikely to be re-established in the near future. While there has not been a lot of feedback on the suspension, Francoise Bigelow, Barbara Kolar, Jim Lucas, and Doris Roberson will meet to develop an alternate Professional Development proposal.

Nurturing Academic Specialist Excellence

ASAC 2009-2010 Pack-a-Lunch Networking Sessions

The 2009-2010 Networking Sessions were finalized as follows:

<table>
<thead>
<tr>
<th>ASAC Meeting &amp; ASAC Network Session</th>
<th>Date</th>
<th>Location</th>
<th>Organizer</th>
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<tbody>
<tr>
<td>Understanding Benefits – A Conversation with Renee Rivard</td>
<td>Sept 16</td>
<td>Engineering Building Room 2108</td>
<td>Bob</td>
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<tr>
<td>Understanding the State of the MSU Budget – Dave Byelich</td>
<td>Oct 16</td>
<td>Engineering Building Room 2108</td>
<td>Bob</td>
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<tr>
<td>Dealing with Crisis on Campus Speakers - TBD</td>
<td>Nov 18</td>
<td>Psychology 230</td>
<td>Shannon</td>
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<tr>
<td>Social Media Networking</td>
<td>Dec 11</td>
<td>Veterinary Medical</td>
<td>Doris</td>
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Alternation Professional Development proposal - , Francoise Bigelow, Barbara Kolar, Jim Lucas, and Doris Roberson

Pack-a-Lunch Networking Sessions Update – all
Speakers - TBA
Center F-113 (ASAC meeting in F-114)

WKAR Jan 20 WKAR Mark
Helpful resources from the Resource Center for people with disabilities Feb 19 Bessie Hall Nicolas
Understanding the State of the MSU Budget – Dave Byelich March 17 Admin Building Room 443 Bob
Student Organic Farm April 16 Student Organic Farm Ruthi
Dairy Store May 12 Dairy Store Barbara

Meeting Schedule

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Location</th>
<th>Presenter</th>
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<tr>
<td>September 16</td>
<td>11:00 to 12:00</td>
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<td>October 16</td>
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<td>November 18</td>
<td>11:00 to 12:00</td>
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<td>December 11</td>
<td>11:00 to 12:00</td>
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<td>January 20</td>
<td>11:00 to 12:00</td>
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<td>February 19</td>
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<td>March 17</td>
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<td>April 16</td>
<td>11:00 to 12:00</td>
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<td>May 12*</td>
<td>11:00 to 12:00</td>
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*Note: The May ASAC meeting and Pack-a-Lunch Networking Session has been change from May 19 to May 12.

Adjournment

The meeting was adjourned at 12:00 noon.
Respectfully submitted by Mike Rich, ASAC Vice Chair

Attachment A – Employer Provided Health Clinic Prospectus

Essential Questions: (LaPenna Document)
1. Are we committed to a robust and functional primary care model?
2. Are we going to move all aspects of health into on chain of command to ensure integration of information and a unity of purpose?
3. Are we addressing this from problem from a “population management’ standpoint with indicators for success established accordingly?
4. Will we change the benefit program to amplify the on-site clinic as a major component of care for our employees and their dependents?
5. Are we ready to implement value-based contracting process to support on-site programs that would include direct contracting and aggressive case management?
6. What are the administrative parameters for oversight and transparency?

Where is potential cost saving located?
1. Cut out middle vendors and re-packagers of health services
2. Narrow channel contracting for specific diagnosis and treatment
3. Pharmacy, labs and rehabilitation are quantifiable
4. Pay ourselves for services provided by other, e.g., PT

Parameters for a worksite facility – Start-up Configurations

Design Attributes of the work site facility/program
1. General Attributes
   a. Low cost option within the MSU benefits program.
   b. Improved health care services – patient incentives
   c. Readily available access
   d. Reduce health care costs
   e. Atmosphere of disease and injury prevention
   f. Foster a culture of health, wellness and trust
   g. A healthier MSU family
   h. Each patient has a personal physician that provides a “team” leader for services
      i. Comprehensive quality health care
   j. Coordinated services throughout the health care system
   k. Patients participate in their health care decision making
   l. Quality of Care metrics for program operations – annual “report card”

2. Personnel
   a. Primary care physicians
      i. Salaried
      ii. On-site (campus/community)
      iii. Patient oriented (3-4 patients per/hour)
   b. Support Staff
      i. Professional
         1. Physician Assistants
         2. Nurse Practitioner
      ii. Clerical
         1. Office manager
         2. Receptionist
         3. Records specialist

3. On-site services
   a. Primary Services
      i. Appropriate health and disease screening programs
         1. Vision
         2. audiology
      ii. Family oriented medical services – “the healthy family”
1. Disease management
2. Case management

iii. Injury / illness triage
   1. Afterhours access
   2. Same day access

iv. Same day appointments
   1. In-house
   2. With contracted services providers

v. After hour access
   1. Daily
   2. Special clinic days or programs

vi. Major focus on prevention
vii. E-visit support/E-pharmacy support
viii. Robust Electronic Medical Records Systems

b. Possible secondary services
   i. Rehabilitation (injury and/or disease)
   ii. Nutrition services
   iii. Common use pharmacy
   iv. Health U type programs and supervision
   v. Occupational health

4. Contracted Services
   a. Orthopeadics
   b. OB/GYN
   c. Radiology
   d. Pediatrics
   e. Internal medicine
   f. In-patient facilities
   g. EAP/mental health
   h. Dental
   i. Podiatry

**Barriers to success**

1. Patient Issues
   a. Privacy
   b. Trust
   c. Choice
   d. Outcomes

2. Administrative issues
   a. Insufficient resources for initialization and operation during the initial implementation period.
   b. Resources for individualizing health care contract with local device providers.
   c. Political environment among different constituencies
d. Over emphasis on cost savings without the patience to determine program efficacy

e. Competition with BC/BS for providers and provider lists. Can we negotiate discount levels with our competitors?

3. Medical

a. Political environment among area providers, e.g., Ingham Regional Medical Center, Sparrow Hospital, and private clinics

b. Identification and agreements with "centers of excellence" for specific contracted services