

Faculty Health Care Council

ASAC Update
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History

- ▶ 2006- 2007: The UCFA assembled a task force to evaluate options for reducing health care costs and improving or maintaining health.
- ▶ Fall 2013: Faculty health Care Council established

Activities

- ▶ Faculty Health Care Clinic
- ▶ Generic Prescription Program
- ▶ Best Doctors
- ▶ Health Risk Assessments
- ▶ Feedback to HR

Faculty Health Care Council

Faculty Initiated
On-Site Health Center

Task Force on Health Care Recommendations Why Us?

- ▶ MSU Uniquely Positioned
- ▶ Expertise - medical schools and nursing programs
- ▶ Healthy Campus Initiative (HCI)
- ▶ Faculty Commitment to health
- ▶ Commitment to Excellence & Innovation

MSU On Site Health Center Goals

- ▶ Take the initiative for change
- ▶ Develop a culture of health throughout the University community
- ▶ Making health care more accessible
- ▶ Making health care more effective and efficient

MSU On Site Health Center Key Characteristics

- ▶ Operates within Existing Benefit Plans
- ▶ Includes Holistic Health Model
- ▶ Includes Innovative Payment System
- ▶ Includes High Performance Referral Pattern
- ▶ Track Outcomes

MSU On Site Health Center Benefits

- ▶ Highly available care with convenient hours and location
- ▶ Reduced or no co-pays
- ▶ More time with health professionals
- ▶ Communication with existing provider
- ▶ Focus on preserving good health

MSU On Site Health Center Benefits

- ▶ Coordinated care management with hospitals and other health care agencies
- ▶ E appointments, prescriptions & communications
- ▶ Recruitment and retention of faculty - you'd have a health professional immediately
- ▶ Educational services to keep you healthy

MSU On Site Health Center Key Questions

- ▶ Who's eligible -
 - ▶ Regular faculty, academic staff, retirees, and their families
 - ▶ Enrolled in Community Blue, BCN, HDHP/HAS)
- ▶ Do I have to leave my provider? - NO
- ▶ Can the Center be my medical home? - YES
- ▶ What are reasonable financial outcomes?
 - ▶ Gains through more efficient use of services and improved health
 - ▶ Still being investigated toward a repayment of start-up expenses in four to six years.

MSU On Site Health Center Participation

- ▶ Would you participate if the Center offered:
 - ▶ Improved health outcomes
 - ▶ Ease of access
 - ▶ Improved service - time, communication, and follow up with providers
 - ▶ Regularly evaluated member feedback & satisfaction metrics
 - ▶ Incentives
 - ▶ For example, a combination of financial incentives, programmatic services including biometric screening, and adjusted premium sharing requirements and phased in over several years

Bylaws for Academic Governance

<http://acadgov.msu.edu/bylaws>

5.3 FACULTY HEALTH CARE COUNCIL

5.3.1. There shall be a Faculty Health Care Council to function as the faculty voice to Human Resources and University Administration on matters related to health care and health care benefits. The Faculty Health Care Council will have voice in plan design and the capacity to comment on plan implementation.

5.3.2. Composition

5.3.2.1. The voting members of the Faculty Health Care Council shall be nine faculty members.

5.3.2.2. Ex officio members without vote shall include but not limited to Assistant Vice President and Director, Planning & Budgets and one faculty member emeritus without vote to be selected by the Faculty Emeriti Association.

5.3.3. Appointment of Members

5.3.3.1. Faculty members of the Faculty Health Council shall be appointed by the Steering Committee.

5.3.3.2. Faculty members appointed to the Faculty Health Care Council shall include those members who are actively involved in health care discussions.

5.3.3.3. Faculty members of the Faculty Health Care Council shall represent a diversity of faculty appointments.

5.3.4. Terms of Appointment

5.3.4.1. The terms of appointment of faculty representatives on the Faculty Health Care Council shall be three consecutive two year terms to ensure continuity and stability of membership.

5.3.5. Responsibilities of the Faculty Health Care Council

5.3.5.1. The Faculty Health Care Council will serve as the faculty voice on issues related to the design, implementation and evaluation of health care plans.

5.3.5.2. The Faculty Health Care Council will consult with and provide information and make recommendations to the University Committee on Faculty Affairs on matters concerning the economic impact of health benefits.

5.3.5.3. The Faculty Health Care Council shall advocate for faculty on matters related to health care and health care benefits.

Q3 (YTD) SUMMARY

MSU's utilization of the Best Doctors benefit continues to be strong through September 2013. Call volume is exceeding expectations, resulting in higher than expected InterConsultation cases, "Ask the Expert" services and FindBestDoc referrals. Recommended diagnosis and treatment changes are exceeding Best Doctors book of business, and member satisfaction remains high at 97% overall. ROI is slightly higher than the performance guarantee of 1.2:1.

UTILIZATION

- Best Doctors received a total of 321 calls from MSU members, resulting in:
 - 63 closed InterConsultation cases (91% of cases were completed for employees; 9% were completed for dependents).
 - 16 "Ask the Expert" services
 - 116 FindBestDoc referrals

CLINICAL IMPACT

- Diagnosis Change
 - 37% of Total Cases
- Treatment Change
 - 78% of Total Cases

MEMBER SATISFACTION

- 97% of survey respondents gave the highest rating for Best Doctors' overall ability to meet their needs and would recommend Best Doctors services to their co-workers

FINANCIAL RESULTS

- \$328,607 YTD cost avoidance / 1.28:1 ROI