

**CITY-COUNTY COMMON  
MINUTES  
Monday, December 5, 2011**

**Present:** Doug Emery, Deb Schorr, Jon Camp, Adam Hornung, Carl Eskridge, Brent Smoyer, Bernie Heier, Gene Carroll, and Mayor Beutler

**Others Present:** Bill Kostner, City Risk Manager; Tracy Krause, AON Risk Services; Kim Lobato, AON Risk; Kathy Nellor, Blue Cross Blue Shield Nebraska; Cortney Ray, Blue Cross Blue Shield Nebraska; Judy Halstead, Lincoln-Lancaster County Health Department Director; Charlotte Burke, Manager for Health Promotions and Outreach; Keerun Kamble, City Wellness Coordinator

Chair Commissioner Deb Schorr opened the meeting at 12:45 p.m.

**1. Approval of Common Meeting Minutes of October 3, 2011:**

Commissioner Heier moved approval of the Common Meeting minutes of October 3, 2011, with the following changes: on page 7, line four, six and 16 references to Commissioner Bernie Heier be changed to County Board directed, seconded by Commissioner Smoyer. Motion passed 6 - 1 (Councilman Camp and Hornung arrived following the vote)

**2. Election of Chair/Vice Chair for 2012:**

Chair Commissioner Schorr stated that chair and vice chair alternate between the city and the county. City Councilman Adam Hornung is the current vice chair. Councilman Emery moved to appointment of Councilman Hornung as chair. Motion was seconded by Commissioner Heier. Motion passed 6 - 0 (Councilman Camp and Hornung arrived following the vote). Commissioner Smoyer nominated Commission Jane Raybould as vice chair, second by Commissioner Heier. Motion passed 6 - 0 (Councilman Camp and Hornung arrived following the vote).

**3. Approval of 2012 Common Meeting Schedule:**

Councilman Carroll moved to accept the 2012 Common meeting schedule. second by Smoyer. Motion passed by 9 - 0.

**4. City/County On-Site Clinic:**

Bill Kostner stated there had been a preliminary discussion regarding an on-site clinic in September 2010. He then introduced Kim Lobato and Tracy Krause from AON, who are benefit consultants for both the City and the County.

Lobato distribute **Exhibit A** (City-County Common Meeting On-Site Clinic Discussion December 5, 2011). Lobato stated as benefit consultants they frequently work with employer groups who, in an effort to control health care costs, look at providing services on-site. AON has completed a number of on-site analysis for different clients. They have also completed a high level feasibility work on what an on-site clinic for the City and County would look like, using actual utilization information from the City and the County. He referred to page one, On-site clinic as a "hub" for services. This is a format a number of on-site clinics take, which is

looked at as a hub of services provided because its really a combined approach with the health insurance plan. Depending on the groups needs, an on-site clinics may take different forms. Primary care and direct medical treatment for employees is the most likely service groups want to provide. This increases productivity because employee are not gone from their job as long, appointments can be scheduled around work easier and the employee can develop a relationship with the on-site provider. Wellness services can also be provided, along with health management/health coaching services, disease management, occupational health services, case management and disability.

Page two, **On-Site Clinic Services Menu**

**\* Primary and urgent Care**

- Urgent care, annual exams, vaccines, flu shots, EAP referrals

There are generally two types of professionals that staff an on-site clinic. A medical doctor, if the group is large enough, or medical professionals such as a nurse practitioner or a physicians assistant.

**\* Health management**

- Screening (e.g. blood pressure, cholesterol, mammography, prostate)
- Allergy testing
- Disease management (sole source or integrating with DM vendor)
- Wellness (sole source or integration with wellness vendor)
- On-site sessions/education (e.g., weight management, stress reduction, smoking cessation, fitness)

**\* Pharmacy**

**\* Occupational health**

- Work related injury treatment
- Pre-employment physicals
- Drug screens
- Case management and return to work
- OSHA reporting

Lobato stated that when working with their clients to find a vendor to use for an on-site clinic there are generally two avenues:

- 1) A local health care system
- 2) A national company

Page Three - **High Level Feasibility Analysis**

Lobato stated that AON has a set of standard metrics that are used to help groups who are interested in on-site clinics, have a perspective of what to expect. The chart represents a five year perspective of the cash flow. The first column shows the \$315,000 start-up costs for an on-site clinic of approximately 1,000 square feet

and a nurse practitioner as staff. The remaining columns show year 1 through 5 total revenues, total expenses and total net savings. Lobato stated that generally there is an increase in utilization of on-site services by employees. There also would be associated savings with services that would be avoided such as emergency room and specialist referrals. The income is offset by the actual cost of the clinic operating expenses in years 1 through 5. There is an assumption of increase in the cost of operating the clinic as utilization increases. The future total net savings is discounted over that period by a 7% rate, which shows a 5 year net present value of \$1,315.045. AON feels this is a fairly conservative approach.

Lobato concluded this information was presented to the group to generate discussion. The information is helpful in today's environment to understand what groups are doing and how they are addressing the issues relative to increasing health care cost. It also shows what can be done to help control those costs. He offered to provide names of groups who have on-site clinics in Nebraska.

Commissioner Heier inquired of Don Taut, if there would be higher liability if there was an on-site clinic. Taut responded he didn't think there would be higher liability, however, any contract that would be entered into for the purpose of staffing would require professional liability insurance.

Councilman Camp inquired as to where the savings were. Lobato responded the fixed cost of operating the clinic is saving money over the fee for service cost being paid in the community. He also stated it will be important to get volume through the clinic in order to leverage the fixed expenses.

There was a brief discussion between Councilman Eskridge and Kostner regarding the wellness program and services provided at LES.

##### **5. Wellness Program:**

Cortney Ray, Senior Account Executive, Blue Cross Blue Shield Nebraska introduced Kathy Nellor, Wellness Business Consultant also from Blue Cross Blue Shield Nebraska (BCBS) Kathy Nellor distributed **Exhibit B**, 'A new you.. BlueHealth Advantage, Small changes can make a big difference.' She stated their team at BCBS works with 150 companies state wide. The size of the companies range from 10 to 4,500 employees and they know that one size does not fit all. They consider themselves a consultant to the groups versus offering a canned program.

She referred to the Big Difference flyer in the packet, which is an overview of the program called, BlueHealth Advantage. BCBS truly believes the programs do not need to be expensive, and a number of the resources available to the groups are at little or no cost. Groups that have a wellness budget are encouraged to use the money for incentives to their employees for participation.

She next referred to the Wellness Program Fees flyer. The programs are open to all employees and their families. BCBS feels their consultative approach needs to follow the Seven Benchmarks created by the Wellness Councils of America:

1. Capturing Senior Level Support
2. Creating Cohesive Teams
3. Collecting Data
4. Crafting an Action Plan
5. Choosing Appropriate Interventions
6. Creating Supportive Environments
7. Carefully Evaluating Outcomes

Part of the resources available to groups is the Wellstream Personal Health Assessment. A sample of the assessment and reports are located in the handout. The assessment is available electronically and on paper, and is unique as there are three components to it.

1. Health Risk Assessment
2. Knowledge/interest Component
3. Culture Audit

A Wellstream Personal Health Assessment Pricing Information sheet is located in the packet. There are a one time set-up fees depending on the size of the company.

Once the assessments are completed, BCBS will assemble a summary of the report along with a wellness action plan with programs that will fit the needs and the culture of the company.

Commissioner Schorr inquired if any of the questions on the personal health assessment could be tailored. Nellor responded no.

Judy Halstead, Lincoln-Lancaster County Health Department Director asked for a few minutes of the members time. She introduced Charlotte Burke, Manager for Health Promotions and Outreach and Keerun Kamble, the new City Wellness Coordinator. Charlotte Burke stated they are excited to be expanding the existing City Wellness program and are currently working with a revamped wellness committee. Just like Kathy Nellor from BCBS stated, it is very important that a good assessment be done to evaluate employee health risks, interest and needs. Burke stated they have been using the Live Well Health Risk appraisal through WorkWell. The appraisal will be launched in January for the City and they are interested in launching it for the County also.

The health risk appraisal is a basis from which a wellness plan can be established. Burke distributed a Workwell Five-Year Trend Report dated October 2011, **Exhibit C**. Using trend data they are able to fine tune a wellness program to fit what the issues are and to determine where they are going specifically to health priorities. Addressing the health issues has an impact on health care cost.

It's important to recognize employees are not all at the same point in wanting to gain wellness, and it important to be able to offer different programs.

Since both the city and county are members of WorkWell, the health risk appraisal and analysis is free. It is available electronically as well as in paper form. Burke stated she was looking forward to working with BCBS and the various materials they have available. Also, through WorkWell there is very good information that can be tailored to meet the needs of the employees and their families, which will allow for a finely tailored wellness program.

Commissioner Schorr inquired as to the difference of the health appraisal from WorkWell and BSBC? Burke responded they are very similar. Schorr next asked if the assessment was available to just employees and or their families, and how were they planning to address the issue of individuals who do not have access to a computer and how the campaign will be rolled out. Burke responded the assessment is for both employees and families, and that paper surveys available. She stated it is very important for the employees to recognize the surveys are anonymous and they are the only ones who will see their answers. As to rolling out the health risk assessment, the Mayor and both city and county department directors will be asked to encourage their employees and their families to take the assessment. This will be done via electronic communications.

Councilman Hornung wished them good luck with the roll out of the campaign. Halstead invited the City Council and the County Board to participate in the health risk assessment.

Commissioner Smoyer moved and Councilman Carroll seconded to adjourn the meeting at 1:45 p.m. Motion carried unanimously.

Minette Genuchi, Administrative Aide  
Lancaster County Board of Commissioners

Exhibit B is available for review in the County Board Office.

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