CITY-COUNTY COMMON MEETING
SEPTEMBER 13, 2010
MINUTES

Present: Gene Carroll, Chair; Deb Schorr, Vice Chair; John Spatz; Bernie Heier; Doug Emery; Ray Stevens; Jayne Snyder; Larry Hudkins; Bob Workman; and Mayor Beutler

Absent: Jonathan Cook and Adam Hornung

Others: Mark Koller, personnel Director; and Bill Kostner, Risk Manager

Chair Carroll called the meeting to order at 12:45 p.m. and announced the location of the Open Meetings Act.

1. Approval of Common Meeting Minutes of June 8, 2010, July 13, 2010, and August 17, 2010.
Motion to accept the above minutes made by Heier, seconded by Spatz.

Roll called: Carroll, Schorr, Spatz, Heier, Stevens, Workman, Snyder, and Emery voted aye. No dissenting votes. Motion passed.

2. City-County Health Clinic - Mark Koller, Personnel Director, & Bill Kostner, Rick Manager
Koller stated Risk Management and Personnel have entered into discussions regarding a City-County On-Site Medical Clinic possibly developing. Would require significant investment and want everyone informed. Started in April 2009, and have a RFP for health care options. Introduced the topic with projected providers. After the RFP closed met with Jeff Chase of Central Financial Services, who provided information on what a health clinic could do and Mark Barta, Care Here, a vendor who could provide medical clinic services.

In February 2010 met with Chase and Barta, inviting City/County Management. In June contracted with Aon to be our health care consultant. In July/August started looking at what's best for our budget.

Koller stated advantages of an on-site medical clinic:
a) Maximize value; not minimize costs
b) More employee accountability & responsibility
c) Integration across benefits and with vendors
d) Value-based competition
e) Feasibility of on-site medical clinics

An on-site medical clinic could provide:
a) Primary & urgent care
b) Health management
c) Pharmacy
d) Occupational health
e) Ancillary and possible optional services

An on-site medical clinic as a "Hub" takes in:
a) Wellness
b) Disease management
c) Occupational health
d) Case management
e) Coordination of our EAP
f) Disability issues
g) Workers comp program
h) Medical treatment

Possible advantages of on-site medical clinics:
a) More patient time
b) Face to face health coaching
c) Improved health risk assessment
d) Knowledge of work environment
e) Consistent quality of care
f) Dedication to evidence-based medicine
g) Lower unit costs of prescription drugs
h) Improved generic substitution
i) Electronic medical records

Typical on-site medical clinic expenses:

a) Staffing (Wage/benefits)
b) Malpractice insurance premiums
c) Rent (Possible PBC property)
d) Equipment
e) Supplies
f) Vendor management fee
g) Miscellaneous (Laundry, etc)

Model on-site medical clinic operations:

a) Minimum 2,000 employees (1 geographic location)
b) Minimum 1,000 employees for nurse practitioners or physician assistant model
c) Long term investment focus
d) Local primary care access
e) Not afraid to innovate
f) Withstanding local medical provider pushback

Emery asked if this would prevent people going to their primary physician? If not that would minimize the pushback.

Typical steps to implementation:

a) Select location
b) Gather employee residence information
c) find on-site center vendors
d) decide on-site center sponsorship
e) Prepare and release RFP
f) Secure proposals
g) Analyze information
h) Decide service offering
i) Select vendor
j) Finalize agreement

Important cautions to consider:

a) Does on-site center make economic sense?
b) Will employees use the center?
c) Physical space exists for center?
d) Realistic savings expectations?
e) Staff collaborate to maximize potential?
f) Health plan & supplier partners collaborate with center?

Other considerations:

a) Competitive bidding, including RFP development
b) Plan design
c) Performance guarantees
d) Vendor contract negotiation
e) Site visits to centers, reference checks
f) Clinical and management reporting
g) Health plan/pharmacal integration with center
h) Use by spouses and dependents

Koller stated the proposal at this point, without property, would be a potential investment of approximately $350,000, and could potentially save $3.8 million over a 3 year period. At one time in discussions the old Election Commission building was suggested, converting to an on-site clinic, or possibly in this building.

Also, they have information and have looked at other clinics, one a city and school district, and two using a third party provider for their health care clinic management. Now looking to this Board for direction, and if receiving the go-ahead should identify property and include in the RFP.

Workman asked if the $350,00 was per year, on volume? Koller replied the $350,000 would be three years, the initial investment of $270,000 for start up, and annual operation of approximately $35,000. Workman asked if based on employee number, and the example of the Mesquite Clinic, are those hard dollars of perceived employee health improvements? Koller replied hard dollars. Kostner added the physician costs would be shifting the regular physician cost to the clinic costs. The actual savings from the care providers calculated, not employee wellness. He added they would have the option of visiting their physician, but hopefully the clinic would be faster, better care, and less expensive.

Workman asked would a physician be on site, full-time? Koller said probably during morning and afternoon hours. We could do shifts, partial-shifts, structure the operation for employees. Workman stated as the Obama health care is coming does it affect any decision which may be made? Koller replied they discussed. Right now it's recommended we continue to pursue the clinic. If looking for quality of service, our best option.

Emery stated from a pragmatic side it looks like we would have more control over sick leave, injury comp, employee physicals. What Lincoln is claiming for the cost is about half the national average. May actually be more savings. We could possibly, someday, include retiree employees health benefits.

Schorr asked if an employee survey has been completed? Only successful if a high percentage participate. Koller replied not yet, talked to people in the building and it is well received. Schorr asked the geographical location is the city or the building? Would this be a mobile clinic? Koller said the geographic location here it's Lincoln and Lancaster County. General proximity to the County-City building would be beneficial.

Spatz asked if this could be explored with the school system, state, or university? Koller stated they had a meeting cancelled with the state, but the opportunity is there.

Snyder reiterated that employees could go to their own physician. We have no idea what percentage would know the clinic is here but prefer seeing their doctor of 20 years.

She stated she is in the health care field and feels disturbed by some comments, such as better care than the current health providers. The local climate will not be happy for numerous reasons. If there is one physician, a PA or nurse practitioner, at a health clinic all day, it is not superior care. Even with our number of employees you cannot do, not with Hippa, the sterilization, and regulations. To repeat what is done now by professionals will be difficult, and still will have to refer to specialist. See this might be an adjunct, but not the primary care.

Those who went to UNL may remember the health system/ health center. Could go in on Monday and Friday receive the diagnosis. Part of Health America, a health center, failed. They brought outside people in to provide care, and it's not quality care. Not saying we wouldn't have quality care but across the county there's issues on quality of care as everything has to be followed the same. Did work at a facility and sent all workers comp from the facility to someone else, because it's a conflict. Where you have an objective outside person it's much better for the employee. She added if the only factor is saving money, totally against this.

Snyder added if there is a way to do preventive care, but not disturb coverage at all, may be okay. But we will have a kickback, possibly major, from the health community as providers are suffering because of the federal government. Would be very cautious before we move forward too far. Would want to see hard core data on all the studies. Unless you analyze research, seeing if the figures are correct, it's just a statement.

Hudkins agreed with Snyder adding he has served as past national president of the National Association of Local Boards of Health. We have visited on this topic and in some places, particularly with the wellness aspect, it's worked good in county government. The $350,000 sounds like a pretty good investment, but as Councilwoman System said, these are figures, studies. We probably could find space, but we have a lot of 24/7 operations. To staff, and have modern equipment, very seldom do public entities do better than private investment. We can do whatever we can for preventive, but with the other would be very cautious.

Carroll asked for other questions? Koller stated it sounds like this Board wants more information. We're hearing from vendors, and others that this is a good way to go. But there are other considerations politically and whether it's perfect for our community or not. Do appreciate the feedback, ideas, and thoughts.

Snyder asked who are the vendors being dealt with? Koller replied Central Financial Services, and another is Care Here. She asked if the Board could have information received from both? Koller stated certainly.

Carroll heard this Board would like more information. Do come back when ready, and we will look at it again.

Carroll adjourned the meeting at 1:13 p.m.