

**Benefits Focus Group Minutes
(3/03/04)
(In attendance, alphabetically listed)**

<u>Regular Members</u>	<u>Alternate Members</u>	<u>Staff Advisors/Guests</u>	<u>Recorder</u>
Janice Cox	Joyce Dolan	Robert Blinch-Edwards	Diane Vanderwest
John Glanden	Nancy Meskimen	Kurt Hoverter	
Gil Fernandez	William Tatum	Linda McKinney	
Dick Minster		Heidi-Jo Kaplan, DTS, SMH	
Stacey Monroe			
Louise Van Pelt			
Andy St. John			
Benita Saldutti-Acting Chairperson in John Agen's absence			
KayKae Thomas			

Call to Order- Chairperson

Benita Saldutti called the meeting to order at 1:00 p.m., March 3, 2004. Ms. Saldutti, Acting Chairperson, advised that Chairperson John Agen would not be attending.

Roll Call

Diane Vanderwest called the roll. One member arrived after roll call, but was added to attendee list above. Robert Blinch-Edwards introduced a guest for today's meeting – Heidi-Jo Kaplan, Manager of the SMH Diabetes Treatment Services here today to share the presentation on the disease management diabetes program a little later on today's agenda.

Approval of Minutes

Minutes from the February 4th, 2004, meeting were unanimously approved as presented.

Free Health Screenings-Robert Blinch-Edwards

There were 105 City participants for free health screenings. Participants received a report useful in future screenings as a benchmark for trend levels of concern, i.e. HDL or LDL. An important level is the cholesterol count. About 50% of the body's Cholesterol is made during the night in your liver; therefore, medications should be taken in the evening and not in the morning, because your body is producing the cholesterol at night and you'd want to thin it out with medication at that time.

KayKae asked about the 105 City participants and what the breakdown was for retirees, active, employee or dependent. Robert Blinch-Edwards advised that this information would be presented once the report is finalized. There were seven health-screening locations - all successful. Some of the counts were: SMH-87, Sarasota County-44, Venice-28 and 3 others, locations unspecified. At today's Healthcare Sarasota board meeting, Mr. Blinch-Edwards advised the screenings were suggested for twice a year as opposed to once a year.

Benita Saldutti complimented the distribution of information process, resulting in the great success of the screenings.

Ideas for the 2004-2005 budget - Kurt Hoverter

A draft of the Wellness Budget Proposal for FY 2004-2005 was distributed, which included proposed cost breakdowns for benefit activities in four parts: Diabetes Management- \$39,000; Wellness Fund- \$28,000; Health Screens and Health Fair- \$15,000; and Wellness Communications- \$6,300 for a total of \$88,900. **These are only proposals at this point and can be changed or modified for the budget.**

- **The Diabetes Management Plan** would be $\$300 \times 130$ (# of current plan diabetics) = \$39,000. Numbers on pre-diabetics were not obtained. If pre-diabetics were to be reached through this management plan, then perhaps through behavioral changes, blood sugar monitoring, modifications, etc, the individual may not get diabetes and future money could be saved.
- **The Wellness Fund** would be a fund of \$100 per covered member participant to be reimbursed (up to \$100) after completion of a wellness program such as: Smoking Cessation Programs, Weight Management Programs, Blood Pressure Management, Blood Sugar Management, Cholesterol Management, Triglyceride Management, or Cardiovascular Improvement Class. For the total cost of \$28,600, assumptions were made for 13% of total member (2200) participation = 286, then $\$100 \times 286$ participants = \$28,600. It was noted that the 13% is the figure for the County's Wellness Plan participation. This would not be for YMCA membership. It could be for joining Weigh Watchers and the employee would be reimbursed \$100 of the cost.
- **Health Screens and Health Fair** would have an assumption number of 500 for participation goal or 25% of membership. Last year, there were 130 screening participants, but there were also more in-house locations, such as at 12th Street and the Police Department. The 500 participants \times \$25 = \$12,500 + Admin. Costs of \$500 at the screening locations + \$2,000 for the health fair = \$15,000. Linda McKinney outlined the health fair as having various vendors, i.e. Vision Care, to ask questions of while signing up the member. There would be incentive drawings for free give-a-ways of donated prizes. The \$2,000 cost is what the county budgets for theirs.
- **Wellness Communications** would have a figure of \$6,300. Kurt Hoverter distributed samples of brochures and a calendar from the website of the *Personal Best* firm. The calendar has a cost of \$1 per person and would be distributed to all plan members (current and retirees) featuring a different health issue each month, i.e. cancer prevention, weight management. Brochures on many, many topics are available, i.e. alcohol, blood pressure, cholesterol, wellness planning activities as well as price pages. Information from the *Power of Prevention* was also passed around. The idea is to tie in a monthly theme with the calendar and the brochures to help save someone's life through health management. We are giving people a means to help themselves. The back of the brochure could have that it is from the City Benefits Focus Group.

Kurt Hoverter said if you care about your health, we are going to help you, if you don't care about your health, we can't help you. Linda McKinney emphasized that while KayKae does a great job of educating the members and helping them understand their benefits, there are multi avenues into this. Members need to take the participation initiative and become more familiar with their own health care benefits through the knowledge package. Any feedback on any of the wellness budget proposals should be addressed to Kurt, Linda or KayKae between now and the next meeting, due to the budget time restraints.

Diabetes Program - Robert Blinch-Edwards and Heidi-Jo Kaplan (SMH-Diabetes Treatment Services)

Mr. Blinch-Edwards distributed a package of information entitled, *Healthcare Sarasota Disease Management Program*, which is recognized by the American Diabetes Association. Discussion followed covering the subsequent suggested strategic marketing plans, particularly #2 below:

1. The cost of the program is \$300 to be paid by the City of Sarasota.
2. Participants who do not complete the mandatory section of the program pay a \$60 deductible to HCS; or participants, once they have been accepted into the program, send HCS a check for \$60.00. This check is destroyed once they have completed the mandatory section of the program. The process (the \$60) can be explained in the initial letter, which is sent out by HCS to all possible participants.
3. HCS to identify possible program participants (employees and dependents) within the City's health plans through Rx and medical claims – again, this information is not shared with the employer.
4. HCS to provide a CD to the City containing advertising materials such as flyers and posters to that they can distribute to all departments (samples were provided).
5. Letters need to be sent to all identified diabetics (sample letter was provided).
6. Design a physician's referral form; this form will also explain that diabetics and pre-diabetics can participate in this program. **If we can stop a pre-diabetic from becoming a diabetic, we stop them spending \$12,000 (average costs per year for medications for a diabetic) as opposed to \$2,000 a year.**
7. Letters and the Diabetics Treatment Service referral forms are sent out to all appropriate physicians informing them of the program for both diabetics and pre-diabetics. The letter will also explain the weight management program (cost is \$100- reimbursable for next year's budget).
8. Once participants receive the letter they call the telephone number in the letter. DTS will then fax a referral form to the participant's physician. Once the form has been returned DTS will call the participant to set up an appointment.
9. Once the participant has been accepted into the program DTS bills EMI the \$300 program fee using the prearranged procedure code.

The above nine steps are suggestions and may be modified. In #2 above, the \$60 deductible check payment will be given back to the participant once the program is completed. This will be the incentive to attend all mandatory sessions, follow-ups, meet goals and complete the program. If not completed, the City still pays \$240 for the participant's program, along with the participant's \$60 check for the \$300 total. It was decided that the checks could be turned in to Heidi-Jo Kaplan and then given to HCS.

Diabetes Disease Management Program – Presentation by Guest, Heidi-Jo Kaplan, SMH-Diabetes Treatment Services)

This program is an ADA recognized comprehensive program, covering every aspect of diabetes. If one is on insulin, Heidi will meet privately and review insulin usage. Everyone would be eligible for meter training to learn how to use it and do any assessment necessary. There will then be nine hours of class training education. There are also monthly follow-ups where the patient is weighed; blood sugar is reviewed to see how the patient is doing. As part of the program, there is a lecture series as well.

Anyone can come back to any aspect of the program's 15 mortalities, or the program in its entirety, free of charge within a year of having been referred to DTS. It is very team-oriented, as soon as the patient goes through the program, a letter is sent to the physician. Another letter is sent to the physician after the first follow-up stating how the patient is progressing with possible recommendations to changes in medication,

insulin, or referring the patient to a podiatrist or renal (kidney) doctor. Most of the time, the doctor is very receptive to these suggestions. The 15 mortalities include: nutrition, weight loss for type 2 patients, stress management, exercise, medications, insulin, meter training, complications and how to prevent them - all in the nine hrs of education, screened by the ADA.

The Diabetes Facts sheet was distributed and reviewed. Why is it so important to be educated on diabetes and this program? Approximately 18 million Americans have diabetes; 5 million are unaware they have the condition. An additional 24 million Americans have pre-diabetes. They may not have the sugar readings of diabetics, but the cardiac disease has already started. That's significant, because the cardiac disease that's associated with diabetes doesn't begin when they're sugars are high, it begins when the body is overproducing insulin to compensate for the sugars. That's the pre-diabetes stage and that's why the average person with pre-diabetes will have cardio vascular disease within 10 yrs whether they are diagnosed with diabetes or not. There is a 50% increased risk of cardiovascular disease with the pre-diabetes and that increases as the disease exacerbates. Heart disease is the leading cause of diabetes-related deaths.

A diabetic has a higher incident of heart disease, stroke risk, high blood pressure and kidney disease (40% of new cases of kidney disease are associated with diabetes). There is a greater risk of leg loss due to amputation for poor circulation and a 60-70% greater risk at developing neuropathy. Every part of the body can be affected except for the lungs. If you smoke and have diabetes there are even more complications. Diabetes during pregnancy is a factor in the children developing diabetes in the future.

Other disease management programs are able to save between \$1.75 and \$2 for each dollar spent and reduce inpatient hospital costs by 14.4 % and reduced total costs by 6.4% for a one-year period. This plan as of January 2004, after a two-year study, reduces the costs by 24% through disease management. It is very effective in saving over the long term in disease management, done preventatively as with pre-diabetes.

The first part of the handout contains many statistics for the BFG to look at later. The entire Healthcare Sarasota Diabetes Education Program is outlined in detail in the handout package, Page 1 in the middle through to the end of the package.

The program is available at two convenient sites, Blackburn Point, 3 miles south of Sarasota Square Mall and also at SMH. It is offered in the am (9am-12pm) and at night (6-9pm) as well as Saturdays, if needed, individually. A Spanish-speaking educator is available as well. Fasting blood sugar >110 or random blood sugar >140 would be eligible for the pre-diabetes program. The person would go thru assessment, a meter, blood sugar monitor, 9 hours of education and then begin the follow-up program. If they can't make the follow-up, then they would be able to see one of the staff privately and if they can't do that or refuse to follow-up that's when the \$60 would not go back to the participant.

As part of the program, besides monthly follow-ups there are also 3-mo, 6-mo and 1-yr interval follow-ups to monitor progress, review the lab readings and advise the physician about progress. Many of these patients are able to get off or reduce their medications, after learning the diet and learning how to make some life style changes. Follow-up is a large, very-important portion of this program.

Ms. Kaplan went through the comprehensive program process, mentioning the very well diabetes-educated staff. The process included a flow chart, description and design of the program and patient tracking card. Diabetes treatment services information and program criteria are also available in the handout package. Included was a sample letter from Robert Blinch-Edwards of HCS to be sent out to the health plan participants and also a letter set out to the physicians from Heidi-Jo Kaplan of DTS, advising of the program.

The program allows a spouse or significant other to attend with the covered member City employee, free of charge, but a chart would not be kept on this person. Dependents that are covered can include the juvenile diabetic.

Benita Saldutti made a suggestion to make the letter one page vs. two. This will be worked on.

The Eating Well for Life, Nutrition Program for weight loss was summarized as a 6 week program, meeting one time a week presented by a registered dietician, with it's own support group at Blackburn Point and SMH also.

Other Business

Linda McKinney advised there are problems with the Caremark Website and that these problems would be corrected March 26th. This website can be helpful in the search for lower cost, generic drug alternatives that could be discussed with your doctor. Also, there is instant access and you can print out information to take with you to your doctor and perhaps take more control with the drugs that are prescribed and reduce the number of drugs being taken.

Robert Blinch-Edwards said that there are 134 members who take over 14 drugs daily. Don't just accept your doctor's word as the end. Go to another doctor, if necessary and get off some of the drugs being taken.

John Glanden described a situation where one of his doctors would not write a prescription for a generic, and would put "as stated" on the prescription; but, another doctor he has would write it for a generic, so he went to the one who would write it as generic and got it changed.

Kurt Hoverter said that's exactly the kind of consumerism we are trying to drive here. The idea that the doctor has all the answers may not be the case at all and you should not accept it as the case. Sometimes you end up taking drugs to treat symptoms of a drug's side effects and your system becomes filled with various drugs.

John Glanden suggested for upcoming wellness classes that a description or synopsis of the class be provided with an agenda. This would be helpful in making a decision to attend or not.

John Glanden also asked if \$350 is enough to cover annual physical costs. A brief discussion followed on cause and effect coding on lab tests and what is diagnostic and what is not.

Adjournment and Next Meeting

Benita Saldutti adjourned the meeting at 2:10 p.m.

The next meeting is 1:00 p.m. Wednesday, April 7, 2004, in Room #100 of the Federal Building.

/dv

Minutes Approved: _____

Benita Saldutti, Acting Chairperson