

**“Continuing to Build a Community
Collaborative to Improve Health Care Quality
& Outcomes”**



Tri-State Health Care Coalition (TSHCC)

13th Annual Conference

Wednesday, October 3, 2007

8:00 a.m.— 3:00 p.m.

Country Inn & Suites

110 N. 54th Street

Quincy, IL 62305

Sponsors/Exhibitors:

Cottingham and Buttler

HealthLink

MedTrak Services

Novo Nordisk

Pfizer

SHRM

VSP



AGENDA

8:00-8:30 a.m.

**Registration/Continental Breakfast
Vendor Exhibits**

8:30-8:45 a.m.

Welcome and Opening Remarks

Barb Anderson, TSHCC President

Bev Rossmiller, TSHCC Executive Director

8:45-9:30 a.m.

“Health & Productivity – An Employer Example”

Deidre Serum, Senior Director of Benefits

Carlson Companies, Minneapolis, MN

9:30-10:15 a.m.

“Health Risk Management- A Case Study in Success” & “Discovering the Health Detective in You”

Darrel Douglas, Director of Marketing, HealthCare 21, Knoxville, TN

10:15-10:30 a.m.

Break/Vendor Exhibits

10:30 a.m. –11:15 p.m.

“Managing Employee Health & Disease”

Neil Goldfarb, Research Assistant Professor and Director of Research, Department of Health Policy

Director, Ambulatory Care Performance Improvement, Jefferson University Physicians

Thomas Jefferson University

11:15-11:30 a.m.

“Asheville Project Update”

Controlling Your Health For Life: Patient Self-Management Program for Diabetes

Bev Rossmiller, TSHCC Executive Director

11:30-12:30

Lunch & Vendor Exhibits

12:30-1:15 p.m.

“Minnesota Community Measurement”

Linda Davis, Consultant, Edina, MN

1:15-2:00 p.m.

“HealthLink’s Open Access Program”

Mark Haegele, Director, Sales and Account Management, HealthLink

2:00-2:15 p.m.

Break/Vendor Exhibits

2:15-3:00 p.m.

“Employee Benefits Survey Results”

John Ottavi, Vice President, Employee Benefits, Cottingham & Butler

3:00 p.m.

Concluding Remarks/Prize Drawing



About the Presentations

“Health & Productivity—An Employer Example”

Carlson Companies is a privately held, family-run company with \$20.9 billion in revenues. Carlson provides travel, hospitality, foodservice, and marketing services in more than 140 countries, employing 190,000 people worldwide.

Carlson provides health care benefits to more than 38,000 employees in the U.S., roughly 7,000 of whom are in the Minneapolis-St. Paul area. Annual health care costs are currently \$77 million, a figure that is expected to rise to \$95.4 million by 2009. This rate of growth, however, is not sustainable for the company. In addition to direct health care costs, Carlson estimates that indirect costs such as lost time from work (e.g., sick days, lost time due to doctor visits) run \$17 million annually. This does not include the costs from presenteeism — that is, when employees are on the job but operating at less-than-normal productivity due to illness.

Carlson has developed a four-pronged strategy to address rapidly rising health care costs:

- Personal health awareness: Each employee can build a personal and confidential health report through online wellness assessment tools. Working together with doctors, employees can create a plan for preventive and proactive care.
- The good life: How employees live outside of work is very important to their health. Carlson provides special offers, promotions, and charitable opportunities to employees and their families, thus supporting healthy behaviors and a more vibrant community.
- Health benefit solutions: Through its extensive provider network, Carlson employees have easy access to medical, dental, vision, and pharmacy plans. Carlson helps employees manage their expenses through unique, consumer-directed plans, including flexible spending accounts, health reimbursement accounts, and health savings accounts. The goal is to give employees greater financial responsibility, and the tools and education necessary to manage that responsibility..
- Culture of wellness: Recognizing that health and wellness is critical to the company’s success, Carlson provides ongoing awareness and education programs and events. Carlson offers employees opportunities and incentives to get and remain active and to enjoy healthy foods. Carlson recognizes and celebrates the individual triumphs of employees and the collective success of the entire organization.

“Health Risk Management- A Case Study in Success” & “Discovering the Health Detective in You”

A case study of how an employer successfully implemented Health Risk Management Principles in their health care plan resulting in a 5-year cost savings of over \$17 million. Savings were recognized in improved provider contracts, reduced utilization for unnecessary health care expenses, implemented a company wellness and disease management programs, and implemented retirement incentives to change the demographics of the work force.

Health Care 21’s 2008 Consumer Guide to Health will be shared with conference participants. The guide is an evidence based outcomes measurement tool from publicly available data to assist consumers to “discover ways to better health care”.

“Managing Employee Health & Disease”

Increasing Physician Accountability for Quality of Care: Public Reporting and Pay for Performance

We pay more than any other nation for quality of care, but many studies show that our quality of care and our population’s health lag behind most other industrialized nations. “Value-based purchasing” of health benefits seeks to rectify this situation by demanding value (better quality and/or lower cost) from insurers



About the Presentations

and providers. Physicians increasingly are being held accountable for the quality of care they deliver, by making available to the public data on the quality of care they deliver, and by linking payment to performance. This session will answer the following questions:

- How is quality measured and defined?
- What do we know about quality and value of care in the U.S.?
- How can physician performance be measured?
- What public (government) and private (employer) efforts are underway to publicly report on physician performance and to link performance to payment?
- How can the growing availability of performance data be used by purchasers to improve the value of their health benefit programs?

“Asheville Project Update”

The Asheville Program, known in the Quincy and Hannibal areas as *Controlling Your Health For Life: Patient Self-Management Program for Diabetes* began in July 2007. To date nine employers have enrolled in the program representing over 13,000 covered lives. Learn more about this cost savings program, and how all self-insured employers can offer this program to their employees.

“Minnesota Community Measurement”

Hear how the Minnesota market has increased granularity of its public reporting, aligned its pay for performance programs across all healthplans, how it has improved providers’ quality scores and how physician practices have responded to achieve those scores.

“HealthLink’s Open Access Program”

HealthLink and TSHCC began their partnership in 2003 by offer local employer’s access to HealthLink’s regional PPO network. HealthLink’s Open Access III Program is not a new program, but is a new offering to Tri-State members beginning on January 1, 2008. Open Access III provides members with access to two managed care networks – Healthlink HMO and HealthLink PPO. This new program will save current TSHCC participating member employers over \$1.3 million in health care claims.

“Employee Benefits Survey Results”

Have you ever asked yourself the following questions?

- How do my employee benefits compare to other companies in the western Illinois area?
- Are my premiums on par with companies of similar size and plan design?
- How many employers have adopted Consumer Driven Health Plans (CDHP) in my area?
- How many are planning to implement CDHP’s in the next year?

Employers need customized benchmarking – a tailored comparison of their benefit plan(s) to other employers of similar size, industry and within their geographic area. You want to make appropriate changes to your program without compromising your ability to attract and retain employees.

The Tri-State Health Care Coalition and Cottingham & Butler collaborated to benchmark an Employee Benefits Survey in the Quincy and Hannibal area.



About the Speakers

Deidre Serum
Senior Director of Benefits, Carlson Companies
Minneapolis, MN

Deidre is responsible for the strategic design of enterprise-wide employee benefit programs. Her recent focus is on the design and implementation of Carlson's long term healthcare strategy that includes a focus on wellness and consumerism.

Prior to this role, Deidre was the Director of Compensation for two of Carlson's business units, Carlson Wagonlit Travel and Carlson Marketing Worldwide, where she was responsible for design and administration of all base and variable compensation programs.

Deidre has been with Carlson for 17 years primarily in the compensation arena, however, within the past 2 years has moved into her current role as Sr Director of Benefits.

Deidre is a member of several benefit organizations including the local Buyers Healthcare Action Group (BHCAG), National Business Group on Health and CEB. In addition, she has been invited to present at various benefit organizations with regards to Carlson's healthcare strategy. She holds a Bachelor of Science degree from the University of North Dakota.

Darrel Douglas
Director of Marketing, HealthCare 21
Knoxville, TN

Darrell spent the last 26 years in the pulp and paper industry in the field of Human Resources. During this time he has acquired in-depth experience in employment law, labor relations, benefits, safety, training, communications and compensation.

Since 2002, Darrell has served as Vice-President of Human Resources for Blue Ridge Paper Products, Inc., a \$500 million liquid packaging company headquartered in Canton, NC. With 6 locations in 5 states and a predominately unionized environment, Blue Ridge has approximately 2100 employees.

Through the extensive use of labor/management partnerships, he has implemented many innovative strategies to reduce healthcare costs. These include establishing an on-site medical clinic and pharmacy, negotiating direct contracts with medical providers, designing voluntary lower cost health plans, and starting an "incentive" based approach to preventive health care.

As a result of these initiatives, Blue Ridge Paper experienced a decrease in healthcare costs in 2005, and a 5-year track record well below medical trend.

In 1999, Blue Ridge Paper was formed by a Union led buyout of Champion International. The purchase price included a 15% wage and benefit cut by employees, followed by a 7-year wage freeze.

In 2006, Darrell was instrumental in reaching a new agreement with the USW, providing reasonable wage increases and healthcare modifications, but no further major concessions by the Union or management.

Darrell left the paper industry March 1, 2007 to devote his time to working with employers and



About the Speakers

employees to improve workforce health and productivity.

He has a BSBA from the University of Arkansas, and holds a Masters in Management degree from Webster University. He and his wife, Cerelle, reside in Canton, NC.

Neil Goldfarb

**Research Assistant Professor & Director of Research, Dept. of Health Policy Director
Ambulatory Care Performance Improvement, Jefferson University Physicians
Thomas Jefferson University**

Mr. Neil Goldfarb is Program Director for Research in the Department of Health Policy at Jefferson Medical College. As such, he is responsible for developing the Office's research strategy, designing studies, mentoring research fellows, and managing the Office's research staff. Prior to accepting his current position in the Spring of 2000, Mr. Goldfarb was a research consultant to the Department, and Executive Director of MEDISYS QI, Inc., a quality improvement consulting and data collection firm serving the health care industry. In a three year period, Mr. Goldfarb led MQI from being a start-up venture to having over \$1 million in annual revenues, helping managed care plans prepare for accreditation and complete their HEDIS reports, designing and conducting evaluations of care processes and outcomes, and managing large projects requiring clinical record review. Before starting MEDISYS QI in 1997, Mr. Goldfarb was Vice President of Health Services and Provider Relations for Healthcare Management Alternatives, Inc. (HMA), a large Medicaid HMO in the Philadelphia region. In this role, Mr. Goldfarb was responsible for all quality management and utilization management operations, pharmacy utilization management initiatives, provider contracting and credentialing activities, and program evaluation. Mr. Goldfarb is an experienced health services researcher, having held positions at Thomas Jefferson University in the Department of Family Medicine, and the University of Pennsylvania, in the Division of General Internal Medicine. He remains a Senior Fellow of the Leonard Davis Institute of Health Economics at Penn, and he completed all course work toward a degree from the doctoral program in health care management at the Wharton School. Mr. Goldfarb is an Adjunct Assistant Professor of Health Policy at University of the Sciences in Philadelphia, and also serves as evaluation consultant to the Health Federation of Philadelphia.

Linda Davis

**Consultant, Buyers Health Care Action Group
Edina, MN**

Linda Davis has over twenty-five years experience in health care and managed care product development, operations and consulting. Linda provides advisory services related to pay for performance, public reporting, other quality initiatives, and general provider/payer relationship strategies.

Most recently Linda has worked extensively with the Buyers Health Care Action Group (BHCAG), a Minnesota based employer coalition, on adapting the Bridges to Excellence pay for performance program to the Minnesota market. She has directed its strategy, program design, development, implementation, and management since 2005. This program has rewarded medical groups, across the state of Minnesota, on behalf of 11 employers, Medicaid, and government employer groups representing 780,000 covered lives.

She also assists Minnesota Community Measurement (MNCM), an entity formed to publicly report quality, in its implementation of its Direct Data Submission program, where medical groups provide performance information from their medical records for public reporting and rewards.



About the Speakers

She has consulted to pharmacy benefit management companies, technology vendors, payers, providers and business coalitions in strategy, business and product development on quality improvement, e-prescribing, electronic health information technology and exchange, and value based purchasing.

Ms. Davis was a pioneer in early stage HMO development, building some of the original successful care management capabilities in the industry. She subsequently developed HMOs and PPOs for VHA Consulting Services, and went on to develop products for multiple health plans including Partners, Aetna, MedCenters Health Plans and HealthPartners. Her PBM experience includes five years at Express Scripts where she designed, sold, and implemented PBM products for business coalitions and developed relationships and managed key accounts including several Fortune 100 companies.

Prior to her current role, Linda worked at RxHub, an e-prescribing information exchange formed by several large PBMs. At RxHub, Linda led the effort to accelerate the adoption of e-prescribing technology and utilization among payers and providers. In this role she worked with several major academic medical centers in Boston, New York City, and Philadelphia as well as with multiple State Medicaid programs.

Linda received her Bachelor of Science degree in Nursing from the University of Minnesota, lives in Edina Minnesota, has two sons, and is an avid cyclist and runner.

Mark Haegele **Director, Sales and Account Management** **HealthLink, Inc.**

Mark has been with UniCare/HealthLink since November 2002. Prior to UniCare/HealthLink, Mark was the Assistant Vice-President for Development at HealthSCOPE Benefits for 7 years. Mark has extensive experience selling all healthcare and specialty funding types for managed care companies. He also has experience developing healthcare networks and implementing cost containment strategies for large employers.

John Ottavi **Vice President, Employee Benefits, Cottingham & Butler**

John Ottavi is a vice president, producer and sales team leader for Cottingham & Butler with over ten years experience. John provides insight and solutions for senior management to develop and achieve corporate objectives in the benefit arena. John focuses his efforts on large commercial accounts and acquisitions for private equity firms.

Prior to joining C&B, John spent five years as an analyst for a national consulting firm. While earning his Bachelor degree from the University of St. Thomas in St. Paul, Minnesota, John was an Aquinas Scholar.

He holds the Chartered Property Casualty Underwriter (CPCU) designation and keeps current on developing trends in the areas of medical management and integrated benefits.

John thrives on competitive sports and is active in community charities and his church.



Registration

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October 3, 2007
Country Inn & Suites
110 N. 54th Street
Quincy, IL 62305

REGISTRATION *Please type or print clearly.*

Name *Title*

Company/Organization

Address

City *State* *Zip*

(_____) _____ (_____) _____

Phone *Fax*

E-Mail Address (all registration confirmations will be sent via e-mail only)

Note: To register multiple attendees from the same company/organization with one check, please submit a registration form for each individual and include all forms along with the check in one envelope.

REGISTRATION FEES: The cost for this seminar includes a continental breakfast and lunch. Register early and receive a 10% discount. Each additional person from the same company/organization may attend at a reduced rate. **Registration deadline is September 28, 2007.**

	Early Registration	
	Before September 21	After September 21
TSHCC/SHRM Member	_____ \$67	_____ \$75
Each additional attendee from same company	_____ \$50	_____ \$50
Non-TSHCC/SHRM Member	_____ \$90	_____ \$100
Each additional attendee from same company	_____ \$75	_____ \$75
Amount of check enclosed \$ _____		
<i>(Payment must accompany registration form.)</i>		

Please mail your completed registration form along with payment to:

Tri-State Health Care Coalition
301 Oak Street
Suite 2-33
Quincy, IL 62301

ATTN: TSHCC/SHRM Members, we can invoice you for the registration.

