Meeting Minutes  
University Benefits Advisory Council  
March 26, 2013  

**Attended:** Jan Carney (chair), Kelly Circe, Michael Gurdon, Claude Nichols, Lee Philips, Carmyn Stanko  

**Non-Voting:** Greg Brown, Rodman Cory, Barbara Johnson, Lee Stewart  

**Unable to attend:** Michael Blow, Claire Burlingham, Larry Kost, David Hamilton, Sr., Samantha Holland, Gus Mastro, Gary Mawe, Beth Mintz, Tim Murad, Sharon Patenaude, David Shiman, Debra Stern, Kelly Swindlehurst, Dan Wells  

The meeting began with a review of the membership list. The members of each working group were also noted.  

An update on information from the Health Insurance Working Group was given. The group has been looking at the overall summary of data regarding claims. There was conversation regarding pharmacy benefits. Michael Gurdon asked a question whether the University’s increased use of “speciality drugs” is matched by what is happening elsewhere? Barbara Johnson indicated the data for UVM is not unique, while noting an increase in MS diagnoses that affected the utilization of specialty drugs.  

New medical treatment approaches were brought up as a way for cost containment. Claude Nichols noted that with the electronic health record there are triggers for physicians to review generic versus non-generic pharmaceuticals. It could be a possibility to work with FAHC to see what emphasis is placed on generic prescriptions in that process. Jan Carney said that since our generic drug use is 78.1% and the benchmark highest is 84%, it appears we are doing well; however, there is a need to look at optimization with support from FAHC.  

Jan then spoke to the importance of case management of prescriptions. Specialty drugs often cause side effects that are managed with another prescription. This could lead to an accumulation of several different prescription drugs. Data shows when there is case management involved, there is a higher adherence to properly using the medication. This could be an option for the subset who have high numbers and help with their care in different settings. Barbara Johnson mentioned a BCBS pilot program through pharmacies that would send all prescription records to the patient’s primary care provider in order to promote overall coordination of prescribed medications. It would be based on the patient using the same pharmacy for all of their prescriptions. Michael Gurdon added since people are not required to have a referral to see a specialist, the PCP does lose sight of the full picture. This could be mitigated by use of the electronic health record. Claude Nichols said PCPs are focused on identifying chronic disease, which leads to specialist referrals for treatment, but specialists are more costly. He also noted care delivery is evolving so that specialists are acting more like PCPs.
Claude Nichols remarked that breast and colorectal screening guidelines have changed recently and it is hard to determine if the 90th percentile for screenings could be considered good or bad. Barbara noted the data shows members are on mark for what they should be doing, but she will follow up regarding what data are being compared.

The group agreed to determine key indicators to review regarding the medical benefit with the option to request additional analysis.

The Voluntary Benefits Working group provided an update. Barbara Johnson explained one vendor has been reviewed. The vendor provides an electronic portal to an array of non-standard benefits that are not offered by employers, i.e. auto and home insurance, prepaid legal, and long term care. Premiums could be made by payroll deduction, but all interaction will be with the portal vendor, not with the employer. The vendor is responsible for quality measures. If there is sufficient interest it expands the benefit package without adding costs.

Lee Philips asked if there was a minimum utilization requirement? Barbara Johnson answered that the portal’s revenue comes from the companies who offer benefits through them. Staff Council has also expressed interest in these services being offered to the campus community. It was decided a service of this type will be included in the annual recommendation report from the Council.

Barbara Johnson provided information about a pilot project between HRS and the Eleanor M. Luse Center for Hearing Loss. The center is offering a discount program to faculty and staff. They are providing hearing screenings and a discount on recommended hardware. It will run through the end of March and then will be evaluated. An update will be provided to the Council.

A discussion was held regarding preliminary recommendations for the annual report. Jan Carney reviewed what the last report included and the accomplishments. The prior report emphasized social marketing, health assessments and wellness integration. The “Know Your Numbers” campaign was successful. The program also reconnected Wellness Ambassadors from across departments. It was agreed the report should include the schedule for each benefit review and benchmarking data to continue analysis.

Barbara Johnson provided an update on the Tobacco-Free UVM initiative. President Sullivan issued a memo to the campus community. Jan Carney will be cochairing the committee with UVM Vice President Tom Gustafson. Barbara Johnson has already been contacted by more than 40 people who are interested in serving on committees, including a number of research faculty members who specialize in smoking cessation. There may also be a possibility of applying for grants from outside organizations to support the effort.

There was no public comment.