University Benefits Advisory Council

TO:       Daniel Fogel, President
          John M. Hughes, Provost
FROM:     Jan K. Carney, M.D., Chair
          University Benefits Advisory Council
DATE:     June 1, 2008
SUBJECT:  Report of the University Benefits Advisory Council (UBAC) 2007-2008

This report, as requested in the charge to the University Benefits Advisory Council (UBAC), summarizes the work completed during the 2007-2008 academic year. The report also summarizes ongoing work that the Advisory Council will address in 2008-2009. Our charge, list of members, and reports from three working groups from this academic year are attached. Recommendations were discussed and endorsed at the last full meeting of the UBAC on May 15, 2008.

Activities for the 2007-2008 Academic Year

During the past year, the UBAC met five times. Our approach for this first year was to educate ourselves and learn together, be data-driven, be practical, set priorities, and be open; the last 10 minutes of every meeting is reserved for public comment.

We established 3 working groups: a Health Insurance Working Group (HIWG), as detailed in our UBAC charge, a Parental Leave and Child Care Working Group, and a Retiree’s Access to Benefits Working Group. Each working group met several times during the year, and after discussion, formulated recommendations for the full UBAC.

We developed a template for review of benefits and privileges, for consistency during our discussions:

Template for UBAC Working Groups

- Guiding Principles:
  - Why benefits are important
  - Changing demographics
  - Other relevant information
- Target populations(s):
- Delivery mechanism(s) – are these working?
- Demographic and Utilization data - Trends
Our Recommendations for Academic Year 2007-2008

Parental Leave and Child Care:

- Honor the extensive research already conducted on this issue for the University of Vermont. **Support action on this as a priority.**
- Support maximizing what currently exists, and connections between UVM and the child care community. The immediate priority is to remedy the severe shortage of infant and toddler spaces, and increase availability of part-time slots.
- Support proposals for new and flexible child care models, such as relationships with local child care providers, including family day care, to maximize options for faculty and staff.
- Determine all available options for faculty and staff, and make this information readily available at a single access point.

*Rationale:* As our Guiding Principle, we reinforced the importance of parental leave and access to affordable and quality childcare for faculty and staff as essential to achieving the vision of the University of Vermont.

Note: Recommendations above will only provide short term and limited progress towards meeting needs for child care for our faculty and staff. In order to meet needs of faculty and staff, longer term measurable goals must be set, financing options explored, and additional proposals developed.

Retirees’ Access to Benefits

- Develop a “one-stop” shopping model for communication about retiree privileges. Raise awareness about currently available privileges.
- To maximize Health and Wellness and Fitness of retirees, open UVM Wellness programs to retirees. Start with access to current programs, and also assess the need for special programming for retirees. Open BCBSVT health risk assessments to retirees. Explore discounts at private facilities.

*Rationale:* As we reviewed current retiree privileges, many felt that knowledge of an extensive list of privileges was limited among retirees, and there was no single place to find out what privileges are available. In addition, we chose the theme of Health and Wellness and Fitness as an important priority, connecting with the work of the HIWG.

Health Insurance Working Group (HIWG)

- Help our population become more “health literate” and engaged as partners in their health and health care. This involves reaching subpopulations of faculty and staff with specific
occupations, health risks, or health education needs. Such topics as generic drugs, nutrition and physical activity, smoking cessation, signs of depression, etc. can be considered, as suggested by available data.

- Using an Evidence-Based Medicine approach, develop an education strategy regarding Prescribed Pharmaceuticals (Prescription Medications) options, to promote consumer literacy regarding medication choices. After consideration of the roles of employer, insurers, and consumers, develop ways to make this information available to UVM faculty and staff.

Rationale: Based on available utilization data reviewed by the working group, there is potential cost saving, with increased generic drug use, where appropriate.

- Increase the numbers of UVM faculty and staff who take the Health Risk Assessment.
  - Create positive incentives that would facilitate this in different populations, including those harder to reach. As more is learned, develop strategies to reach more people, and set measurable targets for progress.
  - In addition, as the burden of illness disproportionately impacts men, use data from BCBSVT to determine risk factors, illnesses, and/or subpopulations, and develop additional recommendations for men’s health.

- Develop creative workplace strategies to promote a culture that supports and encourages healthy behaviors, such as being physically active.

- Continue to use measurable data to evaluate utilization, trends, and cost, with an eye toward opportunities for prevention of disease and illness, and maintaining health, both short term and long term. Where data is available, set measurable targets for progress. Review BCBSVT Pilot Project Data as it becomes available.

Rationale: Based on our review of utilization data, prevalence of chronic conditions, costs, and opportunities for disease prevention and health promotion, it is essential to emphasize prevention of chronic conditions in order “bend the curve” of middle-aged and older individuals who develop one or more chronic conditions.

Ongoing Work for the 2008-2009 Academic Year

Parental Leave and Child Care:

- Review parental leave, according to our Template, and make recommendations
- Based on available information and feedback, determine the best and simplest way to help faculty and staff use child care resources.

Retirees’ Access to Benefits

- Conduct focus groups and/or short surveys of faculty and staff, both retirees and pre-retirees to better understand effective ways to communicate with retirees about privileges, and to determine program interests. Review of draft survey is planned for fall working group meeting.
b. This working group has not yet considered health insurance; a combined meeting with the HIWG is planned for 2008-2009

**Health Insurance**

a. Monitor data from BCBSVT Pilot Project as it becomes available
b. Continue efforts on Prescribed Pharmaceuticals and Health Risk Assessment as described above
c. Using our Template, assess dental, vision, and hearing benefits and make recommendations.

The University Benefits Advisory Council, noted themes of “Communication and Awareness” and “Health and Wellness and Fitness” that crossed our working groups. During the 2008-2009 Academic year, we will continue to review the list of benefits, develop additional working groups as needed, and make recommendations according to our charge.

Respectfully Submitted,

Jan K. Carney, M.D., M.P.H.
Chair, University Benefits Advisory Council
Research Professor of Medicine
Associate Dean for Public Health