

**LMBC Meeting Minutes**  
October 15, 2019  
Pettygrove Room, City Hall  
Attendance

***LMBC Members present***

Jamaal Anthony  
Tom Armstrong  
Dave Benson  
Jamie Doscher  
Alan Ferschweiler  
Mark Gipson  
Leslie Goodlow  
Jeannette Hopson  
Claire Houston  
Craig Morgan  
Rachel Whiteside

***LMBC Members absent***

Ryan Kinsella

***Staff***

Kostas Giannopoulos  
Michelle Taylor  
Joel Michels  
Anne Hogan

***Presenters***

Jennifer Stacy (Kaiser)  
Lillian Belaen (Kaiser)  
Keith Bachman (Kaiser)  
Chika Yagi (Kaiser)  
Anne Thompson (Aon)  
Emily Shettel (Aon)  
Shelley Zhao (Aon)

- 1. Meeting Called to Order** – Co-chair Dave Benson called the meeting to order at 1:30 pm.
- 2. Meeting Minutes Discussion**

Dave requested that the committee review the September 17<sup>th</sup> meeting notes for any needed changes or additions. Hearing none, the minutes were approved by the committee.

**3. Kaiser 2018/19 Annual Reporting (Kaiser)**

Jennifer Stacy, Director of Strategic Accounts, introduced herself and her colleagues Lillian Belaen, the City's new Executive Account Manager, Chika Yagi, Sr. Underwriting Consultant, and Keith Bachman, MD and Quality Ambassador.

Beginning the discussion, Jennifer referred to page 3 of the slide deck that highlighted Kaiser's partnership with the City and other community organizations. Currently, the City's average cost increase for the past few years has been 1.85%.

Jennifer talked about how Kaiser is a single, integrative system that delivers care, and is both a health insurance carrier and hospital system. All providers within the Kaiser system have access to members' electronic healthcare records and because of this they can "innovate treatments and identify best practices".

Chika directed members' attention to slide 6 and began describing the City's per member per month (PMPM) utilization costs. Participants used outpatient services at a higher rate—there was an increase from 2018 to 2019: \$227.08 to \$235.39. During the same period, inpatient claims dropped from \$74.21 to \$72.91. Prescription claims were also lower from \$52.92 to \$51.04. The "other" category (includes vision hardware, medical devices, nurse advice, telemedicine, primary care physician e-mails and care management services) increased from \$79.09 to \$80.14 but it was pointed out that these are not "new" costs but a redistribution of costs from the inpatient side. Aon's Shelley Zhao asked if these numbers were adjusted for inflation or if the "large member claim" had been taken out and Chika answered no.

Moving on to page 7 and the breakdown of inpatient PMPM costs, total inpatient PMPM for plan year 2018-19 decreased from \$80.09 to \$72.91 from the previous plan year 2017-18. There were interesting changes as well:

- Mental health admissions increased by 158% but substance abuse admissions decreased by 65%

However, these costs can reflect the difference between one or two people being admitted.

Chika talked about the outpatient PMPM costs on slide 8. Total outpatient costs increased by 5.8% from \$222.53 in plan year 2017-18 to \$235.39 in plan year 2018-19. Other notable changes included:

- Mental health claims increased 13.2%, from \$7.83 to \$8.86
- Substance abuse claims decreased 98.9%, from \$.88 to \$.01
- Surgery facility claims increased 14.3%, from \$39.90 to \$45.61 (includes cochlear implants, radiation treatment, hip replacements)
- Surgery professional claims increased 25.5%, from \$16.01 to \$20.09 (includes facility fee)

Chika highlighted dental claims on slide 9. Total paid claims increased by 4% from \$49.85 PMPM to \$51.88 PMPM. Because dental providers have access to patients' medical records through the Epic electronic medical records system, there was a notable number of "care gaps" closed at embedded offices (medical in dental office), co-located offices (medical near dental office) and standalone offices (nurses in dental offices). These care gap closures may include connecting members to chronic care management providers and providing medical services to patients during a dental appointment.

The discussion switched to overall population health and Dr. Keith Bachman highlighted the benefits of preventive screenings and medication adherence on slide 11. For City of Portland employees, cancer screening participation is higher than the overall regional averages. This is also true with most medication adherence percentages except for high cholesterol (77.2% compared to 77.8%)

Dave asked whether providers recommended stool testing first and then colonoscopies for patients who needed colorectal cancer screenings and Dr. Bachman responded that such screening recommendations are based on an individual's history, symptoms or personal preference.

Slide 12 highlighted members' overall health results:

- Flu shot immunization rates were higher than the regional average, 39% to 33.7
- The percentage of members who are categorized as obese or overweight are higher than the regional average, 79% compared to 74.8%
- Smoking is lower compared to regional averages: 9.1% compared to 13.5% (smoking tobacco/chew)

Jamie Doscher asked if vaping habits were being tracked and Dr. Bachman admitted that Kaiser had not surveyed patients about vaping—either tobacco or cannabis. It is known, the higher the smoking cessation participation, the better the outcome.

- The percentage of members who were **not** exercising was lower than the regional and industry average: 60.2% to 66.7% (the Surgeon General recommends 150 minutes per week)

Dr. Bachman also discussed the benefits of early cancer detection, slide 14. Colorectal cancer cases diagnosed in stages 1-2 saves an estimated \$10,822.

Slide 15 highlighted the benefits of the HealthConnect system which helps monitor care at the population level (who needs what test, etc.) and slide 17 emphasized the Multidisciplinary Breast Cancer Clinic allows patients to meet with whole team (surgeon, medical/radiation oncologists, nurse and counselor) all in one visit. Kaiser was the first to adopt the new breath-hold technique/treatment method that lessens radiation exposure to the heart. Dave wanted to know whether proton therapy, an innovative cancer treatment that irradiates diseased tissue, was available at Kaiser (it is not).

To save time, Lilian jumped to slide 26, which described convenient care options available to Kaiser members. This includes Care Essential Clinics (drop-in clinics), e-mail correspondence, phone or video visits with a primary care physician along with traditional in-person, urgent care or ER visits. Dr. Bachman also added that during telemedicine sessions, a provider has access to a patient's history. This has been a valuable tool to address mental health concerns. Claire wanted to know whether a member could walk in and have access to mental health care? Dr. Bachman replied there is training for these types of situations and there can be warm handoff to another provider if need be.

It was mentioned that members have had issues seeing preferred therapists—as much as a six-week waiting period. If a patient is willing to see other therapists, there may be no wait. Kaiser has recognized that access to mental health care is imperative and they've hired an additional 80 therapists. Jamie asked whether these therapists can also crossover and address substance abuse issues and Kaiser confirmed this. And for LGBTQ patients, there are mental health providers within the Gender Pathways Clinic.

Dave asked whether members must see their PCP before getting a referral to a mental health provider and Kaiser answered no. Calls are triaged within 48 hours. Members are offered therapeutic information and for non-crisis situations, the wait is 13.2 days on average. There needs to be additional training for Kaiser PCPs to improve mental health skills/knowledge; telemedicine needs to be option (virtual mental health clinic).

Lilian highlighted the City of Portland's telehealth utilization numbers on slide 27:

- 7,542 e-mails sent to providers
- 784.1/1000 members using video and phone outpatient visits
- Nurse Advice line handled 1,456 calls
- 84.2% of members registered and created an account on KP.org
- 8.849 Online Rx refill orders (18.4% increase)
- 12,358 Lab results viewed online (9.7% less than last year); fewer lab tests

As the Kaiser presentation ended, Dave asked whether their hiring of mental health practitioners has kept up with the numbers of new members—what is the rate of providers per member? Dr. Bachman responded that Kaiser is generally keeping up with rate of membership growth; it takes

about 12 months to recruit and train providers. Does this include mental health? Jennifer and her team can find out as it's currently easier to track PCP numbers.

As presentation ended, Dave requested that an electronic copy of the slide deck be e-mailed to committee members.

#### **4. Decision making and timeline for 2019/20 (Aon)**

Kostas Giannopoulos introduced himself as the Total Rewards manager to committee members who missed the last meeting. He reiterated plans to have monthly meetings with vendors, so he encouraged members to reach out to him with any concerns or issues they want addressed.

Referring to Kaiser's coordination between medical and dental providers/care, Kostas mentioned that Oregon is the first state which allows dentists to provide vaccinations. Kostas emphasized that he would like to see the City's wellness program brought to the forefront of any informational campaign as he would like to see an increase in the cancer screening numbers (currently at about 77%).

Emily began the discussion about the decision-making and timeline for plan year 2019-2020. Kaiser will be reviewed first, and the financial renewal numbers will be available in mid-December. Aon will be able to reveal these numbers in January to committee members.

Emily wanted members to think about the levers or potential changes which could affect overall cost. Kaiser is the fully insured plan and the health plans are unbalanced in both plan design and costs. Potential changes could involve adjusting prescription and doctor copays (affects more of the general population) or increasing the inpatient costs (higher utilizers of services are affected). Emily emphasized this is a preemptive discussion only. Shelley added that Kaiser is a rich plan with members spending less for services. The City will not be able to continue using health fund reserve money to buy down Moda's premiums to keep the self-insured plan competitive with the Kaiser plan.

Jamie had questions for Aon: How much is in the reserve right now? What is that dollar amount to buy down a 5% cost increase for Moda? What is the ideal split? Craig Morgan and Tom Armstrong wanted to know the employee trends this past year... what plan did new employees select? These questions will be takeaways for the Benefits Office to review and provide responses to the committee members. Dave added that future rates may be unknown, but the committee needs a disaster preparedness plan to avoid making decisions in a crisis.

It was agreed the committee's primary goal/concern is the health of employees/their dependents and the continued offer of choice between the plans. Michelle will e-mail results from the recent 2018 employee survey and employee focus group to members.

#### **5. Other Business: None**

**6. Next Meeting: November 17, 2019. The meeting will begin at 1:00 PM (earlier start time due to agenda items) and will be scheduled to go until 3:00 PM. November's meeting is scheduled in the Pettygrove Room at City Hall 1221 SW Fourth Ave**

**7. The meeting was adjourned at 2:59 pm.**