

MEMORANDUM

April 24, 2012

TO: Government Operations and Fiscal Policy Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs**

Expected for this discussion:

Joseph Adler, Director, Office of Human Resources
Belinda Fulco, Benefits Manager, Office of Human Resources

On March 27, 2012, the Council adopted Resolution 17-373, Implementation of Recommendations from the Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs (©9-12). As a part of the resolution, the Council sent an information request to each of the agencies asking the following about their current employee wellness programs (©8):

- (a) whether the agency has a person who has primary responsibility for developing and implementing wellness programs;
- (b) whether the agency has an employee-employer health and wellness committee that meets regularly;
- (c) how often the agency communicates with employees and retirees about wellness opportunities and how this information is provided (electronically, by mail, etc.);
- (d) whether the agency's programs have goals and outcomes that are measured;
- (e) whether the agency has reviewed and/or incorporated national standards and best practices (such as those from the National Council on Quality Assurance); and,
- (f) the estimated annual cost of employee wellness programs and the source of funding.

At the joint meeting of the GO and HHS Committees that developed the Council recommendations, the GO Committee agreed it would discuss County Government efforts at the budget worksession for the Office of Human Resources (OHR).

The response from Chief Administrative Officer Firestine is attached at ©1-2. In it the CAO says that the OHR contract with Health Solutions was cancelled starting in FY11 because of budget constraints. Funding has not been restored and the program was not tied to the County's health plans and was not sufficiently linked to claims data to determine health risks. The County's three health plans: CareFirst BlueCross BlueShield, United Healthcare, and Kaiser, have agreed to provide funds to assist the County with a wellness effort.

The memo also says that the Executive is considering his response to the Task Force recommendation that there should be a wellness coordinator and is reviewing suggestions on how to analyze claims data.

In addition to the effort with the County health plans, the new collective bargaining agreement with MCGEO includes a new provision about Employee Health Management (©3-4) and amended language regarding cooperation on health and safety (©5).

In response to a question asked by Legislative Analyst Ferber, OHR provided the following information about any wellness or disease prevention efforts included in the collective bargaining agreements.

The County and MCGEO agreed to new contract language "to work together (preferably in partnership with other bargaining units) to develop and implement comprehensive health management initiatives designed to foster a culture of health within the workforce and integrate health management into benefit plan offerings." This includes "workplace wellness education initiatives and programs," "individualized health advising/wellness coaching programs," and "targeted disease management initiatives," among others.

The County and IAFF agreed to add wellness and disease prevention initiatives to the list of issues to be addressed by the already-existing joint Employee Benefits Committee. The new items include the "development and implementation of disease management and wellness programs..." (©6-7)

The County and FOP discussed wellness initiatives, but did not reach an agreement on specific items to include in the FOP collective bargaining agreement.

Council Staff Comments

As indicated in the memo, County Government does not currently have a structured employee wellness program for represented and non-represented employees. While it is encouraging that the CAO has responded that there have been discussions with the County's health plan providers and they will assist with programs in the coming year. The Committee should explore with OHR how the County can ensure that it will make substantial progress in the coming year. **The Committee may want to discuss the following with OHR:**

1. Given that OHR has not had a formal employee wellness program for the last two years, who in OHR will be responsible for overseeing the new effort with the County health plans? The Task Force recommended that each agency should have an individual who has primary responsibility for developing and implementing the wellness program. What is the type of position and possible cost for the Wellness Coordinator being considered by the Executive?
2. OHR has provided information on agreements with each of the unions. The Task Force recommendation is that each agency should have a **single** health and wellness workgroup that includes represented employees, non-represented employees, and employer representatives. The MCGEO language indicates that MCGEO would welcome such a partnership. What is the possibility for implementing such a committee in the coming year? If County Government does not expect to move in this direction, how will non-represented employees be involved in the development of wellness programs?
3. The Task Force recommended increasing employee awareness through ongoing communication and reinforcement of the goals and availability of wellness programs. In FY13, can OHR use the existing employee newsletter Overtimes to provide information to all employees on wellness programs?
4. If wellness programs are going to be provided through the County health plan providers, what programs and information/educational materials might be available to employees who do not participate in a County health plan?
5. How can OHR partner with the Department of Health and Human Services in implementing employee wellness programs or providing information on health and wellness programs that are offered to public?
6. The MCGEO language says that the parties will begin to work together no later than July 15, 2012. How often do OHR and MCGEO plan to meet? Could a progress report be made to the Council by November 15, 2012 that would identify which issues are being addressed and any preliminary recommendations?
7. The IAFF language adds items to the existing Employee Benefits Committee and says that the Committee will meet at least once a month from July through October 2012 and will provide a report to the County Executive and the Union Presidents on several issues including implementation of disease management and wellness programs. Can the Council receive the recommendations regarding disease management and wellness from this report by November 15, 2012?

Excerpt from Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs

Employee Wellness Programs

The following provides a summary of the recommendations regarding employee wellness programs. **The Task Force defined employee wellness as programs that are broadly promoted and targeted to keeping healthy people healthy and address health risk factors that have not yet developed into serious illness.**

Overall Goal

All five agencies should develop and implement employee wellness programs, working within the collective bargaining process as applicable. Employees should take an active role in their health by partnering with their employer in management and monitoring of their health outcomes. While any plan for employee wellness may begin by focusing on employees, long-term plans should look at ways to include employees, retirees, their spouses/partners, and dependents.

Task Force Recommendations

1. Create an organizational culture about wellness and make sure that management is providing leadership in this area. As a part of this recommendation, the Wellness Committee recommends that each of the agencies establish a health and wellness workgroup that includes represented employees, non-represented employees, and employer representatives. Creating a strong organizational culture around wellness requires investment. Each of the agencies should have an individual who has primary responsibility for developing and implementing the wellness program.
2. Employee wellness programs should have goals, outcomes, and incentives in order to increase participation.
3. Employee wellness should look at a broad range of issues, including exercise/activity levels, weight, smoking, nutrition, and short-term mental health supports like those provided through employee assistance programs.
4. Increasing employee awareness through ongoing communication and reinforcement of the goals and availability of wellness programs is critical.
5. Health risk assessments may be an important tool for employee wellness programs, but there are many outstanding questions that must be answered before any decision is made whether or how they should be implemented. The key question is “What is the purpose of the health risk assessment?” With regard to voluntary employee wellness activities, is an HRA necessary, or should just the health information associated with the goals of the activity (such as having weigh-ins for weight loss programs) be obtained?

6. The agencies should review the standards that are used by accreditation organizations like the National Council on Quality Assurance (NCQA) to see if they can help in the development of employee wellness programs or the selection of health plans that will improve health outcomes.

The Task Force report highlights some of the employee wellness efforts that have been undertaken by the agencies. The full Task Force report can be found at:

<http://www.montgomerycountymd.gov/cs/templ.asp?url=/content/council/WGITF/index.asp>

Personnel



067894

JF
CC
SBF
LL
LPM
VY

OFFICES OF THE COUNTY EXECUTIVE

Isiah Leggett
County Executive

Timothy L. Firestine
Chief Administrative Officer

MEMORANDUM



April 18, 2012

TO: Roger Berliner, Council President
FROM: Timothy L. Firestine, Chief Administrative Officer
SUBJECT: Employee Wellness Programs – Response to Information Request

RECEIVED
MONTGOMERY COUNTY
OFFICE
2012 APR 19 PM 1:00

On March 29, 2012, a request for information about Montgomery County Government's employee wellness programs was issued from your office. Please find below the County's response to your information request.

Due to budget restraints, the Office of Human Resource's wellness contract with Health Solutions was cancelled for FY11. This program has not yet been restored to the budget, as it was not tied to the County's health plans and did not sufficiently link to claims data to determine plan participants who are most at risk.

Through participation in both the County Executive's Cross-Agency Resource Sharing group and the Councils Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs, OHR began talking with the County's three health plans, CareFirst BlueCross BlueShield, United Healthcare and Kaiser, to review what they had to offer in the way of both case and disease management as well as wellness programs. The health plans have agreed to provide funds to assist the County in this effort. In addition, discussions have been held with various independent vendors, such as Managed Care Associates, to discover what they could offer the County in the way of assistance in implementing a retiree and employee wellness program.

In the latest rounds of collective bargaining negotiations, OHR and the unions agreed to set up committees to discuss the components of an employee wellness program. These meetings are scheduled to begin in FY13.

In response to the enactment of Council Resolution 17-373 to create a Wellness Coordinator to its complement, the Executive is reviewing this suggestion along with the feasibility of contracting with a vendor to analyze claims data to determine opportunities to target interventions to improve employee wellness, address rising costs for at-risk and chronically ill employees, retirees and their dependents. A data driven approach designed in collaboration

1

Roger Berliner, Council President
April 18, 2012
Page 2

between management and labor will help achieve the goal of bending the curve of the County's health spending.

We look forward to working with the Council and all appropriate stakeholders to address this important issue.

TLF:ja

- [(h)](k) All classes approved for tuition assistance must be held in the United States.
- [(i)](l) The Employer will not reimburse for courses which are primarily recreational, or utilize a specific faith-based method as a primary approach to problem solving or treatment.
- [(j)](m) Tuition assistance is available on a first-come first-served basis until all authorized funding has been obligated.
- [(k)](n) Employees receiving tuition assistance must attend the activities for which they are receiving tuition assistance during their off duty hours.
- [(l)](o) An employee who received tuition assistance must complete the training with a passing grade, or the employee must reimburse the County for the amount of the County's tuition assistance. Final grades or certificate of completion must be provided to OHR upon completion of the course.
- (p) The tuition assistance does not have to be repaid if the employee dies or retires on a County disability retirement. The Employer may waive repayment of tuition assistance in other extenuating circumstances.
- [(m)](q) An employee who is not approved for tuition assistance may file a grievance only if the denial by the Employer was arbitrary and capricious. Actions taken by the Employer to be in compliance with Section [(j)](m) above may not be grieved.
- (r) Tuition assistance shall be suspended for FY 2013. The tuition assistance program shall be reinstated beginning FY 2014. The amount and proportion of tuition assistance funding shall be a subject of the 2nd year reopener of this contract, effective July 1, 2013.
- [(n)] Effective July 1, 2010, tuition assistance will be suspended for the duration of this agreement.]

MCGEO

* * *

21.18 Employee Health Management

Beginning no later than July 15, 2012 the parties agree to work together (preferably in partnership with other bargaining units) to develop and implement comprehensive population health management initiatives designed to foster a culture of health within the workforce and integrate health management into benefit plan offerings. Focus will include, but not be limited to:

- (a) Health Risk Assessments;
- (b) Workplace wellness education initiatives and programs that look at a broad ranged of opportunities such as exercise/activity levels, weight management and nutrition, and smoking cessation;
- (c) Individualized health advising/wellness coaching programs;

- (d) Introduction of targeted disease management initiatives specific to the Montgomery County insured population;
- (e) Predictive modeling;
- (f) Incentives for participation.
- (g) The County shall comply with the Mental Health Parity Act.

* * *

ARTICLE 29 – LABOR MANAGEMENT RELATIONS COMMITTEE (LMRC)

29.1 Purpose

In order to foster cooperative labor relations between the Employer and the Union and to attempt to resolve matters that affect bargaining unit employees, there is hereby established a County-wide and departmental Labor/Management Relations Committee(s).

29.2 Departmental LMRCs

- (a) [This] Departmental LMRCs Committee shall be comprised of three (3) representatives of the Employer and three (3) representatives of the Union, and three (3) additional persons per party as necessary, from time to time. The Committee shall meet up to six (6) times per contract year (bimonthly) but no fewer than twice per calendar year, unless otherwise mutually agreed, to discuss issues of concern to the Employer and the Union. The Committee shall not negotiate with regard to matters affecting working conditions or discuss grievances. The Employer and the Union shall exchange proposed agenda items two (2) weeks in advance of each meeting.
- (b) Departmental LMRC agenda items may include, but are not limited to:
 - (1) Departmental issues;
 - (2) Issues referred to the departmental LMRCs from the County-wide LMRC for resolution;
 - (3) Issues referred to departmental LMRCs as a result of bargaining;
 - (4) Provide action items/reports to the County-wide LMRC/Steering Committee.

[29.3 Committee agenda items may include, but are not limited to:

- (a) video display terminals;
- (b) infectious diseases;
- (c) Correctional Officer working conditions;

the light duty assignment may be extended at the sole discretion of the Employee Medical Examiner to match the above referenced recuperation period.

~~[(j)](k)~~ The Light Duty Review Committee will consist of 3 bargaining unit employees and 3 management representatives. Union representatives will consist of: one from SLT unit, one from OPT unit, and one at-large member. Management representatives will consist of: one from affirmative action personnel, one from Risk Management/Safety Unit, and one at-large management representative.

ARTICLE 34 – SAFETY AND HEALTH

34.1 Cooperation

[Employees and the Union shall cooperate in the enforcement of the County's safety and health rules and procedures.]

The County shall provide a safe and healthy work environment in accordance with Executive Order NO 35-95, dated 3/17/95. Employees will comply with the County's safety and health rules and procedures.

To assist the Employer's Safety and Health Specialists, the Union and the County shall identify and develop a cadre of worksite coordinators comprised of front line supervisors and shop stewards. Safety coordinators shall be adequately trained and authorized to assist Safety and Health Specialists in promoting a safe work environment consistent with this Article. Training may be accomplished using both the Employer's and the Union's training resources.

* * *

34.14 [Facilities Committee]

RESERVED

[The following topics will be discussed at the Safety and Health subcommittee of the Countywide LMRC: pest control policy, security offices, home visits/investigations, public access, mold/mildew abatement, furniture enhancements, and parking lot lighting. The following topics will be discussed at the building maintenance subcommittee of the Countywide LMRC: facilities, and furniture enhancements.]

* * *

34.19 The County shall furnish to the Union annually (a) a copy of OSHA Form 300, Log of Work-Related Injuries and Illnesses, with the names of the employees deleted, and (b) a copy of OSHA form 300A, Summary of Work-Related Injuries and Illnesses. These forms combine work related injuries sustained by bargaining and non-bargaining unit employees.

The parties agree to create a joint labor-management study committee consisting of three (3) representatives appointed by management and three (3) representatives appointed by the Union to study possible trends surrounding on-the-job accidents. This committee will report back to the parties no later than December 30, 2013. [June 30, 2012.]

which their service anniversary date occurs. All bargaining unit employees who became eligible for a 3.5% "LS2" increase to their base pay prior to July 1, 2012 but who did not receive such increase due to a County Council decision not to fund longevity step increases shall receive a 3.5% "LS2" increase to their base pay effective the first full pay period on or after July 1, 2012. No bargaining unit employee shall lose service credit for purposes of progression to LS2 as a result of any prior County Council decision not to fund longevity step increases.

8. Article 19, Section 19.2(C) of the parties' collective bargaining agreement shall be amended as follows:

C. Bargaining unit employees shall progress to Step LS on the uniform pay plan upon completion of 20 years of service as a County merit system employee. No bargaining unit employee otherwise eligible for a 3.5% "LS" increase to their base pay shall receive such increase in FY 2012. All bargaining unit employees who reach 20 years of service in FY 2013 shall receive a 3.5% "LS" increase to their base pay in FY 2013 effective the pay period in which their service anniversary date occurs. All bargaining unit employees who became eligible for a 3.5% "LS" increase to their base pay prior to July 1, 2012 but who did not receive such increase due to a County Council decision not to fund longevity step increases shall receive a 3.5% "LS" increase to their base pay effective the first full pay period on or after July 1, 2012. No bargaining unit employee shall lose service credit for purposes of progression to Step LS.

9. Article 20, Section 20.3 of the parties' collective bargaining agreement ("Employee Benefits Committee") shall be amended as follows:

A. The parties hereby jointly establish an Employee Benefits Committee for the purpose of maintaining high quality employee benefits, efficiently provided to County employees at a reasonable cost and to study benefit cost containment programs. The Committee shall consist of three (3) members appointed by the County, and three (3) members appointed by the Union. The union representatives on this committee shall be considered to be on detail if working during these meetings. Hour for hour compensatory time or pay at the employees' regular hourly rate shall be credited to union representatives who attend meetings on their day off. Either party may remove or replace its appointees at any time. In addition, either party may appoint one or more outside consultants (whose compensation shall be the responsibility of the appointing party) who shall be permitted to attend all Committee meetings and who shall advise the Committee members on subjects under Committee review. Upon request, either party shall promptly submit to the other party relevant information within a party's possession, custody or control for review by the other party and/or its consultant(s). The Union representatives and the County representatives on the

Memorandum of Agreement

IAFF for July 1, 2012 to June 30, 2013

Page 4 of 6

Committee shall each appoint a Co-Chair of the committee from their respective groups. The purposes and functions of the Employee Benefits Committee shall be to: a) review existing employee benefits and their provisions; and b) make findings and/or recommendations to the parties regarding cost containment measures. The Committee shall meet not less than twice a month during the months of July through October ~~2011~~. A quorum for conducting business shall consist of at least two members appointed by each party. On or before October 31, ~~2011~~, the Committee shall present written recommendations to the County Executive and the Union President.

- B. The parties agree that during the term of this Agreement the Benefits Committee may review the following subjects as well as any other subjects the parties agree upon.

Employee + 1 options
Treatment Limits
Medical spending accounts/employer funded
Prospective retiree prescription and vision benefits
New/different healthcare providers
Healthcare provider accreditation
Prescription drug plan consolidation and co-pays
Dental and Orthodontic coverage

In addition, the parties agree that the Committee shall meet at least once a month during the months of July through October 2012 to discuss the following subjects: (a) a Union-sponsored and administered health insurance plan for bargaining unit employees; (b) joint submission of legislation to the County Council to amend the County Code to provide that: (1) any bargaining unit employee who incurs breast cancer shall automatically be entitled to disability leave for a service connected illness until and unless such claim is eventually denied by the Maryland Workers' Compensation Commission, and (2) any bargaining unit employee who incurs breast cancer shall automatically be entitled to service connected disability retirement benefits under the Montgomery County Employees' Retirement System; (c) development and implementation of disease management and wellness programs for bargaining unit employees; (d) prescription drug and emergency room co-pays for bargaining unit employees; and (e) the existing Point-of-Service (POS) Plans offered to bargaining unit employees for discussion of: (1) possible elimination of the existing High-Option POS plan, and (2) in-network vs. out-of-network benefits for bargaining unit employees who are enrolled in a POS plan and who reside outside the Washington, DC metropolitan area or the State of Maryland. On or before October 31, 2012, the Committee shall present written recommendations to the County Executive and the Union President concerning these subjects.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

MEMORANDUM

OFFICE OF THE COUNCIL PRESIDENT

March 29, 2012

TO: Timothy Firestine, Chief Administrative Officer, County Government
Dr. Joshua Starr, Superintendent, Montgomery County Public Schools
Dr. DeRionne Pollard, President, Montgomery College
Patricia Barney, Executive Director, Maryland-National Capital Park and
Planning Commission
Jerry Johnson, General Manager and Chief Executive Officer, Washington
Suburban Sanitary Commission

FROM: Roger Berliner, Council President 

SUBJECT: **Request for Information on Employee Wellness Programs**

On Tuesday, March 27th the Council adopted Resolution 17-373, Implementation of Recommendations from the Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs. As a part of the resolution, the Council agreed to request the following information from each of your agencies:

- (a) whether the agency has a person who has primary responsibility for developing and implementing wellness programs;
- (b) whether the agency has an employee-employer health and wellness committee that meets regularly;
- (c) how often the agency communicates with employees and retirees about wellness opportunities and how this information is provided (electronically, by mail, etc.);
- (d) whether the agency's programs have goals and outcomes that are measured;
- (e) whether the agency has reviewed and/or incorporated national standards and best practices (such as those from the National Council on Quality Assurance); and,
- (f) the estimated annual cost of employee wellness programs and the source of funding.

I am requesting that you provide the information by April 15th as Committees may want to discuss it as a part of budget worksessions. If you have any questions, please contact Linda McMillan of Council staff at 240-777-7933.

Attachment: Resolution 17-373

C: Belinda Fulco, Susanne DeGraba, Lynda von Bargaen, Jan Lahr-Prock, Carole Silberhorn

Resolution No.: 17-373
Introduced: March 20, 2012
Adopted: March 27, 2012

**COUNTY COUNCIL
FOR MONTGOMERY COUNTY, MARYLAND**

By: County Council

SUBJECT: Implementation of Recommendations from the Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs

Background

1. On July 19, 2011, the County Council appointed the Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs. The membership included designees from the County and bi-County agencies, the bargaining units for these agencies, and public members. The Council asked the Task Force to address two major issues related to the provision of health care benefits to employees and retirees across the agencies: (1) employee wellness and disease prevention programs, and (2) consolidation of plan design and administration.
2. The Task Force presented its report to the Council on December 6, 2011. The Task Force told the Council that County and bi-County agencies provide health care benefits to over 100,000 enrolled members when one counts employees, retirees, and dependents. The Task Force urged the Council to begin reviewing information on the total number of lives covered across all agencies and noted that this buying power should be able to be leveraged when procuring health care, both in terms of price and requiring improved quality and health outcomes.
3. The Task Force reported that 95% of the total health care costs for the agencies is for payment of claims. Generally, 80% of an organization's health care dollars are spent on 20% of the individuals covered and over 80% of health care dollars are spent on people with chronic conditions.
4. The Task Force provided the Council with information on organizations that have found ways to improve employee health and reduce the projected increase in the cost of health care. These include King County (Washington), Johnson & Johnson, Highmark Healthcare and Boeing. The Task Force also informed the Council about Maryland's P-3 Program that helped reduce the cost of diabetes care for participating employers. The Task Force provided information on consortiums and consolidated multi-agency health insurance programs in Monterey County (California), Baltimore County (Maryland), Tompkins County (New York), and the Employee Benefits Consortium of Ohio.

5. The Task Force made the following overarching recommendations:

- Implement a process to collect and analyze aggregate health care claims data for all employees, retirees, and dependents covered by all County and bi-County agencies' health insurance plans. This population currently totals over 100,000 enrolled members. Establish a focal point for analysis of health care costs to understand aggregate cost trends and cost drivers.
- Develop and promote a workplace culture that values employee wellness and encourages the partnering of employees, employers, and health care providers to improve health outcomes. Employees should take an active role in their health by partnering with their employer in managing and monitoring their health outcomes.
- Implement wellness and disease management programs based on best-practices, to include outcome measures related to better management of chronic conditions. Enhance current disease management programs to increase participation, make sure they are based on best practices, and have regular reporting on outcomes in order to improve the health of employees, spouses/partners, and dependents with one or more chronic diseases and reduce the number that develop chronic diseases in the future.
- Expand the conversation about disease management to include doctors, hospitals, and pharmacies. Explore value-based purchasing/contracting to expand the availability of care management models and reward outcomes.
- Recognize that there are no simple solutions to bending the health care cost curve downward. Improvements will take time, may require upfront investment, and will likely be incremental.

In addition, the Task Force offered specific recommendations regarding employee wellness and disease management programs. These include that each agency has a health and wellness workgroup consisting of represented and non-represented employees and employer representatives, each agency has an individual with primary responsibility for wellness programs, and a pilot program that uses value-based contracting and focuses on wellness and aggressive disease management. The Task Force also identified criteria for examining consolidation options and issues for further study that should be resolved before a specific consolidation proposal is considered.

6. The Health and Human Services (HHS) Committee and Government Operations and Fiscal Policy (GO) Committee held a joint worksession on the Task Force Report on February 9, 2012. The joint Committee agreed on a set of first steps to move forward with the implementation of the Task Force recommendations. The joint Committee further agreed that these recommendations should be forwarded to the full Council and, if approved, sent to the County and bi-County agencies both to obtain additional information on current programs and to provide guidance on the Council's expectations regarding improving the health and wellness of County and bi-County employees, retirees, and their dependents.

Action

The County Council for Montgomery County, Maryland, approves the following action:

As stated in Resolution 17-107, which established the Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs, access to affordable health care for all employees and all residents of Montgomery County is a primary goal of the Council.

The Council strives to improve the health of all residents of Montgomery County and believes that health care plans should not just focus on how an employee's health care costs are paid for but how health plans and programs can be used to improve the health and well-being of employees, retirees, and dependents. Experts have told the Council that the cost of providing health care can also be reduced by increasing wellness, which will decrease the dollars needed for treatment and medications.

The Council endorses the following as first steps to implement the recommendations of the Task Force to develop and/or enhance outcomes-based employee wellness and disease management programs and to collect and analyze cross-agency data on major health issues, health trends, and costs.

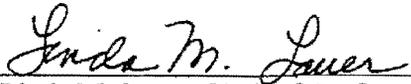
1. The Council should request and receive information from each agency on current resources that are allocated to employee wellness and health promotion programs including:
 - (a) whether the agency has a person who has primary responsibility for developing and implementing wellness programs;
 - (b) whether the agency has an employee-employer health and wellness committee that meets regularly;
 - (c) how often the agency communicates with employees and retirees about wellness opportunities and how this information is provided (electronically, by mail, etc.);
 - (d) whether the agency's programs have goals and outcomes that are measured;
 - (e) whether the agency has reviewed and/or incorporated national standards and best practices (such as those from the National Council on Quality Assurance); and,
 - (f) the estimated annual cost of employee wellness programs and the source of funding.

2. As a part of the contracting process, the agencies should seek health plan providers that:
 - (a) can provide specific strategies that address the top cost-drivers in health spending by the agencies;
 - (b) use principles associated with patient-centered medical homes;
 - (c) can provide data to the agencies that will allow for evaluation of health care outcomes for enrolled members;
 - (d) include disease management programs that are based on best practices for patient support; and,
 - (e) address how incentive payments might be used to improve outcomes.

3. The contracting process should allow health plan providers and other outside vendors an opportunity to bid on disease management programs.

4. As part of the contracting process, the agencies should also explore whether having a single provider for a specific type of health plan (such as point-of-service, preferred provider organization, health maintenance organization) for all the agencies would reduce costs across all the agencies while continuing to provide appropriate access to health care.
5. An executive-level report should be developed that provides information across all agencies on the major health issues for all enrolled members, top categories for spending on health claims, and trends that will show whether health risk measures are improving or declining. Council staff and Office of Legislative Oversight staff will work with the agencies to develop such a report. The report will be provided to the Council, County Executive, Board of Education, Planning Commission, College Board of Trustees, and WSSC Commissioners. Because the report will be a public document, data will be aggregated so as not to include protected information.

This is a correct copy of Council action.



Linda M. Lauer, Clerk of the Council