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AGENDA

Board of Directors Meeting

June 23, 2011 – 5:30 pm - Old Jail Conference Room

(free parking in County lots after 5:00 pm)

1. Call to Order
2. Approval of April 28, 2011 Minutes (**VOTE**)
3. Discussion: Preliminary Budget
4. Discussion: Medicare Supplement
5. Report from Joint Committee on Plan Structure and Design
6. Report from May 10 Strategic Planning Committee and Comments from Board members in attendance (minutes attached)

Next meeting: August 25, 2011



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**Board of Directors
Minutes
April 28, 2011 – 5:30 p.m.
Old Jail Conference Room**

Draft

2-1

Present:

Municipal Representatives:

Steve Thayer, City of Ithaca; Anita Fitzpatrick, Tompkins County; Don Barber (Chair), Town of Caroline; Laura Shawley, Town of Danby; Mary Ann Sumner and Brian McIlroy, Town of Dryden; Herb Masser, Town of Enfield; Judith Drake, Town of Ithaca; Lucia Tyler, Town of Ulysses; Charles Becker, Village of Dryden; Charles Rankin, Village of Groton; Rordan Hart, Village of Trumansburg; Kate Supron, Village of Cayuga Heights

Voting Union Representatives:

Chantalise DeMarco, CSEA President, Joint Committee Chair; George Apgar II, Ithaca Professional Fire Fighters Association; President, 2nd Labor Representative

Absent:

Glenn Morey, Town of Groton

Others in attendance:

Steve Locey, Locey & Cahill; David Squires, Tompkins County Director of Finance; Chuck Guild, CSEA Region 5 Senior Benefits Specialist

Call to Order

Mr. Barber called the meeting to order at 5:30 p.m. Mr. Barber introduced Michelle Pottorff, Administrative Clerk.

Approval of Minutes – February 24, 2011

It was MOVED by Ms. Sumner, seconded by Mr. Becker, and unanimously adopted by voice vote by members present, to approve the minutes of February 24, 2011 as corrected. MINUTES APPROVED.

Update on Communications with New York State Insurance Department

Mr. Locey reported the 2010 year-end statement was filed with the NYSID. The statement shows the investment that was made by all parties to the Reserve Fund in the amount of \$1.223 million plus whatever premiums were collected in advance of 2011. The first quarter of 2011 has ended and the Consortium must submit the 1st quarter financial report to NYSID within thirty days. A copy of the report will be provided to all members and made available on the website. Mr. Locey announced Lou Siminetti, who the Consortium has worked with at the NYSID has retired and the new contact person is Charles Lovejoy.

Consortium Members:

County of Tompkins ~ City of Ithaca ~ Town of Caroline ~
Town of Danby ~ Town of Dryden ~ Town of Enfield ~ Town of Groton ~ Town of Ithaca ~
Town of Ulysses ~ Village of Cayuga Heights ~ Village of Dryden ~ Village of Groton ~ Village of Trumansburg

Mr. Locey reported Medco has come out with a new Apple iPhone application that will allow members to access drug information. Work continues with Excellus on a few items from a claims and benefits perspective, such as out-of-network chiropractic, a zero-copay for the prescriptions through Medco, and a zero-copay for certain entities for sick visits for kids under 19. There are some primary care physicians; however, that are still requiring full payment at the visit. Mr. Locey will be doing outreach to physicians to let them know the benefit pays in full.

Report on Meetings with Excellus

Mr. Locey reported productive meetings have been held with upper management from Excellus where concern was expressed with regard to the Consortium's frustration over the transitional process. Although they were the insurance company for all of the entities, identification cards were sent late, membership information did not transfer over properly, and other actions did not occur that should have easily taken place in the transition. Mr. Barber and Mr. Mareane, County Administrator, advised Excellus representatives that the Consortium has the option to change to different Third Party Administrator and that their performance would be reviewed.

Out-Patient Psychiatric Nurse Practitioner Position – Mental Health

Ms. DeMarco asked if a response had been received with regard to the Outpatient Mental Health Psychiatric Nurse Practitioner position that was covered previously. *Mr. Locey will look into this.*

Review of Financial Statements

Mr. Squires explained that premiums are paid monthly. The Consortium is billed weekly by Excellus and bi-weekly by Medco. The Medco payments have been extremely stable, running about \$250,000 every two weeks. Excellus bills have been bumping up every other billing by \$100,000; Mr. Locey now has access to all of the data and is looking at this.

Mr. Barber reported as of June 1 all of the Town of Caroline employees will be moved over to the Consortium.

Mr. Locey summarized the financial statements. He said there was some activity in 2010 with the capitalization investment of \$1.22 million, \$217,000 in premiums received, interest income, and banking expenses. At the end of 2010 and at the beginning of the Consortium there was a \$1.44 million Fund Balance. Since January 1, the Consortium has collected \$2 million in premiums and is at \$6.4 million. Going forward there will be additional revenues including prescription rebates. An ERRP (Early Retiree Re-Insurance Program) application was recently filed. Under this program, for retirees over the age of 55 who are not yet eligible for Medicare, \$.80 of each dollar that is spent above \$15,000, not to exceed \$90,000 in a given year would be paid to the Consortium. This program is only available until January 2014, or until funds run out. Mr. Locey anticipates funds will not be available much after 2011. An answer on the Consortium's application should be received in the next couple of weeks.

Mr. Locey reviewed the expenses and claims portion of the financial statement, including taxes that are built into a health insurance program. He provided a document and explained the New York State Council on Graduate Medical Education (NYS COGME) is a tax that is paid on a per contract per month basis. The tax is paid into a fund that is used to offset education expenses for medical students to try to encourage specialists in New York State. The rate for payment in the Central New York region is \$49.97 annually for an individual contract; \$164.90 per family contract. The actual tax is referred to as the Covered Lives Assessment. The rate is typically higher if there is a teaching hospital in the region. Ms. DeMarco asked if any information is available on whether the Consortium's rate will go up with Upstate's acquisition of Community. Mr. Locey said he does not know if it is because of that but the rate will go up in 2012.

Mr. Locey distributed a document outlining a tax referred to as the HCRA Pool Charge. This is a tax that goes into a pool of funds that reimburses hospitals for indigent care. The current HCRA pool surcharge is 9.63% for every outpatient or diagnostic claim. This tax is built into the claims expense line item.

A question was raised previously with regard to stop-loss insurance. Mr. Locey said stop-loss insurance in terms of the premium paid is based on the rate per contract per month. This fluctuates from month to month based on changes in the census count.

Mr. Locey noted the first quarter ending balance was \$2.85 million with \$3.83 in Liabilities and Reserves. He said he will be removing the line item for Advance Deposit/Pre-paid claims and placing it within assets but will have to include all of the claims that were paid by the Blues up until the end of the month.

The next spreadsheet contained information outlining how the Consortium's actual figures compared to the budgeted figures, showing a difference of -3.45%. The 2011 paid claims to date are 2.03% below the budgeted claims. Lastly, Mr. Locey reviewed the capitalization payment schedule which he will provide monthly. This document shows each municipality's initial investment, percent of ownership, amount earned on the investment, and balance due.

Mr. Locey distributed a graph showing the 2011 enrollment by relationship. As of March, 2011 there were 2006 contracts. He noted that once the Consortium became operational the NYSID cannot cancel the program or withdraw the Certificate of Authority based on the contract count as long as the count stays above 1,000. The second page of the document showed the actual claims payments from Excellus broken out by the major claims classifications. The next document provided by Excellus outlines inpatient plan costs and utilization by the top ten facilities by both frequency and cost and high costs claimant costs by member.

Mr. Locey said this is data does not show activity any greater than was anticipated and financial data is on track. At the next meeting the Board will begin to look at preliminary budget information for 2012.

Mr. Apgar asked about RX admin fees; Mr. Locey explained this line is a charge that is calculated based on the number of units dispensed. The number has been pretty consistent because many people are on maintenance prescriptions that treat chronic conditions such high blood pressure or high cholesterol. He said there has been a big escalation in the cost of medications because of the new medications that are on the market, particularly the newer biologic medications. It was noted that 90-day mail order prescriptions offer the best savings for both the Consortium and the subscriber.

Mr. Locey reviewed how the balance on the IBNR Reserve (12%) is calculated, stating these claims are a percentage of expected incurred claims for the year. It is booked as a liability reserve based on premium and the goal is to have it funded by the end of the year.

At the last meeting Mr. Squires was authorized to talk to other banks and was asked if anything came out of those discussions. After discussions with financial institutions, Mr. Squires said interest is being paid at a rate of .45% at HSBC.

Update on Joint Committee on Plan Structure and Design

Ms. DeMarco reported the Committee was structured so that benefit changes need to go through this Committee for review; however, there hasn't been quorum to conduct business but noted participation has been equal by both sides of the membership. Members have been surveyed about times that would work; they will try a new time to see if there is an improvement in attendance. It was stressed that the purpose of the meeting is to review the benefit plans which affect everyone and that someone from each municipality should be attending. Items the Committee will look at include a Medicare supplement and employee

wellness programs. *Mr. Locey will provide data to the Committee for discussion of a Medicare supplement plan.*

Medicare Supplement

There was discussion of taking a specific demographic group that is not currently isolated in the Consortium, pulling them out and giving them their own rate. If that was done it would affect someone else because the intent would not be to alter any of the underlying benefits. As a result, the Consortium would still be insuring the same people with the same expenses but changing how revenue is collected. In using the Medicare supplement as an example by carving out a group of employees over age 65 and giving them a rate specific to the risk of their group, the risk of this group would be different because Medicare is predominantly picking up all of their medical expenses. There would, however, be some offset in this group from prescription expenses. In order to give this group a lower rate, the rate of the active employees would have to be raised to make up the revenue that would be lost. It would be a similar situation using the example of a two-person category. It was stated that from the Consortium's perspective these types of things would be financially neutral, although from an employer, employee, or retiree's perspective there would be an impact. This is one area, among many, that the Joint Committee on Plan Structure and Design will need to evaluate and report back to the Board of Directors.

Ms. Drake said asked if there is a different Medicare supplement plan that could be offered that is not as expensive as what retirees are now paying. Many of the Town of Ithaca's retiree's are on fixed incomes and are dropping their health insurance because of the high expense and are moving to Medigap coverage. *Mr. Locey said that would impact the drug costs but consideration could be given to package prescription drug coverage with a strict Medicare supplement. He will be able to report back in a couple of months once there is more data.*

Update from the Strategic Planning Committee

Mr. Barber announced the Committee will meet on May 10 at 4 p.m. The Committee will be talking about what is coming up through federal programs or other initiatives that are taking place. It will be used as a resource for participants in addition to the Board of Directors members who are elected officials and not involved in the health field. The Board of Directors will be invited to these meetings. At some point Excellus and Medco may be brought in as well. One of the goals is to bring various entities together to brainstorm ways to make a better delivery system for medical care that is cost-wise for health insurance.

CSEA Dental and Vision

Chuck Guild distributed a packet of information on the CSEA Employee Benefit Fund. This is a non-profit trust fund that was set up by CSEA in 1979 to administer dental and vision benefits to public employees. The Fund is currently providing benefits to some municipalities within the Greater Tompkins County Municipal Health Insurance Consortium. The dental plan is a fee-schedule dental plan that has a fixed dollar amount attached to every service covered as opposed to other plans that pay a percentage of service. The plan covers the full cost if the insured visits one of the participating providers. They are trying to entice additional providers to accept their payment in full and have seven to eight plans altogether. For the Consortium they have come up with a letter of intent for providers to sign that states they are willing to accept the Dutchess Plan as payment in full and have heard from Fall Creek Dentistry that they will accept the Plan as payment in full. There are four other possible dentists in the area; Mr. Guild has provided Locey and Cahill with a copy of the cover letter and Letter of Intent and asked that members encourage dentists to participate.

As with the dental plan, the vision plan has no co-pays, no deductibles, and no waiting periods; however, an enrollee should go to one of the participating providers to avoid much higher costs. Empire

Vision is one of the local participating providers. All employees who enroll in the CSEA employee dental or vision benefit plan receives a workplace security plan. This plan covers employees who are victims of trauma associated with an assault or hostage situation while performing their job duties.

Ms. Sumner was excused at 6:45 p.m.

Mr. Guild said CSEA rates through 2013 have been provided to Mr. Locey *Mr. Locey will provide the Board with a list of dentists that been reached out to and said to let him know if anyone has additional dentists they would like to have information sent to.*

Website Update

It was MOVED by Ms. DeMarco, seconded by Ms. Drake, and unanimously adopted by voice vote by members present, to authorize Mr.Barber to sign a contract on behalf of the Consortium to enter into a contract with Susan Moore, to contribute technical expertise to the re-design of the Consortium's website at rate not to exceed \$375.00. Ms. Moore is a County employee who assisted with the Council of Government's website but would not be working on this as part of County business. Ms. Moore would be assisting with the technical aspects of the site while Ms. Pottorff works on organizing data and designing the layout of the site. MOTION CARRIED.

Excellus and Medco Contracts

A question was raised as to what the timing is for the Medco and Excellus contracts moving forward and what the timing would be at looking at other providers. *Mr. Locey will bring a draft RFP (Request for Proposals) to the next meeting.*

Adjournment

The meeting adjourned at 6:55 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk

Next meeting: Thursday, June 23, 2011

Greater Tompkins County Municipal Health Insurance Consortium
Strategic Planning Committee
May 10, 2011
4 p.m.
Courthouse Conference Room

Draft

Present: D. Barber, Chair of Consortium Board of Directors
 J. Kippola, Tompkins County Administration
 C. DeMarco, Labor Representative, Member of the Consortium Board of Directors, and Chair of the Consortium Joint Committee on Plan Structure and Design
 K. Harris, Manager of Guthrie Clinic, Ithaca
 T. Turner, Executive Director of Physicians Hospital Organization - Cayuga Area Planning; Cayuga Medical Center
 B. McKinney, Director of Cornell University Wellness Program
 B. Chin, Human Services Coalition
 L. Darlow, M.D., Family Medicine Associates, Vice President of Clinical Integration at Cayuga Medical Center, President of Cayuga Area Physicians Alliance
 M. Lloyd, CSEA
 M. Sumner, Town of Dryden Supervisor; Member of the Consortium Board of Directors
 H. Masser, Town of Enfield and Member of the Consortium Board of Directors
 L. Shawley, Town of Danby and Member of the Consortium Board of Directors
 J. Constantz, M. Sumner, Town of Dryden Supervisor and Member of the Consortium Board of Directors
 B. Jobin, Tompkins County Benefits Manager
 P. Bursic, Director of Benefits, Cornell University

Call to Order

M. Barber called the meeting to order at 4:05 p.m.

Introductions

Mr. Barber, Town of Caroline Supervisor and Chair of the Greater Tompkins County Municipal Health Insurance Consortium, welcomed everyone. He outlined the purpose of this meeting, stating it is to bring people together to discuss the healthcare industry, common issues and goals, to provide an opportunity for municipal officials to learn about healthcare, and to develop a strategic approach to the future.

Those present introduced themselves and provided a brief statement of their experience and/or what they would like to see this Committee review.

Mr. Barber explained that members of the Consortium Board of Directors are elected or appointed officials who have limited knowledge of health insurance but who take the Health Insurance Consortium very seriously. Labor has a voice on the Board of Directors and plays a large role on the Joint Committee on Plan Structure and Design. He spoke of the constant changes in health care and suggested using this as a forum to learn about the industry as well as changes that are and could be taking place in the community. The Consortium is working with Excellus for health care and Medco for the prescription side and has over 2,000 contracts with over 4,500 covered lives.

Mr. Masser, a Social Worker in private practice, and a Consortium Board Member, has experience working for Mutual of Omaha and in marketing health, life, and disability insurance. He is interested in heading off possible glitches, particularly with definitions.

Ms. DeMarco is employed by the Mental Health Department and thru her job deals with prior authorizations for providers, the interactions clients have with pharmacies and access to medications,

Medicaid, and Medicare Part D matters. She also does electronic insurance billing for psychotherapists in private practice and is familiar with problems that go along with mental health diagnosis.

Ms. Kippola is interested in seeing improvements in the connection within the community. She spoke of the benefits of everyone collectively pooling resources and communicating with health care providers to get better service.

Ms. Shawley has a background in finance. She has worked with municipalities and has worked for Blue Cross Blue Shield in Syracuse for 10 years. She is looking for opportunities to help small municipalities as well as the Consortium.

Ms. Chin works for the Tompkins County Health Planning Council. She has worked for several insurance companies and HMO's (Health Maintenance Organization's).

Ms. Lloyd is employed by the Health Benefits Department of CSEA (Civil Service Employees Association). That Department is interested in looking for opportunities to slow the growth of health care expenses instead of shifting costs from employers to employees.

Ms. Jobin is the Health Benefits Manager for Tompkins County. One of the major responsibilities of her position is to enroll employees in the health insurance program. She is also the liaison for employees and retirees who have difficulty navigating through the insurance system. She would like to see better communication between the insurance subscriber and the organizations that are providing the service.

Mr. Constantz has been involved in health care for 30+ years; he has worked for Blue Cross Blue Shield and different hospitals and physician organizations. Mr. Barber noted Mr. Constantz has a long history of working with the Consortium.

Dr. Darlow said those who are buying insurance are not getting what they are paying for. From the physician side the only way they can meaningfully make a difference is with care management and to be able to identify the patients who need the most help. He and Mr. Turner believe as a health care organization, with doctors and the hospital working together managing resources, they can do health care management better than any health insurance company can. Although health insurance companies are paying the bill, doctors care about what happens to the people they are caring for. He said it was a major breakthrough several weeks ago when one of the executive vice presidents of Excellus acknowledged that the physicians are better qualified than Excellus to do care management and that Excellus did not do a good job at this although they are paid for it.

Mr. Turner explained each insurance company has its own process to do care management and it's different for each payer. If care management is done locally and it is across-the-board for the entire network for all the providers it is a simple process. Dr. Darlow believes there are some times when care management is not being done and that people are paying for a service they are not receiving. There is a problem with a lack of consistency and if they do care management the correct way it is important to be payer agnostic. Dr. Darlow stressed that care management can be done best here on a local basis because providers are invested and there is already a system in place.

Mr. Turner said the current system does not work because it is based on rewarding for the more volume that is done as it promotes ancillary services, surgeries, patient churning, and laboratories. In no way does it address quality and controlling costs. CAP represents the majority of physicians in Tompkins County (excluding Guthrie) and it is those physicians who can drive healthcare locally and keep resources local. They would like to build a physician interdependency with a system that is centralized,

does care management, disease management, and is payer agnostic. He explained it is 20 percent of the population that incur 80 percent of the cost and managing a portion of that can dramatically reduce costs.

Dr. Darlow spoke of the high quality physicians that are in the area of which many have connections with Cornell and said when patients leave the area for care the ability is lost to do peer review and process improvement. Having community standards, physicians who hold each other accountable and creating a system where employers want to encourage employees to receive care locally would greatly benefit the community and health care within the community. In other places where this has been done it has been shown that there is a cost savings, more employees stay at work, employees are healthier, health care is more efficiently delivered, and everyone seems to be pleased. Dr. Darlow strongly believes such a network would be successful here given the resources that exist in this community.

Mr. Turner and Dr. Darlow offered to provide the Committee with a PowerPoint presentation on efforts undertaken on this over the last 15 months. This will be scheduled at the next meeting.

Ms. Sumner said the Town of Dryden has fewer than 50 employees. Having learned a lot of information about health insurance and plan design since the inception of the Consortium she is pleased with the opportunity to work with providers on managing and containing health insurance costs.

There was a discussion of the frustration patients have when dealing with insurance companies, as well as the amount of time physicians spend communicating with insurance companies on administrative matters.

Mr. Bursic said the Consortium has moved from a small group of insurance purchasers to a group trying to pull purchasing power together. It has now become a self-insured unit, making it a more intense management and bearing more of the responsibility for outcomes than before. He has 25 years of experience and has witnessed many changes in the health care industry; he fully endorses the aspirational view of what Dr. Darlow and Mr. Turner have brought to the table. He agrees with Dr. Darlow's assessment of insurance companies not being able to provide care management and said Cornell has never purchased care management from an insurance company. The careful analysis being done with the physicians is very important and something Cornell has been engaging them on since 2006.

Mr. Bursic said Cornell has people located all over the world and care management is not going to work for all of Cornell staff and faculty; therefore, this needs to be addressed on different levels. It could, however, be addressed at least partially, with local caregivers. Cornell is invested in this process and an opportunity exists to form healthcare delivery in this area more to everyone's liking and under better control. It will take not only a personal commitment but a financial commitment as well. Mr. Bursic spoke of the need to gather and share information, as well as to make decisions on what to do with the data.

Mr. Harris has 25 years of experience between Prudential and Empire Blue Cross and administered health plans for over 20 years. He now works for Guthrie, overseeing the operations on Hanshaw Road. He agreed with statements made by Dr. Darlow and Mr. Travis, stating Guthrie physicians share the same frustrations with the administration of health care management. They have looked at insurance company based care management and approval functions have also tried to some case management. The Guthrie Clinic has 26 sites around the Southern Tier and use the electronic record system "EPIC". With this system they are able to get a clear picture and manage wellness. He spoke of the benefits of paying a little more when someone is healthy to catch illnesses early and to maintain good health, stating that concept is only slowly catching on and noted Medicare this year started

an annual wellness exam benefit. As a not-for-profit organization Guthrie accepts all patients and has a financial assistance program. Mr. Harris said Guthrie is willing to learn about the Consortium and how they can be a partner.

Ms. McKinney said there are a lot of opportunities because the Consortium is self-insured. The Consortium has opportunities to look at wellness and behavior changes and noted four components that lead to a lot of medical problems: healthy weight and eating right, exercise and physical fitness, smoking cessation, and stress management. The Cornell Wellness Program has been in existence for 20 years and has evolved based on the resources they have and by trying new things. One of the things they want to do is to engage with the community as part of the Cornell town-gown mission. She extended an offer to talk to the Consortium about needs, resources, and to brainstorm ideas. There are many opportunities and ways to engage employees in taking care of themselves. Ms. McKinney offered the Cornell Wellness program as a resource to the Consortium.

Ms. Chin spoke of the Creating Healthy Places project. This is a multi-year grant-awarded project of the Human Services Coalition that's involved in built environmental support for increased physical activity and healthy eating. They also have a second grant that involves working with medium-size work sites (under 1,000). This has a very strong emphasis on the entire population towards preventive health.

Mr. Barber said he believes local communities can control their own destinies and do not have to wait for the state or federal government to lay out a plan for them. From the comments made it is clear that everyone wants to have quality of life, which means good health. He spoke of some of the comments he has heard that relate to end-of-life decisions and promoting Hospice and said Wisconsin has had a tremendous reduction in its health care costs because they have focussed on the aging population and helping them with decisions that need to be made. They are very comfortable with the decisions that they have made but have also reduced the outrageous costs that can take place in the final months of someone's life.

Mr. Barber asked everyone to briefly state what they would like to see come from this group.

Below is a summary of those comments:

Mr. Harris is interested in learning more about what this effort will look like and how Guthrie and can support and be involved.

Ms. McKinney would like to be a resource for wellness programs.

Mr. Bursic agreed with Mr. Barber's statement about not waiting for state or national health care reform. He thinks this is an essential forum and Cornell is committed to working with everyone and getting a much better view of how care is being delivered.

Mr. Sumner said as a town leader she finds this forum very informative and valuable.

Mr. Turner said he will soon be the President of the Tompkins County Palliative Care Services (Hospice) Board. Those services are greatly underutilized in this community and they are working collaboratively with the hospital on the palliative care services side. He spoke of clinical integration and said they are trying to create a clinically integrated network. Cayuga Medical Center is the first employer that is in a pilot; they will also be actively engaging all of the employers, particularly those who are self-insured.

Dr. Darlow said this is their first opportunity to take clinical integration into the community. They have gone to the payers, had discussions with Cornell, but this is the first opportunity to meet and talk about what it means to healthcare consumers and to Tompkins County residents. As he is a resident of this community, raises his children in this community, and his business is located here, Dr. Darlow said he is invested in this community and strongly believes it is bad for the community when health care leaves the community. It is in his self-interest as an employer and as a resident of Tompkins County, to make sure that the message gets out that a system has to be built that works for everyone and is looking forward to an opportunity to educate and be educated.

Mr. Constantz spoke of the opportunities that exist and said he visited an organization "Health Care 21" which is the single-largest most robust community of employers who came together for their 14th annual meeting. The ability to engage the primary care community will be key to success.

Ms. Kippola would like to see healthcare efficiently delivered within the community. She would like the County take advantage of the resources available and the experience of Cornell's Wellness Program. She would also like County employees and residents to have the similar programs offered to them. She acknowledged the competition that exists between providers but looks forward to the opportunities for cooperation and coordination.

Ms. Jobin would like to learn how to better actively communicate to employees about how to participate in their health care and for employees to not only view health care as a deduction in their paycheck.

Ms. Lloyd would like the Consortium to be successful and looks forward to exploring incentives and wellness programs.

Ms. Chin is interested in the Consortium being more proactive in its health care and to see all of the community supports that exist being utilized.

Ms. Shawley hopes this forum continues and that more members of the Consortium Board of Directors attend. Although the main reason for starting the Consortium was to control costs it is important for the Board of Directors to learn as much as possible about health care.

Ms. DeMarco said its amazing the Consortium has reached this point and hopes through this process the Consortium Board can learn about the resources that exist. She said the Consortium has an opportunity to do unique things and to affect the community as a whole. She looks forward to this exciting opportunity to establish partnerships through a community effort.

Mr. Masser believes the health care issue is currently at the federal level but will eventually be forced down to the local level and communities are going to be forced to create a product. When that happens this community will have a better-educated populous and is pleased this is step is being taken.

It was mentioned that there is a large number of people who commute to Tompkins County for employment who also receive health care here and how that information flows to providers outside the area is also very important.

Mr. Barber asked that anyone with agenda items to submit them to the Consortium and he will work on bringing other employers to the table as well. A Meeting Wizard request will be circulated to establish the next meeting date in approximately one month.

Strategic Planning Committee
May 10, 2011

6-6

Adjournment

The meeting adjourned at 5:45 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk