STATE OF KANSAS)
WYANDOTTE COUNTY)) SS **SPECIAL SESSION, THURSDAY, AUGUST 29, 2019**
CITY OF KANSAS CITY, KS)

The Unified Government Commission of Wyandotte County/Kansas City, Kansas, met in Special Session, Thursday, August 29, 2019, with seven members present: Bynum, Commissioner At-Large First District; Burroughs, Commissioner At-Large Second District; Murguia, Commissioner Third District; Johnson, Commissioner Fourth District; Kane, Commissioner Fifth District; Markley, Commissioner Sixth District; and Alvey, Mayor/CEO; presiding. Townsend, Commissioner First District; McKiernan, Commissioner Second District; Walters, Commissioner Seventh District; and Philbrook, Commissioner Eighth District; were absent. The following officials were also in attendance: Doug Bach, County Administrator; Ken Moore, Chief Legal Counsel; Carol Godsil, Deputy Unified Government Clerk; Gordon Criswell, Alan Howze, Emerick Cross, Assistant County Administrators; Renee Ramirez, Director of Human Resources; Shakeva Christian, Manager in Human Resources; Bonnie Bloesser, Human Resources Management Analyst/Benefits Administrator; and Officer Jay Doleshal, Sergeant-at-Arms.

MAYOR ALVEY called the meeting to order.

ROLL CALL: Bynum, Burroughs, Murguia, Johnson, Kane, Markley, Alvey.

NOTICE OF SPECIAL SESSION of the Unified Government of Wyandotte County/Kansas City, Kansas, to be held Thursday, August 29, 2019, at 6:00 p.m. in the 5th floor conference room of the Municipal Office Building for the Road to Wellness Annual Review followed by the Pre-Priority Base Budgeting (PBB) Preview.

CONSENT TO MEETING of the governing body of Wyandotte County/Kansas City, Kansas, accepting service of the foregoing notice, waiving all and any irregularities in such service and in such notice, and consent and agree that we, the governing body, shall meet at the time and place therein specified and for the purpose therein stated.

Mayor Alvey said tonight we have two presentations. The first will be the Road to Wellness Annual Review followed by a Pre-priority Base Budgeting Preview.

Doug Bach, County Administrator, said this year we did want to come back from an insurance perspective what we provide to our employees. We are a self-insured program that we go through. We go through many different initiatives that we work on annually. We have an Employee Benefits Committee that comes back and makes recommendations to our Human Resources Department and myself each year which I'll bring forward as far as directions we want to go and sometimes, we can and sometimes we can't go in those directions.

We've had some major initiatives in the last couple of years, one being we built our new health center which is featured in the picture upfront. This year we wanted to come back before the Board and give you an update as to where we are and how the performance of the overall program is.

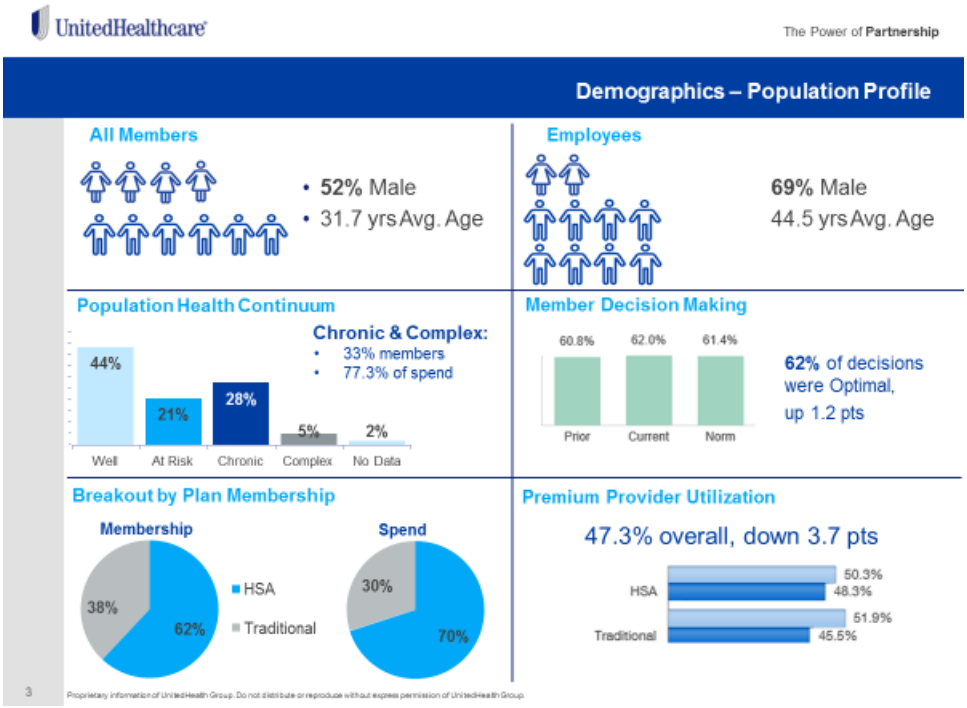
We spend around $30M annually in our Employee Health Insurance Program. With that, I'm going to turn this over to our team. Renee Ramirez, our Human Resources Director, is leading the presentation.

Renee Ramirez, Director of Human Resources, said this update is going to be on the Road to Wellness Employee Health Center. The Employee Health Center is one of strength that we have as an organization and one of the benefits that we offer to our employees that we're very proud of.

We've been doing this now since December 2016. While this was a huge initiative and a risk for our organization to take, I think as we go through the presentation the results will show that this was a great decision for our organization and a great decision and benefit for our employees.

This evening with me I have several members from the United Health Care team and the Cerner team who will go through the presentation.

Marian Govreau, Senior Strategic Account Executive, United Healthcare, said the slides that we will be reviewing is really an overall a great snapshot of the performance of the self-funded employee healthcare plan the Unified Government offers to your constituents here, to your employees.



The first slide is really a demographic slide so I kind of wanted to set the stage. So, what's the demographics of the members that are covered under your plan, your employees, and then just do a quick highlight of some of the information and then Dr. Sun as well as Michael Margherio will have some additional details too on the next few slides.

When you look at the top left, you can see all the members that are covered by the Unified Government Plan. There are about 5,000 members but that means bellybuttons, so spouses, every child is counted and on the right the number of employees is about 2,100 that have elected coverage under the Unified Government plan. Both categories, males are the highest percentage in the groups and you can see the average age.

When you look at your Population Health Continuum, which is important to look at, we look at this every year, we see where the risk is shifting and then you can see at the end of our presentation, we have recommendations that we have put together collaboratively with Renee and her team as well as the Cerner team and looking at the recommendations we have for the Healthcare Plan going forward in future years.

When you look at the Population Health Continuum, you can see 44% of your members are in the well bucket meaning they're well, they don't have any chronic illnesses, they are taking care of themselves, they've got good health. You can see about 21% are at risk, so they've got some kind of a condition that perhaps they could be pushed into that chronic condition bucket,

that's about 28% of your members. About 5% of your members have complex health conditions and when you add the chronic and complex together, you're looking at about 33%, so about a third of the folks that are covered by your healthcare plan and those represent about 77% of the overall spend and you just said we're spending about $30M a year on the healthcare plan.

That's what we really want to focus on, is getting those members engaged in making good health care decisions and being able to take care of themselves, have the right tools and resources to make good health care decisions, to have them not move to the right in the Health Continuum, hopefully, move to the left or at least stay where they are rather than becoming larger claimants. We want them to be healthy. Everybody is happier when they're healthy and we have great tools and resources to help with that.

When we look at Member Decision Making, that's when folks had a decision to make on what provider to use, what type of care to use, there are lots of resources that United Healthcare has, treatment decision support.

The Premium Providers, you might be familiar with that, that's our high performing, high quality and efficiency providers; are people making good health care decisions when they can, when they have that option and that choice. You can see with the Unified Government, the prior period, which is 2017, about 60% of members were making optimal health care decisions and that increased 2% in the current year which is this data 2018. Compared to normative data the Unified Government plan is really higher than the normative data that we're seeing for United Healthcare's book of business.

You may recall in the bottom left, there is a breakout of Plan Membership. Your employees are offered two different healthcare plans. You've got the HAS Plan, so your Health Savings Account Plan, and then you've got the Traditional Plan. You can see the percent of the membership and how it correlates with the spend on those two plans.

I mentioned Premium Provider Utilization, the premium providers, if you recall, if you go on to myUHC.com or you use the Health for Me app that members have access to, the premium providers are those that provide good quality and efficient performance. They may not be the cheapest providers, they're the ones that provide the best outcomes because we want people to go to providers with the best outcomes. When your folks are able to chose a premium provider, about 47% of the time they are doing that. That's something we continue to promote during the Health Fair that's coming up in October as well as the open enrollment meetings that are in October

because we want people to make those really good health care decisions to help them be healthy and stay healthy.

Okay, I love this slide, it does a nice job of comparing. On the far left is the United Government Plan so that's the data from your actual plan and you can see the data on the bottom left too from the Cerner data. In the center is the County Health Rankings & Roadmaps that is published on an annual basis and so we've included that there. On the far right is America's Health Rankings when you're looking at states and so that's the State of Kansas data.

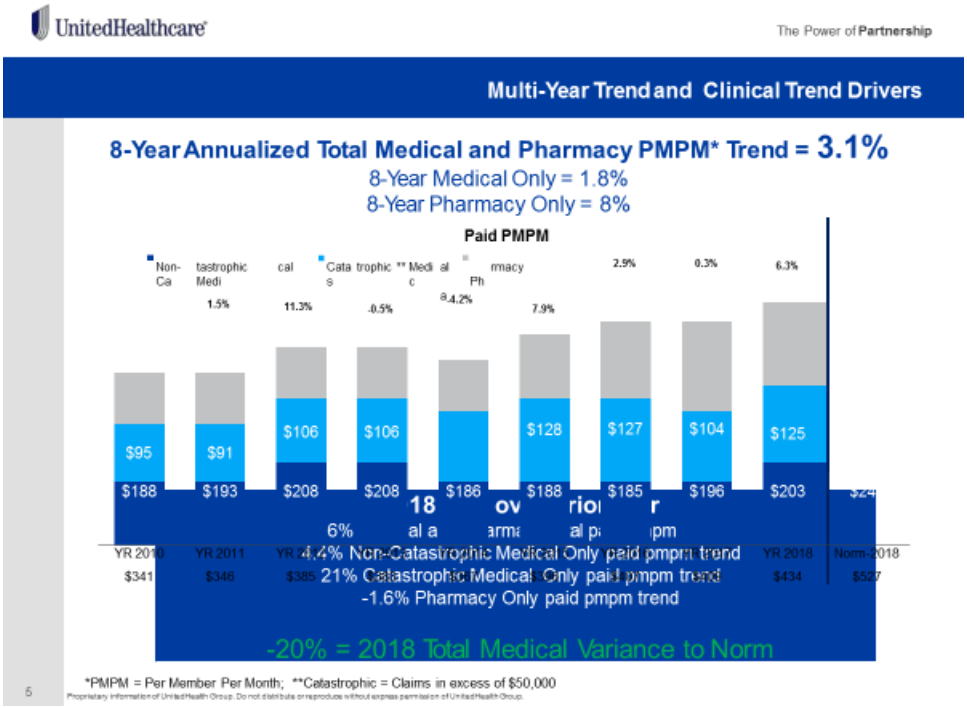
When you're looking at the Unified Government data, the one that really jumped out to me is the Condition Prevalence is that you have 9% smokers and you've got 18% of your members who have quit smoking. That's phenomenal. That's really good and that's been a push that we've done, Smoking Cessation, when Cerner does the Health Coaching with members, we talk about smoking cessation. You look at the risk factors in Wyandotte County itself, 23% smoke, so your members are much—you know have half of that compared to the county and then when you look at the state, you've got about 17% that smoke. Those risk factors are what we want to try to mitigate and you will see that in Dr. Sun's data too when he is talking through some things that we can do to help employees become healthier and make those good health care decisions.

When you look at Compliance, so, for the Unified Government data 54% of your members have annual well visits, 64% have had mammograms, and then you can see the cervical cancer screening and the cholesterol screening. Those are good when you compare those to the normative data, but we would like to see 100%. Those that need those screenings, let's get everybody pushed to get those screenings and so that's something too in collaboration with Cerner that we've continued to communicate to make sure people get those screenings.

On the bottom left on the Top 3 at-risk conditions, during the health assessment, the personal health assessment, you can see obesity, high cholesterol, and then the high blood pressure. All of those are being touched on at the clinic during the well visits and sick visits as well.

Brian Johnston, Consultant for the Unified Government for the plan, said I have worked with the plan for a number of years. Just a couple of things to highlight on this slide and the one before it. First of all, when you see the statistic at the bottom talking about obesity that's 55% high risk, that does not mean 55% of the organization is obese when we compare that against the state averages and those sorts of things. What that means is, of the Cerner data that they have, which is a much, much smaller subset for the organization as a whole, roughly a third of the population has gone to Cerner for services and have gone through the assessment. It's a skewed percentage in this particular representation as far as the percentages themselves, but it's a fair reflection of the three high risk categories that we want to try to control.

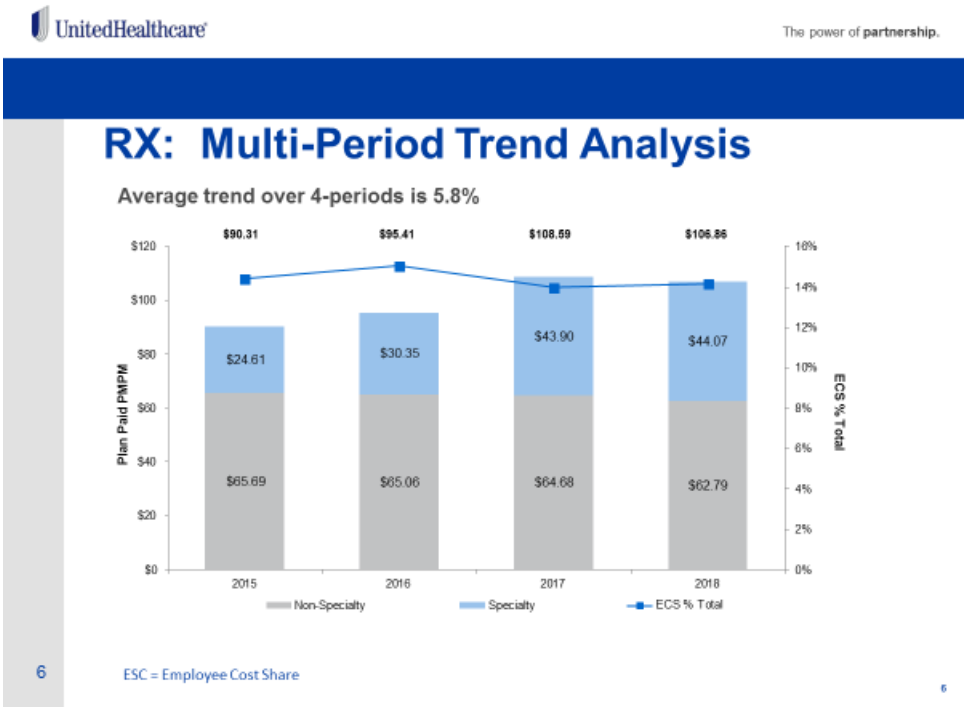
To that point, the slide before where Marian was talking about 33% of the members are 77% of our overall spend of costs, that's actually a fairly good percentage when we look at national data because on average nationally you have roughly 20% of your membership that has roughly 80% of your total cost. What that means is, we have less people who are high risk or sick than what comparatively the norm is out there outside the Unified Government. We have people that, generally speaking, have lower large claims, lower catastrophic illnesses than what we see elsewhere and that's, we think, attributed to a number of things and you will see more data about this throughout. We've had a number of efforts in place where we've been engaging people more and getting them to control their wellness and their behavior better which I think long-term will continue to help us. So, just trying to give context of this information as we then go to the next several slides.



Ms. Govreau said this slide represents an 8-Year Annualized Total Medical and Pharmacy and then PMPM is per member per month, that's how we compare our plans to our normative data. You can see the Unified Government's data compared to normative, which is kind of cutoff on the right. You can see it on your handout. When you look at this, you can see how the trend data trends meaning inflation for the eight years of the Unified Government Plan is right at 3% and even though that is a little bit of an increase each year, it's much less than what we're seeing on an overall national basis. That's closer to say 10% inflation and so for the Unified Government Plan to have that trend only at 3% is really remarkable. It's really showing that you're helping control spend, members are getting engaged, we're seeing that increase every year and so the more we can continue to promote that and get folks involved in their health care making decisions, and making good decisions, we'll continue to see that trend hopefully being less than what we're seeing nationally across the United States.

The far right, as you can see, the normative data for 2018 is $527 per member per month compared to the Unified Government Plan which is $434 and so you can see in the green at the very bottom the Unified Government Plan is really 20% less than the norm when we're comparing you to the normative data for other government entities. I think that's a really good statistic to have.

Mr. Johnston said this is something that we're particular proud of as a group because of the fact we've been able to essentially have a flat trend for a plan of over 2,300 people for over eight years. That's almost unheard of in todays' world. You hear all the statistics all the time about the ever raising cost of health care and this plan just continues to do a great job of managing costs and the committee does a really, really good job of understanding how to continue to stay ahead of the curve and try to continue to push the programs and the efforts of trying to continue to keep the healthy people healthy and help those that are not maintain a better health. This slide gets a little jumbled here, but in your materials it's pretty clear that this is just a pretty remarkable trend that we've seen over the last several years.

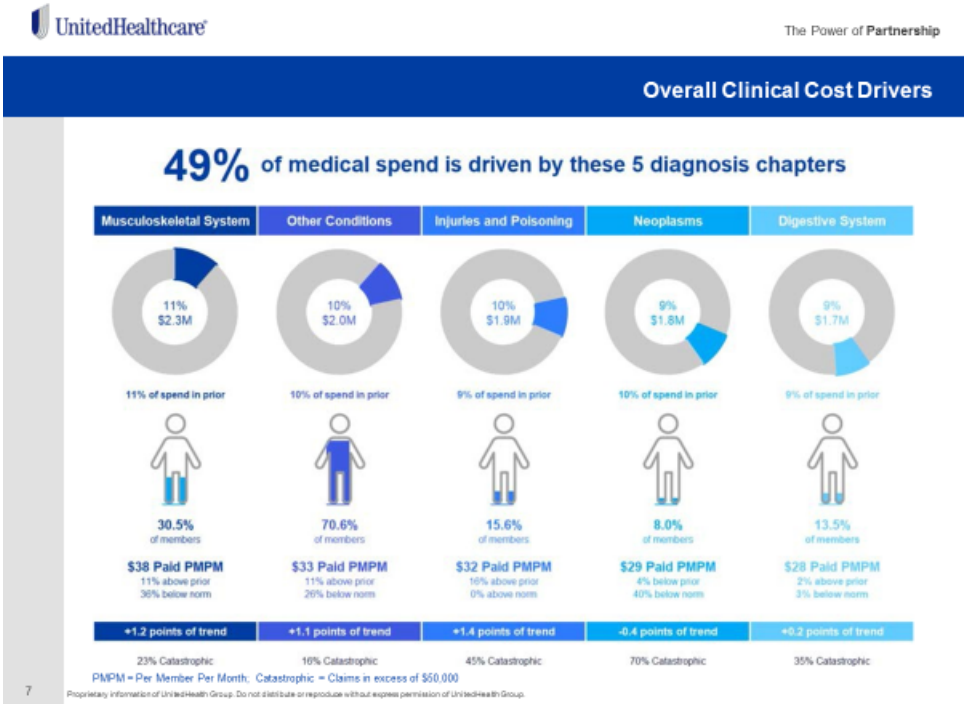


Ms. Govreau said when we move to the next slide, we just slide out pharmacy by itself. The previous slide was medical and pharmacy combined. Pharmacy has always been in the news. You hear about pharmacy in the very large increases pharmaceutical companies have, new specialty drugs are being released and so this shows your average trend for the Unified Government Plan. Again, trend is inflation for 2015 through 2018 so for four years is less than 6% which is also much less than the national norm of closer to 10-12%, things like that for trends possibly even higher.

You will see on the far right the employee cost share. It's important to look at what percentage of the pharmacy claims are the members—are your subscribers, the employees paying and you can see about 14-15% overall, that's the employee cost share.

Specialty drugs, those are those drugs that are advertised quite a bit on TV, the Enbrel's and things like that. You can see that's the grey shaded area on the bottom and then the non-specialty then—and then the specialty is up top there.

Mr. Johnston said, again, this is something that we look at very closely, particularly the specialty drug cost because that's where a lot of the cost drivers are in today's world. The fact that we've been able to maintain a fairly flat trend on those costs is a testament the way the plan is designed and the education how to properly manage the program and ask the right questions about am I on the right medication, is there something that's cheaper that I can take in the alternative.



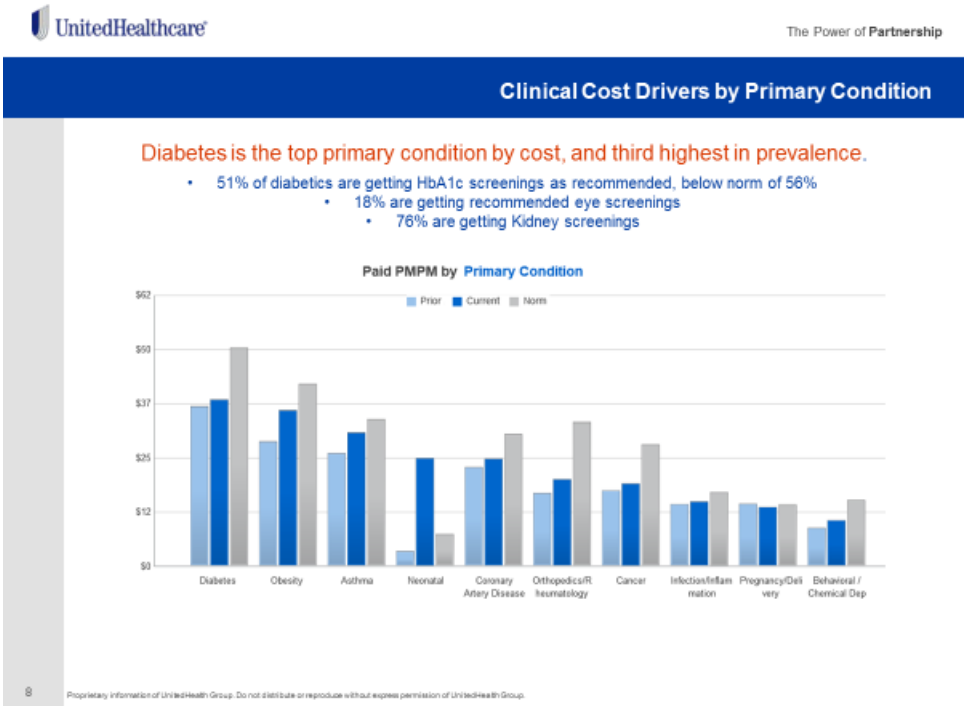
Michael Margherio, Executive Director, United Healthcare, said you heard Marian talk about the plan as a whole. What you're going to hear from me and from Dr. Sun are slices of the plan, so we're going to look at subpopulations. If you look at page 7 here, what we're showing you are the top five broad categories of diagnosis so we call those diagnosis chapters. You see across the top there that these top five account for right about half of your total spend. Starting from left to

right, Musculoskeletal, everything that goes on with spine, joint, knees, and backs falls into that category. I think what I would draw your attention to down towards the bottom is, again, a comparison of year over year so 11% above prior but 36% below the norm so other municipalities that we have in our book of business.

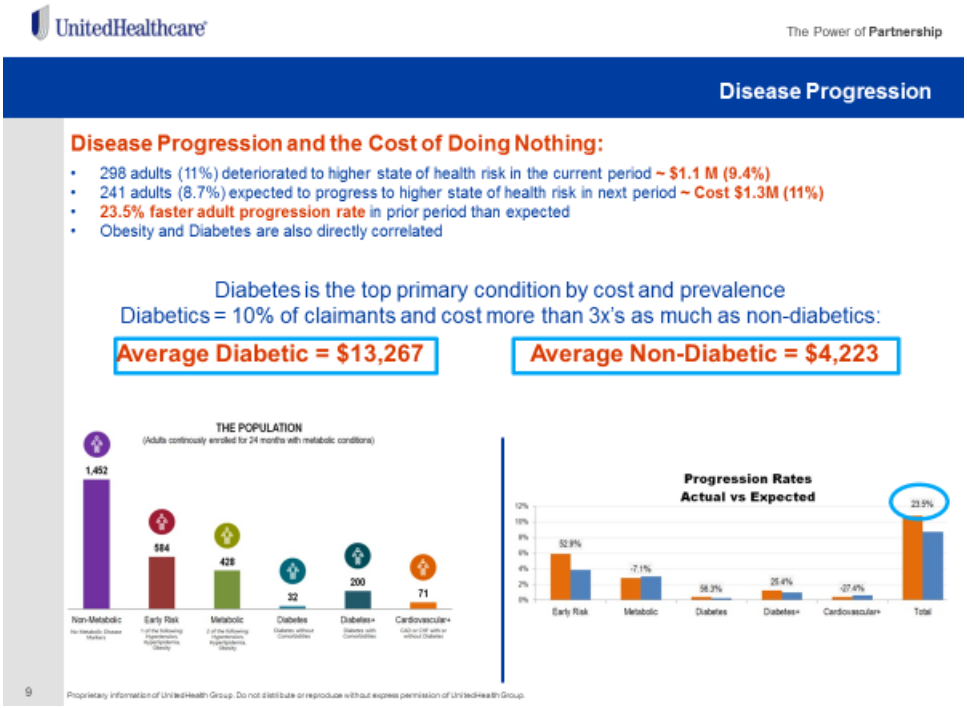
The second category maybe requires a little bit of a description. What does it mean when we say Other Conditions? This is actually—we like seeing this in the top five. This is all the people going to get their wellness exams and their flu shots and the day-to-day things that you would want people to go do as they make those healthy decisions. Seeing this in your top five is good because it means it's not being pushed out by some other set of chronic conditions or chronic disease.

Injuries and Poisoning, usually a lot less on the poisoning side, but injuries is broken bones and things that people go to the hospital and doctor for. Again, what you see across the bottom, a little bit of increase year over year for most of these, but most of them are considerably below norm.

The fourth bucket is Neoplasms, that's cancers. You see there—Dr. Sun will talk a little bit more about how that drives costs, but, again, a little bit lower year over year but considerably below the norm. I think one of the things that we've talked about a lot is educating people on what screenings are available. You catch cancer early in 2019, you can manage it very closely and get good outcomes and get over it. If you catch it late, you can have really bad life experience, really high cost for the health plan so trying to educate people on how to get those screenings, talk to them about what is right for them in their age bracket and age range.



I'm going to flip to the next page so when we dig down a little bit deeper, so instead of looking at the broadest categories, now looking at specific conditions. What we find is diabetes is the highest proviolence amongst your population. This is not a huge surprise. Unfortunately, it is becoming true for the entire United States population, but what we're seeing here in those three blue bullets that I think are concerning and, again, Dr. Sun will address a little bit more, only a little bit more than half are getting the screenings as recommended. Only one in five are getting eye screenings as recommended and about ¾ are getting kidney screenings as recommended for diabetic population, so a lot of work to do in this space. I think that one of the things you'll see, I think, Marian called out the obesity proviolence and Brian commented on that. Diabetes and obesity are almost inexplicably linked and so managing one helps to manage the other. I know that's something we're looking at with Cerner and the Health Center as well.



Dr. Tony Sun, Senior Medical Director, United Healthcare, said as you can see in the past, we have talked quite a bit about the disease progression and for some of you who have not heard me speak I always tell folks about this progression, it's just sort of a silence tsunami that we need to really put our attention to because the cost of doing nothing is great, it's a huge deal for that.

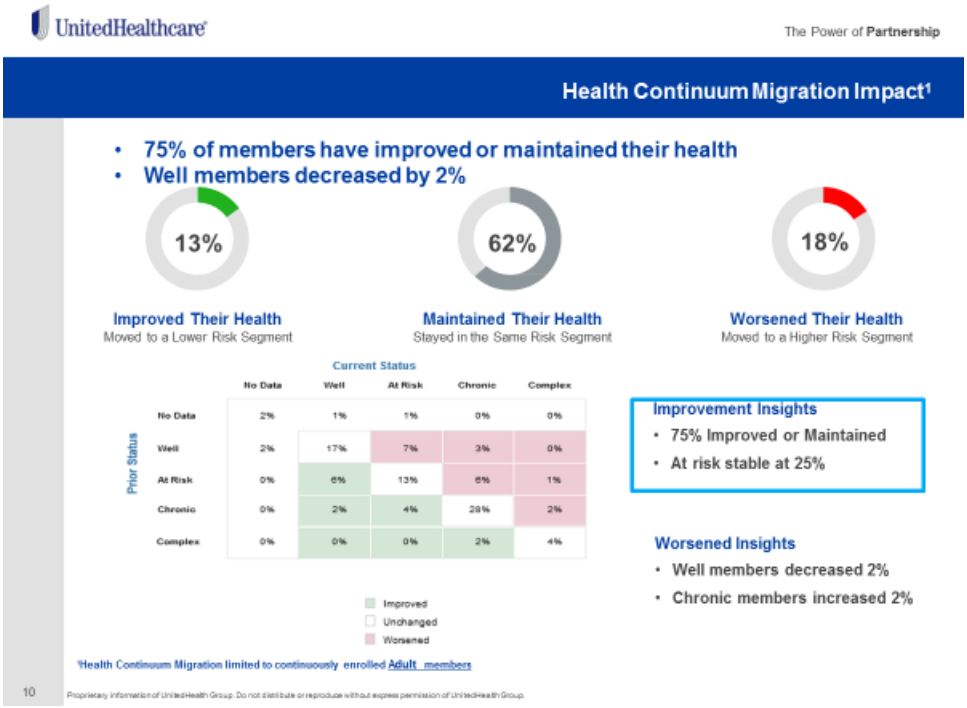
As you think about 11% deteriorate to a higher state of health risk and the costing up to $1M and that's already 9.4%. It doesn't take very many. It takes about 200-300 folks and then also expect to progress even higher in the next period, so another additional $1M, so therefore, totaling up to about 23.5% faster in this progression.

We have spoke about how we can slow that progression down is really being aware of the fact that obesity and diabetes is directly linked. We're not talking about the hereditary diabetes type, but the type that is linked to overweight. As we become overweight, we cannot make enough insulin to counteract the weight that you have and so, therefore, the sugar goes uncontrolled. You're going to hear me again and again, diabetes is one of our biggest epidemic linked with obesity.

What does that also calculate to in regard to care? On average diabetic costs over $13K but if you think about non-diabetic in those similar diseases, it's only about a third which is about $4K.

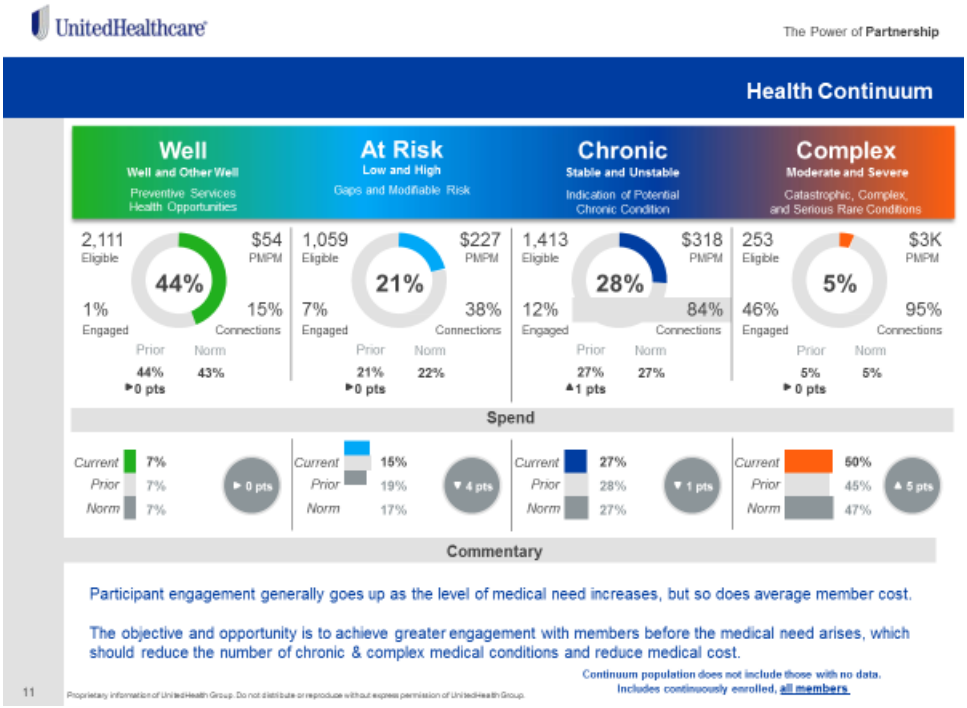
If you look at the population on the bottom left, obviously, you have quite a few folks who are healthy but you have already seen that progression moving toward the 400 or so that already have some metabolic problems that could lead to diabetes and have high cholesterol, high blood pressure. You have some that are already in diabetes but also you have some severe diabetics that has other complications that's related to diabetes as we speak today. Again, progression is important to us.

Mr. Johnston said just a real quick note on that, if you go back one slide before this, these two kind of work together; so, the one other point to make on this is if we think about this is kind of our 77% spend of those with these serious illness situations—and the good news here is—partly, is at least the two top areas of risk and health conditions, diabetes and obesity are both controllable whereas we can't really control cancer or other types of things. The good news for us is that we have something that we can do about that. It's a very, very slow train and we've been on it for a number of years, but it is improving on an overall basis, so that's why we will continue and you will hear more and more about how we're continuing to target diabetes and obesity as being things that can really do more at with education and getting more engagement through the clinic and otherwise to truly control those things. If we can do that, and Dr. Sun can certainly talk more about it than I can, as far as if we can control obesity, we can control diabetes and if we can control diabetes, then we can also control the other more serious illness situations that can occur thereafter.



Dr. Sun said you already heard a little bit of discussion in regard to the health continuum and how that could impact their health. So, 75% of the members already have improved and maintained their health. Again, I want to congratulate that. This takes work. This is not something you just do one time and be done. This is ongoing. I was joking with the Mayor earlier in regard to that means eating healthy. That takes intentional effort, that means buying healthier food, making the right options, making the healthier option, the easy option for folks.

Then, how do we really begin to impact that 18% that worsened their health and moving them more towards the left. You've got to continue to care, move the curve to the left because the more we can do that and maintain their health is, again, a road to wellness.



This is what I call the Well, At Risk, Chronic, and Complex. If you think about those four categories, as Brian alluded to, if you add up the worsened of the two which is about one-third of the population which is spending way over close to 77% of the spend, how do we shift that to the left. We have done quite well on the Well area. I think we can do a little bit more. I encourage the commissioners as well as all the governments lead by example and I talk to our folks as well into our UnitedHealthcare because we often test various ideas with our own employees. I have to earn my own points too, so you've got to lead by example in that regards and I know the Mayor is being gracious already to discuss with us some of the things that we can do on diabetes. We're very happy for that, shifting as much as possible of the Complex and Chronic into either At Risk and Well. I would love to come back and talk to you guys as we progress and see if we can keep the Well at you know 50%, just get 1% at a time and you can see some tremendous work in those regards in shifting that.

Of course, there's always going to be Complex diseases, cancers or catastrophic that we have no control. That's why we have insurance to protect the most important asset of a person in a community is their health. We're going to need insurance for that but how to shift that to the left is crucial for us, so therefore, I want to applaud the plan as well as the Unified Government for the work well done. I always say the work is never done, you want to keep going, so participant engagement is very, very important especially as we age. I see myself and I see my parents

engaging those healthier behaviors, counting your steps, even 20-30 minutes a day could be very, very important to you but also how do we achieve some of those things as medical need arises. That Chronic and Complex condition is very much behavior driven so if we can modify our behaviors, and it's hard to do, it takes efforts every day to think that way.

I do think I want to leave you with a little bit of a silver lining or a little bit of a positive thinking. My daughters, they inspire me because of the fact that every day they will remind me, daddy, have you had your two portions of fruit and two portions of vegetables, have you had enough of appropriate proteins, have we lessened processed foods, so I do think for our younger generations as well as our current generations, we can do so much better.

We appreciate the commissioners invitation here today and I'm sure we will be here to answer questions.

Mr. Johnston said one last thing that I'll wrap-up with and then we will move on to the segway to the next step which is if you look at this slide, there's a lot on it, but there's really a couple of things that I really see that speak out pretty clearly. You see the percent of employees that are engaged so on the left side the good news is we have 44% of our population that are well, but we have 1% engagement with the employees of that basis whereas if we go to the right, we have our Complex and our seriously ill situations 46% engagement. That makes sense. If you're sick, you're going to probably be more active with trying to listen to somebody and try to get better because you don't want to stay that way. Again, we want to try to keep pushing more engagement at the Well category that then never get into the Complex situation.

The other thing is to kind of highlight that from a numbers perspective. If you see the $54 PMPM, per member per month, that's what a well person essentially costs the plan on a monthly basis whereas if you go to the right, the Complex serious situations, you have a $3K per member per month and the disparity between number of people who are in each of those categories, again, we've got to get much, much more engagement. Even still we're doing a great job but we've got to get more engagement with people in their healthy behavior so they can stay that way. It's always a challenge to get that sort of engagement anywhere we go, but the unique asset the Unified Government has to help us with that engagement is the clinic. We're trying to continue to push more and more effort through the clinic so that people can get engaged with a provider,

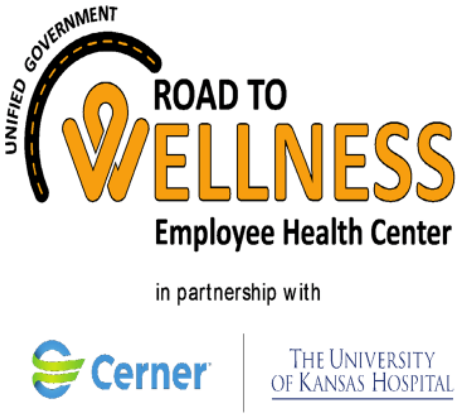
with the doctor, with the pharmacist to help that process while they're still healthy so that we can be able to offset those things long-term.

We'll let Cerner pick up part of the story from their perspective and then we will wrap it up with where we think we're headed from here.

Mayor Alvey asked can I have a clarification. What did Connection refer to? Are those office visits or connections to doctors, service providers? The 15% Connections under Well, it says 1% Engaged, 15% Connections. **Ms. Govreau** said Connections are reach out. We connect with them someway, not Engaged yet, but you are connecting with them. **Mayor Alvey** said it's not them connecting with you, you're reaching out to connect with them. **Dr. Sun** said it's a highly engaged group when they get to Complex. We want to make sure no member goes untouched especially when they are very ill.

Commissioner Murguia said the data is great and the clinic sounds—I hope I fall into that 1% of well people that don't go, but I probably should. I have a question about your standards. In here you said something about you measured activity level. Some of them are bad but they look relatively decent, the statistics of our employees, but I'm curious about what the standard is. You mentioned in one of these slides activity level. What constitutes a healthy activity level, what is your standard there? How do you determine that? **Dr. Sun** said the CDC encourages frequent cardiovascular exercises. I assume those are type of a physical activity that we would like to do at least 30 minutes a day five days a week. Again, it could be in variations of those sorts. I was also making comments, it's not just about activities, but there are things you can do throughout the day in keeping those activities up. **Commissioner Murguia** asked is it self-recorded or somebody is telling you I workout three times a week or I workout seven days a week, whatever they're telling you. They're saying they don't workout at all? **Dr. Sun** said it depends on what they report on their HR app. It is a self-recorded health risk assessment. I know there is always some flux in regard to what they report and what is the truth in that regards. **Commissioner Murguia** said you're looking at them and they say they are working out a lot and you can usually tell. **Dr. Sun** said we would trust—**Mr. Margherio** said its self-reported data and the point I would make about that is that one data point in this large bucket of data that some of this is retrospective from claims. I think Cerner will talk a little bit more about the health assessment and what's self-reported, but

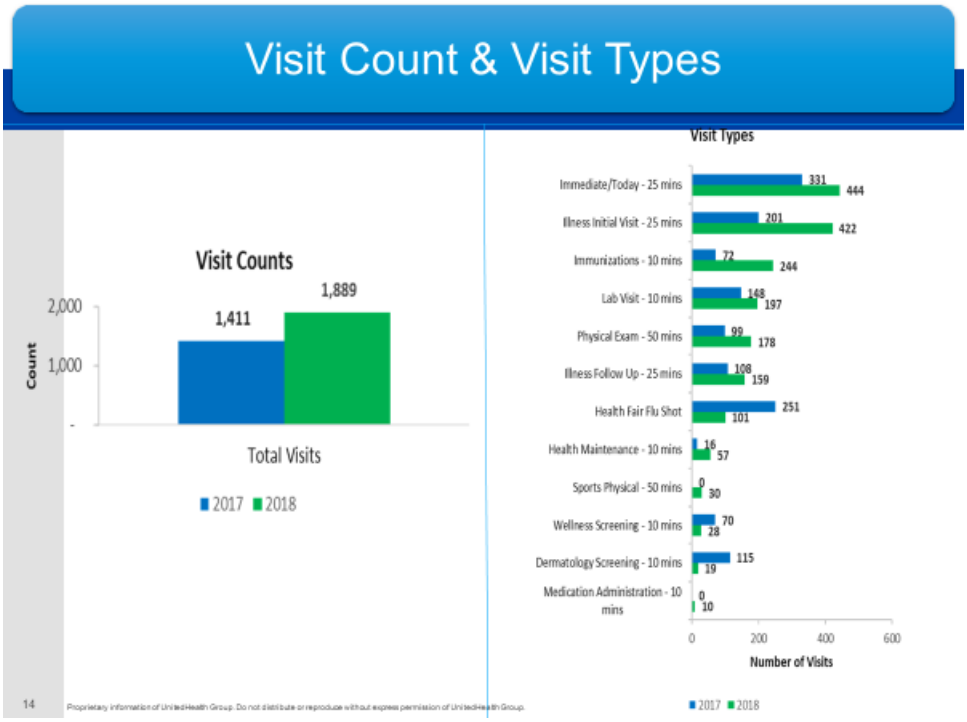
then it builds the picture of where is the whole population and where is the best spot that we can engage to make that difference. To Brian's point, some of these are chronic conditions that can be avoided with the right behaviors, with the right decisions, and so that's what we're really trying to drive to is where can we make an intervention. Then to Dr. Sun's point, there are going to be some cancers where maybe we can't make that intervention and we're just caring for people once they have that disease. **Commissioner Murguia** said interesting.



Mandy Ferrel, Health Center Area Manager for Cerner, said now we're going to get into the portion of the folks that are going to be considered utilizers of the Cerner services, so whether that's the Health Center, the Wellness Programs, and whatever educational type of outreach events. We're really going to dig into that population specifically.

Overall, we partner very well with United Health, with a lot of their great programs that they're offering. Between the clinic and all the programs that we have at Cerner we also are promoting their programs as well and collaboratively you are providing a lot of great resources for your employees to stay healthy.

This is a great screenshot of some of the different programs, some of the different resources that are really at your members fingertips to be utilizing.

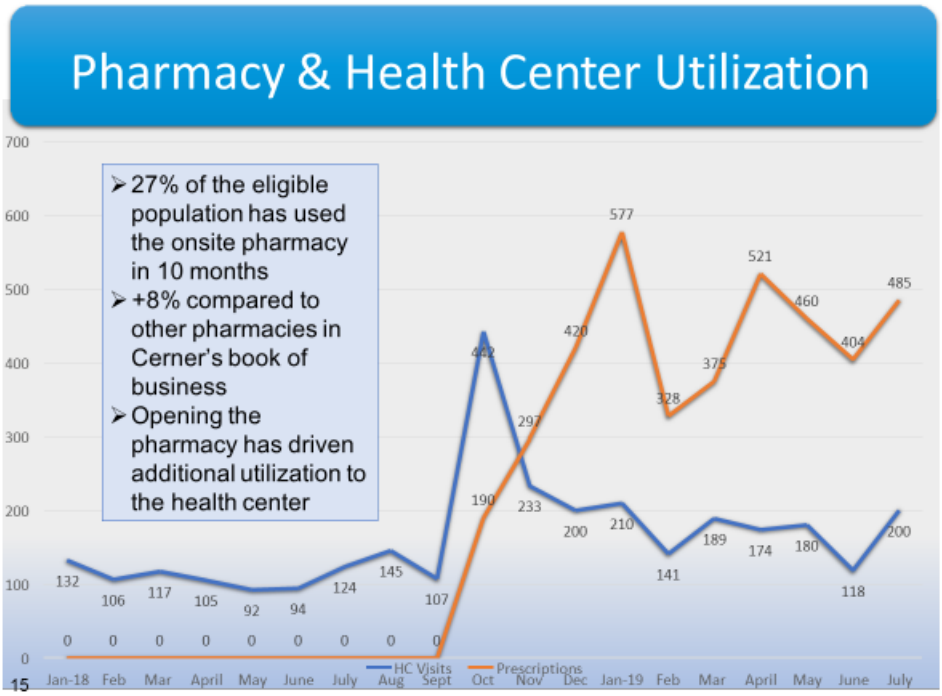


The clinic itself opened in December 2016 so I don't have that 2016 data in there because it would be very minimal. It was only open one month out of that year. If we look at 2017 over 2018, you do see an increase in overall visit counts by over 400. If we look at the visit types, what we're used to really seeing in the majority of clinics that are in our book of business is in the beginning a lot of people come to us for the first time for more of an urgent care same day type need. It's close in the vicinity to where they're working that day, they heard about it, they're going to go check it out and once they come in and really experience what the clinic and providers have to offer, they realize there are a lot more services. Typically, through that first experience of a same day clinic then they're interested in potentially moving their PCP to us or utilizing us as a PCP, which they don't have to, we collaborate with PCP's out in the community as well. They get to learn a lot more about our services and utilize us in other ways.

We have seen—if you look at physical exams, that's a good indicator of people who are trusting us with more than just that same day type need, so from 99 to 178 in the second year and we're seeing that number grow even more this year.

When we met about this data earlier the column under Dermatology Screening, so why is it so much less this year than last year? We actually are kicking off screenings. We are going to do the first Wednesday of every month, a dermatology screening day, we have a provider that's going to be at the clinic. They are also going to go to different locations, different offices, and we

are going to market that and promote that and get those screenings up, so that's something we're focusing on for our last quarter.



Many of you probably know that we opened up our on-site pharmacy as part of the Health Center last October, so we haven't even hit a full year yet, but we're really seeing great traction. What we've seen is that utilization of the Health Center has actually almost doubled since opening the pharmacy. We are seeing that the pharmacy is driving business to the Health Center and, obviously, the Health Center is also driving business to the pharmacy. A lot of great feedback from members, we can save them a lot of money.

If you look at this, you can just see utilization overall how it continues to grow. I will point out that there is a dip on the prescription so if you see January of 577 and then it went down to 328, that's because we got approved for 90-day fills which is great. So, any maintenance medication, we then started filling at 90 days so they don't have to come back every month. You see a dip; however, the utilization is still there, that makes since.

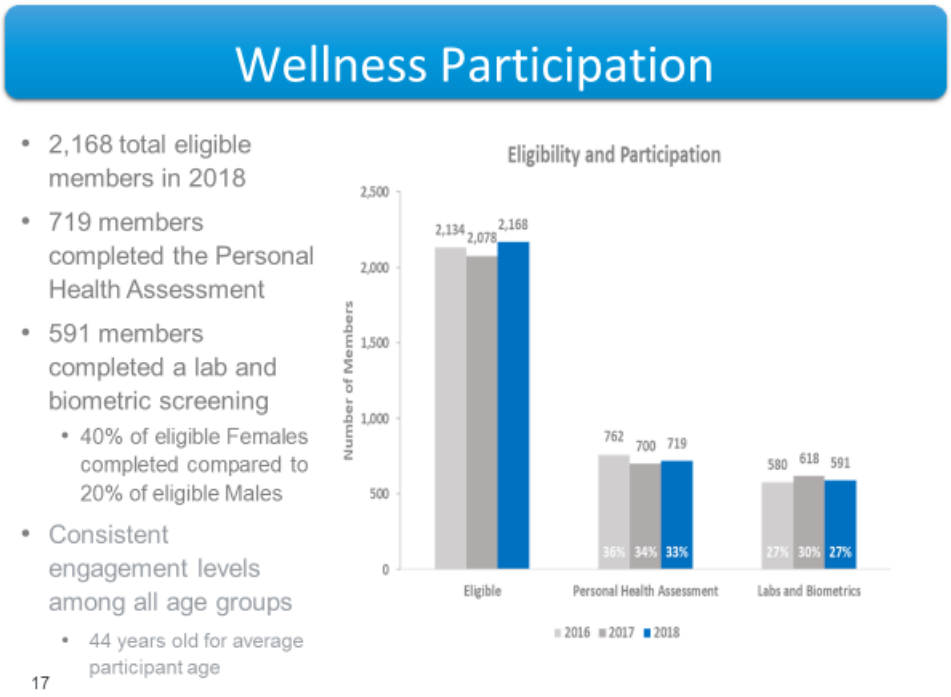
Twenty-seven percent of the eligible population has used the on-site pharmacy in the last 10 months. If you think of that, that's actually 27% of the entire eligible numbers, so not everyone is on a prescription, so that's a pretty high number. I'm actually comparing that to another book of business that we have in pharmacy for Cerner and that's about 8% higher compared to the other

book of business in the first year. We are seeing quite a bit of growth in the pharmacy business which is great. As I talked about, opening the pharmacy has driven additional utilization.

I'm going to turn it over to Lindsay and she is going to talk about Wellness Incentives.

Lindsay Freeborn, Population Health Management Strategist for Cerner, said this just shows the actual Road to Wellness Incentive Program that we have. There's, obviously, four steps in the program utilizing getting your Core Requirements done, so that's where that health assessment comes into play for that perception of health of a person, whether I workout three times a week, that's where we're getting that data from that are engaged in the program. Then, getting the verified labs and biometrics completed and then identifying with a PCP.

Then you move on to Step 2. You can earn points that in turn turns into dollars which the member can earn up to $600. I will go into the breakdown of each step and how people are participating of those that are engaged in the population in the next few slides.



Of those eligible, 2,100 people eligible, you have 719 members that completed the Health Assessment and you can see of those that completed the Health Assessment lab and biometrics over on the far right side. You have 591 members that completed them, labs and biometrics, and then it shows the breakdown of the female to male ratio. Of the female to male ratio, those consistent levels among age groups, age of 44. You see the breakdown of years '16, '17, '18 as well.

Mr. Johnston said this is one of those slides, again, we talk about engagement. This is probably one of the strongest examples of how we've got work to do. We have roughly a third of the population that is utilizing the clinic as well as actually doing the things like doing a Health Risk Assessment to start the engagement process. These are the sorts of things either through the Wellness Incentive Program or through the education process and the campaigns that we continually will be doing is to try to get more people down to the clinic because we know once we get them down there, we've got them sold. We've just got to get them in the front door. That's why the pharmacy is a good next step and then we will just keep working from there as time goes on.

Commissioner Murguia said just a really quick question, not to interrupt your presentation, so anybody that's in this can just show up at the Health Center and get a health assessment. **Ms. Ferrel** said the health assessment itself, the personal health assessment, can be done online, so that's not something that is necessarily in person. Yes, anyone that is eligible can call us and say, do you have any openings, I can be there in 30 minutes and typically we can always get them in if they're looking like for an annual physical or a sick visit. The actual personal health assessment is an online tool.

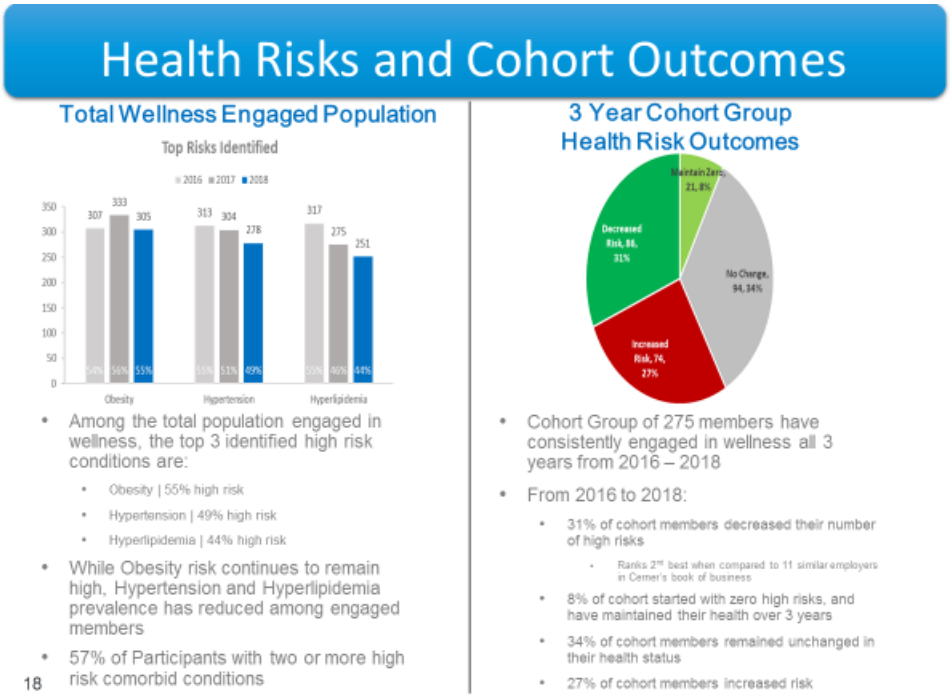
Commissioner Murguia said to follow-up with that, everybody that's eligible are UG employees and if their family is covered, their family is eligible for that and I'm assuming the same with the elected officials if there's insurance in the family part of that insurance and it's just a self-reported health assessment online. **Ms. Ferrel** said yes, it takes about 15-20 minutes to complete. **Commissioner Murguia** said but you have to do a lab also. **Ms. Ferrel** said yes, to participate in the program. **Commissioner Murguia** said you just show up there and do the lab.

Commissioner Kane asked what happens if you have a different insurance. **Ms. Ferrel** said if you are not on the health plan, then you're not eligible. **Mr. Johnston** said well, you can use the clinic. **Ms. Ferrel** said yes. **Mr. Johnston** was inaudible. **Ms. Ferrel** asked are you referring to the Wellness Program or are you referring to the clinic. **Commissioner Kane** said just as a whole. **Commissioner Murguia** said so anybody can use the Health Clinic, but they would have to pay instead of it being part of their insurance plan. Couldn't they use an alternate insurance?

Renee Ramirez, Director of Human Resources, said any employee can actually use the Health Center. Its just that we don't run through their insurance, so we do have pricing that's there. For instance, they would have like a $50 charge for that, but they can still be seen at the Health Center even though they're not on the UG insurance, if they are an employee. **Commissioner Murguia** said you only see employees period. **Ms. Ramirez** said the Health Center sees employees and their dependents that we cover on our insurance. **Commissioner Murguia** said it's not like walk-ins off the street. **Ms. Ramirez** said this is dedicated just to the employees of the Unified Government as part of their benefit package.

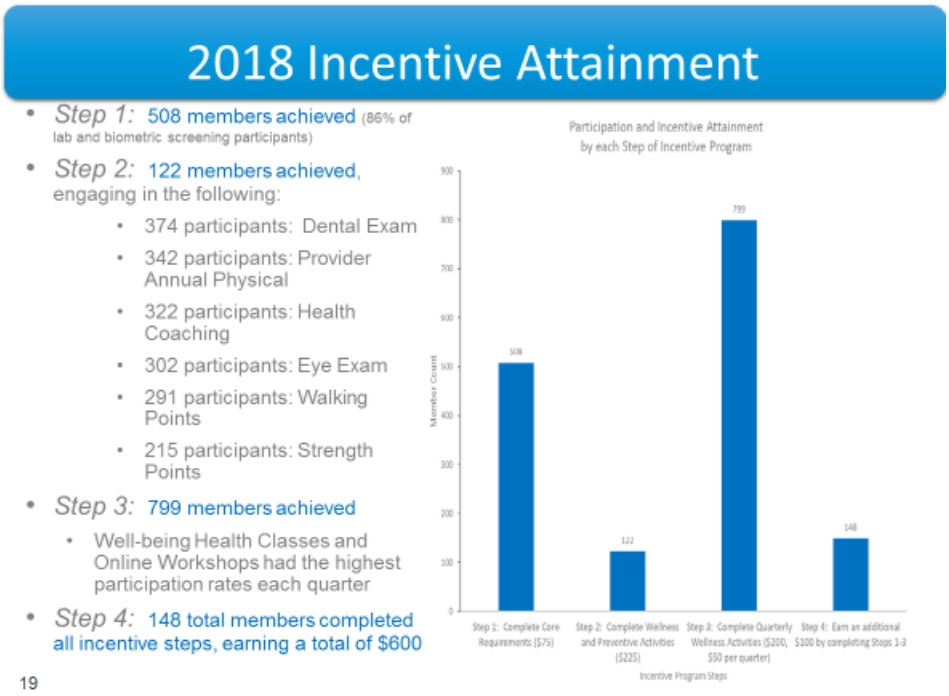
Ms. Ferrel said the question about the Wellness Program, the Wellness Program is currently just for eligible employees; however, we were talking about a strategy going forward

adding dependents and spouses on that program to try to enhance engagement. That's just a recommendation we will talk about later.

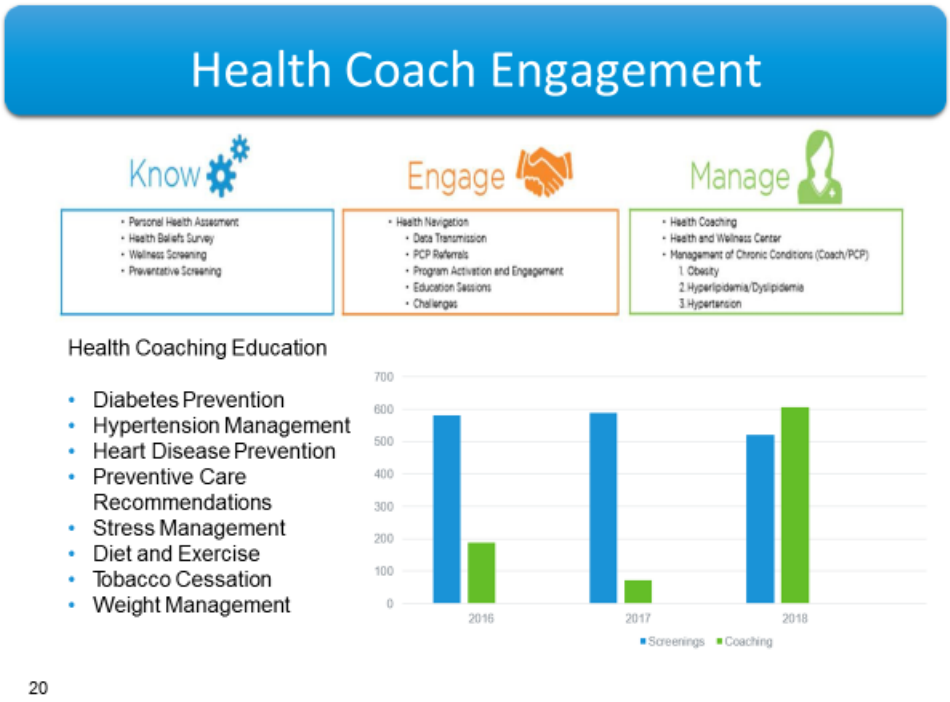


Ms. Freeborn said looking at the next slide, it talks about the engaged population that's participating in the Road to Wellness Program. It's the same thing as UHC presented, our top health risks; obesity, hypertension, and hyperlipidemia and it shows the breakdown and it also shows the years '16, '17, and '18. While these continue to remain high, hypertension and hyperlipidemia have reduced among the engaged members, so that's good. You have 57% of the participants with two or more high comorbidities.

If you look over on the righthand side, a Cohort Group is a consistent 3-years of the same members that are participating. You have 275 members that have participated over the last 3 years and it just shows some percentages here, so 31% of the cohort have decreased their high risk which is great. I mean you're thinking from '16, '17, '18, they've aged 3 years, so it's showing that they've either decreased or if they've maintained, no change, which 34% has maintained. Then you have 8% that have started with zero high risks that have maintained and 27% have increased over the 3 years.



This is the breakdown of the Road to Wellness Program. Like I said, Step 1, you have 508 members that have achieved the biometric screening. They've participated. They've either gone to a screening event or gone to the clinic and then completed their biometric screening. Step 2, showing members that have done either a preventative exam, like a dental exam, annual visit, they are participating in health coaching, any type of walking event, strength training. Step 3 is probably our highest participation, participating in a Wellness Class or a workshop where we go to different sites within the Unified Government. It's been very popular and the members seem to enjoy it. Step 4 is that additional earnings. So, if you've completed all Steps 1, 2 & 3, you earn an additional incentive which consists of Step 4.



Looking at Health Coaching, Cerner operates under these three pillars so Know, Engage, and Manage. The Know, what do we know about the person whether they're taking the health assessment, their biometric screening, if they've done any preventive screening. We also have what we call Health Belief Survey which is what do we know about Lindsay and her beliefs about herself, so that's also part of the health assessment, like three or four questions at the end.

The Engage section; you know how we're engaging them, are we getting referrals, are we meeting with a health navigator, any education sessions, walking challenges; those type of things.

The Manage Section; are we meeting with a health coach, do you identify with a health coach, are you going to the Wellness Center, are we providing programs around those top three health risks.

Down below you will see how many people participated in health coaching from all three years. Again, we started pretty late in 2016 and so it's continuously climbing over the last two years. Gaby is our health coach. She has regular office hours here in this building and she also goes down to the clinic regularly so I highly suggest meeting her. She's awesome.

Dr. Doug Anderson, Road to Wellness Physician for Center, said I will be presenting this slide. I'm the physician at the Wellness Clinic. I'm also a University of Kansas Hospital physician. This is going to be a brief case presentation that will encompass several of the risk categories that our UHC representative Dr. Sun was talking about earlier. It's also going to put a human face to all these statistics that you've been seeing for the past 50 minutes. It's quite meaningful though.

This patient, not mine, but he was a patient of Kim Bogart, our Physician Assistant and Office Manager. Although he's not my patient, he's very representative and exemplary of many of the patients that we see in the clinic.

This is a 45-year old male who came into the health center for physical and screening points or the Wellness Incentive points. This is a case where our Incentive Program has impacted the wellness of this patient significantly in his future health. His blood pressure was elevated, he was overweight, and labs came back very concerning. The patient was brought back once we had the lab results into the clinic to review the labs with Kim. He had elevated cholesterol, he was a diabetic, he had high blood pressure, and other cardiac risk factors. This is a fairly common patient that we're seeing, not just in our clinic at the Wellness Clinic, but pretty much in any primary care clinic. They discussed the seriousness of the diagnosis and what possible serious complications could occur. After their discussions, he was started on three new medications, but besides just throwing medications at this patient, he was sent to our wellness coach, Gaby, for two visits in

November and December. He was given three months to, a term my dad used to use, straighten up and he actually took all this to heart. In three months, he lost 26 lbs., his blood pressure, which was elevated, I'm not sure what the number was, but it came down to 123/81 which is well within normal range. His Hgba1c was 8.2, anything over 6.5 is diabetic, he brought that 8.2 down 6.5 so he's almost in the prediabetic range. His total cholesterol went from 224 down to 162. We like to see it under, around 180 or better, so he's down well there. His triglycerides, they're harder to bring down, 229 down to 220, but the most telling is this patient brought his LDL down from 132 to 78. He has almost eliminated the risk factor associated with low density lack of protein and cholesterol for causing heart attacks and this particular cholesterol is responsible for about 80% of coronary occlusive activity in the heart.

This is a wonderful example. We have quite a few of these and we have ones that have improved, not as significantly as this, but you can see he's significantly improved his health. So, instead of having his heart attack or whatever it is at age 65, he might be 105 before that happens and that's what our goal is, longer time, higher quality of life.

The last sentence here is very important, he is motivated and plans to continue to lose weight to get off all or some of the medications. Just like Dr. Sun brought up earlier today, it's that weight loss, healthy lifestyle changes. Our goal also with this patient, and something that's just as important as this acute intervention that we did, if we want to put it that way, is to keep him motivated and so what we will be doing is bringing him back periodically. Our clinic model gives us enough time to actually talk to the patient so we can discuss any problems he's having with giving enough time to exercise, eating properly, we can re-refer him back to Gaby so she can pound on him a bit more.

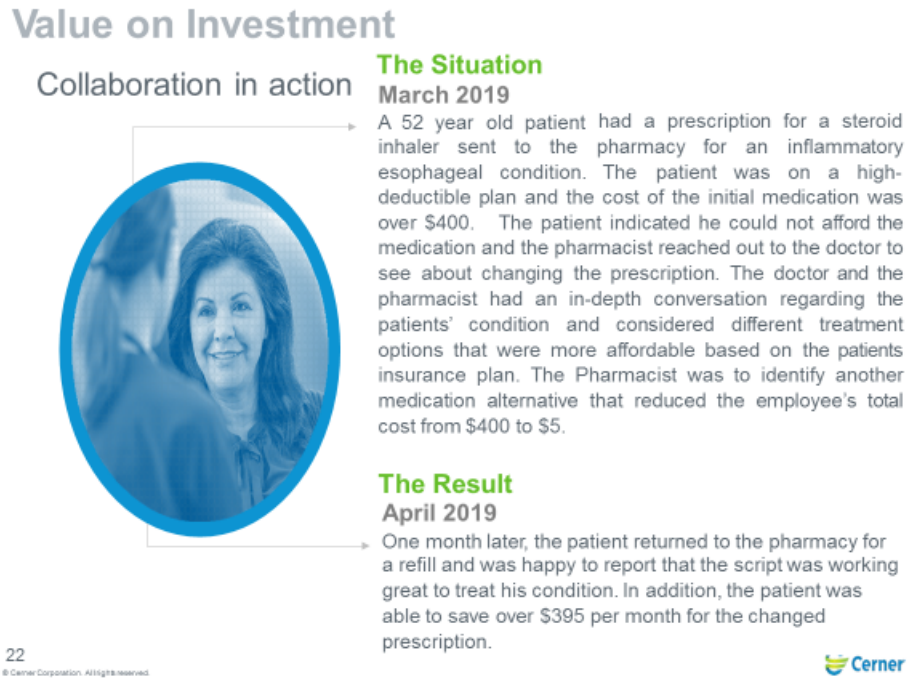
A lot of times we ask the family members to come in, partners to come in, spouses to come in so they can get involved. We've actually had whole families losing weight and starting exercise programs because of this sort of thing.

This is a good example of many of the patients that we're seeing, verifying amounts of success, he is an extreme example, but we have quite a few of these and he encompasses so many of the points that we've been bringing up already in this visit today.

Commissioner Murguia said, so, that's a real UG employee. **Dr. Anderson** said yes, no, this is a real person, a UG employee. **Someone** was inaudible. **Dr. Anderson** said what we should do

is give him something big if he keeps doing this for like two years. **Someone** said we're giving money. **Dr. Anderson** said we have given him 30 more years of healthy life, that's pretty good too. **Commissioner Murguia** said I'm thinking of something more exciting for him.

Ms. Ferrel said like Dr. Anderson said, we see a lot of this and some of these are just triggered from the one incident factor of trying to get points of I'm going to go get my labs. I want to get a few points and get some dollars back and that is the trigger of seeing how much of a risk someone can have and then pulling together our resources and health center and Gaby, the pharmacy, and all working together as a care team to get this person as healthy as possible to have a more productive and less costly life.



Ms. Ferrel said next we're going to share another story which is directly out of our new pharmacy. George, if you don't know him, is our pharmacist on-site. He is very popular, everyone loves George. He saves people a lot of money.

George Vielhauer, Road to Wellness Pharmacist for Cerner, said we had a 50-year old patient who came into the pharmacy one day. He was prescribed a steroid inhaler brand name medication for an inflammatory esophageal condition. Basically, what was happening he was having an

immune response and his throat was closing up on him. It was making it hard for him to breathe, not necessarily breathe significantly, but to eat and things like that. The doctor prescribed this steroid inhaler with the idea as it went down to his lungs, it would treat condition. He was on the high-deductible plan. It was going to cost him at least $400 or more. The patient indicated he could not take it so I reached out to his doctor and told him I would see what I could do. The doctor and I had a great conversation. In between this step there was a second alternative that we tried that was going to knock it down to around $50. It wasn't going to be viable. I actually had the doctors cell phone number, personal cell phone, so the next day I called him and said this isn't going to work. We had another conversation and what we ended up doing was the same active ingredient, but it wasn't a nasal spray, it's a generic and the doctor said when you use that it goes down your throat. I said yes, you're right, and do you want to try that. He said yes, let's put 8 drops of the nasal spray in some honey and just have him swallow it and so the cost of the medication ended up being $5 for that bottle of nasal spray. The gentleman came back a month later for a refill and I said how's it going and he said it's working great and that was per month. He saved almost $400 a month. He would have quickly met his deducible, but he could use that money for other things.

We have a lot of stories in the pharmacy where people are saving dollars on their prescription. We do a lot of other things for them with helping them with brand name co-pay coupon cards and things and the other thing I really try to stress is that it's really a service, we're not just saving you money. If you have questions, call.

There was another employee that was in the hospital for a heart attack. They call it the widow maker. He came in right after he got discharged and said hey, these are my new meds, what is this going to cost me and what do I need to ask my cardiologist before he went to the visit because he had concerns of how he was going to finance it and things like that. We had a nice 20-minute conversation and gave him some bucket list dropdown things to ask his cardiologist so he was prepared when he went in. We've got different stories, not just drug savings, but service things that help people even outside the pharmacy. It's been a lot of fun.

Ms. Govreau said our next slide then really brings us to our solution opportunities and our recommendations. We all work together, so okay, what can we do to continue to help the health care plan perform well and engage members. We determined really our goal is to encourage and engage employees to reduce complex and chronic health conditions and increase low risk outcomes. That's the goal of all of us here wanting to help get the Unified Government population healthier.

So, ways to do that, we have listed here. Very important, that first one there in No. 2, develop a multi-dimensional, because you're reaching all sorts of different folks that like to be communicated to in different ways, a marketing strategy to improve employee knowledge of the existing UnitedHealthcare Programs. There are tons of UnitedHealthcare programs that are included in the Unified Government Healthcare Plan, the employee wellness incentives and the Road to Wellness Clinic. Make sure folks know about those and that they're using them to the best of their ability and are educated on how to use those resources and how to engage.

Under No. 3, implement targeted education and wellness campaigns related to diabetes, obesity and other top health conditions. We've all talked about these health care conditions. Diabetes and obesity are huge drivers in the cost of the healthcare plan and in the health of the individual and we really want to help individuals lead heathier lives.

Real Appeal is a weight loss program. We mentioned that. I think one of Mandy's slides mentioned that. That is a weight loss program that is included in the employee health care plan through UnitedHealthcare. It is targeted at helping individuals loss weight and helping with all those other coumarin conditions that go along with that with diabetes being the number one.

Doug Bach, County Administrator, said I think we're going to have to close up. We have a meeting that starts at 7:00 p.m.

Ms. Govreau said no problem. You've got the other two listed there and we just greatly appreciate your time. **Mr. Bach** said we very much appreciate the work. The clinic and the operations we do is fantastic. If you have not been a user of it and any of our employees that are watching this, I encourage you to go do it. Just like from the pharmacy perspective, it's a complete change on your bill. It's very affordable in comparison to what you pay in other areas. All the programs we have are things to encourage good health for our employees and we put a lot of things forward to put us in the right direction. Thank you very much.

Mr. Bach said we had one more item tonight and that's on priority based budgeting. Our program is next week, so you have the presentation. I'm not going into it, but I am going to emphasize one thing and I know I have only about half of you tonight, but with that sheet you have this thing of definitions. This is going to be the heart and sole of what we're talking about next week when our staff has worked on over the last couple of years as we tie—we have our goals that are out there that the Commission works on. Within those goals they require a lot of definition and so our staff worked on here's things that make sense into this and then we built everything into the priority based budgeting program. Before I can push that out, that's why I'm bringing this back to you and saying, do these look right to you, is there something we're missing, do we need to change this. So, a couple of hours—I mean we're dedicating some time to this. That is what we're going to do next week. If you have a chance to kind of read through these, you might look at them and go, boy, that seems a little off or maybe we hit it right on. I want to make sure what we come out of that with is right on because we're refining everything we do between September through November of where we're measuring and where our money is being expended and saying that's a

priority or not based on how these definitions work. That's just a little heads up and I wanted to get this to you a week in advance and then go from there.

Mayor Alvey said we're going to need about 10 minutes so we can get set-up for the next meeting so we will convene about 7:10-7:11 p.m. in the Commission Chambers.

MAYOR ALVEY ADJOURNED
THE MEETING AT 7:02 p.m.

_____
Carol Godsil
Deputy Unified Government Clerk

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