



PEBB Member Advisory Committee (PMAC)

Open Enrollment Communications Related to HEM

Revised 08/30/18 (corrections in red font)

Oregon
Health
Authority

Health Policy and Analytics Division

Who is PMAC?

- Joint labor-management committee that provides advice and feedback to the PEBB Board and PEBB staff
- Created through 2011-13 collective bargaining agreement(s)

Who is PMAC? (continued)

Committee Members and Staff

Greg Clouser (Labor – AFSCME)

Matt Orser (Labor – AFSCME)

Theresa Cross (Committee Staff –
PEBB/OEBB)

Cindi Peterson (Management –
University of Oregon)

Keary DeBeck (Labor – SEIU)

Misty Rayas (Management - DCBS)

Lesa Dixon-Gray (Labor – SEIU)

Steve Sander (Labor – AFSCME)

Rob Glase (Committee Staff –
AFSCME)

Philip Shilts (Committee Staff – SEIU)

Leslie Hasse (Labor – AEE)

Jennifer Young (Labor – SEIU)

Brian Olson (Committee Staff –
PEBB/OEBB)

What Does PMAC Do?

- Historically
 - Reviewed HEM rollout communications as well as other benefit communications and provided PEBB with advice
 - Provided advice on how potential plan and benefit changes could impact member health and wellness
 - Focus on open enrollment communications
- Recently
 - Increased focus on wellness; developed a worksite wellness proposal that became an Executive Order
 - Asked by PEBB Board to come up with potential program changes for HEM

HEM Assignment: Identify and Recommend Potential Program Changes

- Under HEM, members currently:
 - Take health assessment through their medical plan between September 1 and October 31
 - Complete two health actions during the course of the year; health actions are at the member's discretion and are not audited
- Steps PMAC took for this assignment
 - How will PMAC analyze potential program changes?
 - What areas should PMAC address?
 - Gather information in these areas
 - Determine types of short and long term program changes that would be appropriate for PMAC to consider
 - Present short term program changes to the PEBB Board for consideration

Step 1: How to Analyze Potential Program Changes and Member Suggestions

- Reviewed PEBB’s Vision and Guiding Principles
- Came up with a structured analysis with criteria that aligns with PEBB’s Vision

Principle	Criteria
Evidence-Based	Can the recommendation be supported by credible scientific evidence, such as that provided by a Cochran Review, a Systematic Review, or other commonly accepted standard for assessing the effectiveness of an intervention?
Equity and Inclusiveness	To what extent does the strategy address or reduce disparities? Specifically, would the recommendations not only increase members’ access to care as a whole, but would it increase access for individuals living in rural areas, and/or reduce health disparities due to ability, race, ethnicity, or gender identity?

Step 1: How to Analyze Potential Program Changes and Member Suggestions *(continued)*

Principle	Criteria
Outcome Measurement	Can the recommendation's outcomes, if implemented, be reliably measured using acceptable methods that align with transformation efforts in the state, such as Health Care Effectiveness Information System and BRFSS for State Employees.
Transformation	Does the recommendation promote the state's healthcare transformation efforts and support similar efforts at the national level?
Cost	Does the recommendation help contain future premium costs and is its effect on future costs worth the investment?
Implementation	To what extent can the recommendation be effectively operationalized, if implemented, considering the following parameters: <ul style="list-style-type: none"> ✓ Is it legally permissible or does not subject OHA to legal challenges? ✓ Is it clear, tangible and therefore feasible for staff to implement? ✓ Is it acceptable to PEBB members and will receive support?

Step 2: What Should PMAC Address?

- PMAC reviewed the following PEBB data and information:
 - Enrollment (including migration) and demographics
 - Top diseases / conditions
 - Service / benefit utilization
 - CORE's HEM Evaluation
- PMAC concluded that *depression* and *weight management* should be the initial focus of the committee

Step 3: Gather Additional Information on Depression and Weight Management Programs

- PEBB's medical carriers presented information about their health coaching programs for weight management and depression
- Cascade Centers presented its Resiliency Module program to PMAC and shared other tools available to PEBB members who register for an account on Cascade Center's website
- PMAC had several great discussions with our partners about common challenges with HEM and health assessments, ideas about health coaching communications etc.

Step 4: Analysis and Recommendations

- PMAC used its structured analysis to evaluate whether depression and weight management should be a focus of upcoming open enrollment communications
- PMAC also discussed the various other issues raised by the medical carriers and Cascade Centers during their PMAC presentations, including:
 - Whether PEBB could highlight specific actions a member could consider for meeting HEM requirements:
 - Register for an account on Cascade Center’s website
 - Call your medical plan’s health coaching program and talk to them about whether any programs are right for you
 - Member confusion over why medical plans contact them when they elect *not* to share health assessment results with their provider

Step 4: Analysis and Recommendations *(continued)*

- PMAC also discussed the types of HEM program changes that would be appropriate short term versus long term
- Originally, HEM was rolled out with other significant changes on a pretty quick timeline
 - Created a large challenge for communications
- PMAC would like to avoid this going forward by not rolling out too many changes or too substantial of changes without a well developed plan
- Ideally, PEBB could pursue short term incremental changes while continuing to explore more substantive long term program changes

Step 4: Analysis and Recommendations *(continued)*

PMAC recommends the following for Board consideration:

1. Highlight the following programs in PEBB's upcoming open enrollment communications:

- Medical plans' health coaching programs, with focus on weight management and depression
- Cascade Center's Resiliency Module program

2. Update HEM program rules so that no program or actions counts as more than one health action

Note: This recommendation minimizes member disruption since only one program requirement would change; all other actions are communications related

Next Steps: Potential HEM Changes

- If PMAC's recommendation is approved, the committee will next look at substantive HEM program changes that could be rolled out in the future
- These changes could include:
 - Replacing the health assessment with a different requirement
 - Compiling a finite list of health actions a member may take to meet HEM requirements, focusing on criteria such as evidence and equity and inclusion when compiling the list
- Are there any ideas or types of changes the Board is interested in PMAC exploring?