MINUTES OF UNIVERSITY SENATE MEETING
Thursday, November 9, 2006
130 Drinko Hall
Taken for the Secretary of the Senate by Gordon Aubrecht, Faculty Senator, OSU Marion

There were two formal pieces of business at the beginning of the Senate meeting. After a question about overview of centers, and an assurance that all centers will be reviewed on a rotating basis, a Center for Microbial Interface Biology was approved unanimously. The first center on a Regional Campus, the Newark Earthworks Center that would focus on native Indian studies, was approved, also unanimously.

Two other items occupied the remainder of the Senate's time: a report by the chair of Faculty Council, and a report on coming changes in health care by Larry Lewellen and Fred Sanfillipo.

Allan Silverman, chair of Faculty Council, spoke about the meeting of the faculty leadership from the CIC at Penn State from which he had just returned. He listed some of the topics of discussion: e-publishing for the future; rereviews of tenure decisions, Michigan's Proposition 2; the difficulty of getting budget numbers from administrators, clinical and other fixed-term faculty. He elaborated on several of them.

The trend toward publishing electronically, copyright laws, who is to bear the cost, will there continue to be peer review, etc. was a topic of great interest. He stated that the major university presses (for example, Cambridge) had figured this out, but that other university presses may go out of business.

PSU and other institutions all seem to have the same problems with the de novo review of P&T candidates who had adverse decisions.

The passage of Michigan's Proposition 2, which bans affirmative action in college admissions, was seen as presaging similar action in other states, with Wisconsin rumored as next on the list. The Michigan president will take every action to overturn the ban. They said saying that "it won't pass" just won't work; preparation is needed.

He noted that OSU's Senate is unique in the Big 10. He wondered how we could get more representation of the faculty (to become more like the others). There was a survey of faculty leadership given at the CIC meeting that will be analyzed in winter.

Silverman turned to active issues for the Senate. He said that the Arts and Sciences Senate will vote on a reduction to 181 credit hours for graduation in December and send it to the Council on Academic Affairs (CAA). He said that he hoped that all interested parties would attend the Arts and Sciences and CAA discussions. The BA/BS graduation requirement might be brought to the Senate as early as Winter Quarter.

He said that he expected the IRB ad hoc committee to report back in December.

Fiscal will be addressing funding of M. A. and Ph. D. by early spring.
The University Research Committee is being amalgamated with the Graduate Council as a result of the Beck Report.

He said he would return to the focus on the faculty initiative at the end of November. He awaits a new leave policy announcement soon. The effort to increase the size of the faculty will have to wait until after the reforms of undergraduate and graduate education.

The OAA and Bill Shkurti will start an ad hoc review of the budget model, with a resolution as of spring 2008, and there is no preconception about committee membership. The pertinent question is whether the budget model has helped the academic quality of the university.

The last part of the Senate meeting was a presentation and a question and answer session on "Your Plan for Health," the new university health care direction, by Larry Lewellen and Fred Sanfilippo. There is some information available on the university Human relations website at http://www.yourplanforhealth.com/plan.html. Lewellen said he would put up his PowerPoint presentation on the Senate website.

Some background was given. Three reasons for this initiative were cited: "optimize wellness and improve productivity," "maintain/strengthen 'employer of choice' status," and "reduce health care cost inflation to single digits-7% target."

Lewellen and Sanfilippo have relied so far in the development on advice from a group of faculty and staff ("Health Care Investment and Design Committee") from the Medical Center. It first met three years ago. Now, there is a "Health Plan Advisory Committee" (administrative) and the "Your Plan for Health Steering Committee" (including some faculty) involved in the effort.

The plan so far developed, as described by Lewellen, has three interrelated aspects: health management services, clinical efficacy, and personal empowerment. A timeline was presented. In 2006, "building block" programs are being implemented; in 2007, incentives for health behaviors will be introduced (probably in February); in 2008, the new health plan will be implemented; and in 2009 and beyond, refinement and changes may occur based on experience.

The 2006 rollout pieces are health coaching, care coordination, a health/lifestyle management program, and the "Personal Health Assessment," or PSA. About 7000 PSAs have already been filled out-28% of A&P, 19% of Civil Service, and 12% of faculty participated. The PSA data are shared among various groups in different ways. To do a PSA takes about 20 minutes, but you must have also done a 20-minute screening or have visited your primary care physician and gotten test results back. The focus of the health/lifestyle management program is weight management, tobacco cessation, and alternative treatments. A 24 hour nurse line is being brought back after discontinuation some years ago. All these aspects of the program are supposed to work together to reduce acute problems and retain health-and lower cost growth.
Health coaches will try to help people maintain health, including health education and behavior modification aspects. Care coordinators will work with people with chronic conditions. It is thought that they can help make sure that care suggestions will be complied with, and help patients be more knowledgeable.

In 2007, the incentives will be voluntary. Focus group meetings were held to try to determine what activities should be encouraged, and what incentives would be seen as valuable. Points will be given from January/February through September that can be cashed in for payout at the end.

The further changes will be brought back through the university Senate and Cabinet for discussion before implementation. There has been input from faculty leadership so far.

Sanfilippo noted that the background for the plan was the confluence of three "players," all present at OSU: employees, health plans, and a provider. We are a "pioneer." He emphasized the care is to be personalized as the most central aspect of what will be done. He discussed OSU in the context of outside evaluators—for example, the Leapfrog group, which focuses on decision support mechanisms, ranked OSU in the top 50, and the comparison Sanfilippo presented shows OSU among the best in the honor roll, along with the Cleveland Clinic and Brigham & Women's Hospital (Harvard). He noted that the OSU Medical Center was ranked #3 by U.S. News. In the last two years of rankings, OSU was in the top 20 in each ranked category. He said that the difference is that U.S. News uses popularity as one of its criteria; only 33% is based on patient-level outcomes. The HealthSystem Consortium ranks university-associated hospitals, and OSU in 2006 is ranked #5 (1. Mayo Clinic, 2. University of Michigan, 3. Brigham & Women's Hospital, 4. Cedars Sinai Hospital (UCLA), 5. OSU). Among the top medical schools ranked by U.S. News, OSU's objective ranking place rose from 40th to 23rd between 2000 and 2005, and its reputation rose from 40th to 30th.

Sanfilippo said that patient days and income had been growing steadily. He touted the coming expansion of the Medical Center.

Among the questions asked were whether students fit into the plan. The best ideas will be taken and added to the student plan, according to Lewellen.

They were asked about what the health coach and the care coordinator would do. There is a third-party company that would have access to PSAs, claims information, and Medco pharmaceutical information. They would give advice based on this information. Care coordinators are different; they are not physicians, but do have extensive training in medical-related fields (nursing, physical education, etc.). Both would have access to extensive information. Last year, some participants who had chronic care conditions were offered care coordination, and fewer than 1% declined the offer.

They were asked whether vending machines would be offering more healthy choices. The vendors are private concerns, but have been responsive, the Senate was told.
They were asked about stress. Being faculty members at a research one institution is inherently stressful. They said that they couldn't prevent stress, but could address outcomes.

They were asked about physician buy-in at the Medical Center. Sanfilippo agreed that this aspect needed work, but expressed confidence that education would do the trick.

They were asked several questions about incentives that alluded to "carrots and sticks," and asked about what would happen if "carrots" didn't suffice. They admitted that they would have to consider disincentives, but left open what those might be. They assured the Senate that any such disincentives would go through oversight.