

Minutes for FCBC Meeting, 3:30 – 5:00 pm, 19 April 2017.

Thomas R. Lemberger, Chair

Present: McGoldrick, Lisa, Seiber, Wolf, Carr, Curtis, Swenson, Ellis, Doseck, Gast, Oren, Sohngen, Lemberger.

Guests: Kelly Hamilton, Teresa Shipley, Susan Meyer, and Drs. Robert Cooper and L. Arick Forrest, invited to discuss the health plan proposal that they've been working on.

1. Minutes from the March 2017 FCBC meeting were accepted unanimously.
2. Presentation and discussion of the health plan proposal to narrow the physician network to just OSU and Central Ohio Primary Care (COPC) physicians for non-pediatric patients by Kelly Hamilton and her team.

Proposal is to reduce future health costs and improve patient outcomes by narrowing the provider network for Franklin and contiguous counties and implementing improved inter-physician communication through a new computerized system (“integration of care”). Goals are to keep annual cost increases at least 3% below the national average for similar institutions, (e.g., if the national average is an increase of 5%, then OSU’s increase would be 2% or lower), and to improve patient care by decreasing unnecessary tests and referrals. Providers would be associated primarily with OSU Wexner Medical Center and with Central Ohio Primary Care (COPC), but also some community physicians and nurse practitioners. The health plan also will supplement some of the specialty care areas where they do not have enough access currently.

Many issues were raised.

The statement was made that there would be incentives for doctors to reduce the number of unnecessary referrals to specialists in an effort to minimize cost and wasted time. When asked what mechanism would regulate this from going too far, such that specialist referrals that ought to be made are not made, the answer was "medical-legal."

The plan would be disruptive. For example, six thousand people would have to find a different primary care doctor and perhaps another of their doctors under the proposed plan. Thirteen hundred would have to find new OB/GYN care. Are the benefits of the plan worth the disruption? Careful planning would seem both necessary and desirable to ease the transition for such individuals.

What is the administrative plan for helping thousands of people find new physicians?

Is there enough capacity in the proposed narrow-provider network to service demand promptly and effectively? Response: OSU currently has a “48-hour Access” program that tries to find an appropriate provider within 48 hours of contact. This is not a guarantee.

With the increase in number of patients for the narrower physician network, will service suffer? Will physicians have less time to discuss healthcare with patients?

Although HR has asked for them, the plan includes neither a commitment in the form of fees-at-risk for inability to meet service-level agreements nor any guarantee of savings.

3. Michael Lisa updated us on the faculty/staff-COTA bus benefit program. There is a discounted rate for faculty-staff to ride COTA buses. One can enroll/unenroll on a monthly basis. It is cheaper to take the bus to campus, even if one has a parking permit, given the cost of driving a car to work every day. Ways to advertise the program are sought. Information on the COTA benefit program will be included in on-boarding materials for new faculty and staff.

4. Michelle Carr is the next Chair of FCBC.

5. Laura Gast and her team have produced the necessary data and summary for the annual report. No time for discussion thereof.