



## PEBB Member Advisory Committee (PMAC)

*PMAC Overview and HEM Recommendation*

*PEBB Board Meeting, May 21, 2019  
Attachment 2*

**Oregon**  
**Health**  
**Authority**

Health Policy and Analytics Division

# *Presentation Overview*

- Who is PMAC?
- What does PMAC do?
- PMAC's Board Assigned HEM Work
- PMAC's Evaluation Tool
- 2019-20 Recommendation
- Next Steps

# 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)

Theresa Cross (Committee Staff –  
PEBB/OEBB)

Keary DeBeck (Labor – SEIU)

Lesa Dixon-Gray (Labor – SEIU)

Lisa Hayes (Labor – AEE)

Lydia (Mimi) Luther (Management -  
OHA)

Brian Olson (Committee Staff –  
PEBB/OEBB)

Matt Orser (Labor – AFSCME)

Cindi Peterson (Management –  
University of Oregon)

Misty Rayas (Management - DCBS)

Steve Sander (Labor – AFSCME)

Philip Shilts (Committee Staff – SEIU)

Trish Stephens (Committee Staff –  
SEIU)

Jennifer Young (Labor – SEIU)

# 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
  - Focused on open enrollment communications
- Recently
  - Increased focus on wellness; developed a worksite wellness proposal that became an Executive Order
  - PEBB Board asked for potential HEM program changes
  - Provide communication recommendations to PEBB staff

# *Board Assigned HEM Work: 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 HEM 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

# *PMAC's Analysis Tool: 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

<b>Principle</b>	<b>Criteria</b>
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?

## PMAC's Analysis Tool *(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 Employee Wellness Survey.
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	<p>To what extent can the recommendation be effectively operationalized, if implemented, considering the following parameters:</p> <ul style="list-style-type: none"> <li>✓ Is it legally permissible or does not subject OHA to legal challenges?</li> <li>✓ Is it clear, tangible and therefore feasible for staff to implement?</li> <li>✓ Is it acceptable to PEBB members and will receive support?</li> </ul>



## ***2019-20 Recommendation: Preview***

PMAC's 2019-20 HEM related recommendation contains two components:

1. Communication recommendations to staff
  - This does not require Board review and approval; staff is working directly with PMAC
  - Staff will return to the Board to present proposed communication activities and calendar, including PMAC's recommended items
2. Recommendation to add WholeLife Directions (WLD) as proposed by Cascade Centers

## ***2019-20 Recommendation: Why is PMAC Recommending WLD as Part of its HEM Work?***

- Over the course of the committee's work, it has identified EAP services as an area that is underutilized and that can provide value to many members
- It promotes OHA and PEBB's focus on behavioral health
- It address stress and anxiety, which are priorities that are called out in the Worksite Wellness Executive Order
- The committee is interested in this specific program's potential role in HEM going forward; this program may be included in longer term HEM recommendation from PMAC

# *2019-20 Recommendation: PMAC's Analysis Supporting the Addition of WLD*

- **Principle:** Evidence-Based
- **Criteria:** 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?
- **Criteria Met?** Yes
- **Analysis**
  - Research provided by Cascade Centers:
    - Significant correlation between risk scores and absenteeism/presenteeism measures
    - WLD found to provide effective intervention for employees experiencing distress
  - CDC to employers: “[O]ffering free or subsidized clinical screenings for depression from a qualified mental health professional, followed by directed feedback and clinical referral when appropriate.”

## ***2019-20 Recommendation: PMAC's Analysis Supporting the Addition of WLD***

- **Principle:** Equity and Inclusiveness
- **Criteria:** 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?
- **Criteria Met?** Unsure
- **Analysis**
  - There could be access issues for members that do not have convenient access to technology
  - Other members may see more access due to the technology (for example, rural members who do not want to be seen at a mental health provider's office due to both employment and personal reasons)

## ***2019-20 Recommendation: PMAC's Analysis Supporting the Addition of WLD***

- **Principle:** Outcome Measurement
- **Criteria:** 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 Employee Wellness Survey?
- **Criteria Met?** Yes
- **Analysis**
  - It will be possible to measure participation and certain engagement and outcome metrics, although there are limitations
  - If WLD is approved, staff will work with Cascade Centers to determine ways in which the program's effectiveness can be measured and tracked

## ***2019-20 Recommendation: PMAC's Analysis Supporting the Addition of WLD***

- **Principle:** Transformation
- **Criteria:** Does the recommendation promote the state's healthcare transformation efforts and support similar efforts at the national level?
- **Criteria Met?** Yes
- **Analysis**
  - Behavioral health is a focal point of healthcare transformation in Oregon; this program may increase access to supporting services for some members
  - Addresses focus areas in Worksite Wellness Executive Order
  - Providing a member-specific interactive program with an assessment, recommendations, and activity tracking is consistent with other transformation efforts

## ***2019-20 Recommendation: PMAC's Analysis Supporting the Addition of WLD***

- **Principle:** Cost
- **Criteria:** Does the recommendation help contain future premium costs and is its effect on future costs worth the investment?
- **Criteria Met?** Likely yes
- **Analysis**
  - Likely helps contain costs based on the evidence and the program offered; however, the amount of potential savings is unknown and it is unlikely this program will have a *significant* impact on overall premiums (total costs)
  - Program could increase work productivity and decrease absenteeism so there are potential indirect cost savings
  - Program also likely improves worksite wellness and quality of life through behavioral, social, and emotional support

## ***2019-20 Recommendation: PMAC's Analysis Supporting the Addition of WLD***

- **Principle:** Implementation
- **Criteria:** To what extent can the recommendation be effectively operationalized, if implemented, considering the following parameters:
  - 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?
- **Criteria Met? Yes**
- **Analysis**
  - Can be implemented with confidence, although there will be technology issues to work through (similar to any technology implementation)
  - Proposed HEM and WLD implementation should make implementation particularly reasonable (since we are not changing any of the foundational HEM requirements)



## 2019-20 Recommendation: Other Considerations

- Staff asks the Board to consider two potential implementation dates if the Board is amenable to approving WLD
- The two implementation dates relate to the cost of WLD and who pays the costs for Year 1 of the program
- Background
  - If PEBB added WLD effective 7/1/19, agencies would not have any meaningful notice of the EAP services cost increase associated with the program
  - In addition, we know from experience that there are challenges anytime we implement a new technology across our membership
  - For these reasons, staff proposes that PEBB pay for Year 1 if the program is added effective 7/1/19
  - Staff will need to work with DOJ to determine if we have the legal authority to pay
- **Staff implementation recommendation:** Add WLD effective 7/1/19 if PEBB can pay for the first year. If PEBB does not have the authority to pay for the first year, staff recommends adding the program 7/1/20.

## **2019-20 Recommendation**

Taking into consideration the implementation and cost issues, the final recommendations related to WLD are as follows:

- PMAC recommends adding WLD and communicating to members that registering for WLD and taking its health assessment counts as two health actions under HEM
- Staff recommends adding WLD effective 7/1/19 if PEBB can pay for the first year. If PEBB does not have the authority to pay for the first year, staff recommends implementing the program 7/1/20

## ***Next Steps: HEM Recommendation and Communications***

If approved, next steps include:

- Informing the Board of PEBB's ability to pay for WLD and the final program implementation date
- Working with Cascade Centers on implementation activities and how to track program effectiveness
- Staff will come back to the Board later in the summer to present our communications plan, which will include themes and timing of communications
  - PMAC recommended items will be included in that presentation

***Questions?***