

10TH ANNUAL EMPLOYER SYMPOSIUM



Wednesday, May 6th marked the 10th Annual Employer Symposium hosted by Employers Health. The Symposium was a great success, drawing more than 300 attendees.

The title of the Symposium was *Bringing Healthcare to Work: Examples, Strategies, and Action Steps to Plan the Future of Health for Employees*. Presenters at the one-day Symposium provided real employer case studies on the benefits and results of On-Site Medical Clinics and Patient-Centered Medical Homes, and how to improve cost, quality and access to healthcare. The presentations were informative, diverse and very interesting as they provided new ways for employers to improve the well-being of employees, coupled with driving down costs and creating a more effective workplace.

continued on page 7

HEALTH SCOPE

A Quarterly Publication of
Employers Health Coalition of Ohio, Inc.

2 A Letter from Chris

4 Managing Health & Productivity

6 Health Care Reform Proposals

8 The Value of Transparency

COALITION WEB SITE GETS NEW LOOK AND INTEGRATES ROBUST HEALTH RESOURCE

Employers Health has recently made live a rebranded web site at ehpc.com. The new site is easy-to-navigate and provides a fresh look and feel, with all there is to know about Employers Health including: current and future health initiatives, contact information, data reports and upcoming events. Integrated into the site are some great features to increase health and wellness for organizations and their employees.



My Health ZONE

One of the features is a brand new, robust tool called My Health ZONE. My Health ZONE was adapted to provide Employers Health members, and their employees with useful information, calculators, videos, animations, articles and resources related to nearly every health topic. My Health ZONE also provides useful tips in avoiding and treating illness, great diet plans and calculators to curb weight gain, illustrations and videos answering pressing questions about medical procedures, even exercise routines to encourage a better you! My Health ZONE is advantageous to employers looking to help workers live a better lifestyle, and it is easily found at ehpc.com.

July 8

8:00 am - 10:00 am

The Path to Healthier & More Productive Employees
Glenmoor Country Club

August 20

11:00 am - Noon

Congressional Currents
Quarterly Teleconference on National & State Legislation & Govt. Affairs

Mark Your Calendar and Keep an Eye on Our Website for Additional Future Events!
www.ehpc.com

Welcome to the Summer 2009 edition of HealthScope.



Dear Members and Friends,

I'm pleased to announce the appointment of Cory Smith as Health Information Consultant, working from our Dublin office. Cory is a 2009 graduate of The Ohio State University with a BS in Allied Medical Professions. He majored in Health Information Management and Systems and will sit for the national certification examination of the American Health Information Management Association this summer. During college, Cory interned at OSU Medical Center, Mount Carmel Health System, Cleveland Clinic and University Hospitals in Cleveland. He will report to Charity Rausch and assist our members with their analytic data needs.

Also joining us this summer as an Intern is Josh Doerschuk who recently graduated from Muskingum College with a BA in Digital Media Design. Josh reports to Marcos Miles and has assisted the organization with a number of communication projects and quality initiatives, including The Leap Frog Group Annual Survey. Both Cory and Josh are native Stark Countians with Cory having graduated from Jackson High School and Josh from Louisville High School.



Cory Smith, Health Information Consultant

We are currently conducting a retained search for the position of Director of Business Development. Mercer Morgan, an executive search firm in Scottsdale, AZ, is conducting the search for EHPCO.

We again hosted the College for Value Based Purchasing of Health Benefits, a national benefits college for corporate HR and benefits professionals in Columbus, Ohio during the first week of June. The College is jointly sponsored by the National Business Coalition on Health, Thomas Jefferson Medical School and HealthCare 21. The College consistently ranks very high among EHCO members as well as employers from around the country. If you were unable to join us in Columbus, the next College will be held September 14-17, 2009 in Memphis, TN; the host coalition will be the Memphis Business Group on Health. For more information, contact Coleen Gehring.

I also want to welcome our new members: Bristol-Myers Squibb, Cleveland Clinic, ComDoc, and The University of Dayton. As well as Kellermeyer Building Services, through our strategic alliance with FrontPath Health Coalition. Have a great summer!

Sincerely,

Christopher V. Goff, Esq.
CEO & General Counsel

WELCOME NEW MEMBERS

Bristol-Myers Squibb

Cleveland Clinic

ComDoc

The University of Dayton

Kellermeyer Building Services

Through strategic alliance with FrontPath Health Coalition

DECREASING BENEFIT SPEND - WITHOUT DECREASING BENEFITS

BY CHARITY RAUSCH, RPH

As health care costs continue to rise, employers find themselves wondering how they can decrease benefit spend.

Many employers feel there are no ways to cut benefit costs without cutting benefit offerings. Following are tips employers can use to continue offering competitive benefits, without an appreciable cost increase.

Full coverage for preventive care

benefits: Prevention and early treatment can significantly decrease claims, resulting in lower costs and healthier employees. Preventive screening is the best way to detect abnormalities that may lead to heart disease, hypertension and cancer. Early detection leads to early treatment, which is often considerably more cost-effective.

Reduce claims costs: Consider a disease management program for employees with chronic illnesses such as diabetes. These programs help keep employees healthy and costs under control. Savings could come in reduced medical costs, reduced absenteeism, reduced Worker's Compensation costs, reduced short-term disability costs and increased productivity. Employers may also benefit from increased morale, company loyalty and a more positive work environment.

Offer a High Deductible or HSA health plan:

High deductible health plans are designed to address the high and rising cost of health care. They force employees to consider the cost impact of their decisions. Offering a plan that includes a health savings account, or HSA option, allows employees to use pretax dollars to pay for expenses, such as medications and co-pays. Because

plans that are eligible for HSAs carry high deductibles, premiums for such plans are generally lower. According to the Kaiser Family Foundation, small firms pay an average of \$9,794 annually toward the cost of family coverage for an HSA-qualified plan and \$3,915 for singles. For non-consumer-directed plans, small firms contribute an average of \$12,400 toward the cost of family coverage and \$4,621 for singles.

Carve out your prescription drug

benefits: Prescription drug carve-out is the option for your company to use a pharmacy benefit management company to manage the pharmaceutical component, rather than allowing the traditional PPO or HMO to package it with their services on the medical side. The biggest benefits of this option are volume discounts and formulary design from a big provider like CVS Caremark. Formulary design through the carve-out is also the best way to drive up your plan's generic usage, to provide real savings. By driving employees to pick drugs in the drug formularies, pharmaceutical benefit management companies will provide as much as 100 percent of the rebate money back to the employer that could translate into as much as 1 percent of a typical company's premium.

Verification of spousal/dependent coverage:

Employers can do an audit to verify that spouses and dependents on the health plan are actually related to the employee in question. It's not uncommon

that employers may be covering more than 10 percent more individuals than is appropriate. Employers can also include higher premiums for spousal coverage when the spouse is eligible for health care coverage at his or her workplace.

Wellness

incentives: Having

a healthier workforce will usually lead to lower health care costs. Wellness programs can offer financial or other incentives to promote health and fitness. Areas to consider include smoking cessation, nutrition or healthy living classes. Additionally, consider including health tips in regular employee communications and newsletters.

Higher deductible or co-pay for unhealthy employees:

A strategy currently in widespread use is to offer financial incentives to employees who have healthy lifestyle habits or participate in wellness and fitness programs. An increasing number of companies take the opposite approach and penalize workers for unhealthy choices, such as smoking.

Mandatory mail-order for prescriptions:

If you have mail order in

Member Snapshot:

In January 2009, FirstMerit Bank put in place a smoker surcharge of \$25.00/pay for employees that use tobacco products. The anticipated savings is expected to be around \$150K for the year in premium expense.

A smoking cessation program was introduced in March 2008 where the company reimbursed or waived copays for a 90 day supply of smoking cessation drugs, such as Chantix.

continued on page 5



DEVELOPING A STRATEGY FOR YOUR ORGANIZATION Managing Health & Productivity

BY BRUCE SHERMAN, MD, FCCP, FACOEM

Spiraling health costs, poor employee productivity, and cost containment goals that seem unattainable are issues faced by most HR and benefit professionals.

Although solutions exist, many don't know where to find them, or how to begin developing strategies that will help make a difference. Compounding this problem is that more often than not, vendor-provided programs, including disease management, health promotion and others, are often presented in a vacuum, without a clear understanding of the specific needs of prospective employer clients. Yet it makes fundamental sense to implement specific programs that directly address employer health care cost and lost productivity drivers. As well, managing vendor-provided offerings with clearly articulated metrics and performance guarantees also makes solid business sense.

To production personnel managing a manufacturing operation, this approach is nothing new. Business metrics are at the core of operations, and guide strategic decision-making. Vendors are held accountable for product standards, with penalties for quality and timeliness concerns that fall below expected standards. Why haven't employers consistently adopted this approach for health-related programs? Several reasons may play a role.

First, health data has been viewed as confidential, with employers reluctant to request performance information. Second, health plan cost – not clinical outcomes – has until recently been the primary driver of health care purchasing decisions. Third, most employers do not have sufficient internal expertise to make medical sense of the provided data to drive improvements in health care delivery. Lastly, historical precedent has dictated that health care purchasing is performed in a reasonably standard manner, with more focus on network access and discount structures rather than clinical quality; many employers feel that health plans are similar, since they often utilize the same or very similar provider networks.

But that's not all. Organizational silos have historically prompted a more substantial focus on cost management instead of the business value of health care investments. To this end, human resources departments have traditionally been viewed as a cost center, not a strategic business partner. As a result, lessons learned as part of the production process have been slow to make their way into the human resources repertoire.

It's time for human resources personnel to take a seat at the table for discussions of how they can contribute to the business strategy. Health and productivity-related programs should be viewed as important aspects of the business planning process. Much in the way that each of us has different health needs and concerns, businesses are no different. For some employers, the issue may be one of

excessive Worker's Compensation lost time injuries with prolonged disability, while for others, there may be a preponderance of high-cost diabetes cases. The key is to identify the specific cost drivers and address them using well-reasoned strategic planning and program implementation.

For example, an employer with a significant number of lost time work-related injuries may want to look closely at safety practices, and may also want to evaluate the organization's use of return to work strategies. Even when individuals are at less than full work capability, they can still contribute to business output. If they're out, then there may be a need to replace that worker with overtime or contract staff, incurring additional expense. Return to work programs help keep employees engaged, and also serve to minimize prolonged (and medically unnecessary) disability.

As another example, low employee participation in program offerings such as nurse call lines, employee assistance programs or wellness programs is a reason to take a closer look at the contracted service. There may be an opportunity to lower rates based on utilization, or negotiate for an enhanced communications offering to stimulate employee engagement. As well, performance guarantees based on utilization rates may be a worthwhile consideration to better align employer and vendor interests.

A third example relates to employee use of preventive care services. Despite widespread recognition of the value of some of these

services, their use is less than ideal. While most employers include preventive care as part of first dollar coverage, there are still some who have yet to make this benefit design change. Employers who offer these services at 100% coverage yet still have low use by employees may want to consider a number of options, including work site screenings (including blood glucose, lipids and blood pressure) as well as mobile mammography. The priorities for program selection will depend on the specific needs of the employee population.

Every employer has an opportunity to improve the value of the health and productivity-related investments made in the workforce. The key is understanding cost drivers and making the most of available data. As illustrated by the above examples, the management process doesn't have to be complex - and the resulting savings can be meaningful. ☺

BENEFIT SPEND

continued from page 3

place and want to drive up your generic use rate by another 5 to 10 percent, this approach is an option. The drug spend will decrease by maximizing your overall percentage of generics utilized and improve formulary compliance with dispensing of 90 day prescriptions instead of 30 days. Improved medication access with longer fill periods may also contribute to better chronic condition management.

Keep track of terminated employees: Ensure that all termination data is sent immediately to all vendors. This will prevent the employer from incurring health care costs after termination. ☺

It's time for employer stakeholders to develop an improved understanding as to the measurable outcomes of investments in health and productivity. Starting July 8th, and continuing on a regular schedule thereafter, Employers Health will sponsor *The Path to Healthier & More Productive Employees*. In a series of meetings and webinars, this program will provide participants with a better understanding of their own data.

The sessions will address the following specific topics in sequence, and include relevant employer-specific case studies. It is not necessary to attend successive sessions, but will be helpful in terms of maximizing the benefit derived from each session:

- Introduction to employer health & productivity data sources, metrics, benchmarks and cost drivers
- Medical/Pharmacy claims – understanding cost drivers and what to do about them
- Wellness and health promotion programs
- Promoting a culture of health through organizational policies and practices
- Disability management and return to work
- Worker's Compensation

Following completion of each session, participants should have a better understanding as to how to incorporate key process and outcomes metrics into their workforce health and productivity management practices, and appreciate the business opportunity for more effective management.

Wednesday, July 8, 2009 • 8:00 - 10:00 am • Glenmoor Country Club

Employers Health strives to provide products and services that help each member maximize the value of not only its membership in the Coalition, but also the benefits delivered to each organization's employees.

**CVS
CAREMARK**

**PROF
SOFT**

EyeMed
VISION CARE

DELTA DENTAL

HealthFitness
Empowered. Results.

COMPSYCH
— The GuidanceResources Company® —



Employers among those awaiting plan Health Care Reform Proposals

BY DAVID ULDRICKS, JD, LLM

Broad consensus has been reached among virtually all the major players in the health care reform debate: Health care reform must happen, and it must happen now.

President Barack Obama made health care reform a major pillar of his campaign platform, and already we have seen the passage of legislation aimed at health care reform. The American Recovery and Reinvestment Act (ARRA) of 2009 was enacted earlier this year. Many employers are painfully familiar with this law as it drastically changed the landscape of the rules and regulations surrounding COBRA. In addition, ARRA provides, among other things, incentives to hospitals and physicians for the adoption of electronic health records, and it provides funding for comparative effectiveness research.

But ARRA is limited in its scope and it barely scratches the surface of the changes needed to implement comprehensive health care reform. And so it seems that there is general agreement among the members of Congress to pass a comprehensive health care reform bill this year.

Thus far, the President and Congressional leaders have worked out a basic timeline: the

US Senate and the House will each try to pass a reform bill by the end of July. Then, while Congress takes its August recess, a Senate-House conference committee will thrash out a compromise bill. Returning to work after Labor Day, both houses will argue the final details and send a bill to the President in October.


As for the reform proposals themselves, the development of them has been an extremely fluid process. The Senate Finance, and the Senate Health, Education, Labor and Pensions (HELP) Committees have each drawn up their own proposals. While the House Energy and Commerce Committee, the House Ways and Means Committee, and the House Education and Labor Committee are creating a single proposal. Each proposal is unique, but there are some common themes – mandated health care insurance coverage, the creation of a public plan and insurance exchange, and the regulation of the private insurance market.

President Obama told the Chairmen of the Senate Finance and HELP Committees that if health care reform legislation includes an individual mandate, it should be accompanied by a waiver for those who cannot afford it, and that small businesses should be exempt from a requirement to provide coverage to their workers. He also stressed that reform cannot focus on expanding coverage without a “serious,

sustained effort to reduce the growth rate of health care costs.”

Obama also said he “strongly believes” a public health insurance option should be created to compete with private plans in a health insurance exchange, adding that the health insurance plans offered through it should not be able to deny coverage based on pre-existing medical conditions and should include an affordable basic benefit package that includes prevention and coverage for the cost of catastrophic care.

Meanwhile, Republicans oppose the inclusion of a public plan option in health care reform legislation. They believe that a public plan would be unfairly able to compete against private plans and the end result would be a federal takeover of the health care system. Regardless, the President remains “hopeful” many Republicans will join him and Congressional Democrats in backing reform legislation.

Given the similarities contained in each of the major health care reform proposals, it is very likely that these common themes will find their way into legislation this fall. Between then and now Congress has a lot of work to do if they are to reach consensus on a health care reform package, obtain bipartisan support, and figure out how to pay for it. 

“...a public health insurance option should be created to compete with private plans in a health insurance exchange...”

would be unfairly able to compete against private plans and the end result would be a federal takeover of the

continued from page 1

Speakers/Presentations

On-Site Medical Clinics- The Best of Times

Roger Merrill, MD
Chief Medical Officer, Perdue Farms, Inc.

Wellness in the Workplace

Raymond Zastrow, MD, FFAFP
President, QuadMed

Evaluating the Efficacy of an On-Site Primary Care Clinic

Bill Schweizer
VP and Chief Administrative Officer, A.R.E. Accessories, L.L.C.

Defining the Patient Centered Medical Home

Michael H. Bailit, MBA
President, Bailit Health Purchasing

Moving from Information to Action

Bruce Sherman, MD, FCCP, FCOEM
Director, Health & Productivity, Employers Health Purchasing Corporation of Ohio

Polk County Evidence-Based Disease Management Program

Michael S. Kushner
Risk Management Director, Polk County Board of County Commissioners

William K. Wilson Award

The William K. Wilson Service Award was presented during the Symposium. The award recognizes effort and service rendered to the Coalition which furthers its founding principles of high-quality, cost-effective health care, and is traditionally given to an individual or group of individuals. The Award was presented to West Medical - Dr. John Westerbeck, Sheelah Westerbeck, and Dr. Joseph Lach.

The recipients have been significant role models among the Stark County medical community with early adoption of iScribe, the Coalition's electronic prescribing initiative with CVS Caremark. Likewise, they were



L. to R. Chris Goff, Employers Health, Dr. John Westerbeck, Sheelah Westerbeck, Dr. Joseph Lach



Roger Merrill, MD, Perdue Farms, Inc.

the first primary care practitioners in Stark County to be accredited by Bridges to Excellence under the Diabetes Physician Recognition Program.

The Award was established in 1988 and was named in memory of Bill Wilson, a retired vice president of marketing for Diebold, Incorporated and executive secretary for the Stark County Foundation from 1979 until his death on February 11, 1988. Mr. Wilson also served on the Coalition's Board of Directors from 1983 through 1985. Wilson played a pivotal role in the founding of Employers Health Coalition of Ohio through his leadership of the Stark County Foundation, which provided the Coalition's initial funding. Mr. Wilson was dedicated to business, civic and philanthropic ventures.

The World of Medical Travel

Attendees were treated to a video presentation about Medical Tourism. Henry Konczak, an uninsured, small business owner from Canton, OH, needed a life-saving procedure which, if done in the United States, would have cost him nearly \$170,000. Like any good consumer, Henry set out in search of a better price.

Through his research, Henry discovered WorldMed Assist, a company that facilitates the connection to safe, affordable health services abroad. Henry traveled to New Delhi, India, to one of India's finest heart surgeons. The procedure went perfectly and Henry returned home in hardly any time at all, with total out-of-pockets expenses at around \$22,000. Henry, who owns a video production company, worked with Employers Health to produce the video-chronical of his journey and answered several questions from the audience based on his experience. The video can be viewed at www.ehpc.com.

Symposium Sponsors

- Abbott Laboratories
- AstraZeneca
- BAC & Care ATC, Inc.
- Boehringer Ingelheim
- EyeMed Vision Care
- Forest Pharmaceuticals
- HealthFitness
- Johnson & Johnson Health Care Systems Inc.
- Meda Pharmaceuticals
- Mercer Consulting
- Merck & Co. Inc.
- Novartis Pharmaceutical Corporation
- Pfizer
- Roche Laboratories
- Sanofi-Aventis Pharmaceuticals
- SummaCare
- Take Care Health Systems
- Wyeth



The Value of Transparency



BY MIKE STULL



The concept of “transparency” in the PBM industry has become a widespread strategy for employers across the country. Among Employers Health members, the interest in a transparent business model is high, so much so that we provide multiple options as part of our group purchasing program with CVS Caremark.

In our last RFP, we explored transparent business models in depth and learned a lot about what transparency is and what it is not.

All too often, I’ll ask employers who have or want a transparent model, “What’s the value of transparency to your organization?” I get a lot of blank stares or incomplete answers. Most often, the answer is, “I want to know what they’re making off of me.” The problem is, that doesn’t always translate into the lowest overall cost for your organization.

As an example, let’s pretend that you want to

buy a can of soup. Retailer A will sell you the soup for their acquisition cost of \$.60 plus a \$.40 mark-up for a total of \$1. Retailer B will sell you the soup for \$.75. Do you buy the soup for \$1 from Retailer A because you know it makes \$.40 off of you, or do you buy it from Retailer B for \$.75, not knowing what its margin is? Most would answer, Retailer B.

So, if your reason for being in a transparent arrangement is solely to know what the PBM is making from your account, you’re probably in it for the wrong reason. I’ve never seen an Income Statement that lists vendor profit margins alongside the expense for Health Benefits. You have to evaluate the overall bottom line impact to your organization.

Transparency itself is not a solution. Rather, it is a conduit to a solution. Transparency’s true value is in the actions an employer takes as a result of the information a transparent arrangement provides. (Consider the table on the opposite page.)

The hurdle to realizing the true value of transparency typically resides in the employer’s willingness and ability to make these plan design changes. If your plan designs are part of a union-negotiated contract, it will probably be difficult for you

to make the changes needed. If you are not comfortable telling employees why their drugs are not covered on the formulary, this approach may not be for you. If the phone is ringing with employees complaining that a retail pharmacy is not in the network makes you squirm in your seat, transparency is probably not the business strategy for you.

If you are willing and able to deal with the hassles of making transparency your PBM strategy, then the rewards can be great. There are several recommendations I’d make:

You don’t have to leap all at once

Most groups will introduce elements of transparency one step at a time. Perhaps start with a high performance formulary, and then move to restricted retail networks.

Communication is key!

Get the buy-in of your management team, and be sure to communicate with employees often.

Find good partners

Most PBM’s will provide transparent or quasi-transparent arrangements. Find a consultant that understands pharmacy benefits management and can help you devise a sound strategy. Join a group purchasing

organization where you can get better pricing and work on the strategy with your peers.

Be ready to audit!

If you're moving from a traditional to a transparent model, factor in the costs of auditing up front.

By being an educated purchaser of pharmacy benefits management services,

you can ensure that you are creating the best strategy for your organization's unique needs. Employers Health regularly provides educational opportunities regarding pharmacy management. If you're interested in an individual meeting to discuss your strategy, contact our office and we will make arrangements. ☺



Information Provided by Transparency	Strategies that Lead to Value
Negotiated Discounts at Retail Pharmacies	Create Restricted Retail Networks or incentivized co-pays to drive participants to lowest cost pharmacies.
Rebates at the Drug Level	Determine lowest net cost drugs and create a customized, high performance formulary. Create a plan design to incentivize participants to use generics and this short list of brand medications.
Cost-Plus at Mail	Typically, you can save big on generics at mail under this arrangement. Create a plan design to drive utilization to mail service pharmacies where appropriate.

Employers Health Staff Participate in Local and National Presentations & Programs

Bruce Sherman

- Understanding How Cardiovascular Disease Impacts Your Bottom Line - and What to Do About It. The Alliance Learning Circle, Madison, WI, 2009
- Value-Based Benefit Design and the Center for Employer Benefits Redesign and Implementation. Patient Centered Primary Care Collaborative Stakeholder Meeting, Washington, DC, 2009.
- Worksite Clinic Services - An Integrated Approach. South Carolina Business Group on Health Annual Meeting, Greenville, SC, 2009.
- Moving from Information to Action: Developing a Workforce Health Management Strategy. Employers Health Coalition of Ohio Annual Meeting, Canton, OH 2009.
- The Medical Home. Health Benefits and the Game of Life. Midwest Business Group on Health, Chicago, IL, 2009.
- Integration of On-Site Medical Clinics with the Patient-Centered Medical Home. Congress on On-Site Employee Health Clinics. Las Vegas, NV, 2009.

Mike Stull

- Elected to Access Health Columbus board of directors

Marcas Miles

- Elected to board of directors of Goodwill Industries of Greater Cleveland & East Central Ohio



CarePlus™ CVS/pharmacy® and MinuteClinic® Health Care Center

We know you care about your employees and want to offer them the best health care possible. But you wonder, can you do this and keep health care costs down? Seems impossible? Think again. Think CarePlus CVS/pharmacy and MinuteClinic Health Care Center, located in the FirstMerit Tower.

Do your employees need to leave work for several hours to have prescriptions filled or to get care for simple illnesses and injuries? Not anymore. Do they struggle over when and how to take time off to monitor their health responses to uncomplicated care? No need.

Our skilled CarePlus pharmacy staff and MinuteClinic practitioners can help your employees meet their whole family's health care needs: fill prescriptions, purchase over-the-counter (OTC) products, have health testing completed and common illnesses treated. And, we are open to the general public, so all your friends can benefit from our services.

CarePlus CVS/pharmacy:

- Easily transfer prescriptions from other pharmacies: Call us at **(330) 849-8509**
- Get a 90-day supply of long-term maintenance medications for the same cost as mail*
- Shop for a variety of discounted OTC items
- Consult with a pharmacist—Pharmacists are knowledgeable on prescription benefits and are available for clinical consultation
- Easy electronic prescription transfer between the CarePlus Pharmacy, other CVS/pharmacy locations and CVS Caremark Mail Service

MinuteClinic:

- Talk to a board-certified nurse practitioner who can help evaluate, diagnose and prescribe treatment
- Receive services for vaccinations, common illnesses and general health screenings
- Be seen with no appointment
- Most visits take 15 minutes or less
- Pay only your copay or coinsurance
- Provide support and education for self-care management and appropriate health care consumerism
- Send a record of the MinuteClinic visit, including results, to primary care providers, with your employee's permission

*As your plan allows.

The CarePlus CVS/pharmacy and MinuteClinic Health Care Center offers employers:

- An integrated approach to employee health: care, benefits, and data (initiatives include screenings, prevention and wellness)
- Reduced absenteeism
- Lowered direct & indirect health costs

Your CarePlus Pharmacist is available for:

- **Brown Bag Lunch:** Employees bring in all their medications and have the pharmacist review

Your CarePlus Pharmacist and MinuteClinic Nurse Practitioner are available for:

- **Lunch & Learn:** Discussions with your employee populations on a variety of disease health states

Please call Nick Salomone, RPh at the CarePlus Pharmacy to set up Brown Bag Lunch or Lunch & Learn appointments at **(330) 849-8509**.

**CarePlus™ CVS/pharmacy® and MinuteClinic®
Health Care Center**

106 S Main Street on the Corner of Main and Mill
Open to the public.

Phone (330) 849-8509 • Fax (330) 849-8514

Parking validation available upon request.

Your employees can **Meet & Greet** their local CarePlus CVS pharmacist and MinuteClinic practitioner

**We will host snack breaks from 2 p.m. to 3 p.m.
on the following days:**

Friday, July 10 and 24

Friday, August 7 and 21





EMPLOYERS HEALTH™

4143 Fulton Drive NW
Canton, OH 44718

Non Profit Org
U.S. POSTAGE
PAID
CANTON, OH
Permit No. 93

HEALTHSCOPE

Board of Directors

Larry Morgan, *Chairman*
Stark County Educational
Service Center

John Popa, *Vice Chairman*
Marlite

Mark Trushel, *Treasurer*
Mantaline Corporation

Debbie Rankine, *Secretary*
The Timken Company

Chris McSwain
Whirlpool Corporation

Sharyn Ball
Diebold, Inc.

Greg Troy
Modine Manufacturing

Ken Braun
Republic Engineered Products

Mark McLeod
City of Akron

Mark Spears
Campbell Oil Corporation

Patrick C. Herron
Wayne County Commissioners

Peg Breetz
FirstEnergy Corp.

George Whalen
Greer Steel

Charlotte Sideri
OMNOVA Solutions

Staff

Northeast Ohio

Christopher V. Goff, JD, MA
CEO & General Counsel
330-639-2290

Darcy Fiocca
Director, Member Services
330-639-2284

Marcas Miles
*Director,
Programs & Communications*
330-639-2280

Josh Doerschuk
Intern
330-639-2281

Bruce Sherman, M.D.
*Director,
Health & Productivity Initiatives*
330-639-2287

Robin Ledford
*Operations &
Finance Administrator*
330-639-2282

Coleen Gehring
*Administrative Assistant/
Receptionist*
330-639-2277

Central Ohio

Mike Stull, MBA
Regional Vice President
614-336-2883

David Uldricks, JD, LL.M.
Director, Strategic Initiatives
614-336-2883

Charity Rausch, R.PH.
Director, Analytics & Clinical Initiatives
614-336-2883

Cory Smith
Health Information Consultant
614-336-2883

Meghan Dougherty
Administrative Assistant/Receptionist
614-336-2883

Employers Health Coalition of Ohio, Inc.

4143 Fulton Drive NW
Canton, OH 44718
phone 330-305-6565
fax 330-305-9055

5400 Frantz Road, Suite 180
Dublin, OH 43016
phone 614-336-2883
fax 614-336-3042

www.ehpco.com

HealthScope is published quarterly. EHCO was founded in 1983 as a 501(c)(3) not-for-profit corporation. Its mission is to create an environment for long-term continuous improvement in the cost-effective delivery of high quality health care services for its members and the communities it serves.

Marcas Miles, Editor

A national Coalition of employers working together to improve the cost, quality and accessibility of health care through value-based group purchasing, data analytics & benefit design consultation, educational programming and legislative monitoring & advocacy.