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# HEALTHSCOPE

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



2 A Letter From Chris

4 Vendor Selection & Management

6 Understanding ERISA

8 Saving Money with OTC's

**July 23***11:00 am - Noon***Working for Prevention***Promoting Flu Season Immunizations to Your Workforce*

\*Webinar\*

**July 30***11:00 am - Noon***“Ask the Expert”****Benefit Communications Made Simple***3 techniques to create materials that actually work*

\*Webinar\*

**August 10***11:00 am - Noon***Intro to IBI****(Integrated Benefits Institute)***Resources available through Employers Health membership in IBI*

\*Webinar\*

**August 27***11:00 am - Noon***“Ask the Expert”****The Impact of Preventive Care**

\*Webinar\*

**September 14****Half-Day Employer Health Care Symposium - Cincinnati***Strategies to Build & Sustain a Culture of Health**Ethicon Endo-Surgery Training Center  
Cincinnati, OH*

Mark Your Calendar and Keep an Eye on  
Our Website for Additional Future Events!

Welcome to the Summer 2010 edition of *HealthScope*.



Dear Members and Friends,

It is with great pleasure that I welcome to Employers Health, members of the former Employer Health Care Alliance (EHCA) in Cincinnati, and its former executive director, Sharron DiMario, who will now serve as director, community initiatives. Effective June 1, EHCA merged into Employers Health (see article on page 3). Capitalizing on its data analytics platform and robust group purchasing programs for PBM services, Vision, Dental, EAP/

Behavioral Health & Wellness, the merged organization will become an even stronger force to support the employer community. Additionally, member organizations, and the community as a whole, will benefit from the combined expertise with state and national projects around hospital quality, patient-centered medical home, access-to-health initiatives and highly successful community health improvement programs.

We hosted the 11th Annual Employer Symposium on May 19, and received some of the best reviews, yet. I would personally like to thank the many speakers, sponsors and attendees that made the event such a success. The highlight of the day was a luncheon address by former Speaker of the House, Newt Gingrich. His remarks on the current events relative to health care/insurance reform were both insightful and timely.

With our ongoing commitment to keeping you informed about health care reform activities, Greg Paradiso, from member company Glatfelter, was recently invited to serve on Pennsylvania's Health Care Reform Implementation Advisory Committee. This affords Greg the position of representing employer interests in forming the state's health insurance exchange. Also, Greg was named this year's recipient of the Coalition's annual William K. Wilson Award. The Award was presented to Greg during the College for Value Based Benefits on June 9th at Glenmoor Country Club. Congratulations, Greg!

In addition to the members from EHCA, we welcomed seven new members this quarter. This brings the number of member organizations to over 200, with over 2 million covered lives nationwide.

Finally, I would like to thank CVS Caremark, and Alere for the sponsorship of this edition of *HealthScope*, and remind you to stay engaged with Employers Health throughout the summer months. We have some great informational webinars on the calendar and are planning a half day Employer Symposium in Cincinnati on Tuesday, September 14, 2010.

Sincerely,

**Christopher V. Goff, Esq.**

*CEO & General Counsel*

## TWO OHIO EMPLOYER COALITIONS MERGE

POSITIONS THE ORGANIZATION TO BETTER MEET THE NEEDS OF MEMBERS

Members and directors of Employers Health Coalition of Ohio, Inc. (EHCO) and Employer Health Care Alliance (EHCA) approved a merger of the two organizations, effective June 1, 2010. The surviving corporation is Employers Health Coalition of Ohio. Based on many years of collaboration between the two organizations, we have harnessed an organization that will better serve our collective membership as we transition to unprecedented times relative to health reform and economic recovery.

EHCO, with offices in Canton and Columbus, will maintain an office in

Cincinnati to serve existing members and meet the growing demands of new members in the Cincinnati/Dayton region. Sharron DiMario, President and Executive Director of EHCA, will remain with the organization as Director, Community Initiatives. Additional staff will join the Cincinnati office after it relocates to new offices in July. Chris Goff will be CEO & General Counsel of the newly merged organization.

Two former EHCA directors will join the EHCO Board of Directors; Craig Osterhues of General Electric

and Steve Vogel of Hydro Systems. Larry Morgan of Stark County Schools and John Popa of Marlite Corp. will continue as Chairman and Vice Chairman of the Board respectively. The new organization will serve more than 200 employers, headquartered in 17 states, representing over 2 million lives.



Chris Goff and Sharron DiMario

## MERGER BRINGS ADDITIONAL COMMUNITY QUALITY INITIATIVES INTO THE FOLD

BY SHARRON DIMARIO

The recent merger brings some unique and complementary initiatives to Employers Health. Following are brief descriptions of the various programs.

### Pharmacy Patient Coaching Program

Anthem Blue Cross and Blue Shield (Anthem) in Ohio, the City of Cincinnati, the Kroger Co. and Novartis Pharmaceutical Corporation launched the Pharmacy Patient Coaching Program in June 2008. This innovative medication therapy management program provides incentives to City and Kroger Co. active employees (and City retirees) with diabetes or hypertension to obtain pharmacist counseling for better self-management of their conditions.

Employees who are diabetic or hypertensive receive free consultations

with a Kroger pharmacist who has been specially trained to help patients manage those diseases. Working in conjunction with the participant's primary care physician, pharmacists design a personalized treatment program that includes regular follow-up visits to help ensure participants stay on track with their medication therapy. This program encourages patients to follow medication and care orders. Participating employers are waiving co-pays and/or lowering them for employees as long as they remain in the program.

Spearheaded by the City of Cincinnati, with support from Novartis, the unique collaboration marks the first time a health benefits provider has participated in a medication management therapy program of this type. Novartis has commissioned and is funding a two-year study to evaluate

how effective these measures are, analyzing both claims and pharmacist-provided data to fully evaluate the effects of the program on participants' overall health. The study results will be available by early-to-mid August 2010.

The program is modeled after the highly successful Asheville Project, a similar initiative launched in the City of Asheville, North Carolina, in 1991. As a result of the long-term education and medication therapy management, hypertensive participants in the Asheville Project significantly lowered blood pressure levels and experienced a decrease in cardiac events. These programs represent a new comprehensive health care model for individuals with chronic conditions that is both payer-driven and patient-centered, substantially improving participants' health and reducing overall health care costs for their employers.

*continued on page 11*

## Keys to Successful Long-Term Partnerships Vendor Selection & Management



BY BRUCE SHERMAN, MD, FCCP, FCOEM

When it comes to developing an effective approach to control rising health care costs, vendor management is a critical, yet sometimes overlooked component.

Done well, employers can use their purchasing power with health benefits vendors to ensure effective alignment of interests and a satisfying long-term relationship that helps to achieve both health and financial objectives. If neglected, health care vendor management may result in poor service, ineffective problem resolution, incomplete or inappropriate performance metrics, and missing or incomplete contract language.

What is vendor management? Succinctly defined, it is the discipline of establishing service, quality, cost, and satisfaction goals and selecting and managing third party companies to consistently meet these goals.

### Develop a health benefits strategy that aligns with business objectives.

Just as employees need clearly established performance goals, health benefits offerings should also be incorporated into an overall employer health benefits/health management

strategy. The strategy should incorporate identification of health-related cost drivers, in the present time (chronic diseases), as well as the future (health risks/unhealthy lifestyle behaviors). The strategy should also include clearly defined health care cost and outcome targets, as well as performance objectives. Simply put, if organizations haven't identified their objectives for health care vendors, how can they expect the vendors with which they contract to meet their needs? Affirmatively stated, human resources managers select and manage vendors to effectively optimize their opportunity to realize their organizational health management strategy.

### Clearly define vendor selection criteria and select vendors.

The vendor selection process is the opportunity for employers to ensure an effective match between vendor strengths and organizational goals. Each vendor has different strengths and weaknesses, and it is the employer client's responsibility to select the company with the desired characteristics that most closely align with organizational strategy and goals. The process of vendor selection can be considered a fine art; it sometimes can be quite difficult to differentiate between sales spin and reality in vendor materials. Yet vendor selection is essential to optimizing operational results, with failure to fully understand vendor capabilities in relation to company needs a likely recipe for disappointment.

### Negotiate from defined goals and objectives.

Vendor operations must perform within acceptable performance margins. Vendor operations should directly pertain to meeting the identified goals, including participation and health outcomes measures, vendor staff credentials and availability, employee satisfaction thresholds and financial outcomes. The selection and implementation of clearly defined vendor performance targets and performance guarantees can help to tightly align mutual goals. One of the critical components here is to ensure that there is a consensus regarding the methodology for calculating the value of provided services and the return on investment methodology, if appropriate, for the employer.

### Measure and monitor performance.

On a regular basis, employers must monitor vendor performance, provide feedback, and refine business goals based on data demonstrating vendor services and outcomes. Part of the negotiation process should be to come to agreement on identified performance metrics. One frequent trap for employers is patient satisfaction for voluntary services. If individuals are dissatisfied with the services they provide, they will discontinue service use, so the surveyed population is often self-selected for those who are satisfied with their experience. Accordingly, expect to see high levels of satisfaction. A more appropriate measure

is engagement and retention of individuals in a program. High engagement may be a function of incentives, but retention speaks to the program's ability to actively involve participants. Be mindful, though, that most outsourcing contracts are priced by vendors in a way that even if the vendor paid the maximum nonperformance penalties they are likely to still be profitable.

**Reward high performance.**

Although not widely implemented, some employers have negotiated in vendor contracts a performance incentive for outcomes that deliver quantifiable cost savings, such as lower health care cost trend that can be directly attributed to the vendor's performance. This approach encourages vendors not to just meet performance thresholds, but to exceed them. The net result is to more effectively align employer and vendor goals. One approach has been for employers to quantify the cost savings, and then share a percentage of that cost savings with the vendor.

Leading employers successfully use their purchasing power with health vendors to improve the quality and efficiency of services received by employees and their family members. Employers Health members can further their business health goals by participating in the currently available opportunities for group purchasing through the Coalition. If group purchasing with Employers Health doesn't seem right for your organization at the present time, Employers Health personnel can support your efforts with your broker/consultant to help you find partners to help you achieve your organization's vendor management goals.

Recent employer surveys regarding vendor management suggest that companies with lower health care costs seem to be looking at all aspects of their vendor relationships

for quality of care, efficiency and cost-saving opportunities. For example, these companies are more likely to have promoted integration of service delivery by respective vendors. They are also much more likely to have implemented processes to monitor the results of their care management initiatives. Notably, companies with lower health care costs haven't hesitated to end relationships with poorly performing vendors.

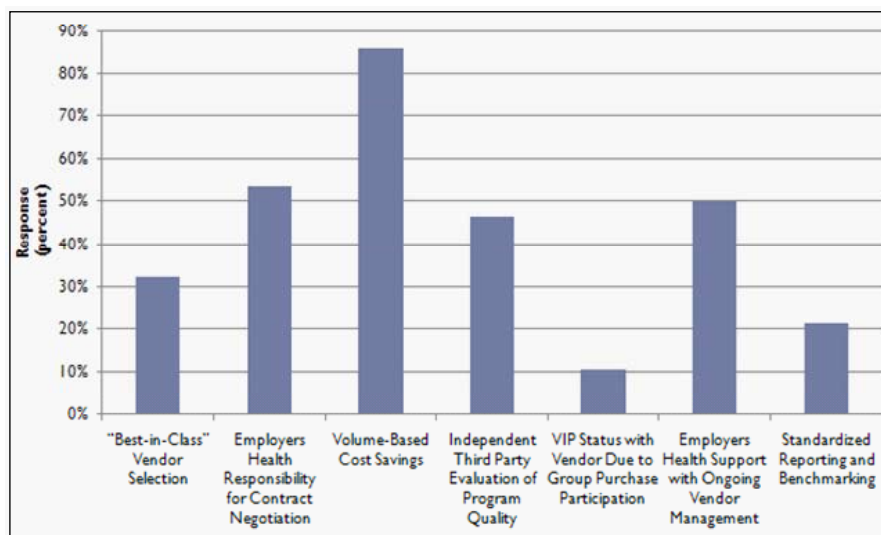
At Employers Health, we have demonstrated our effective vendor management capabilities with group purchase contracts for pharmacy benefits, vision benefits, dental benefits and employee assistance program services, with favorable pricing and performance guarantees to ensure that participating Employers Health members receive high quality, cost-effective services. Recently, we have been considering an expansion of coalition-provided group purchase services.

A survey of Employers Health employer members was performed during early June, with findings reported to the Purchasing Committee. Survey respondents noted that the most important reason for joining

the Coalition's group purchase program is the cost savings derived from group purchasing, followed by Employers Health responsibility for contract negotiation. Other reasons and their ranking are shown in the figure, below.

When asked about their interest in new group purchase opportunities, employers identified their areas of greatest interest as: incentive platform for health improvement/wellness initiatives, disease management programs, and health information content. Based on these responses, and as a first step in the process of responding to the survey results, we plan to provide educational offerings to our membership that address these three topics, including webinars, as well as current resources available to employers through Employers Health.

Experts advise employers to get serious about health-care vendor management, just as they would when they negotiate any other critical business expense. And while no one offering will answer all the diverse health care challenges facing companies, the good news is that using a systematic approach to manage your health-related vendors can make the process a bit easier. Employers Health is ready to help. ☺



Employer responses to the question: Which of the following group purchase factors provide the greatest value to your organization?



## Basic Information to Learn and Know Understanding ERISA

BY DAVID ULDRICKS, JD, LLM

The Employee Retirement Income Security Act of 1974 (29 USC §1001 et seq., 29 CFR Part 2509 et seq.), as amended (ERISA) is the primary federal law governing employment-based retirement and health benefits in the private sector.

Without question, ERISA is one of the more complex statutory schemes in our nation's history. Included with its many complications are ERISA's general pre-emption of state laws that "relate to" employee benefit plans, and the numerous other laws dealing with employee benefit plans that were enacted since ERISA's passage. There are several fundamental concepts that plan administrators need to be familiar with when administering private self-funded health benefit plans.

In addition to ERISA's general fiduciary requirements, the Act contains numerous reporting, record keeping, and notice requirements for health plans. The notice requirements include, but are not limited to, a Summary Plan Description (SPD), special enrollment notice, and certificates of creditable coverage. Other notices required by COBRA, HIPAA, WHCRA, the Newborns' Act, and Michelle's Law may be required depending on the number of employees and the benefits offered by the plan.

Employers Health makes available an up-to-date ERISA Health Plan Compliance Calendar that outlines many reporting, record keeping and notice requirements. It can be found under "resources for benefits professionals" online at [www.ehpco.com](http://www.ehpco.com).

Another source of complexity related to the administration of private self-funded health benefit plans is created by its enforcement. ERISA is administered by the Employee Benefits Security Administration (EBSA), an agency within the U.S. Department of

Labor (DOL). EBSA, together with the Department of the Treasury's Internal Revenue Service (IRS), has statutory and regulatory authority to ensure workers receive promised benefits.

The DOL regulates the applicable fiduciary, trust, and claims and enforcement requirements contained in ERISA. Requirements of coverage, eligibility, vesting, funding, and enforcement are included in ERISA but duplicated in the IRS Code and enforced by the IRS. Regulation over ERISA's reporting and disclosure requirements overlap both agencies.

The consequences of violating ERISA can be significant and complex. For violations under the regulatory authority of both the DOL and the IRS, the stakes increase dramatically. While the DOL and IRS have worked to improve the coordination between the two agencies, in some cases their methods for determining penalties associated with certain violations is different. The disconnect between the DOL and IRS can cause health plan administrators to spend significant time and effort to resolve an issue.

Health Care Reform increases the complexity associated with ERISA violations. To enforce the many provisions of Health Care Reform, the roles of both the DOL and the IRS will increase leaving more opportunity for incongruent enforcement.

Compliance with ERISA has always been important, and will only increase. To ensure your compliance, frequently consult trusted resources such as the Employers Health ERISA Health Plan Compliance Calendar and your trusted advisors. ☺

Uniform minimum standards ensure that employee benefit plans are established and maintained fairly and financially. Employers are obligated to satisfy ERISA's requirements for managing and administering private retirement and welfare plans. Individuals involved with the management/administration of those plans must:

- Manage plans for the exclusive benefit of participants and beneficiaries;
- Carry out their duties in a prudent manner and refrain from conflict of interest transactions expressly prohibited by law;
- Comply with limitations on certain plans' investments in employer securities and properties;
- Fund benefits in accordance with the law and plan rules;
- Report and disclose information on the operations and financial condition of plans to the government and participants; and
- Provide documents required in the conduct of investigations to ensure compliance with the law.



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# Using Over-The-Counter Medications Wisely



BY CHARITY RAUSCH, RPH

In the past several years, many prescriptions have become available over-the-counter (OTC), providing consumers access to medications without having to see a physician. While this could be a positive thing for consumers, the availability of OTC medications also presents risks related to potential misuse and harmful side effects. Safely using OTC products can save money and alleviate unnecessary trips to the doctor's office.

OTC medications often do more than relieve aches, pains and itches. Some can prevent diseases like tooth decay, or cure diseases like athlete's foot. Guided by advice from your doctor and/or pharmacist, OTC medications may help manage recurring conditions like vaginal yeast infections, migraines and minor pain in arthritis.

In the United States, the FDA decides whether a medication is safe enough to sell

OTC. The benefits of using the product must outweigh the risks, the potential for abuse must be low, and it must be able to be used for self-diagnosed conditions.

Selecting an OTC can be very confusing for consumers, and taking the medication still has risks. Some interact with other medicines, supplements, foods or drinks. Others may even cause issues for people with certain medical conditions. With so many products on the market that treat the same health condition, consumers are not sure what products will work best for their condition.

The first step to making a good choice in an OTC medication is to self-assess what condition you or a family member has at the time. If in doubt, consult a pharmacist or physician.

Next, determine if there are any drug allergies to the ingredients in the product. Many people have allergies to aspirin, acetaminophen, and the inactive ingredients in these medications. Not being aware of drug allergies can put the consumer at risk.

It's important to evaluate health conditions that could potentially interfere with taking an OTC medication. If a consumer has high blood pressure, taking medications to treat sinuses, flu and cold, and allergies might



have an ingredient that could elevate this condition. Those that are pregnant need to be aware of what medications are considered safe based on the stage of pregnancy.

Many prescription and OTC medications have the potential to interact if taken together. For example, Coumadin should not be taken with aspirin or any products containing aspirin. Taking the two medications together, could potentially lead to an increase in blood thinning, which does not allow the blood to clot appropriately if one is cut.

Dosing and length of therapy are the last items that should be evaluated when taking an OTC medication. Dosing for children and adults is very different. Read the label for appropriate dosing. Taking more of a medication will not decrease the length of treatment, and may lead to severe side effects. Never take a medication for longer than advised on the product label, unless you have consulted with a physician.

If you have any questions, ask your pharmacist or physician. The key is to take your time and be careful when buying and using OTC medications. ☺

## OTC's Can Save Employers Big \$\$

Employers continue to ask, "how can I decrease my pharmacy spend?" Controlling spend on prescription drugs can be difficult, with the constant rise in pharmaceutical cost. One way an employer can decrease pharmacy and medical spend is by encouraging the utilization of over-the-counter (OTC) products. There are over 80 therapeutic categories of OTC medications, which often work as well as their prescription counterparts.

OTC medications do not require a prescription or an office visit, and can be purchased practically at any local convenience store drugstore, or grocery store. Plus, employees can purchase a brand-name OTC product without paying the brand-name price often associated with non-preferred brand prescription drug copayments. The convenience and savings by employees, could lead to better medication adherence and a healthier population.

Developing a proactive and comprehensive OTC coverage strategy can be a key element to contain increasing prescription drug costs, improving patient adherence, monitoring patient behavior and tracking utilization. OTC medications such as: Claritin, Zyrtec, Prilosec OTC, and Prevacid 24 are cost-effective alternatives to other medications on drug formularies that provide the same type of relief.

Employers can add another formulary tier for OTC products, which would be set one tier below generics. For example, if the generic copayment is \$10 for a 30-day supply, the OTC copayment would be \$7 for a 30-day supply. This type of formulary decreases the out of pocket for both the employer and employee. Employers may even add these products to the current generic tier. This would provide OTC products and generic prescriptions at the same copayment.

Prescription Drug	OTC Option	Savings
Clarinetx \$133 a month	Claritin \$23 a month	83% savings per month
Xyzal 5mg \$190 a month	Zyrtec D \$28 a month	72% savings per month
Nexium 20mg \$190 a month	Prilosec OTC \$25 a month	87% savings per month

\* Plus save time and the cost of a visit to the physician\*

## Employers Health Hosts 11th Annual Employer Symposium

Approximately 320 employee benefit/HR managers, brokers, health plan representatives and program sponsors attended the 11th Annual Employer Symposium hosted by Employers Health on May 19, in Canton, OH.

With the theme "The New Picture of Health Care Benefits" attendees heard from a variety of engaging speakers on topics ranging from how employers should invest and engage in employee total health and wealth, to a high energy presentation considering the legal aspects of incentives and wellness programs.

The highlight of the day, proven by overwhelming positive feedback from attendees, was a luncheon address, via video conference, from former Speaker of The House, Newt Gingrich. After taking

time to address the most contemporary issue of health care reform, Gingrich engaged in Q&A with members of the audience. A similar half-day Symposium will be held in Cincinnati on September 14, 2010.



L to R: Elizabeth England, FirstEnergy Corp., & Kim Munro, Ethicon Endo-Surgery



Rebecca Kelly, University of Alabama



L to R: Chris McSwain, Whirlpool, & Andy Allison, Benfield Group

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<sup>1</sup>CVS Caremark Satisfaction Surveys, 2009.

"Member" refers to plan member, an individual eligible for prescription drug benefits under a plan.

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*Community Quality Initiatives continued...***Access Health 100**

In 2005, the Health Foundation of Greater Cincinnati brought together a multi-stakeholder group to develop a framework and identify key components of a regional primary care system. The goal of Access Health 100 is to achieve 100 percent access to primary health care for the people of Greater Cincinnati.

After reviewing successful models from other metropolitan areas along with regional data on the current distribution of resources within a 20-county service area, the group determined that critical infrastructure improvements were needed. In turn, the Foundation funded projects over the next few years that were tied to best practices for demonstrating not only improved access to primary care, but significant return on community investment. The initial projects included those that: reduced preventable emergency room encounters and hospitalizations; explored multi-share and other coverage models across the region; built community health outreach programs and a primary care support network for the region and provided a better-organized and streamlined delivery of donated physician care.

In 2009, AH100 established a five part strategy to guide its work:

1. Focus and customize for high risk patients.
2. Expand medical homes.
3. Achieve best use of emergency departments, inpatient, and primary care.
4. Establish a care coordination hub.
5. Deploy executive leadership in stewardship role.


AH100 has evolved over five years from a primary care committee to a regional steering committee, into a network of regional programming coalitions. Employers Health is sponsoring the August 24 Cincinnati-based event, "Access Health 100: Celebrating Pathways to Care."

**Tristate Workplace Wellness Coalition (TWWC)**

Employers recognize the significant link between the health and well-being of their employees and the organization's economic performance. Comprehensive and effective workplace health promotion programs can save

health care costs, reduce absenteeism and disability costs, and serve to improve recruitment and retention of key talent. In 2009, the Southwest Ohio chapter of the state's "Healthy Ohio Business Council" initiative and the local Workplace Wellness Information Network merged to create TWWC. The mission of the TWWC is to foster workplace cultures that promote health lifestyles and the vision is to be the leading advocate of wellness in the community.

Membership in TWWC is free and open to those individuals actively engaged in promoting employee wellness in their organizations. Members are invited to bimonthly, two hour meetings that feature guest presenters on current best practice programs and supporting research and information. Recent program topics include: the obesity epidemic, creating and developing a successful breastfeeding policy in the workplace and how to integrate local fresh food vendors and workplace food strategies. Additionally, members receive regular updates from key state wellness initiatives, access to trusted and reliable health promotion resources and network with other wellness professionals.

For more information on these community initiatives, contact Sharron DiMario 513-458-6730 / [sdimario@ehpco.com](mailto:sdimario@ehpco.com). 

## Creating and Sustaining a Culture of Health: Half-Day Employer Health Care Symposium



Rebecca Kelly, PhD, RD, CDE, Director, Health Promotion & Wellness  
University of Alabama



Jeffrey Zimon, Esq., Chair, Employee Benefits & Compensation  
Dept. Benesch, Friedlander, Coplan & Aronoff LLP

## Save the Date!

September 14, 2010 - 8:00 am

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Newt Gingrich via Video Conference  
Political Analyst/Consultant,  
Former Speaker of The House



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## Employers Health Coalition of Ohio, Inc.

[www.ehpc.com](http://www.ehpc.com)

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

3805 Edwards Road, Suite 546  
Cincinnati, OH 45209  
*phone* 513-458-6730  
*fax* 513-458-6732

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.