



HHRAM Herald September 2008

The HHRAM Herald is the quarterly member newsletter for HHRAM members. To submit an article please send an email to info@hhram.org

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Coming Events

Watch the website for upcoming regional meetings!

*Please see the website for details about coming events
<http://www.hhram.org/events.htm>*

Announcements

Kelly Weller of Tri-County Hospital in Wadena has been awarded the 2008 HHRAM scholarship!

Interested in joining the website development group? Contact Marit Brock, HHRAM Marketing Director at mbrock@mngastro.com

Want to get more involved with HHRAM? Email Jennifer Gryte at jgryte@mngastro.com for more information.

Message from the President

What an outstanding fall conference. It was wonderful to meet so many HR professionals who are new to HHRAM. Our Membership Director Rachael Redenius reported 12 people at the New Member lunch. I would like to thank our Business Partners for supporting HHRAM as we put on these conferences. Dennis Van Norman had the best golf team out there, even though they only got third place. Thanks Dennis, it was a lot of fun. Kim, Leah and Becky did a wonderful job planning the event!



This fall our Special Projects Director Kim O'Neil conducted a needs assessment to find out how HHRAM could serve its members better. Information will be shared once the totals have been tabulated. Preliminary results show that networking is considered a big value to our members.

HHRAM continues to earn awards from our national organization ASHHRA. You will read more about the awards in this newsletter,

but special congratulations to Karmen Reid for being awarded the Paul Guy Mentorship award. What an honor it is to have her as a member of HHRAM.

We are working with Maxwell SMB to put together the new website. If you are interested in being on the website development committee please contact Marit Brock HHRAM Marketing Director at mbrock@mngastro.com. We look forward to the new look and all the exciting features.

I wish you well with everything that happens this time of year in HR. Annual appraisals, benefits open enrollment and all that recruiting and staff management that never ends. Be happy, be healthy, love what you do, and remember January will be here before you know it.

With laughter
Jennifer Gryte
HHRAM President

ASHHRA Update

By Karmen Reid, ASHHRA Region 6 Consultant

Several of us will be heading down to Austin, Texas soon for the ASHHRA national conference. The agenda looks terrific, and we are really excited about this opportunity. As part of the conference, I will be hosting a Region 6 breakfast. This will be a wonderful time to network with our colleagues in other Region 6 states: Iowa, Nebraska, North Dakota, South Dakota, Kansas, and Missouri. I will also have the privilege of presenting individual awards. I'll give you more info (hopefully with photos) in our next newsletter.

HHRAM won the highest chapter achievement award again for 2007! In addition to being a wonderful "feather in our hat", it comes with hard-earned benefits. We will receive \$1,000 from ASHHRA which goes back to our general budget, which is used to further some of our HHRAM programs, such as conferences and scholarships. We also will receive 4 free annual ASHHRA memberships. We raffled one at the fall conference last week, and will do it again in the spring. Again, great benefits to reap! We will be formally recognized at a ceremony at the conference. Each year the Past President works on the chapter achievement process. It has been developed by ASHHRA as a way to guide chapters to being strong for its members. We get "points" for the many things we do such as our newsletter, website, scholarship, salary survey, community philanthropic projects, etc. The Past President gathers documentation that reflects these activities and collates them into a huge binder. It is sent to ASHHRA and judged with similar binders from other state chapters. As a regional consultant, I helped to judge the binders in the summer. I can tell you that ours was the fattest / biggest binder of them all! We received many compliments from the other regional consultants on the comprehensiveness of our work. Kudos to Leah Nelson who did this for 2007 and to Teresa Jacobson who is gathering the information for the 2008 submission.

HHRAM MEMBERS RECEIVE NATIONAL RECOGNITION

ASHHRA has recognized several HHRAM members for their outstanding contributions to the profession. These individuals will be officially recognized at the annual ASHHRA Conference October 11-14 in Austin Texas, but here is a sneak preview.

Dave Tabert, Outstanding Chapter Officer Award. Dave was nominated based on his diligence as HHRAM Secretary and his efforts to interpret and update our organizational bylaws.

Rachael Redenius, Outstanding Chapter Achievement Award. Thanks to Rachael for her tireless efforts to update our membership listings and her contributions to a more than 20% increase in membership in 2007.

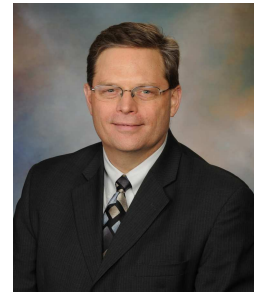
Teresa Jacobsen, Communications Award. Under Teresa's leadership as 2007 President, HHRAM improved member communications including the introduction of the electronic HHRAM Herald newsletter.

Special recognition to Karmen Reid who was awarded the Paul Guy Mentorship Award for her leadership in HHRAM and in Region 6. The Merriam-Webster Dictionary defines a mentor as "a trusted counselor or guide." A mentor is a more experienced individual who helps and guides another individual's development and this guidance is not done for personal gain. ASHHRA had the privilege of having such a mentor in Paul Guy. In memory of Paul Guy, a past president, the American Society for Healthcare Human Resources Administration has developed the **Paul Guy Mentorship Award**. The purpose of the award is to recognize members of ASHHRA who exemplify those qualities of mentorship as demonstrated by Paul Guy.

Making Health an Easy Choice: Designing Benefit Plans with Wellness in Mind

By Jim Berg, Mayo Clinic Health Solutions, Rochester, Minnesota

Employee health care benefit plans are no longer viewed as simply passive structures that provide payment for a defined group of medical services. Instead, they are now viewed as a strategic means of facilitating employee health, wellness and productivity, while reducing population health risks and the associated costs. Today's increasingly popular high-deductible health plans empower health care consumers with tools and information to help them make good decisions about their health and health care dollars. However, as employees navigate these new consumer-directed plans, it's becoming apparent that more help is needed to ensure that employees do not forgo routine and preventive care services, putting long-term health at risk.



Mayo Clinic Health Solutions works with a diverse set of companies from all over the nation regarding wellness and benefit plan design. Incorporating wellness solutions into medical benefits plan design can help companies meet their organization's financial goals *and* facilitate health risk reduction, while also rewarding employees for healthy behaviors and informed health decision-making.

Designing benefit plans that facilitate wellness makes sense when you consider that typically more than 50 percent of medical costs are driven by unhealthy lifestyle choices that lead to high-cost diseases and conditions.

By focusing efforts solely on the base of employees who already have a chronic condition or disease, employers are missing a tremendous opportunity to add value to their benefit design, not only for employees but also themselves.

A comprehensive benefit plan design should equally focus on wellness, rather than just illness. We recommend three areas of focus: First, keep healthy employees healthy by identifying health risks as early as possible. Second, engage at-risk employees in behavior-change programs. Lastly, help employees with illnesses and chronic conditions to effectively manage their disease.

Broaden Your Health Empowerment Toolbox

It's well understood that more risk factors are correlated with higher health care costs. Research shows that the health care costs for a person with five or more risk factors is more than twice that of a person with zero to two risk factors.

To impact the more at-risk population, provide a tool such as a health risk assessment to help them gauge their actual risk of health problems. A health risk assessment also can identify how motivated someone is to change, helping the employer determine what sort of intervention to offer. For those ready to change, a one-on-one high-touch intervention such as lifestyle coaching can put them on a path of long-term change by identifying personal barriers and equipping them with tools to overcome those barriers. For those motivated and ready to make a change, online behavior change tools can help them succeed. And a broad-based messaging tool such as a health newsletter can help motivate people who may be at an earlier stage of readiness.

Health Information and Decision-Support Tools

Offering tools to assist in navigating the increasingly complex system of medical care, such as cost calculators and provider evaluation tools, can impact decision-making and help move the responsibility for health care choices into the individual's domain.

Web-based personal health management tools offer organizations a convenient way to engage employees in managing health issues. It is critical to get information from a credible and reliable source, and employers can help by recommending credible sources to employees. For example, the Mayo Clinic EmbodyHealth portal, a web-based personal health management tool, was developed with the knowledge of more than 3,300 Mayo Clinic physicians and scientists who review all of the content for accuracy.

A service such as a nurse line can be an effective demand management tool to help control health care costs. By educating people on when to seek medical help to avoid unnecessary health care visits and also getting people to care before their medical issue becomes more serious and costly.

Benefit Plan Levels of Integration

Employers wanting to start integrating wellness with their benefit plan should consider these options for implementation:

- Implement health risk assessment campaign with completion incentive.
- Make a contribution to the health reimbursement account (HRA) or health savings account (HSA) based on wellness program participation.
- Provide health risk assessment data and program participation data to disease management vendor.
- Incent wellness screenings and assessments by tying them to health plan eligibility.
- Tie benefit credits to participation in wellness programs (i.e. reduce premiums, co-pay, or deductible).
- Tie benefit credits to achievement of health outcomes (i.e. reaching biometric targets or smoking cessation goal).

Wellness-Based Benefit Plan Design: Levels of Integration

No integration	1st level integration	2 nd level integration	3 rd level integration
<ul style="list-style-type: none"> ▪ Wellness program and benefit plan run completely independent of each other ▪ Health assessment data is used only at individual level ▪ Wellness participation has no effect on plan benefits or eligibility ▪ DM programs use only claims data for case identification 	<ul style="list-style-type: none"> ▪ Health assessment completion incentive ▪ Health assessment data sent to other program vendors ▪ HRA/HSA contribution based on wellness program participation 	<ul style="list-style-type: none"> ▪ Health assessment data and program participation data provided to DM vendor ▪ Employee must participate in wellness screenings and assessments for health plan eligibility ▪ Benefit credits for participation in wellness programs <ul style="list-style-type: none"> – Reduced premiums – Reduced deductibles/copayments 	<ul style="list-style-type: none"> ▪ Outcomes data drives benefit plan design ▪ Benefit credits for outcomes achievement of wellness targets verified by wellness screening <ul style="list-style-type: none"> – Blood pressure – BMI – LDL Cholesterol total – Blood sugar level – Non-smoker

Moving toward a wellness-focused plan design builds levels of integration that result in more value for both employers and employees.

Using Incentive Programs to Drive Participation

As employees are offered new choices to take control of their healthcare planning and lifestyle changes, they face new concerns and decisions. Employers also struggle to understand what will motivate employees to take action on their own healthcare.

It starts with the understanding that people need extra help to change health behaviors. Based on our experience, companies offering wellness programs without incentives might get participation from 10 percent of their population. Conversely, offering a \$50 or \$100 incentive for participation yields participation rates of over 75 percent on average. We all react to incentives.

Regardless of your incentive design, there are three critical considerations when developing an incentive strategy. First, start with the end in mind. It's essential to clearly define your organization's goals and objectives. When your goals are defined in measurable metrics, you'll be able to track your success and build a long-term strategy. Second, consider the best fit for your organization. Relate the incentive to your organizational culture. This requires an understanding of your demographics, work culture, and expectations. Lastly, think long-term. Advocate for a multi-year budget commitment to maintain the momentum of your incentive program. Create a budget that accommodates lower-valued incentives in the beginning and higher-valued incentives in subsequent years.

Once you define your incentive objectives and have chosen a reward that suits your organizational culture, expectations and budget, map out a robust communication plan for optimal results. Think ahead to keep your wellness program fresh in future years.

By focusing on wellness, rather than just illness, and using incentives wisely to drive change, employers have a largely untapped opportunity to impact employees' lives and health, while also reaping the benefits of lower health care costs, higher productivity, and improved employee morale.

Jim Berg is a population health strategy consultant at Mayo Clinic Health Solutions in Rochester, Minnesota. For more information, visit www.MayoClinicHealthSolutions.com.

Do you have information that you want to share in the HHRAM Herald?

We are interested in seeing well-written features, how-to articles, book excerpts, legal updates, best practice tips and hints, instructions, motivational articles and other articles that will help our members gain knowledge that will help their organizations and/or their career.

For the full newsletter submission guidelines please go to www.hhram.org

FALL CONFERENCE HIGHLIGHTS

Thanks to the Fall Conference Planning committee for putting on another great conference. More than 80 members attended at Sugar Lake Lodge in Grand Rapids. The curriculum included sessions on Lean Analysis and Just Culture, employee engagement, compensation and legal updates.

As always, the fall conference allowed for networking and time out for fun, including the annual golf tournament sponsored by Van Norman and Associates.

Thanks to our other conference business partners who made the event possible!



Quick Tip – Logging on to Members-Only section of Website

Go to the HHRAM website at www.hhram.org

Click on Members Only in the task bar on the left side of the web page.

User Name is your first initial and last name – all lower case

Password is the HHRAM Member No. found on the membership card mailed to you.

Having Trouble? Click on Contact Us at the bottom of the page!

The 2008 HHRAM Executive Committee

The HHRAM Board of Directors is made up of current HHRAM members and meets monthly to continue the business of HHRAM. The Executive Committee provides leadership to the Board of Directors and is elected directly by HHRAM members. We welcome feedback so please contact us with suggestions, concerns or compliments that will help us continually improve HHRAM!

President, Jennifer Gryte. Jennifer is the Human Resources Manager for Minnesota Gastroenterology in the Twin Cities. Her phone number is 612-870-5562 and email address is jgryte@mngastro.com

President-Elect, Rebecca Theisfeld. Becky is the Director of Human Resources for Cuyuna Regional Medical Center in Crosby. Her phone number is 218-546-2353 and email address is rhiesfeld@sisunet.org

Treasurer, Bonnie Barnhardt. Bonnie is the Vice President of Human Resources for Avera Marshall Regional Medical Center in Marshall. Her phone number is 507-537-9358 and email is bonnie.barnhardt@averamarshall.org

Secretary, Dave Tabert. Dave is the Personnel Representative for Minnesota Veterans Home in Minneapolis. He can be reached via email at databert@mpls.mvh.state.mn.us

Past President, Teresa Jacobson. Teresa is the Director of Human Resources for Riverwood Healthcare Center in Aitkin. Her phone number is 218-927-5587 and email address is tjacobson@sisunet.org

For a complete listing of the HHRAM board members and Region Directors please visit the HHRAM, Inc. Leadership section of the HHRAM website at <http://www.hhram.org/leader.htm>

HHRAM, INC. VISION STATEMENT

The Healthcare Human Resources Association of Minnesota, Inc. will be the professional association of choice for healthcare Human Resource Professionals, supporting the members through advocacy, innovation, collaboration, partnership, education and networking.

