The University Senate created an Advisory Task Force on Faculty Involvement in Health Plan Incentives created by Senate Assembly on September 20, 2010. The Task Force was charged to

1) Identify principles to guide the University's use of incentives in the management of health costs, and
2) Develop examples and possible options for the implementation of these incentives.

The Task Force consisted of Charles Koopmann (Medical School), Seth Hirshorn (Dept. of Political Science), John Lehman (Dept. of Ecology & Evolutionary Biology), and Marjorie McCullagh (School of Nursing). It met four times (12/3, 12/10, 1/28, 2/11) between December and February, and unanimously agreed on the following principles and recommendations.

PRINCIPLES

1. The program should seek to maintain low-risk persons at low risk for as long as possible; reduce progression of moderate and high risk persons to higher risk levels, and lower the risk of members of moderate and high risk groups whenever possible.
2. Health plan initiatives are an institutional priority in its (long-term) investment in its human resources.
3. Benchmarking should be done locally, regionally, and nationally, with similar public as well as private institutions.
4. The plan will use inclusive language when referring to providers, employing terms such as *provider* in place of *physician* or *doctor*.
5. Employers should make adjustments to work schedules to allow employee participation.
6. The incentive program will include: a) mechanisms to protect the privacy of participants; b) program implementation, effectiveness and impact evaluation components, and c) ongoing program modifications based on evaluation results.
7. The opportunity to engage in healthy behaviors is a shared responsibility between the employer, employees, and spouse. Therefore, it is in the best interest of the individual and university community to maximize healthy behaviors.
8. We have a responsibility for the health of members of the university community, whatever their level of health. As a university community, we accept risk sharing for all members of the community, and intend to avoid separating benefits by level of health. Exclusions from participation will be allowed, such as in cases of persons who are physically or mentally incapable of participating.
9. The program will focus on improving access and availability of mental health services to improve quality of life, reduce health care costs, and improve productivity.

10. Methods of meeting program expenses and level of expense of program should be based upon either equaling or exceeding the BEST practices of other employers.
11. The governance structure of the health plan initiative will be a shared responsibility of the university administration, the faculty, and the staff.
12. Whatever investment we make in the health promotion program will be viewed as an investment toward reduction of future health care costs. The university's investment must be sufficient to 'bend' the curve of (reduce) future health care costs.

RECOMMENDATIONS

1. We agree with the effort to establish a university health promotion program.
2. This program should incorporate the principles we have established.
3. Up to 25% of program operating costs may be met by employee user fees. User fees may be wage-based, and waived for the lowest-income employees. Fees should be equitable for employees regardless of personal health status.
4. Institutional resources should be committed to the university health promotion program for a period of time sufficient to establish return on investment (i.e., improving health status and bending the aggregate health cost curve).
5. The employee's investment in the health promotion program would primarily involve their engagement (i.e., time, activity); however a nominal participation fee is acceptable.
6. Performance evaluations of UM program administrators at all levels should be tied in part to their achievements in accomplishing a culture of health for their employees.
7. The program will include an evaluation component, evaluating program implementation, effectiveness and impact, making program modifications based on evaluation results. Evaluation will be limited to aggregate data, and not to the performance or outcomes of individual participants.
8. The governance of the program will include representation by university faculty and staff.
9. The design of the program should include incentives to optimize employee participation, but must not be tied to individual outcomes or health status.
10. The program should be competitive) with our peer institutions. Services should be available at campus locations for extended hours to accommodate work and class schedules, and will include both facilities for exercise as well as meditation, tai chi, yoga, etc.
11. We recommend a five year capital construction plan be designed to replace the existing intramural Buildings on Central Campus and North Campus and to augment and add to the recreational space and services available to faculty and staff. These facilities should be equal to or better than those of our peer institutions regionally and nationally, and should be placed at campus locations that optimize usage by our faculty, staff, and students.