

GA-HERO
Meeting at Kennesaw State University
KSU Center
Kennesaw, GA
May 2, 2018

NOTES

ATTENDEES:

Retirees and active employees: Ron Bohlander (Georgia Institute of Technology), David Boyd (Valdosta State University), Carol Braun (Clayton State University), Jim Braun (Clayton State University), John Bugge (Emory University), Myra Carmon (Georgia State University), Catherine Carter (Perimeter College of Georgia State University), Mitch Clifton (University of West Georgia), Bill Cody (Oxford College at Emory), Missy Cody (Georgia State University), Harry Dangel (Georgia State University), Joan Dear (Valdosta State University), Dave Ewert (Georgia State University), Daniel Hagan (Georgia Southern University), Erica Harris (Perimeter College of Georgia State University), Deborah Huntley (Perimeter College of Georgia State University), David Millard (Georgia Institute of Technology), Betty Molloy (Perimeter College of Georgia State University), Julia Perkins (Kennesaw State University), Carol Pope (Kennesaw State University), Cheryl Johnson Ransaw (Georgia State University), Don Ratajczak (Georgia State University), Ashlyn Reese (Medical College of Georgia), Anne Richards (University of West Georgia), Dutchie Riggsby (Columbus State University), Warren Riles (Georgia Southern University), Kathy Rodgers (Kennesaw State University), Janice Sanders (Kennesaw State University), Gretchen Schulz (Emory University), Kathy Tomajko (Georgia Institute of Technology), Ted Wadley (Perimeter College of Georgia State University), Mary Helen Watson (Valdosta State University), Elaine Williams (Kennesaw State University), Dorothy Zinsmeister (Kennesaw State University).

Presenters: Ken Harmon (Interim President, Kennesaw State University); Bill Custer (Director, Center for Health Services Research, Georgia State University).

1. Dave Ewert **welcomed the group** at 10:05 am and called the meeting to order.
2. **Introduction of attendees.** Persons listed above introduced themselves to one another - providing their name, the name of their discipline, and the school with which they are affiliated.
3. **Presentation: The HAPPINESS SECRET**
by Ken Harmon

Dorothy Zinsmeister introduced Dr. Harmon. She explained that he had been in the College of Business at Kennesaw State University (KSU) for a long time (in the Accounting Department). He became a Dean and a Provost at KSU, and has been serving as the Interim President there since the departure of Sam Olens. If and when he retires, she said he would possibly be writing and delivering keynote addresses on the subject of happiness, especially as related to the workplace. This is a topic he is passionate about and he has been sought after as a presenter regarding it. He also enjoys riding his motorcycle, playing guitar, and also plays golf and tennis.

Dr. Harmon said that, after hearing people introduce themselves, he was a "little intimidated" by the extremely impressive people he had learned were in the room, but was honored to be speaking to the group. "I've earned a BA, MA and doctorate in Accounting," Dr. Harmon stated, "so of course I talk about happiness." What happened, he explained, was that he began studying leadership and discovered that some in persons in positions of leadership in organizations were naturally better than others at leadership. He also liked literature. One day while in his car, he heard an interview on the radio with Daniel Gilbert, a sociologist at Harvard. Gilbert had a talent for explaining complex issues in ways that everyone could understand and had written a book entitled *Stumbling on Happiness*. The book focused on what makes people happy and what doesn't. After listening to this program, when Harmon walked in the door at home, he told his wife, "I got it" - meaning the connections to what constitutes happiness. Since then, he has been working on writing about the topic for the past 10 years. He is in the midst of writing a book called *Managing Happiness*, that aims at using research to change people and their lives. He said he is passionate about the research on happiness and said he wanted the really smart and educated people he knew to be listening to him at this meeting to understand there is real research behind what he'll be sharing.

He also promised to share a couple of secrets that will change the lives of persons who choose to abide by them. After giving similar lectures in India, Romania, and all over the US people have told him "it [what he has been saying] works."

He focused his remarks on the following question: **What truly makes us happy?** He explained that he is remarried and has an 11 year old at home in addition to a 30-year old and a third child as well. He also said he hopes to be retired one day.

He asked those in the group to think to themselves about

(1) three things that make you happy.

After a period of reflection, Harmon asked if some wanted to share what they had thought about. Responses included:

- a - My grandkids. Harmon: Someone once mentioned that grandchildren are proof you shouldn't kill your young.
- b - Happy kids. Harmon: Someone once said, "You're only as happy as your saddest child."
- c - Going for long walks in the morning in my neighborhood.
- d - Gardening. Harmon: My mother is 91 and still independent. When I mention to her that I'm out in the yard, she says "Don't you make enough to hire someone to do that?" In addition to the fact that "I'm too cheap," he said, "I absolutely love it. You can see the fruits of your labor and feel like you're doing something."

(2) three things that would make you happier.

After a period of reflection, persons shared the following:

- a - Good food that has no calories.
- b - If my son and I connected more. He works out of the country.
Harmon: Reminds me of the Cat Stevens song "Cat's in the Cradle." We all get busy.
- c - Having someone besides me who could manage all my finances (e.g., health, retirement, taxes). (Harmon: and not rip you off. I can give you a name if you want one.)
- d - Get where I need or want to be without driving.

Harmon: There has been a lot of discussion lately about "autonomous" vehicles.
e - Have the ability to travel a little more because I have the stamina, energy, and legs to do so. Now that I have the time and finances I find the idea of traveling to, say India, (where I'd have to do a lot of walking) would make me happier. Harmon: You can have a driver for next to nothing in India).

Harmon: It's interesting that you're talking about travel. I teach Executive MBA's. I'm trying to teach them about leadership and becoming a different person. Who you are is important to being a good leader. And travel stretches a person. I talk to seniors in College, young professionals, and ask them what would make them happy. Many young people say

More money.

Start that next job.

Start a family.

Get a first job.

I also do a leadership retreat and mentioned that what makes older people happy are their kids. A member of one group once said: "Did you know that research shows that the unhappiest time of your life is when you have kids?" The following year, when talking to another group, and telling persons in it about a woman in the prior group who was so angry, it turned out she was in the subsequent group but had come to a different understanding at that point. She was no longer as focused on her own happiness.

"Most people wake up every morning and work directly against their own happiness," Harmon asserted. "People think if they make more money they'll be happier. Others think they'd be happier if they were healthier. People think: "If I go *do* this thing I'll be happier."

A survey of millennials including their goals in life has shown that 80% want to get rich, 50% want to be famous. They want that first BMW, a big house.

(3) Would you rather win the lottery (and get 10 million dollars) or lose a limb?

"Many tell me that's a stupid question," Harmon said. Someone once asked: "What limb?"

Research shows that, whether you win the lottery or lose a limb, within 18 months you'll be right back to the same level of happiness. Often people think that if someone has a disease, they don't understand how such a person can be happy. People who live with anxiety and fear are working against their own happiness, however, Harmon stated.

So, what makes us happy?

Friends, Finances, Health, a Job? All of these contribute 10% to your happiness according to Harmon. And "You don't have to be great in Math to know there's another 90% there." Most people get up each day and think they will be "happier when . . ." something happens. So you get one job but before long you only want another one.

So, what is it? He then told the following story about a woman named Hannah whom he came to know. She lived in a small town in the south and was a maid who worked for a family he knew. She was very much overweight, and a diabetic. She was sober, but fighting alcoholism. She loved kids more than anybody and could not have her own. Yet she was one of the happiest

persons he ever knew. He hung out with her and fixed up her little house. Her yard was where all the kids played. She always had a cake in the oven. She beamed when she was around kids.

Then he met another person who came from a family with billions of dollars. She had a private jet and, when flying home one night, fell asleep on the plane. One of the pilots of her plane had to go to the rest room and came through the area where she was seated. His walking by woke her up and she was incensed. The next day she decided she needed a new jet with a bathroom toward the front so when a pilot had to use the restroom it would not disturb her. She didn't seem happy.

Research shows that if you lose a limb you might end up being happier than if you won the lottery, Harmon added.

So . . . the secrets to happiness . . . there are great Ted talks about this.

(1) **Primary Secret.** One of the longest research projects on individual longevity and happiness ever conducted took place at Harvard. Researchers started by studying males who were sophomores at Harvard 75 years ago. The control group was a group of boys from South Boston (who were poor, food and shelter insecure, and had lots of other issues). The study included relatives, etc., over time. The researchers did brain scans, blood work, and arranged personal interviews; and the work begun years ago has continued over time. Some of these "boys" are now in their 90's. The participants in this study achieved different things financially. Life happened to them. The results are "very compelling."

Researchers discovered that the primary factor contributing to a long life and happiness is **close relationships**. No matter what your income level or anything else (including your genetics), you can overcome problematic issues if you have close relationships. Loneliness kills. And it's not the number of your relationships, it's the closeness of them. Having close relationships means that you have someone there you can count on. Another study was done with a group of individuals who came to the US from Italy and had a record of longevity beyond the average. It was determined that those living in a particular town had bonded with one another when they came to the US.

Harmon: I ride my motorcycle with a friend who is 62. We've both gone through hell and other life experiences together. He's going through hell now. He picked up the phone and told me "I need to talk." It makes a difference having someone you can relate to like that. It could be your spouse. You might bicker every day but I hope this is someone you know you can count on, no matter what.

You're entering the happiest part of your life. Happiness is a bimodal phenomenon. In the early to mid 20's, people experience happiness. And then individuals experience it again when their kids are out of the house and they are getting into their later years. But you have to know how to pursue it.

"In retirement, find playmates." "Oh," someone might say, "Did we agree to go to dinner with them?" But you go and mostly find it was worth doing. From research, it's never too late to do this. The best way to have a good committed friend is to be one.

(2) Another Secret

Many think they are chasing happiness, but they are actually running away from it. You have to practice this secret. Some of you have played a musical instrument. You understand that when people practice, their playing becomes a part of their subconscious. It's the same with driving a car. It's why they judge pilots on the number of hours of flying time they have. It's the same thing with happiness. The secret here is you have to commit to learning to say thank you. Sounds simple, almost trivial. I dated a woman in my earlier years in Nashville. Years later, she wrote me and said, "I see you're giving talks about happiness. By the way, I'm not happy. What's the secret?" My response to her was: "Learn to say thank you." She said "I'm a good Southern woman. I write thank you notes all the time." My response was: "But you have to mean it."

At any opportunity, look for a reason to be grateful and express a thank you. Perhaps you've been in the situation at the grocery store where you're looking for a given item and someone takes you to another aisle so you can get what you're looking for. The person didn't have to do this. Say thanks.

Or perhaps you're going to lunch. Some people always find something wrong with the meal. For example, the green beans are too cold. Those people practice the opposite of what I'm talking about. "Bless their hearts," as we say in the South. They are looking for a negative. My response is, "It's one meal - you'll have more." Instead, you can focus on what's good about the meal and express your gratitude about that. I am subconsciously looking at things for which I can say thank you. It changes your life. Look at that! vs Look at that!

The first thing when you go to the office, what do you do?

Response (from someone in the audience): Open my computer and do email.

Harmon: So that's your first opportunity to send an email expressing thanks or gratitude. It makes a difference. What we find is that practicing gratitude intrinsically makes us happy.

I'm currently the interim President here at KSU. I had been Provost since 2010. Dan Papp was president and I was his Provost. I was asked initially: "Would you like to be the Provost?" I said "absolutely not." I was then asked if I would serve as Interim Provost in 2010 and I agreed to do that. It's a long story about what happened in the interim. There was a failed search for a new President. I was asked why I didn't want to be the Provost and what decision I might make if others could take care of the issues I had about becoming Provost. Dan Papp took care of those issues and I took the job.

Before Dan Papp left, he said that he assumed I would be the next President unless some other institution hired me as their President. I replied: "I don't have to be a President." Papp said: "But that's next" [for you]. And followed that with: "So what is it you want?"

My response was: "I want to wake up tomorrow and enjoy my life so it doesn't matter to me what my title is."

I was asked to apply for a job in Florida. After a couple of glasses of wine it occurred to me: I'm talking about happiness all over the world and it's about time I started following my own advice. My wife and I love the house we're in, I love my job at the university, my girls love their schools. That led me to conclude and communicate to others, "I think I'd like to stay where I'm at." That's been my thinking all along. So I'm trying to practice what I preach all these years. It's important to be grateful for what's in front of you.

So thank you for this opportunity. I love doing this. It reminds me to do the same thing. This is a room with really brilliant, smart people in it. I know what it takes to do what you're doing. Thank you very much for what you do.

Question & Answer Period

Missy Cody: I agree with you. I've printed up cards that say "Thanks for being nice and enjoy your day." I've noticed that so many people are under so much stress. Last week I was at the public library and was in the process of opening the door. A boy broke loose from his parent. I thought he just wanted to run into the library, but he held the door and said: "After you, ma'am." I gave him one of my cards. His mother said that he was too little to understand the meaning of the card but she was going to show it to his grandmother because "she doesn't think I'm raising him right."

It's a bad week to me if I don't get a thank you or appreciation for something.

Ken Harmon: And it's contagious. You pass it on.

Missy Cody: I did this because I was on the Zazzle site where you could find cards to give nasty notes to people. Instead of making people feel bad, I thought, why not do something good? You can leave a note about why you are thanking the person on the cards I have, including holding the door for you. Delta does this for employees.

Attendee: You and I have to write a grant to NIMH - to collect bloodwork to monitor what happens when thank you's are received.

Attendee: I believe you are the only person who can make you happy. I was in a difficult situation. I found that, if I smile, the situation was easier on me. Sounds polyannish, but it works.

Harmon (?): Twenty years ago I was lost in a vortex, in hell. I stopped by a bookstore and grabbed a stack of books on happiness and also on how to deal with grief and sadness and compartmentalize it. Next time someone asks what makes you happier, I'll say ME.

4. Presentation: The Evolution of Health Insurance and the Delivery of Care by William S. Custer, Ph.D.

Dave Ewert introduced Dr. Custer to the group as a person who would discuss a dynamic area that impacts us all. He explained that Bill Custer came to Georgia State University in 1995. He

serves on the USG's Total Rewards Steering Committee (TRSC). Both Karin Elliott and Marion Fedrick have supported GA-HERO for a long time. And then GA-HERO and the USG Retiree Council helped to get the new healthcare plan in operation. Dr. Custer is a Professor of Risk Management and Insurance. He helped set up the healthcare plan as the Director of Health Services Research. Before he came to Atlanta he had his own research firm. The American Medical Association (AMA) has a Health Policy Research group and he is the economist for that.

Custer explained that he had a "story to tell" about healthcare, but was happy to be deflected if people had questions as he went along. He began with some personal history. He explained that, in 1876, his great grandmother was born the youngest of twins. She weighed 4.5 lbs at birth and was a preemie. The healthcare provider looking after her in Indiana told the child's mother to keep the baby warm by putting her in a box and putting that box in the stove. This child lived to be 96 years old. His family joked that she lived so long because she was "smoked," he commented. Her oldest sister died at age 5 of scarlet fever.

When Custer worked in Illinois, the benefits in the employee healthcare plan were not good ones. Individuals paid the full amount for each dependent. He and his wife decided to leave his wife off of the plan in order to get out of debt. Four months later, however, his wife was pregnant. He said his reputation as a financial planner has "never recovered" from this error. In 1984, care was bundled and, despite the fact that there were no complications when his wife delivered the baby, he paid \$2500 out of pocket for the birth of that child. One of his granddaughters was born recently - also in a situation where there were no complications at birth - and the cost of that delivery was \$18,000.

Thinking about the care his great grandmother got and what a cousin of his got brings the word "miracles" to Bill's mind. Yet, he said, "We have evidence today that we are not getting what we pay for. The conundrum is how to reduce what we pay without losing what we get. We are living through an evolutionary/revolutionary time with regard to the way we purchase and get care."

Custer then summarized some of the **History of the Financing of Care**. [See Appendix A for slides shown during this presentation.] Baylor University Hospital was where the Commission of the American Hospital Association gave birth to the Blue Cross Program of Prepaid Hospital Service.

1805 - A statue commemorates a doctor who noticed something wrong with a patient. She was not pregnant, but had a 22 lb tumor inside her. The doctor gave her two choices: Go home and die or let me try take the tumor out and you will likely die. The woman took her chances. The doctor wanted to give her alcohol as anesthesia was not yet invented, but she said "Demon rum will never cross my lips." Instead she bit down on some leather strip. The physician took out the tumor and is now famous because his patient survived. At the foot of the statue is a bronze replica of the tumor.

By the time you get to the 1900's, hospitals come into being that are similar to ones we have now, with trained personnel. Hospitals couldn't afford to be in business, however. They were

funded through a lot of charity and donations until someone came up with the idea of health insurance.

1920 the Texas Hospital Association decided to try selling health insurance. Leaders in the association went to Baylor University to ask if Baylor would consider providing healthcare to its employees as part of their compensation package. It worked. This convinced so many people that they wanted a job in order to get health insurance. And because the pool of people getting insurance was so varied, insurers got a group that spread the risk. This is what became Blue Cross and it spread across the country.

In most insurance you indemnify yourself against a certain loss (based on a set amount). Blue Cross said it would pay a portion of a person's hospital bill instead. [Blue Cross started in 1929 at Baylor by handling hospital costs and later Blue Shield handled the cost of doctors.] They thus insure you against efficacy of care. It's a different financial promise. This model spread through the Great Depression across the nation.

If demand goes up and you can't meet it by raising salaries, you raise or offer benefits. A lot of private insurers (all hospital associations had them to stay in business).

A Brief History

1933 - Dr. Garfield's prepaid health plan in the California desert

1938 - 6500 workers were insured at the Grand Coulee Dam in the state of Washington

1942 - Kaiser shipyards in Richmond, CA and Vancouver, WA. A steel mill in Fontana, CA

1945 - Membership opened to the public

1948 - The Permanente Medical group was founded

1955 - The Tahoe agreement, role of PMGs and KFHP set

In Kaiser: physicians work for the HMO

In Managed Care - physicians are independent and sign contracts

1965 - Birth of Medicare/Medicaid. Was designed for the young and the retired and to fill in gaps of private coverage. No private insurer wanted to sell to this population. They knew their premiums would go way up if they did. Medicare was designed to look like private health insurance in 1965. Sometimes Medicare follows, sometimes it leads in how healthcare is designed. It is now driving a lot of the changes we are seeing.

Most of his students look to become health administrators or health insurance workers, Custer explained. Medicare was designed to ensure that hospitals didn't go broke. Congress at the time saw that we didn't have enough access to healthcare for the population.

National Health Expenditures Total and as Percentage of GDP (1965-2014) - [See Table in Appendix A]. This table showed that these expenditures are going up - the same as is true for energy costs (from \$1.2 billion to \$3.5 billion).

We are spending more of our income on healthcare over time. It's now at 18% of our GDP.

The average budget is now concerned about this. Lots of studies show a lot of waste in the healthcare field, e.g., too many services provided, too many of limited efficacy. But the system is designed to reward hospitals for doing more. Until the 20th century, the system hadn't measured what is actually being done to patients.

After the year 2000, age drives 2% of the costs of healthcare. But baby boomers use more as those aging into Social Security now have more lifestyle-related chronic illnesses. The big driver here is technology costs.

Question: Are you saying that the average 65-year-old now lives longer, but has more chronic conditions than the 65-year-old in 1980?

Custer: Yes, that is absolutely right. But we've also done a lot for them, making it possible for them to live another 20 years.

Question: Why is this?

Custer: A lot comes around the existence of obesity. There are many theories, but none can clearly state why this is.

One change in healthcare is addressing these problems. Who owns that? Everyone who is healthy doesn't pay the bills. No one owns the problem now of population health. We've designed a system where people fall. Insurers want to get them before they do this. Rules of rescue rather than prevention are the foundation for our current system. We need to redesign the system. The punch line - we have the target of what we want to get to, but have no idea how to get there. There are experiments now being done on us to determine this.

Figure 5.1 (1988-2017).

Distribution of Health Plan Enrollment for Covered Workers by Plan Type

72% of consumers choose the classic indemnity plan.

2017 - Silver plan gone. How we buy insurance is different now.

An epidemiological study showed that, if you were born a woman in Vermont, you were expected to live to your 80's. 20% were expected to have a hysterectomy. In a neighboring county, however 100% have hysterectomies there. There are no economic reasons for this.

Jack Wennberg has studied these variations in healthcare delivery and has concluded that some are the result of where the physician was trained. Some would provide different treatment for the same symptoms. An insurer says something is wrong because it costs more to provide services to some in comparison with others who have the same condition but live elsewhere. Insurers began forming networks and asking for a discount on the price of healthcare coverage. Over time they began monitoring costs and taking doctors out of the network if they proved too costly.

HMOs have no incentive to do more testing just because you have insurance. HMO's actually lose money if you spend too much money on tests.

So insurance moved into networks. You have insurance to get care in this manner rather than just to do anything. Contracts are becoming more related to health costs rather than crises.

If you have followed the news about the impasse between Piedmont and Blue Cross/Blue Shield, you are aware that insurers used to negotiate about the price to be paid to doctors. Now they want to negotiate who's in the network and how insurers will pay them for a bundle of services. They were arguing about what was in the bundle. Classic insurance is gone. We have networks now. Now we are asking such questions as - are the physician and the hospital in a given network? What is the prescription plan's formulary? All is negotiated to save money without reducing the quality of treatment provided. The insurance company wants to incentivize decisions made.

Now deductibles can range from a few thousand dollars to \$15,000. So the consumer has an incentive. Every plan, once you meet the deductible, is now in the network. So there's no incentive to drive people to the lowest cost imaging center.

Contracts now move to the price paid to the provider based on some measure of outcome. Insurers agree to pay for a particular treatment for the heart at a set amount, for example. Now the issue is that clinicians determine what procedure is used for what problem, what the length of stay should be in the hospital, etc. They get the same amount unless people stay longer, need more care, etc.

Experimenting is going on. Where we are going is: Shifting Risk: Degree of Population Risk Transferred to Provider by Payment System. You used to pay for each unit of service without constraints on spending. Now there's a team that wants to coordinate your care. It used to be episodic. This is what the HMO does. Insurers give the HMO a fixed amount per person and the HMO provides the care that person needs.

Movement occurs from low to high risk as follows:

Fee for Service - Paid for each unit of service without constraint on spending.

Pay for Coordination - Additional per capital payment based on ability to manage care.

Pay for Performance - Payments tied to objective measures of performance.

Episodic Payments - payment based on delivery of services within a given timeframe.

Shared Savings - Shared savings from better care coordination and disease management.

Capitation - Providers share savings from better care coordination and disease management.

We have moved from thinking about quality of individual treatment to quality of the community of individuals. Now the healthcare provider bears the risk. If I have too many bad outcomes, I get less money or may get thrown out of the network. One way to spread the risk is to get bigger. That's why we've gone in Atlanta from 20 hospitals to 4 bigger hospitals. These can bear the risk better.

Also risk management efforts are in place. Often you see physicians typing things into their computers during your visit. They are doing this to get a higher score. They ask such questions

as: Do you feel safe at home? How often do you exercise? A physician has to ask these things to get high quality scores.

Now more insurers are spending time on at-risk people.

20% of the population generates 80% of the cost with regard to healthcare spending.

Health Care Spending regarding patients:

Healthy/Low Risk	At Risk	High Risk	Early Symptoms	Active Disease
20%	40%	60%	80%	100%

For some, fees are set for service. For others, fees for service are linked to the quality of that service. These are alternate payment models on fee-for-service architecture. Some involve population-based payment.

Medicare - 30-day readmission rates are monitored.

2014 - changed how Medicare pays hospitals. Reimbursement penalties (from 1-3%) are now in place for higher rates of readmission for things like congestive heart failure, acute myocardial infarction, or pneumonia. This was expanded in 2015 to cover Chronic Obstructive Pulmonary Disease (COPD) and Total Hip Arthroplasty and Total Knee Arthroplasty. Risk is now owned by the patient and the hospital. Suddenly Medicare readmission rates became an issue. Big hospitals put money into staff to follow up with the patient. Grady Hospital doesn't do this because it doesn't have the funds to do so.

Enrollment in Medicare Advantage plans has increased between 2004 and 2017 from 18% to 33%. At first, HMO's were allowed to be marketed under Medicare. It was soon found, however that HMO's were smart. They would hold dances on the second floor of a walk-up building and those who could make it to the dance would be encouraged to enroll in the HMO. That changed so that the HMOs were disallowed from simply getting all the healthy patients.

Traditional Medicare plans now enroll about 67% of the population
Medicare Advantage plans enroll 33% (Most - 63% - are in HMO or PPO - 26%)

Medicare calculates the baseline cost for a given area of the country. The Plan says we need a plan that costs this amount. Enrollee pays the difference. Amount gets adjusted by risk and by quality of care. There is a "star rating" of 1-5 on quality of outcomes. Patient satisfaction surveys determine patient complaints. For the insurance company, payment depends on clinical outcomes. So now what physicians and hospitals do is putting them at risk.

Star Ratings are based on the following criteria:

- 30% outcomes
- 30% intermediate outcomes
- 15% patient experience and complaints
- 15% access
- 10% process.

You buy bundled-together care when you buy insurance.

In 2017, almost 2/3 of Medicare Advantage enrollees were in contracts with ratings of 4 or more stars. We're getting a more fully integrated, concentrated healthcare system. So the system can bear the risks. Without competition, costs goes up, however.

Executive Summary: We are spending more of our income on healthcare as a nation, as families, as employers. We are trying to find ways to balance the amount we spend with the quality of care we receive. The healthcare system is experimenting with ways to incentivize patients and providers to achieve better health. Those changes place more risks on providers, which reorganizes the healthcare delivery system to one of large integrated health systems. While that may mean higher quality care, it can also lead to fewer choices for consumers and higher prices.

LUNCH BREAK.

5. AROHE 2018 Meeting at Emory - Update

John Bugge distributed copies of the brochure announcing the 2018 AROHE biennial meeting at Emory [see Appendix B] and copies of a summary of topics to be addressed by program presenters [listed below on page 13 of these notes]. He also discussed these materials and related matters with the group. He expressed his appreciation for the work of various individuals on committees organized to prepare for this conference. These included the Program Committee (chaired by Gretchen Schultz, with Kathy Tomajko and Dennis Marks as members) and the "Dine Around" Committee (co-chaired by Missy Cody and Dorothy Zinsmeister). He reminded the group that this latter committee is looking for volunteers willing to drive attendees to restaurants on Monday evening (most located in downtown Decatur or in the Emory area). Missy circulated sign-up sheets and added that those who volunteer for this event can count on meeting "some very interesting people."

John explained that in choosing the **title of the ninth biennial conference of AROHE** ("Re-Creating Retirement: Connect, Serve, Celebrate!"), the planning committee wanted attendees to know that it really meant what it said. AROHE is largely responsible for supporting these aspects of retirement nationwide. And because retirees are now becoming more numerous than ever before, they are changing the nature of the state and the country.

Schedule for Sunday, October 7, 2018

John called attention to the "**Signature Event**" (**Only in Atlanta**) to be held on Sunday, October 7, 2018 from 11:00 am to 4:00 pm. This will include visits to Mary Mac's Tea Room for some down-home Southern cookin' before visiting the Martin Luther King Center and the Carter Center and Presidential Library. At the Carter Center, someone who works closely with the Center will give a talk. A "running narrative" will be provided on the bus tour. There is an extra charge for this, but John said it will be a meaningful event, even for those who live in the area.

Check-in will take place 12-7 pm on Sunday and 7:30 - ? on Monday and Tuesday.

John also noted a "**Meet Your Hosts**" reception scheduled from 2:00-4:00 pm on Sunday, in the Stuart A. Rose Manuscript, Archives, & Rare Book Library at Emory. At this event, attendees can meet members of the co-sponsors of the meeting (the Emory Emeritus College and GA-HERO). John encouraged all those in the hotel or the area to come out for the event in order to welcome attendees in the spirit of traditional southern hospitality. He said he also considered it an opportunity for Georgia's higher education institutions to meet a wider audience. This will be followed by a **banquet** at nearby Cox Hall from 5:00 - 9:00 pm.

Schedule for Monday, October 9, 2018

John described Monday as "chock-full" of activities. A **keynote address** will be given from 9:00-10:00 am by Steven Tipton, the Charles Howard Candler Professor of Sociology of Religion Emeritus at Emory University. His topic "**The Life to Come: Dreams and Doubts of Retirement,**" focuses on the "deep Sociology" of retirement. He is the author of a new book, entitled *The Life to Come: Re-Creating Retirement*.

This will be followed by Rounds 1 and 2 of three **Concurrent Sessions** focused on the general topics listed below:

- * Transforming the all-important transition to retirement - *how to make it far less arduous*
- * Starting a retirement organization - *how to start the ball rolling on your campus*
- * Integrating faculty and staff in a retirement organization - *turn a problem into a plus*
- * The Emeritus College model of/for retirement - *new ways to lead the life of the mind*
- * Creating community: communicating in real and cyberspace - *the biggest challenge*
- * Celebrating best programs and services - *redefining a culture of academic achievement*
- * Establishing value - *how retired faculty and staff become indispensable by "giving back"*
- * Sustaining retirement organizations - *how to take a start-up to the next level and flourish*
- * Partners in re-creating retirement - *finding local, regional, and national collaborators*

John encouraged attendees to think about what they do on their own campuses and whether they might want to submit a proposal describing their own best practices in one of the above concurrent sessions. If individuals have something they want to propose, he explained that they should go to the AROHE website and find the online submission form. Their application should explain how their proposed program will be creative and useful for attendees.

He also reminded the group that a **Resource Exchange Fair** is scheduled to take place from 3:45-6:00 pm on Monday, where individual retiree organizations can exhibit things they might want to share with others. Each can set up an individual table for this purpose and the hope is there will be wine and other beverages available.

Gretchen Schultz added that the Program committee hopes also that retiree organizations in Georgia will be thinking about ways in which they can showcase what they are doing in their own organizations and that institutions in Georgia will seek ways they can highlight best practices in our state. There are "still a couple of weeks" to get a proposal in, she reminded the

group. May 14th is the deadline, but the committee will consider proposals received after that date as well. Gretchen also encouraged persons to talk with colleagues on their way home from today's meeting about the possibility of contributing to the Resource Exchange Fair.

Dan Hagan mentioned that a number of suggestions about how to start a retiree organization may be of interest to attendees who are administrators and don't have a retiree organization on their campus. They can see at this meeting the "ferment of activity" involved in retiree organizations.

John also highlighted the **AROHE Plenary Panel** as a part of the program administrators and others might find enjoyable and informative. Although the full schedule is not yet known, he encouraged attendees to inform their administrators about this meeting and invite them to send someone to it.

Question: Is there a fee for registration?

Response: Yes, as noted on the brochure. The discounted fee is \$275 for members (and GA-HERO members qualify for this). This is only \$10 more than the fee charged in Seattle two years ago.

All meals are included, except Monday and Tuesday night dinners.

Gretchen also called the group's attention to a **Toolkit for Funding Support** paragraph on the brochure which offers "tips and templates to assist you in seeking funding to attend the conference." This is found on the Conference website: www.arohe2018.org

John said he also thought retirees might ask their Provosts for some funding to learn more about retiree issues, including retirement packages.

Schedule for Tuesday, October 9, 2018

The **keynote speaker** for this second day is Roger Baldwin, the Dr. Mildred B. Erickson Distinguished Chair in Higher, Adult, and Lifelong Education Emeritus at Michigan State University. He, too, has a book coming out that examines strategies for reinventing academic retirement. The title of his presentation is "**Reinventing Academic Retirement: Where Are We Now?**"

John urged attendees to come to the conference with a note pad as they may want to follow-up with what others are doing. The conference, he noted, is all about networking and sharing the wealth, making retirement better for all retirees across the country. He also explained that AROHE is thinking about transforming itself into a management center/operation to help retiree organizations do things they can't do on their own. It currently has no paid management staff.

John concluded by saying that he and others on the planning committee consider this the "best AROHE conference ever." Having been to several prior meetings, the group knows "what mistakes not to make." Great speakers have been identified and the meeting has the backup of Emory and GA-HERO. He said he thought attendees would not only have a lot of fun but would also meet great people. Dorothy Zinsmeister added that she has been to 3 conferences and the

one at Emory will be her 4th. She continues to go back because of the wealth of information offered that we can share with so many in the USGRC and institutions in the state of Georgia.

Dave Ewert mentioned that Georgia State sent two people to AROHE when that university was starting its retiree organization. They found it a "great help." Having been to a lot of meetings in his discipline, he said he had "not been to one as uniformly well run" as AROHE meetings have been.

6. USG Retiree Council (USGRC) Report

Missy Cody, outgoing Chair of the USGRC, provided this report. She explained that the Council has been working with the USG HR office to develop a retirement brochure. It should be available by mid-summer at the latest. This will provide, in uniform fashion, information on benefits provided by the USG statewide. Some campuses are large and have sizable HR staff. Some are small and have a limited HR staff. The brochure being developed will provide the same information to all. Currently schools differ in the benefits they provide retirees. At Georgia State, for example, parking privileges are free for retirees.

Missy explained that the Total Rewards Steering Committee (TRSC), which Bill Custer discussed, makes recommendations to the Chancellor and the Board of Regents (BOR) regarding benefits and compensation. Most recently, retirees have been given the opportunity to have representation on three subcommittees of the TRSC.

The Retirement Committee that looks at the ORP program

The Communications Committee that is charged with looking at communications going out to retirees and making recommendations for the kinds of communications that need to go out to retirees.

The Well-Being Committee - that focuses on how to make our campuses less stressful and improve the health of active employees and retirees.

Missy also reported that AROHE will be launching an inaugural INNOVATION AWARD program at this conference in order to highlight the creative programs, events, and activities of its member organizations. According to AROHE's January, 2018 newsletter, these awards were designed to encourage recognition, advancement, and growth of retirement organizations in higher education by

- * Creating recognition at the campus, community, national and international level;
 - * Demonstrating effective practices of higher education retiree organizations;
 - * Contributing to the body of knowledge about higher education retirement organizations.
- Missy explained that Dorothy Zinsmeister had submitted an application for this award, focusing on the significance of the creation of the USGRC as an example of the kind of coordination and collaboration that is possible among retiree organizations and the governing board of the institutions with which they are affiliated. She expressed the hope that this or other applications sent in from Georgia would be among those selected. [Editorial note: We learned following today's meeting that the recipients of AROHE's inaugural awards for 2018 will be:

Arizona State University Emeritus College and its ISEF-AZ Preparatory Program - a groundbreaking educational outreach initiative to Arizona students that involves extensive partnerships among many organizations and companies in Arizona.

Clemson University Emeritus College and its Language Skills Program - that serves international graduate students across academic programs to improve language proficiency and to mentor graduate students in its Conversation with International Students Program.

Council of University of California (UC) Retiree Associations and its Comprehensive UC Retired Staff Survey - which inventories the post-retirement activities of retirees (over 4,000 respondents) across the entire University of California system (10 campuses and 13 retiree associations) and publishes a report that is disseminated widely ("UC Retirees: Advocates, Ambassadors, Assets").]

7. Announcements

Dave Ewert thanked Carol Pope and the group of volunteers working with her (Kathy Rodgers, Janice Sanders, and Elaine Williams) who organized this meeting and provided the food enjoyed by attendees.

He also explained that meetings of GA-HERO move around the state and are generally held about 3 weeks after the USGRC meets. He announced that Bill Custer had agreed to provide the group with copies of the slides he showed during his presentation. He thanked Anne Richards for the completeness and accuracy of the notes she takes at GA-HERO meetings. He mentioned that the attendee list circulated at today's meeting was incomplete, and that Anne's notes would contain a complete list. He further stated that "best practices" shared at GA-HERO meetings have historically been included in the minutes, and expressed the hope that they would also be posted on the GA-HERO webpage under a tab/link to "Best Practices."

8. Best Practices [See Appendix C for several best practices reported at the meeting and those submitted following this meeting]

Perimeter College of Georgia State University reported that it is "most proud" of an endowed scholarship it has had for 6 years. Working on this scholarship project brought retirees together as they raised money through fund-raisers for its endowment. It was also mentioned that the retiree group at PCGSU has a "wonderful series of programs" for retirees.

Gretchen: How do students apply for this scholarship?

Response: An application process is announced. Committee volunteers go through applications received.

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University of West Georgia

Mitch Clifton, president of the Association of Retired Faculty and Staff (ARFS) at UWG, called the group's attention to a hand-out provided on a nearby table, describing the process ARFS went through to make it possible for retirees to enjoy a new benefit on campus, i.e., free membership to use exercise facilities on campus. At the start of the Fall semester 2017 this benefit was awarded to UWG retirees, which they considered a success. Mitch credited a survey to determine the number of retirees interested in this benefit and the time of their likely usage of the facilities as having a significant role in the process. He also mentioned that it took a rather long time to develop this survey. He reported that, after one month, 9 retirees had signed up for this benefit (although 40-50 noted on the survey that they might). He said he could not account for why more didn't take advantage of this benefit. It has not proven to be a big financial burden for the institution, but is very much enjoyed by those who signed up for it.

Clayton State University

Jim Braun reported that he has learned a lot from the experience of others in the GA-HERO organization and he approached the President of Clayton State University about the possibility of offering free membership in the gym facilities on that campus. The President said he could not justify this at the time of the request because the gym facilities were sponsored by the student activities fees on campus.

Jim also reported that the retirement organization at CSU built a butterfly house, complete with plants that were nicely labeled, but has discovered that people are stealing the attractive labels. In past years, retirees were presented with a paper weight with the logo of the institution on it. This year, each will get a laser-etched brick with their name, area, years of service on it and these bricks will constitute a small sidewalk around the perimeter of the butterfly garden.

Anne Richards mentioned that, at UWG, student fees had also paid for the construction of the building holding the exercise facilities. After a time, however, existing faculty and staff requested (and received) permission to use the facilities free of charge. Thus when retirees requested the same, there was precedent for granting their request.

Georgia Southern University

Dan Hagan, Vice President of the Georgia Southern University Retirees Association (GSURA), distributed a copy of the group's "membership application" which lists a variety of activities and opportunities for retiree participation on that campus. He explained that the GSURA has "stolen" a lot of good ideas from other retiree organizations. He thanked Emory University for the idea of holding a Quarterly Lecture Series and Mercer University for the Retirees Book Club. He mentioned that GSURA has a "Fitness and Fellowship" program that makes use of the gym facilities paid for by students on the GSU campus. Current faculty pay \$50/semester for use of the facility and retirees are eligible for the same fee. He reported that GSU has just gained 7000 more students and GSURA has gained 200 more retirees as a result of the merger between Armstrong State and Georgia Southern. He mentioned a Benevolence/Philanthropic committee

that supports "those financially challenged." There is \$135,000 in the corpus of an endowment for this purpose and \$500 is given to individuals (retirees or current faculty or staff) needing the funds. For additional activities of GSURA, see Appendix C.

Georgia Institute of Technology

Kathy Tomajko, 2018 president of the Georgia Tech retiree association known as the Silver Jackets, reported that the Silver Jackets meet and communicate periodically with officials in the Office of Human Resources (OHR) on the Georgia Tech campus in order to advocate for Georgia Tech retirees. The Silver Jackets have given an open invitation to OHR to attend their monthly retiree meetings. Some issues discussed with OHR recently are attempts to keep retiree benefits and perks up to date on the campus and ultimately updated on the Silver Jackets website (silverjackets.gatech.edu).

Kathy said the group was fortunate to learn at a meeting in January that the Associate Vice President of Human Resources at GA Tech had recently convened a group of campus leaders/managers to discuss a variety of campus perks and discounts [for retirees], such as parking, library services, the campus recreation facility, etc. and to create links that would be regularly reviewed by campus stakeholders and kept up to date. Currently, it costs retirees \$50/year for parking. In addition, the group is pursuing a retiree ID, which many other campuses already have, for those who want particular services. This is a work in progress but is a very important development benefiting Georgia Tech retirees.

Kennesaw State University

Dorothy Zinsmeister reported that Kennesaw has a Steering Committee in its retirement organization that talks about things KSU retirees might be interested in and how its retiree organization might expand activities for retirees. There is no president or vice president of this Committee. One idea the group has picked up from AROHE is offering grants to retirees interested in continuing with some sort of project they are involved in or might want to be involved in with an active employee or employees. Grants are offered at a couple of institutions. They do not fund salaries, but support projects. The projects have some kind of expected outcome which the university can publicize through use of the phrase "supported by KSU" or in various publications. At the present time, the KSU group is asking for funding from the university to do this. Another group that developed a similar program provided about \$2000 - \$3,000 initially but eventually went up to \$5,000 per project. The institution where this occurred was larger than Kennesaw, however. Dorothy said the Kennesaw retiree group is "putting a toe in the water" and hopes to have applications for this grant funding by Fall. She also reported that last Friday, 66 new retirees were honored on the KSU campus. The trend on that campus is for more to retire, with no sign that this is slowing down.

Gretchen mentioned that a similar long-running program existed at Skidmore and also had grant funding available for staff. Dorothy said she was also aware of other programs at the University of Minnesota and the University of Vermont and hoped KSU will be on that list next year.

Dave said he looked forward to seeing retirees at subsequent Georgia HERO meetings, and at the AROHE meeting.

Adjournment: The meeting adjourned at 1:40 pm.

Respectfully submitted, Anne C. Richards, Secretary