

February 1, 2009
**FINAL CAMPUS HEALTH CARE FEE LEVEL
RECOMMENDATION FOR 2009-2010
INDEPENDENT ANALYSIS BY
HEALTH FEE ADVISORY BOARD (HFAB)**

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Submitted to:

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February 2009

SUMMARY

The Health Fee Advisory Board (HFAB) is a student-led advisory committee that oversees the use of the Campus Health Care (CHC)¹ fee and makes recommendations regarding the fee level and allocation for subsequent academic years. This report will focus on the recommended fee for 2009-2010. During the past five months, HFAB carefully analyzed University Health Services (UHS) data, reviewed student surveys and other student fees, interviewed UHS officials and consulted with other student groups.

HFAB assessed the ability of the new Campus Health Care fee to improve the access, efficiency, and quality of care delivered at UHS, also known as the Tang Center. HFAB determined that the CHC fee revenue was generally utilized appropriately in response to students' demands and needs. Since last year's fee recommendation in Spring 2008, the Tang Center has improved in the following areas:

- Improved efficiency in each major sector of the Tang Center
- Continued implementation of the campus online appointment scheduling system, patient portal and electronic medical record (EMR)
- Successfully implemented a new communication strategy

As such, UHS has improved much from previous campus health budget cuts. HFAB has since shifted its role from regaining original service levels to improving overall UHS services through continued funding of new projects. However, in lieu of future budget cuts, HFAB has reverted to sustaining health services with only minor emphasis on improvements.

After considering the potential fee levels and the areas in need of improvement, HFAB recommends an increase of 3.0% to the existing CHC fee for the fall and spring semesters and 1.4% for the summer sessions of the 2009-2010 academic year. This amounts to an increase of \$1.50 per student for the fall and spring semesters, bringing the new CHC fee to \$51.00 per student per fall and spring semesters, and an increase of \$0.50 per UC Berkeley summer sessions enrollee, bringing the new CHC fee to \$36.50 for summer session students. HFAB recommends a small portion of the increase fund special projects in the following areas:

¹ The official name of the fee passed in the Safeguard Student Health Care Referendum.

- Medical Technology
- Primary Care and Urgent Care
- Mental Health
- Health Promotion

METHODS

This year's HFAB built upon the methodology of the previous year (where a series of meetings with a variety of UHS managers and staff had been added) by restructuring the student-only portion of the meeting to foster inclusiveness and enhanced analysis. This year's data sources consisted of various financial, utilization and survey data, as well as interviews with key staff members of various UHS departments at each meeting (see Appendix A). The review process was planned around key themes including: IT and Ease of Use, Prevention and Communication, Mental Health, and Medical Care (including Primary Care and Urgent Care). These themes were chosen based on the CHC mission – to increase UHS access and ease of use for UC Berkeley students.

Meetings were chaired by the HFAB co-chairs (two undergraduates) and attended by eight other student members of diverse backgrounds and disciplines. However, this year's board consisted of only undergraduates. There was representation from the overall student body, ASUC, Student Health Advisory Committee (SHAC), and the Committee on Student Fees. Each meeting was also attended by guest UHS representatives for each theme of interest, Claudia Covello, Executive Director of UHS, and Bene Gatzert, UHS Management Analyst. Data discussions, recommendations, follow up questioning, and drafting of this document were conducted solely by HFAB to ensure that feedback was not biased by UHS administration.

In weighing the many factors impacting the CHC fee, HFAB considered the desired improvements voted on by students in the original CHC fee referendum and reviewed impacts of the first few years of CHC funding, new trends and student feedback as communicated through surveys, access data, and the voices of student representatives serving on both HFAB and SHAC. HFAB members also consulted with campus partners including the Graduate Assembly, ASUC, and the Committee on Student Fees. Furthermore, input on future trends and gaps in services were also sought from Steve Lustig, the Associate Vice Chancellor for Health and Human Services and Claudia Covello, Executive Director of UHS.

HFAB reached its recommendation with three goals in mind: 1) to equitably represent the needs and desires of the majority of UC Berkeley students; 2) to provide UHS with sufficient revenue to continue providing high quality care and access to all UC Berkeley students; and 3) to increase transparency and accountability of where CHC monies are used.

ANALYSIS OF LAST YEAR'S RECOMMENDATIONS

In order to determine the effectiveness of HFAB and its contribution to UHS, each year's HFAB analyzes the impact of the previous year's recommendations. Each area of interest from the previous report is thoroughly discussed and scrutinized by the current board. The following areas were assessed this year:

1. **E-Tang Special Projects Fund.** Both the students and faculty consider technology to be a vital aspect of UHS. The rollout of the Electronic Medical Record (EMR) has greatly increased the efficiency of UHS. Moreover, through speed and simplicity, online scheduling has benefited both students and Tang Center officials.
2. **Communication Services and Projects.** The communication projects over the past year have shown dramatic improvement from years past. The department purchased the large poster printer and increased promotional activities to heighten awareness of UHS services. Student focus groups were conducted, a video tour of the Tang Center was created, and the department currently is working to revamp the UHS website. Although a student intern was not hired, the allocated funds were properly spent.
3. **Mental Health Hotline.** The mental health hotline was launched at the beginning of the Fall 2008 semester. Data was too preliminary to fully understand the impact of the hotline. However, the additional service to students is considered a huge success in maintaining mental health on the UC campus.
4. **Medical Equipment.** HFAB allocated a portion of funding to gain new equipment to replace outdated and obsolete machinery. Fortunately, HFAB was able to fund a brand new microscope, which should increase accuracy of diagnosis for physicians.

ANALYSIS OF FEE LEVELS

Based on the conditions of the original referendum, the CHC fee can increase, decrease, or remain the same each year without the consent of the student body. HFAB has sought to equitably represent the needs and desires of students in forming its recommendation. In keeping with this mandate, HFAB considered various levels of fees up to a maximum of 6.3% of the current CHC fee². In making our final recommendation, we were restrained by a campus administrative unit requirement that stipulated that the total fee charged per semester be rounded to the dollar or to fifty cents. Furthermore, HFAB was made aware that in order to maintain the same level and quality of service attained after CHC fee implementation, staff salaries funded with CHC fee revenue must mirror the 3.5% increase in salary and benefits inflation. Nonetheless, HFAB highly scrutinized various fee options with three overarching considerations:

The 2009-10 CHC fee decreases from the current level

HFAB considered a decrease in the current fee level in light of recent budget cuts and resulting education and registration fee increases for the 2009-10 school year. Although the advisory board acknowledges the overall increase in student fees, HFAB decided that if the CHC fee were to decrease, this would result in decreased service levels equal to the decrease plus the amount needed to cover the anticipated 3.5% increase in personnel costs. (i.e.: *the minimum amount necessary to adjust for increases in their cost of living in the coming year*). Especially pertinent to next year, HFAB members noted the negative effect of a decrease in funding in conjunction with the budget cuts University Health Services expects in the near future.

The 2009-10 CHC fee remains at the current level

Our comparison of utilization of UHS services during the 2004-5 (pre-CHC fee), 2005-6, 2007-8, and 2008-9 (post-CHC fee) academic years showed that the CHC fee is being properly funneled towards areas in which students expressed continuous need for

² 6.3% is the amount determined to be the maximum possible increase for CHC fee based on the 2008-9 and 2009-10 health care inflation rates for physician and clinical services published annually by the U.S. Bureau of Labor Statistics. This cap was stipulated in the Safeguard Student Health Care Referendum.

improvement, such as improved access to same-day appointments, time-to-next appointments, and the ability to make appointments and perform prescription refills online. If the CHC fee rate were to remain at the current level of \$49.50 per semester and \$36.00 during summer sessions, support for any improvements or special projects using CHC fee revenue would not be possible, due to an anticipated 3.5% increase in personnel costs.

The 2009-10 CHC fee increases from the current level

In order to maintain the same level and quality of service attained after CHC fee implementation, staff salaries funded with CHC fee revenue must mirror the 3.5% increase in salary inflation. Last year's CHC recommendations built into the fee a special projects fund of approximately \$22,181.00 to fund new initiatives to increase availability and accessibility of UHS services. As a result, this year's HFAB had various options to consider that could meet staff salary requirements, but could vary the percent increase of CHC. HFAB considered a variety of potential fee-increase increments (between 3% and 6.1% for the fall/spring semesters; 1.4% to 6.9% for summer sessions) that stayed below a weighted average of 6.3%. After careful analysis, HFAB found that a 3% increase (1.4% for summer) was the minimum increase possible to provide enough funds to match the 3.5% increase in salary inflation AND create a small fund of \$5,558.00 for HFAB recommended special projects.

2009-10 FEE LEVEL RECOMMENDATION

After in-depth analysis, the advisory board agreed they had sufficient information from various sources to make an educated and substantiated recommendation. We considered the potential fee levels and the areas that need improvements, and recommend an increase of 3.0% to the existing CHC fee for the fall and spring semesters and 1.4% for the summer sessions of the 2009-2010 academic year. More specifically this amounts to the following:

- Increase of \$1.50 per student per fall and spring semester, bringing the new CHC fee total \$51.00 per student per fall and spring semesters.
- Increase of \$0.50 per UC Berkeley summer session enrollee, bringing the new CHC fee total to \$36.50 for the summer session.

After adjusting for the required return to financial aid, we estimate that the recommended increase would provide enough funds to cover the 3.5% increase in salary inflation AND create a small fund of \$5,558.00 for HFAB recommended special projects in the following areas:

1. Improving Medical Care Technology and Equipment
2. Primary Care and Urgent Care
3. Mental Health
4. Health Promotion Services

HFAB chose to increase the fee level in order to maintain the current standard of access at UHS and to provide some additional support to the four abovementioned areas. HFAB would like to emphasize that even though a recommendation of 6.1% was possible, HFAB would not recommend the maximum increase. This year's advisory board was particularly sensitive to the overall climate of increasing fees and was particularly concerned about the effect of the current financial crisis on students. HFAB hopes to highlight on behalf of its constituents, through its ongoing support of CHC, that we as a student population are committed to and highly value working with UHS to continuously improve access to high quality care.

SPECIAL PROJECT AREAS

After successfully analyzing each major aspect of UHS, utilizing the data and knowledge gained over the past months, HFAB has determined a number of specific recommendations for the use of CHC funding. Similar to the previous year, continuous funding for increased staffing was considered too high of a cost to maintain and a significant burden for future HFAB committees. As a result, HFAB recommends that the special projects funding be allocated to the areas listed below.

Areas Needing Accessibility Improvements

Following the theme of improving accessibility and maintenance, HFAB has identified several key areas for development that should be made in an effort to enhance overall student health and experience with UHS. HFAB recognizes the hard work and commitment UHS administration, staff and employees have toward serving the UC Berkeley community and thank the UHS administration for considering the following recommendations:

- 1) **Improving Medical Care Technology and Equipment:** With the continuing advancement of technology, HFAB recognizes the importance of improved accessibility and allocates 40% of funding towards new kiosks that would help automate appointments and other necessities. HFAB also supports the notion that viable medical equipment is a necessity and hopes the allocation will catalyze repairs and/or new purchases.
- 2) **Primary Care and Urgent Care:** To continue to provide outstanding health services to students, HFAB recognizes the importance of Primary Care and Urgent Care quality and allocates 20% funding towards maintaining the quality care and service, as well as improving in those areas needed. HFAB hopes to continue to see the high-caliber of professionals helping students as well as group meetings to make sure that students are receiving the necessary attention during appointments.
- 3) **Mental Health:** After extensive research on student mental health through data organized by both Claudia Covello and Bene Gatzert and professionals in the field, HFAB recognizes the need for attention and allocates 20% of the funding

towards awareness, communication, and improvement when dealing with mental health issues. As student mental health is one of the most pressing issues facing the UHS, HFAB deems this step necessary to maintain and improve the quality of care.

- 4) **Health Promotion Services:** Lastly, HFAB recognizes Health Promotion Services as an important component when dealing with accessibility. Hence, HFAB will allocate 20% of the funding towards the HPS in order to maintain services and continue to increase student accessibility.

NOTES FOR FUTURE HFAB

As the function and role of HFAB continues to evolve, there are many things that this year's committee learned and would like to pass on to future committee chairs and members.

- Future HFABs should continue to examine their role, mission, and priorities as a committee. The purpose and language of the original referendum should be critically re-assessed through the lens of today's campus climate and needs.
- This year's HFAB found it useful to rank the various UHS departments by priority in funding before the presentations process began. After every presentation, these rankings were reassigned based on the content and discussion of that day, allowing us to view departments relative to one another and within a relevant context. Such a process is recommended to future HFABs because of its ability to determine direction, priority, and perspective for the committee (for example, using the health fee for maintaining versus embellishing services) as well as create an effective and efficient process for HFAB members.
- It is useful to be provided with information about how last year's health fee funds were utilized. This allowed us to see any differences between how UHS thought they might use the funds to achieve the recommended goals and what actually occurred, and helped us to understand how we might adjust our recommendations for the future. Thus, we urge our successors to also assess past health fee impacts in order to make educated decisions in fee allocations for the future.

Given the current economic downturn, there are several factors and practices we had to consider that future HFAB committees could benefit from keeping in mind as well:

- Because of the financial burdens being placed by budget strains and cutbacks, we urge future HFAB committees to consider the role of the health fee within a large, more holistic framework. Fluctuations of the health fee should be decided upon after considering fluctuations of other campus and registration fees as well as tuition increases. Such an approach allows us to take into account the total impact of the health fee on the student body by preventing us from operating within a vacuum.

- Previous HFAB surveys and studies identified \$50.00 as the fee threshold after which student fiscal support for University Health Services is questionable. As the 2009-10 health fee surpasses that amount, future HFAB committees will need to seek out and monitor student feedback in ascertaining whether there continues to be student support for UHS and whether future increases remain affordable.

Lastly, transparency continues to be a high priority for HFAB, its methodologies, and its publications. As any fee increase is approached with criticism and skepticism in our economically difficult climate, accountability and thoroughness are necessary in maintaining the credibility of HFAB on the UC Berkeley campus.

THANK YOU

HFAB wishes to thank the many UHS administrators, clinical staff, and campus staff that allowed HFAB to objectively examine the effects of the current CHC allocation on student health services. A special thank you goes to Bene Gatzert and Claudia Covello for their time and effort in helping to gather data and lead the committee through its examination of UHS services. HFAB would also like to thank the Student Health Advisory Committee, the ASUC, the GA and the Committee on Student Fees for their input and recommendations.

APPENDIX A: DATA REVIEWED

1) Evolving History/Context of the Health Fee and Financial Information to Support Fee Level Analysis

- Evolving context of the Campus Health Fee
- Health Fee history: Finances, Student Experience and UHS Operations 2000-2006
- Health Fee: Questions and Answers
- Campus Health Care Fee Background Information
- Campus Health Fee Referendum Language
- Health Fee Expenses and Revenue 2007-08
- Health Fee Allocation 2008-09
- Summary of all UC Berkeley Student Fees
- Overall UHS Budget Picture
- UHS Funding Sources
- UHS Students Advisory Committees and Their Various Roles
- UHS Student Feedback Flow Chart
- UHS Client Satisfaction Data
- UHS Utilization Data
- Final Campus Health Care Fee Level Recommendation for 2006-07
- Final Campus Health Care Fee Level Recommendation for 2007-08
- Final Campus Health Care Fee Level Recommendation for 2008-09
- What Potential HFAB Decisions Means
- Results of Student Health Advisory Committee (SHAC) Feedback Survey on Health Fee Levels for 2009-10 and HFAB Special Project Funding Ideas
- Financial Estimates Provided for Fee Level Estimates

2) IT and Ease of Use

- Ease of Use and Information Technology (IT) Funding
- eTang Project Overview
- eTang Funding Overview and How Health Fee Funding Was Utilized
- Online Scheduling Overview
- Online Scheduling Statistics
- Pre and Post Campus Health Fee Medical Appointment Line Use
- Interviews with UHS Managers
 - John Hawkins, Information Services Manager
 - Adriana Schoenberg, NP

3) Prevention and Communication

- Health Promotion and Communication: Background Information
- UHS Communication Efforts from 2007-08 and How Health Fee Funding Was Utilized
- UHS Communication/Marketing Plans for 2008-09
- Health Promotion Priorities for 2008-09 and 2009-10
- Update on How Health Fee Funding for Health Promotion Was Utilized

- Interview with UHS Managers
 - Kim LaPean, Communications Director
 - Cathy Kodama, Health Promotion Director (*unexpectedly unable to attend but provided handout*)

4) Mental Health

- Funding for Counseling and Psychological Services (CPS), Social Services and Psychiatry
- Overview of Mental Health Services offered by UHS
- Update on After Hours Counseling Line Implementation and How Health Fee Funding Was Utilized
- UHS Mental Health Information and Utilization Data (Psychiatry, Counseling, Social Services)
- Role of New Registration Fee Monies for Student Mental Health
- Creating Healthier Campus Communities: A Tiered Model for Improving Student Mental Health at the University of California
- Interviews with UHS Managers
 - Jeff Prince, CPS Director and Supervisor of Psychiatry
 - Paula Flamm, Social Services Manager
 - Brad Buchman, UHS Medical Director

5) Medical Care (Primary and Urgent Care)

- Overview of Medical Services
- Appointment Access Data
- Share of Office Visits by Clinic
- Top 20 Medical Diagnoses in Primary Care and Urgent Care
- Student Self-Reports: Top Health Concerns
- Cost Estimates Requested by HFAB (Staffing, Equipment)
- Interviews with UHS Managers
 - Brad Buchman, UHS Medical Director
 - Jo Billington, Clinical Services Operations Director
 - Bob Keeves, MD

