

January 31, 2010

**FINAL CAMPUS HEALTH CARE FEE LEVEL
RECOMMENDATION FOR 2011-2012**

**INDEPENDENT ANALYSIS BY
HEALTH FEE ADVISORY BOARD (HFAB)**

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February 2011

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EXECUTIVE SUMMARY

The Health Fee Advisory Board (HFAB) has worked together to capture and project the voice and needs of the students of UC Berkeley. As a student-led advisory committee, HFAB uses the student perspective to suggest the best level and allocation of the Campus Health Care (CHC) fee, which all students are accounted for, for the greatest benefit of the students. This report will focus on the recommended fee for 2011-2012.

Over the past six months, HFAB analyzed student surveys regarding services provided by the University Health Services (UHS), also known as the Tang Center, and received input from students organizations (Associated Students of the University of California, the Graduate Assembly, Committee on Student Fees, and the Student Health Advisory Committee) to get a better idea of where students stand on the health fee and the level and quality of health care provided by UHS. This helped shape interviews that were conducted with the different department directors of the Tang Center, particularly directors from Medical Services, Information Technology, and Counseling and Psychological Services. With information on the students' and the departments' stance on the health fee and the services provided by UHS, HFAB had been able to form a recommendation on the CHC's optimal fee level and its subsequent allocation for the 2011-2012 academic year.

In general students are satisfied with the current state of the university's health care. However, the University Health Services has been coping with continued budget cuts since 2002, with another \$2 million permanent Registration Fee budget cut for the 2009-2010 school year. Due to the 32% increase in registration fees and the 4% employee pension fund contribution requirements beginning in Fall of 2010, last year's HFAB was sensitive to the students' economic environment and did not increase the CHC fee enough to completely sustain

employment and services. This year, the University Health Services faces an additional 3% increase to employer contributions to retirement plans, effective July of 2011, and further staff reductions as mandated by the campus Operational Excellence initiative. These new developments have put the Tang Center in a tight monetary situation, characterized by the staff's countless efforts to adapt to the changing financial environment. HFAB, in its partnership with UHS, remains committed to improving the access, efficiency, and quality of care delivered at the Tang Center.

While previous HFABs have reverted their focus from improving services to sustaining the quality of care at UHS, continued budget cuts illicit the adaption of improvements that will help the Tang Center cope with continual decreased funding. The different UHS departments and students surveys agreed that the Tang Center could greatly benefit from an increase in funds from the CHC fee. In one example, the majority found it worth investing in the Information Technology (IT) for Electronic Medical Records and Patient Portal. Funding for IT could improve the efficiency of the university's current system. The electronic system can help save the UHS time and money while also improving the patient's experience.

As a result, HFAB recommends the maximum total increase of 4.7% in order to accelerate information technology efforts that will help increase efficiency throughout UHS, thus impacting every department and directly increasing the quality of students' care. Students will experience an increase of \$2.50 per fall and spring semester, bringing the new CHC fee to \$54.50 per person per semester. Subsequently, UC Berkeley Summer Session enrollee will experience an increase of \$1.50, bringing the new CHC fee total to \$38.50 per student for the summer session.

CONTEXT

Although the economic climate has shown signs of improvement since 2009, the Tang Center continues to experience further budget reductions for the upcoming fiscal years. When HFAB began meeting at the start of the Fall 2010 semester, UHS had been coping with these budget shortfalls for an elongated period. In the 2009-2010 school year, UHS faced a new \$2 million permanent registration fee cut and consequently has worked arduously to find a balance between staff reductions, efficiencies and student fees. Furthermore, Tang is required to increase their employer contributions to retirement plans by an additional 3% beginning in July of 2011.

Last year, the Health Fee Advisory Board recommended that the Campus Health Care Fee (CHCF) be increased by 2%, an increase that still resulted in cuts to services at UHS. Not only was UHS funding faced with cuts from the CHCF, but UHS was also required to decrease services as health care costs increased at a rate faster than inflation. However, prior HFAB members were sensitive to the rising student registration fees at the time and even the maximum increase would have yielded a decrease in UHS funding.

UHS receives funding from three main sources; the Student Services Fee, co-pays and the campus health care fee, which is subject to HFAB's recommendations. Because UHS's usual funding from UC registration fees has been cut, UHS needs to increase the latter two sources of revenue to maintain quality student health services. As a result, HFAB had four options regarding 2011-2012's CHCF:

1. Decrease the health from its current \$52.00 per semester, and \$37.00 per summer term level, which would result in a reduction of services that UHS can offer.
2. Maintain the fee at its current level, which would result in a reduction of services due to the increased cost of medical care

3. Raise the fee by \$2.00 a semester, and \$.50 per summer term, meaning UHS will be able to maintain its current level of services, but will not be able to offer any new services.
4. Increase the health fee by up to \$2.50 a semester, and \$1.50 per summer term to maintain current service less and generate up to \$19,800 in additional revenue for improvements at the Tang Center.

Any money generated by the campus health care fee would not be sufficient to hire a full time employee or fully fund a specific program, but could provide the funding base required to catalyze a project, such as the acquisition of Patient Portal and Electronic Medical Records Program.

Tang Center medical directors explained that their departments had been coping with the deficit by taking extensive measures to increase efficiency, so as to maintain UHS services as much as possible despite the funding deficit. The department directors also spoke to the future, explaining that efficiency could be further improved by using electronic health records in all departments within UHS and beginning the use of an online Patient Portal. These two programs would reduce the staff needed to perform administrative tasks, and the Patient Portal would allow physicians to communicate with patients, and even conduct some appointments electronically.

METHODS

This year, HFAB continued the methods of the previous year's HFAB. The data that HFAB analyzed consisted of various financial statements, charts and graphs displaying historical health fee allocation and utilization trends, and surveys. The interviews with key staff members of various UHS departments were also discussed, and the specific issues that each staff member emphasized during the interview were taken into deep consideration. During HFAB meetings, HFAB reviewed key themes central to the CHC mission of increasing UHS access and ease of use for UC Berkeley students. These themes included IT and Ease of Use, Health Prevention and Communication, Mental Health, and Medical Care (including primary care, urgent care, and the advice nurse). After HFAB met with representatives of the various departments, they then discussed the departments' needs and priorities relative to the students' needs. This discussion section and the final decision-making process were kept exclusive to the student members of HFAB to enhance open communication amongst HFAB members and to limit bias from UHS representatives.

Meetings were chaired by the HFAB co-chairs (two undergraduates) and attended by seven other student members of diverse backgrounds and disciplines. This year's HFAB was composed of eight undergraduates and one graduate student. Overall, the board consisted of direct representation from the overall student body and the Committee on Student Fees. The opinions of the ASUC, the Graduate Assembly, and Student Health Advisory Committee (SHAC) were also incorporated through surveys and separate meetings that the co-chairs facilitated with each student group. Each HFAB meeting was also attended by guest UHS representatives Claudia Covello, Executive Director of UHS, and Bene Gatzert, UHS Management Analyst.

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. In addition to this, HFAB took into consideration new trends in budget cuts and the economic environment, student feedback as communicated through surveys, numerical data, and the voices of the student representatives (see Appendix). HFAB members also consulted with campus partners including SHAC, the Graduate Assembly, ASUC, and the Committee on Student Fees. Furthermore, Claudia Covello and Bene Gatzert both helped to educate HFAB members on current healthcare trends and gaps in services and typical problems that the Tang Center was facing.

Overall, 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 RECOMMENDATION

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. This past year's fee level did not allow for any special project funding due to employer contributions to the retirement plan and sensitivity to the campus economic climate. Nonetheless, the following areas were assessed:

1. **Medical Care and Technology Equipment [E-Tang]**: UHS has continued progress with developing a patient kiosk at the lobby and expanding online scheduling. Both of these projects show a potential decrease in employee expenditures in the long run, increasing the Tang Center's efficiency. The online scheduling expansion has allowed for more appointment scheduling for more clinics in the Tang Center and electronic health records are now in use by several but not all of the departments. UHS is also planning to implant a patient portal to expand self-service options and further increase efficiencies. Due to issues in ease of use in the patient portal software (e.g. new login ID's and passwords), high development costs, and an indefinite timeline, it is difficult to determine when the patient portal will be completed.
2. **Primary Care and Urgent Care**: Decreases in funding from campus registration fees have directly affected both the Primary and Urgent Care clinics, regardless of the presence of the CHC fee. Due to fewer financial resources and the campus hiring freeze, access to the UHS has affected the morale of staff and has increased appointment waiting

times for students. However, the Tang Center received approval at the end of the semester to fill a few physician vacancies.

3. **Mental Health/Counseling**: Visits and appointments made for Mental Health and Counseling have increased, overwhelming the understaffed departments. Even though they haven't made noticeable advertisements on campus or in dorms, off-site clinics have also been utilized at a noticeably higher rate. However, with less staff at hand, more work is being distributed between less staff members.
4. **Communications/Marketing**: While the Communications Department does not receive direct funding from the CHC fee, it continues to work with HFAB in order to improve student access and awareness of the UHS's services. Currently, Communications has launched the e-newsletter and various promotions through social networking sites such as Facebook and Twitter in order to raise health awareness and to remind students of Tang Center services. With HFAB project funds (that can go to Communications on a year-to-year basis), the Communications department has been able to revamp the UHS website with a paid student intern.

ANALYSIS OF FEE RECOMMENDATION

The conditions of the original referendum allow the CHC fee to increase, decrease, or remain the same each year without the consent of the student body. In accordance with this mandate, HFAB considered various levels of fee changes, varying from a 20% cut to a maximum increase of 4.7% (the maximum possible increase for 2011-12 based on the Bureau of Labor Statistics inflation rates).

Additionally, unionized staff required contractual salary increases, as opposed to other staff raises which were at the discretion of management. As a result, a 0% increase in health fees would translate into a decrease in resources available to the Tang Center. Furthermore, the required employer contribution of an additional 4% of salary to employees' pension funds exacerbated this problem.

The 2011-12 CHC fee remains at the current level

HFAB dismissed options that would not at least maintain current services after much deliberation. It was concluded that the drop in resources caused by maintaining the fee would be too drastic for the Tang Center. Feedback from student surveys and SHAC emphasized the importance of maintaining services at the Tang Center, which would be impossible with a 0% increase.

The 2011-12 CHC fee increases from the current level:

Student body surveys revealed an interest in fee increase given that additional funding will increase service quality at the Tang Center. Furthermore, all departments at the Tang Center expressed that more funding would improve services and less would cut services. A 4.0%

increase was necessary to maintain services while a 4.7% increase could provide additional funding to improve services.

HFAB wanted to ensure that the additional funding from a 4.7% increase compared to a 4.0% would be enough to positively influence services. Members did not wish to increase beyond necessity if the benefits were minimal. Under this option, an estimated \$111,867 would be allocated towards maintaining the current service level while an estimated \$19,800 would be available for extra projects. Within the given timeframe, HFAB was unable to obtain the exact timeline with which the technology improvements under consideration would be completed. However, interviews from each of the departments suggested that improvements in the information technology would deliver further efficiency to all other departments and increase the quality of health services provided by the Tang Center.

2011-2012 FEE RECOMMENDATION

After evaluating the needs of the student body against the needs of the Tang Center through departmental interviews, data, and surveys, the advisory board recommends a fee increase of 4.7%. Given student demand for quality health service, and Tang center staff requests for efficiency gains, particularly in the IT department, HFAB recommends implementing the maximum fee increase to the existing CHC fee for the fall and spring semesters. In absolute terms this amounts to the following:

- Increase of \$2.50 per student per fall and spring semester, bringing the new CHC fee to \$54.50 per person per semester.
- Increase of \$1.50 per UC Berkeley Summer Session enrollee, bringing the new CHC fee total to \$38.50 per student for the summer session.

Given the results of surveys from student body representatives as well as interviews from Tang Center staff, it is clear that maintaining high quality service at Tang is very important. With this in mind, HFAB determined that investments in IT would best address this goal. In order to best facilitate investment in IT so that its impacts are felt by students as soon as possible, HFAB determined that the maximum fee increase would be most effective at increasing efficiencies at Tang and providing students with high quality care. Although this fee increase represents an increased burden on students, HFAB believes that having outstanding health service is a goal shared by the student body at Cal, and it is one that students are willing to pay for in order to maintain.

SPECIAL PROJECT AREAS

For the 2011-2012 school year, HFAB recommends the extra project money amounting to approximately \$19,800 be allocated to IT in order to accelerate the shift to confidential electronic patient communication (i.e., patient portal), and electronic medical records.

Representatives from every UHS Department (including Medical Services, Counseling & Psychological Services, Health Promotion, and Information Technology) have stressed to HFAB the importance of enhancing information technology in order to increase efficiency at Tang, thereby improving the patient experience. However, recent budget cuts[1] combined with increased utilization rates[2] have led to longer wait times – both to receive a non-urgent appointment (about two weeks) and at the time of one’s appointment. For this reason, HFAB recommends that UHS accelerate its implementation of: (1) patient portal and (2) use of electronic medical records across all UHS departments.

1. Patient Portal: HFAB recommends that UHS place highest priority on implementing a patient portal, a confidential online system that would allow UHS healthcare providers to communicate with students. In addition to receiving secure confidential e-mail from UHS healthcare providers, patient portal would enable students to:

- a. Personally order routine medical tests online (annual tests for some sexually transmitted diseases, for instance)
- b. Securely access test results
- c. Receive targeted information on health promotion
- d. Securely communicate with UHS healthcare providers regarding changing medical conditions, prescriptions, follow-up care, future appointments, etc.

By shepherding certain medical services and communications to the web, the creation of patient portal will decrease wait times for on-site medical visits at Tang. Special Project Area funding will accelerate the implementation of patient portal, thereby improving UHS efficiency in a fiscally austere environment.

2. Full transition to Electronic Medical Records: The transition to digital medical records across all UHS departments will reduce errors and save time, thereby enhancing the patient's overall experience. As of current, there are few departments that do not have Electronic Medical Records (for example, medical records from counseling services and psychiatrists are on two different records). Funds from Special Project Areas will support this transition.

Lastly, the funds from Special Project Areas are solemnly to be used to help accelerate the process of projects or help begin one. This year the HFAB recommends that funds from Special Projects Areas be used solely to accelerate the implementation of patient portal and use of a full electronic medical record.

[1] See Health Fee Advisory Board handout from Sept. 27, 2010: "Overall UHS Budget Picture: Projected sources of funding 2008-09, 2009-10 and 2010-11."

[2] See Health Fee Advisory Board handout from Oct. 4, 2010: "Mental Health Information and Data."

NOTES FOR FUTURE HFAB

As student demographics and the economic climate continue to evolve, so too does HFAB's role. Consequently, there are many several this year's advisory board learned and would like to pass on to future committee chairs and members:

Role

- HFAB's charge is "to advise campus health officials on the Campus Health Care Fee level and allocation of fee revenue to protect and improve student health services and programs provided by the University Health Services [...]." Future advisory boards should continue to analyze their purpose each academic year and expand or narrow their focus as the HFAB members and UHS support staff see fit. Having a clear understanding of the board's mission and role is instrumental to being an effective student voice.
- HFAB members should be clear about their role as members of an advisory committee, which is distinct from a workgroup. The UHS and the writers of the original referendum have given us, as students, the opportunity and responsibility to represent ourselves and our peers; it is a privilege to be looking at the data UHS staff provides, and HFAB is grateful to the administration for allowing us to do so.

The Decision Process

- Like previous HFABs, this year's committee conducted interviews with various departments at the Tang Center to get a first-hand perspective on funding shortages, and their impact on students. These professional opinions about the current situation

compared to previous years, and what changes would help the departments achieve their student health missions was particularly helpful.

- Continuing the trend from last year, this year's committee conducted a survey with HFAB's sister advisory group, the Student Health and Advisory Committee (SHAC). The questionnaire asked students for their opinion about the health fee level, and what special project(s), if any, they wished to fund. The conversation with SHAC and the survey responses helped to reaffirm HFAB's decision to increase the health fee. Furthermore, recommendations and input from the Graduate Assembly, the ASUC, and the Committee on Student Fees were helpful.
- The ASUC conducted a classroom survey last year, asking students about acceptable fee changes. Although the final interpretation of the data was incomplete by the time HFAB needed to make a recommendation, the advisory board did look at the raw numbers. Once the ASUC has compiled their final report, future Health Fee Advisory Boards may benefit from reviewing this data.

Funding Considerations

- This year's committee members had a particular interest in accelerating communication efforts so that the student body was more aware of services provided by the Tang Center, the associated costs, and the fees students pay as part of registration. However, upon interviewing the Communications Department and speaking with the Director about current and past projects, HFAB committee members were uncertain as to what more can be done. Communications has clearly been working arduously on their endeavors and

while HFAB seriously considered funding this department, the board was unable to decide on what sort of project would be most impactful for the students.

- HFAB initially made a decision to allocate project funding towards making CalNet login a possibility for the patient portal. Members decided this project would be the best decision because monetary resources are currently not being put towards this login customization effort, and without funding, students will be assigned a login and password. However, CalNet logins are currently not a possibility because of the system's software. We encourage future HFABs to revisit this project if the opportunity presents itself.

Final Thoughts

- Fee increases can be a sensitive topic, particularly in the current economic climate. As always, HFAB analyzed their recommendation in a larger holistic framework, keeping in mind the student response to further registration fee increases. Balancing views between undergraduate and graduate populations is also key. In discussing the decision and referendum with the Graduate Assembly, graduate representatives expressed their opinion that the maximum fee level increase as stated in the referendum and dictated by the Bureau of Labor Statistics is rather low. While graduate students would like more flexibility in increasing the fee level, undergraduate students seem to have mixed opinions.

Thank You

HFAB would like to thank all the UHS administrators, clinical staff, and campus staff that enabled the committee 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: 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
- Historical Health Fee Levels
- Health Fee: Questions and Answers
- Campus Health Care Fee Background Information
- Campus Health Fee Referendum Language
- Health Fee Expenses and Revenue 2008-09
- Health Fee Expenses and Revenue 2009-10
- 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 Contact Information and Flow Chart
- UHS Client Satisfaction Data
- UHS Utilization Data and Share of Office Visits per Clinic
- Unique Clients by Clinic (Medical and Mental Health)
- Final Campus Health Care Fee Level Recommendation for 2009-10
- Final Campus Health Care Fee Level Recommendation for 2010-11
- What Potential HFAB Decisions Means
- Results of ASUC Campus Survey, 2009-2010, Raw data only
- 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
- Cost Estimates Requested by HFAB, 2009
- Interview with Temina Madon, former UCB graduate student leader of health fee effort

2) IT and Ease of Use

- Ease of Use and Information Technology (IT) Funding
- eTang Project Overview and Updates
- Online Scheduling Overview and Updates
- Online Scheduling Statistics
- Interviews with UHS Managers
 - Bené Gatzert, eTang Project Manager
 - Jeff Kreutzen, IT Director

3) Prevention and Communication

- UHS Communication Efforts 2009-10, and How Health Fee Funding Was Utilized
- Health Promotion Overview
- Health Promotion Priorities for 2010-11 and 2011-12
- Interview with UHS Managers
 - Kim LaPean, Communications Director

- Cathy Kodama, Health Promotion Director

4) Mental Health

- Overview of Mental Health Services offered by UHS
- UHS Mental Health Information and Utilization Data (Psychiatry, Counseling, Social Services)
- Interviews with UHS Managers
 - Jeff Prince, CPS Director and Supervisor of Psychiatry
 - Paula Flamm, Social Services Manager (unable to attend at last minute)
 - Brad Buchman, UHS Medical Director

5) Medical Care (Primary and Urgent Care)

- Overview of Medical Services and Health Fee Funding Primary and Urgent Care Client Visit Data
- Most Common Reasons for Student Medical Visits
- Student Self-Reports: Top Health Concerns Comparison of Visits with New Copays: Primary Care and Urgent Care
- Interviews with UHS Managers
 - Brad Buchman, UHS Medical Director
 - Jo Billington, Clinical Services Operations Director