

**CAMPUS HEALTH CARE FEE LEVEL
RECOMMENDATION FOR 2013-14
INDEPENDENT ANALYSIS BY HEALTH FEE ADVISORY BOARD (HFAB)
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Executive Summary

The 2012-13 Health Fee Advisory Board (HFAB) is a group of 13 students – both graduate and undergraduate – who are tasked with recommending an increase, decrease, or no change to the Campus Health Care Fee (Health Fee) that students will pay in 2013-14.

For 2013-14, HFAB recommends a limited increase in the Health Fee to \$59.50 for the fall and spring semesters, a 5% increase over the current fall and spring fee of \$56.50; and to \$44.50 for the summer 2014, an 8% increase over the current summer fee of \$41.00. This recommendation reflects HFAB's desire to increase the fee to preserve as many services funded by the Health Fee as possible, without increasing the fee to maximum allowable fee levels for the reasons stated below. HFAB also encourages UHS to continue its efforts to explore and adopt operational efficiencies as a way to limit fee increases whenever possible.

Our recommendation to increase the Health Fee by fewer than the maximum allowed amount of 8.5% is not a statement on the lack of need for UHS funding. Indeed, two clinical leaders (Social Services Director Paula Flamm, Counseling and Psychological Services Director Jeff Prince) spoke of increasing delays and staffing needs. However, HFAB has noticed a trend of increasing dependence on Health Fee funding simply to *maintain* existing services, rather than provide *add-on* services, as evidenced by the decreasing amounts of "project money" to try new endeavors. HFAB feels strongly that services for student physical and mental well-being should be provided by the university as a central tenet of its education mission, rather than explicitly self-funded by students. We encourage UHS to continue improving efficiency and monitoring resource use through measures such as IT efficiencies, increasing preventative care, assessing underutilized services and service hours, and continuing to evaluate staff allocations.

Methods

This year's HFAB was comprised of thirteen UC Berkeley students of diverse backgrounds and disciplines, including twelve undergraduates and one graduate student. The student committee was co-chaired by senior undergraduates Ayelet Cohen and Kate Yu. With the assistance of UHS Strategic Initiatives Manager Bené Gatzert and UHS Executive Director, Claudia Covello, the committee interviewed representatives from UHS departments, including Information Technology, Medical Services, Counseling and Psychological Services (CPS), and Social Services. These interviews were held during the fall semester and each was followed by a debriefing session solely among students serving on HFAB. Findings from these interviews as well as the student usage data that each department provided enabled HFAB to better understand the funding needs of each department.

In addition, HFAB co-chairs consulted with student leaders from Associated Students of the University of California (ASUC), the Graduate Assembly (GA), the Committee on Student Fees (CSF), and the Student Health Advisory Committee (SHAC) to ascertain their opinion on UHS services and the Campus Health Care Fee. These separate student group opinions were incorporated through surveys and separate meetings facilitated by the co-chairs in order to get the most representative views of the student body possible.

HFAB relied on its findings from interviews with UHS departmental representatives, usage data, as well as the feedback of student leaders to make its recommendation for the 2013-2014 academic year. HFAB also carefully considered the improvements voted on by students in the original fee referendum and reviewed how new trends in budget cuts and the economic environment would affect current and future fees. Furthermore, Claudia Covello and Bene

Gatzert educated HFAB members on the current healthcare situation and typical problems the Tang Center was facing.

Overall, HFAB reached its recommendation with the goals of equitably representing UC Berkeley students, providing UHS with necessary funds to sustain high quality care and access to all UC Berkeley students, and to increase accountability and efficiency in regards to how fees are used.

Major Findings

I. Medical Services

HFAB interviewed UHS's Medical Services Director Brad Buchman to survey the department's needs. The most important service that it provides is primary care (supported by the health fee), which made up 31%, or about 12,800 of the Tang Center's total visits from Fall 2011-Spring 2012. Other important services include urgent care (supported by the health fee), which constitutes 15% of total visits, and the rotating specialty clinics (not supported by the health fee), which constitutes another 6%. Some important trends in this department include initiatives to increase communication with the student body through tools such as text messaging reminders for appointments and test results via secure messaging. Buchman told HFAB that his department has mostly been accommodating with budget cuts through increased triage (i.e. phone calls with advice nurses) and furlough days when there is less anticipated student demand.

II. Information Technology

HFAB interviewed Jeff Kreutzen, director of UHS's Information Technology department, to learn about its needs and trends. The IT department is an integral part of UHS, as it works with every other department, and is highly utilized by students. In the period from May 7, 2011 to

October 18, 49% of same day and future medical appointments were made online. This underscores the importance of students' increasing demand for self services, and IT's need to keep up with this demand.

Kreutzen also emphasized that much of his 10 full-time staff's energies were dedicated to implementing the new Point Click system this year, in sync with all the other UC campuses. This new system will eventually create better efficiencies within UHS and perhaps lead to savings in the long term. In implementing this new system, the department is being provided a temporary allocation of funds outside UHS operational funds. Other than this, IT's other main concerns include engaging students in their health by providing tools to track health results. They are also working to accommodate providers' high demand for remote access, while also being mindful of protecting security and confidentiality.

III. Social Services

HFAB interviewed Social Services Manager Paula Flamm to assess her department's current trends and concerns. Social Services provides more specialized care than psychological services found elsewhere on campus and most students come to Social Services based on referrals.

Flamm emphasized that the greatest demand for services is to address substance abuse, with eating disorders also continuing as a major concern. Social Services has increased it's staffing from a part-time to a full-time dietician and also hired a new social worker last year in order to meet these increasing demands. However, Flamm has been concerned about the department's lack of backup for staff on temporary leave and the lack of administrative staff. Students have also expressed discontent due to the lack of privacy in the front office as they check in. Currently,

Social Services staff is funded by a mixture of sources, including one full-time staff person that is on a grant. They would benefit from permanent funding for that position once the grant finishes.

IV. Counseling & Psychological Services

HFAB interviewed Jeff Prince from Counseling and Psychological Services (CPS) in order to find out more about its demands and concerns. CPS serves about 12% of UC Berkeley's student population every year, which is slightly higher than the national average of 5-10%. CPS also serves a significant number of graduate students, but Asian/Pacific Islander students and international students seem to underuse CPS. Students in general seem to be dissuaded from going to CPS due to the stigma associated with asking for mental help. However, CPS has strived to make its services widely available. Triage, for example, is commonly used via telephone to determine a case's level of urgency. Counselors are located around campus and students are offered their first four counseling sessions free of charge. However, CPS is still greatly understaffed. During peak months of greatest use, staff becomes overworked. There are also an increasing number of students on medications who require attention from a psychiatrist. Considering that 95% of CPS funding goes towards staff salaries, financial support for CPS would be used towards ensuring enough staff availability to build solid relationships with students. CPS has also expressed its intentions for increased outreach and prevention, including precautions against suicide and crisis risk management.

Majority Perspective

HFAB recommends a semester fee increase of 5%, increasing the fee to \$59.50 from \$56.50 per semester, and 8% for the summer, to \$44.50 from \$41.00. This fee level will minimize

the financial burden on students, and will maintain some level of services. It was decided that the fee charged during Summer Sessions should be increased to a greater degree than the Fall/Spring fee, as there is a larger proportion of visiting students in the summer. The anticipated budgetary deficit that will be incurred due to the decision not to raise the fee by the maximum of 8.5% will be approximately \$266,714.

Given the results of our analysis, including staff interviews, a review of expenses and usage, perspectives of the students from multiple sources and consideration of the current fee climate, we have concluded that maintaining close to the current levels of service remains of the utmost importance. However, a pattern has been identified, and it has become clear that annual increases in health care inflation and campus benefit costs mean that every year either students pay a higher Campus Health Care Fee each year or Health Fee-funded services need to be cut. While the yearly increases come in small increments, the additions have a compounding effect. This year we have chosen to send a message, that student physical and mental well-being is not a luxury to be appreciated by those who pay a fee, but a necessity that should be guaranteed to all students without fear of increasing cost.

We have chosen this fee increase level so as to limit the amount of service reduction at UHS, while preserving the amount of fee increases on students. The majority of HFAB is aware that cuts will likely come in the form of staff reductions as most of the UHS budget goes towards salaries. We agree that this would be detrimental to the current level of service, and do not wish to compromise this. However, we also believe that others have it in their power to aid students in funding this portion of their health care. First and foremost we believe an emphasis should be placed on pursuing other funding options. Student health should be considered the most

important aspect of education, as success is not possible without sound mental and physical presence.

The majority agrees that there is a large emphasis placed on improving care for students. HFAB is thankful for the UHS staff's dedication to the student body's concerns regarding the quality of services offered, especially when addressing the upcoming 2013-2014 academic year. HFAB saw the passion of motivated directors and individuals while interviewing different departments (Medical Services, CPS, Social Services, and IT). However, departments are sometimes over-focused on inventing new operational methods that do not address existing issues. Many aspects of UHS such as wait times, patient reminder systems, Saturday hours, and patient care satisfaction are still limited. We suggest that UHS focus more on perfecting existing services, instead of or in addition to upgrades or new features. HFAB understands the tight restrictions put on campus officials due to budgetary constraints, but encourages UHS to continue improving the standard of care for students. HFAB strongly urges campus administrators to increase their provision of resources and funding to improve and care for students, as health is the prerequisite to success at UC Berkeley.

We did not chose alternate fee levels for the following reasons. Lower fee levels were not chosen due to the limitations it would place on UHS to provide an acceptable standard of care. Higher fee levels were not chosen due to the limitations it would place on the students but also to send the message that increasing the Health Fee to the maximum is not an acceptable substitute for the university finding or reallocating funds in order to provide proper care for students.

Suggestions

HFAB encourages the University Health Services departmental staffs to continuously improve efficiency and monitor their use of resources. In the face of budget cuts and increasing demands, it is crucial that all UHS departments continue seeking effective ways to organize their services and reduce ineffective use of student health fees wherever possible.

1. IT Efficiencies

With the switch to the new electronic health record, the Tang Center should be becoming a much more efficient and accommodating for student needs. Although this difficult transition is requiring a lot of extra work in the for staff , this will result in efficiencies and higher patient satisfaction in the near future, especially in 2014. With the new system, students will be able to make appointments and access their medical records with much more ease. Additionally, a long-term goal with this new system is to integrate it with iPad and iPhone technology to continue to improve upon the efficiency, as well as the accessibility of the Tang Center. Therefore, HFAB recognizes that in future years, this change in medical records systems should allow for and overall increase in efficiencies throughout all of the Tang Center, and appropriate fee adjustments should be made then.

2. Preventative Care

More preventative care measures that take place outside of the Tang Center can improve upon the over efficiency of the Tang Center. There are many programs, such as Alcohol Education, Sexual Health Education Program, and PartySafe@Cal, that help with educating incoming freshmen about how to have a fun college experience, while also staying safe. Health Workers also play a huge role of being liaisons between students and the Tang Center. However,

if these programs were improved upon and more actively promoted, not just in the dorms but also all over campus, HFAB believes that it will help with the flow of students into the Tang Center with alcohol related problems or other related preventative issues. For example, if the alcohol education requirement for students was more interesting and engaging, the Tang Center could see fewer visits in regards to alcohol abuse. In addition, many peer health education programs are led by health educators, so an increase in health education services could result in lower demand for medical services. Therefore, with proper preventative care, the Tang Center can ultimately find more efficiencies to help with the tight budget issues.

3. Assess underutilized services and hours:

In order to increase efficacy and optimal use of resources, evaluate the possibility to reduce underutilized services during underutilized hours. HFAB recognizes there has been an increase in operating hours to meet demands and increase accessibility. Evaluation of utilization and accessibility of different services at different hours should be monitored to ensure that the services provided are actually being utilized and accessible, and meet the demands of the students.

4. Continue evaluating staff allocation

It is evident that staffing is a huge part of the UHS budgetary resources, and an area that should be considered for possible reduction in spending. In particular, the employment of nurse practitioners as opposed to MDs should be considered. HFAB recommends the UHS continue to minimize the employment of MDs for services within the scope of nurse practitioners, which are mostly common services used by students at the Tang Center.

HFAB recommends the UHS staff to continuously improve efficiency and make more resources available for services with higher-demands. Savings made through seeking efficiency can be utilized to make desired improvements and support the quality and delivery of services at the Tang Center.

Minority Perspective

A minority of HFAB members advocate a maximum increase of 7% to the Fall and Spring and 8% to the Summer healthcare fee in order to best maintain UHS services. The minority promotes the maximum increase as specified in the referendum language. The minority of HFAB believes that healthcare is very important to the student well-being and that the services provided by the University should not be limited due to budgetary restrictions.

Due to the increased health care inflation, maintaining the current healthcare fee would lead to decreased service levels in the forms of elimination positions and decreasing hours. This maximum increase is the only option that allows the complete preservation of current service levels funded by the health fee. Given the results of the HFAB survey administered to SHAC members, it is evident that maintaining current service levels is of extreme importance as 63% of SHAC respondents supported increasing the health fee by the maximum possible amount.

Campus Fee Climate

Context and concerns

This section addresses the concerns HFAB had about what level to recommend the health fee in respect to the history and future of the role of HFAB.

HFAB was faced with a unique situation this year, in that even if we increased the fee by the maximum level applicable we would still be short of meeting projected costs for the Tang

Center that are supported by the Health Fee funding stream. The short fall is forecasted to be approximately \$196,000. We were aware that there is the potential for such a figure to be made up with unused wage allocation during the year (e.g., if someone goes on leave, when someone separates from the university and it takes 2-3 months to hire a replacement), however, we did not want to rely on this to ensure the current level of services were maintained.

The aim of the Health Fee was to make up for a shortfall in funding so that students would not miss out on necessary health care. It was also to fulfill the role of being able to place funding where students wanted it most - for example with weekend hours - and to spur on innovative projects to aid in prevention and push efficiency development.

The previous HFAB report was characterized by great concern by students about rising fees. As a result the HFAB board at the time chose to raise the fee only partially to the maximum amount in respect of the campus climate at the time. This year, HFAB are also concerned about rising costs. While the passage of Proposition 30 helped save the campus from significant and immediate funding cuts, the campus funding situation is still tight.

Role of campus in adequately funding student health and counseling services

Two other concerns were raised by the board. The first was the rate of use of the Tang Center. CPS reported that use of their services was 10-12%, which is significantly higher than the national average. It is imperative that we are aware of and keep in mind the high demand for services at the Tang Center and address them proactively. The second issue is that due to UCB not having a medical center, extra demand is placed on health services that might otherwise be mitigated. The above two observations raised the question of what the role and responsibility of campus is to fund and provide adequate services. The general consensus of HFAB was that

campus was not adequately meeting the needs of UCB students, and students needed to ask administrators to preserve a safety net of services.

Precedent

We were resistant to setting the fee at the maximum because we felt it would allow future boards to assume that they can continue to raise it, while not taking into account context, history, and role of the Health Fee. Furthermore, not having a shortfall would leave us less room to emphasize the necessity of UHS working as efficiently as possible without relying so heavily on Campus Health Care Fee monies. We did not, however, want to set the fee so low as to excessively reduce services.

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.