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**FINAL CAMPUS HEALTH CARE FEE LEVEL
RECOMMENDATION FOR 2007-2008**

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

Analysis by:

Jade Benjamin-Chung

Marta Filipski

Tony Hu

Yasmina Mohan

Chandresh Patel

Truman So

Andrea Wang

Julian Wimbush

Kevin Wu

Stephanie Wu

Submitted to:

Steve Lustig,

Associate Vice-Chancellor

Claudia Covello,

Executive Director

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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 on the fee level and allocation for subsequent academic years. This report will focus on the recommended fee for 2007-8. During the past five months, HFAB carefully analyzed University Health Services data, student surveys, and other student fee information and consulted with other student groups and campus health officials.

HFAB reviewed whether the new Campus Health Care fee was able to improve the access, efficiency, and quality of care delivered at University Health Services (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 2006, the Tang Center has improved in the following areas:

- Greater access to same-day and time-to-next appointment access to care during academic year and in the summer session
- Initial implementation of the electronic medical record and Patient Portal systems to improve coordination of care and increase ease of use for students

HFAB recommends a 6.7% increase to the academic year per-semester CHC fee for 2007-8 and a 6.3% increase to the summer CHC fee. This represents a \$3.00 increase to the current \$44.50 semester fee and a \$2.00 increase to the current \$32 summer fee. This increase includes the 5% increase necessary to fund annual salary and benefits increases. HFAB recommends using the additional fee monies over 5% (the remaining 1.7% and 1.3% respectively) to help fund:

1. Improved communication about the services offered at the UHS to students
2. Health promotion programs
3. The implementation of the electronic medical record / patient portal project.

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

METHODS

Data Sources and Analysis Process

HFAB reviewed a wide variety of financial, utilization, and survey data to gain an understanding of UHS's financial standing, the quality of services provided, and the needs of students. Claudia Covello, Executive Director of UHS, and Bene Gatzert, UHS Management Analyst, attended each meeting, but neither were present during HFAB's final decision-making process or during the drafting of this document to ensure that feedback was not biased by the 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, as well as new trends and student feedback as communicated through surveys, access data, and the voices of student representatives serving on both HFAB and the Student Health Advisory Committee (SHAC). HFAB's recommendation is based on two principles: first, of equity to as many students as possible; and second, to provide UHS with sufficient revenue to continue providing high quality care and access to all UC Berkeley students.

After HFAB arrived at a preliminary decision for the fee level recommendation, HFAB co-chairs sought feedback from SHAC, the Committee on Student Fees, ASUC, Graduate Assembly, and Steve Lustig, the Associate Vice Chancellor for Health and Human Services. These meetings informed HFAB of how the CHC fee fits into the overall picture of student fees.

See the appendix for a list of data sources considered during the analysis process. For a more detailed discussion of these sources, please see HFAB's report from 2005-6.

Original CHC Goals that Have Been Met Sufficiently

HFAB has found noticeable improvements in UHS services since the implementation of the CHC fee. Same day access to primary and urgent medical care has increased from 44% to 52%, and access to 15 and 30 minute medical appointments improved in the past year, in spite of a greater number of overall students seeking care. The increase in staffing in Counseling and Psychological Services (CPS) at UHS has allowed an 8% increase in the number of individual and group counseling visits during the first year of the CHC fee. The past year witnessed a large increase in flu vaccine clinic encounters – due to the increased availability of vaccine – and an increase in lab tests sent out.

Original CHC fee Goals Requiring Additional Funding

1. **Expanded activities in the Health Promotion department.** From a preliminary analysis, including limited data from Health Promotion and an interview with the Director of Health Promotion, HFAB determined that there is a need for increased funding of preventative health programs. HFAB recommends that UHS increase funding to Health Promotion during 2007-8, and possibly in future years. However, this preliminary analysis was insufficient for HFAB to make a specific recommendation for how increased funding through the CHC fee should be used to expand and improve Health Promotion's activities. HFAB would like students to be directly involved in the process of developing goals for these funds as well as evaluating the impact of these funds upon Health Promotion in future years. This process could involve HFAB, SHAC, other student committees, or a new student committee appointed by HFAB. HFAB plans to fine tune the details of this recommendation during the spring semester of 2007.
2. **The e-Tang electronic medical record (EMR) and patient portal project** was recognized as an important project for both clinical staff and students alike. The patient portal will increase the ease with which students make appointments, order refills, communicate with clinicians and access test results by making these processes web-based. It also increases the ability of clinicians to monitor and

coordinate care, and access and transmit information, and it offers the promise of reducing medical errors. UHS faces significant one-time implementation costs for this program, which will greatly improve students' access to UHS services and ease of use, which was an important factor in the original referendum. As with 2006-07, UHS should use other revenue to fund the majority of the eTang Project. During 2007-08, HFAB recommends additional one-time funds be allocated to assist with the initial implementation of eTang. Although eTang improves accessibility and ease of use of UHS services for both UHS staff and students, HFAB recommends that UHS make improving access for students the priority when allocating CHC funds to eTang .

3. **Mental health** was also identified as an area that warrants additional financial support. However, in light of potential university-wide increases in funding to mental health from other sources, HFAB does not recommend that additional CHC fee revenues be allocated to mental health.

New Goal Recommended

Communication about the services offered at the UHS to students. HFAB concludes that students continue to have a low level of awareness of services at the UHS, specifically those funded and improved by CHC fee revenue. CHC funds could be used to cover production costs of a public information campaign including new marketing items, develop consumer educational materials, and hire an artist to assist with design and production. While it is important to reach all students with such marketing programs, HFAB recommends that UHS also target graduate students and underrepresented groups on campus.

OTHER FEE LEVELS CONSIDERED

The 2007-8 CHC fee remains at the current level

Our comparison of utilization of UHS services during the 2004-5 (pre-CHC fee) and 2005-6 (post-CHC fee) academic years showed that the CHC fee is being properly funneled towards areas in which students expressed a need for improvement, such as improved same-day access to appointments, time-to-next appointments, and the ability to make appointments and perform prescription refills over the Internet. If the CHC fee rate were to remain at the current level of \$44.50 per semester and \$32 during summer sessions, the improvements made using CHC fee revenue would not be able to be maintained due to an anticipated 5.0% increase in salaries for university employees.

The 2006-7 CHC fee decreases from the current level

HFAB could have recommended a decrease in the current fee level in light of the education and registration fee increases and other potential new student fees (e.g., student fee referenda that may be held this spring) for the 2007-8 school year. Although the advisory board acknowledges the overall increase in student fees, 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 5.0% salary increases.

The 2006-7 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 5.0% increase in salary inflation.² Beyond this 5.0% increase, HFAB examined potential fee-increase increments between 5.0% and 7.5%, the maximum increase allowed by 2007-8 medical inflation cap.³ Campus administrative units require that the total fee charged per semester round to the dollar or to fifty cents. Following this rule, there were only two

² 5.0% is the amount of expected increase in UHS employee salaries as released by the UC Berkeley Campus.

³ 7.5% is the amount determined to be the maximum possible increase for CHC fee based on the 2008 and physician and clinical services expenditures published by the U.S. Bureau of Labor Statistics. This cap was stipulated in the Safeguard Student Health Care Referendum.

potential fee increases between the 5.0% needed to cover salary and benefits increases and the maximum increased allowed by the referendum (7.5%):

- 5.3% per fall and spring semesters (\$47.00 per semester)
- 6.7% per fall and spring semesters (\$47.50 per semester)

The rule only allowed for one fee increase above 5.0% for the summer semester (6.3%).

2007-8 FEE LEVEL RECOMMENDATION

After considering these potential fee levels and the areas that need improvements mentioned above, the Health Fee Advisory Board recommends an increase of 6.7% to the existing Campus Health Care (CHC) fee for the fall and spring semesters and 6.3% for the Summer Sessions of the 2007-2008 academic year:

- Increase of \$3.00 per student per fall and spring semester, totaling \$47.50 per fall and spring semesters
- Increase of \$2.00 per UC Berkeley Summer Sessions enrollee, totaling \$34.00 for the summer session

After adjusting for the required return to financial aid, we estimate this would result in UHS receiving an additional \$139,944 in revenue to UHS during 2007-8.

HFAB proposes that 5.0% of the 6.7% increase cover salary increases and that the additional 1.7% support:

1. Communication about the services offered at the UHS to students
2. Health promotion programs
3. The electronic medical record / patient portal project.

HFAB chose the higher fee level increase in order to provide significant increased support to the three abovementioned areas. HFAB recommends that the first two areas receive priority for CHC fee funding and that the remainder of fee revenue be allocated to eTang. As demonstrated in Figure 1 (see Appendix), the recommended 1.7% increase to expand CHC financial support to new areas represents a small increase in the total CHC fee revenue UHS receives annually.

HFAB would like to emphasize that even if a recommendation of 7.5% was possible, HFAB would not recommend the maximum increase given that other student fees will increase in 2007-8. 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. HFAB hopes to highlight that its recommendation was made by and for students and hopes that the fee will continue to allow UHS to provide students with access and high quality care.

As a functioning, independent student-led committee in its second year, HFAB has learned a great deal, which we would like to share with the future committee that oversees the Campus Health Care fee. While we considered many factors while making our fee level recommendation, a number of key sets of data guided our final recommendation:

- Allocation of the CHC fee
- Students' needs as assessed from survey and utilization data
- Comparison data on improvements
- Ambient fee climate, including proposed fees and changes to existing fees
- Cost data on the e-Tang project (EMR and patient portal)
- The amount in the technology reserve left from a one-time surplus in CHC fee funds during 2005-6 since not staff could be hired at the same time fee collection began.

Factors for future HFAB members to consider:

- We encourage future groups to also consider the political climate of the campus and community as well as the financial state of UHS in making future recommendations.
- The campus administration's rounding rule poses a significant limitation in the potential magnitude of fee level changes. Future groups should consider whether or not to engage in dialogue with campus to change this rule to allow for more flexibility in recommending the CHC fee level.
- Based on the outcome of pending decisions to fund mental health programs university wide, future HFAB members should evaluate whether an increased proportion of CHC fee revenues should be allocated to mental health in the coming years.
- The ongoing costs of technological improvements at UHS should not necessarily be increasingly shouldered by the CHC fee. HFAB has recommended increased support of eTang in 2007-8 due to the significant one-time implementation costs of

the program. Future groups should carefully evaluate whether such increases in the CHC fee are necessary to support improvements in access through technology.

- Be aware of any fee surplus or deficits and recommend accordingly.

Although we are recommending an increase for the 2007-8 year, this does not imply that the fee be raised automatically each subsequent year to match increases in salaries and benefits due to inflation. Rather, as we see change around campus fees and deficits, we hope that the fee may become stable. Most importantly, the advisory board is representing students' money and UHS should be guided by the needs expressed by students at all times.

Data Sources Used

- 1) History of the CHC fee
 - a. Prior budget cuts to UHS
 - b. Past student surveys and the activities of the Health Fee Advisory Committee in 2004-05 and HFAB in 2005-06
 - c. The referendum language on the ballot and the election results from Spring 2004

- 2) Distribution of CHC fee Revenue
 - a. Allocation for 2005-6
 - b. Projection of distribution for 2006-7
 - c. Technology reserve leftover from CHC fee revenue in 2005-6

- 3) Student Health Needs, Client Satisfaction and Student Perceptions of Access
 - a. UHS student encounters for 2005-6, focusing on the top medical and psychiatric diagnoses
 - b. SHAC Student Health Services Survey, Fall 2004
 - c. UC Berkeley student responses to the National College Health Assessment, Spring 2006
 - d. Health Worker Health Assessment, Fall 2004
 - e. Graduate Student Mental Health Survey, 2004
 - f. Student Appointment Demand Survey, March 2005
 - g. UHS client satisfaction surveys
 - h. Undergraduate Experience Survey, Spring 2004 and 2005
 - i. Midpoint Graduate Student Survey, Spring 2004 and 2005

- 4) Utilization of UHS Services Pre- and Post-CHC fee and Comparison of Student UHS Data on Access for 2004-5 and 2005-6
 - a. Primary care and urgent care volume
 - b. Same day access to medical care
 - c. Future access to primary care appointments
 - d. Counseling and psychiatry volume
 - e. Wait time for a non-emergency, initial counseling appointment
 - f. Average workdays to initial psychiatry evaluation
 - g. Time between data appointment was made and appointment date for CPS
 - h. Volume and wait times for the medical appointment line and advice nurse line
 - i. Impact of changes to pharmacy hours on utilization
 - j. Impact of changes to urgent care hours on utilization

- 5) Overall Budget Situation for UHS and the University of California
 - a. Overall budget situation for UHS for 2006-7
 - b. Potential new fees to be voted on in Spring 2007

- c. Potential increases in registration and education fees for 2007-2008
- 6) Regional Health Care Updates
 - a. The campus has provided UHS with temporary funding to coordinate the campus-wide development of UCB's avian pandemic preparedness plan that will include collaboration with local health care agencies
- 7) Summer Services Information
 - a. Summer enrollment
 - b. Pre- and post-CHC fee comparisons of UHS utilization and access
- 8) eTang Project (Electronic Medical Record and Patient Portal)
 - a. Features and benefits
 - b. Timeline
 - c. CHC fee allocation for the project
- 9) Interviews with UHS Managers
 - a. Director of Health Promotion
 - b. Associate Medical Director
 - c. Director of Clinical Services Operations
 - d. Manager of Social Services
 - e. Director of Counseling and Psychological Services
 - f. Director of Information Systems
- 10) Summary Data Pertinent to Fee Recommendation
 - a. Updated CHC fee allocation as of January 2007
 - b. The anticipated amount of remaining fee monies from 2006-7 (none)
 - c. The maximum increase allowed per the referendum before making its final decision.⁴

⁴ As stated in the original referendum: "Increases in any one year may not exceed the health care inflation rates for physician and clinical services published annually by the U.S. Bureau of Labor Statistics." The rate for 2008 is 7.5%.

Figure 1: Distribution of CHC Revenue

