

Office of the President

TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:

DISCUSSION ITEM

For Meeting of October 18, 2016

STATUS OF THE STUDENT HEALTH AND COUNSELING CENTERS AND UC STUDENT HEALTH INSURANCE PLAN

UC Health Leadership

Brad Buchman, M.D., M.B.A. has joined UC Health as Medical Director, Student Health and Counseling and Medical Director for the Student Health Insurance Plan (UC SHIP).

Dr. Buchman earned his medical degree at the University of California, San Diego and completed his residency in Family Medicine and a fellowship in Sports Medicine there. He is Board-certified by the American Board of Family Medicine. Before joining UC Health, Dr. Buchman served as Chief of Family Medicine at UC San Diego Health's Department of Family Medicine and as Associate Medical Director of the UC San Diego Medical Group. He subsequently held positions as Medical Director at UC San Diego's Student Health Services and at UC Berkeley's University Health Services. He is assigned full-time to student health matters.

Technology Initiatives

RL Solutions. The Administrative Directors of the Student Health and Counseling Centers have worked with Risk Services at the Office of the President for several years to plan adoption of the RL Solutions management system to document and manage incident reports. RL Solutions has been used by the UC Medical Centers for a number of years. The system should be implemented at all campuses before the end of 2016.

Electronic Health Records: The Student Health and Counseling Centers continue their efforts to make operational improvements in the Point and Click Solutions (PnC) Electronic Health Record (EHR) system, currently deployed at all campuses. The campuses are also working with UC Office of the President staff to improve reporting capabilities, for example to facilitate measurement of the effects of recent increases in mental health staffing levels, trials of innovative access models, and overall student satisfaction with services. A project is under way to identify key gaps and deficiencies that could be addressed by changes in contract language to enhance accountability generally, and specifically to produce higher levels of customer support, better response time to operational issues, and improved reporting performance from the PnC system. Several student health centers located on campuses with UC Medical Centers actively are investigating the possibility of transitioning to EPIC, the electronic health record system

currently utilized at four of the five medical centers (with the last expected to come on line by the end of 2017).

Annual Audits

During their November 2012 meeting, the Regents adopted a Policy on Student Health and Counseling Centers, which addresses governance, credentialing, information technology (IT), and annual auditing (collectively the “Risk Management Initiatives”). The Student Health and Counseling Centers are now in their fifth year of implementing the Risk Management Initiatives and continue to meet all governance, credentialing, and information technology IT standards set forth in the policy. The centers are completing another audit cycle this fall. This year’s audit includes assessment of governance; accreditation; credentialing and privileging, peer review, quality improvement, and professional development; clinical documentation; information security and related policy; occupational, medication, and vaccination safety; responsiveness to student needs; levels of care integration, and collaboration with UC Medical Centers. A summary report will, when complete, be provided to the President, the Executive Vice President – UC Health, the Health Services Committee, and the Compliance and Audit Committee.

Challenges and Opportunities

Funding/Space: Administrative efficiency efforts and ongoing space constraints at most UC campuses, paired with increased enrollment, have required the Student Health and Counseling Centers to find new ways to maintain the level and breadth of services they historically have provided. The Centers have responded to these challenges with innovative programs and approaches to protect and expand access. For example:

- Student Health and Counseling Centers have established one or more satellite offices at many campuses to increase visibility, awareness, and access.
- Telemedicine and other online programs have been launched to more effectively address the demand for online resources and to enhance access to campus and health system resources – thus reducing the need for face-to-face visits without compromising the quality and availability of care.
- Recent increases in mental health funding have supported the addition of mental health staff at each center to improve student access to care.

Recruitment: Campuses continue to report difficulties in recruiting clinical and mental health providers, in achieving diversity among clinical staff, and in successfully replacing key leadership positions in a timely fashion. Starting salaries at the Student Health and Counseling Centers are typically well below market in regions that are experiencing some of the highest costs of living in the country, making it difficult to recruit and retain staff with significant experience.

Innovative Programs

Collaboration with UC Medical Centers: UCSD Student Health and Counseling is entering its second year of a formal affiliation with UC San Diego Health, while maintaining close collaborative ties with the Vice Chancellor of Student Affairs and participating in a campus-wide Wellbeing Coalition. The budget is co-managed by campus and UC San Diego Health representatives. UC San Diego Health has been extremely motivated to collaborate with UCSD Student Health and Counseling, as the medical center wishes to establish a good reputation with students on campus and encourage them to continue seeking care at UCSD as patients after their graduation.

Behavioral Health Programs: UC Merced has significantly expanded its access to psychiatry services via the use of tele-psychiatry services through UCSF-Fresno, and is now providing these services on a full-time basis. UCSD Student Health and Counseling is piloting a similar program with the UC San Diego Health Department of Psychiatry.

Several campuses are piloting the use of online or phone application-based platforms to deliver mental health services to students in unique ways. For example, UC San Diego has launched Therapist Assisted Online, an online tele-health service. Currently the campus is piloting modules for anxiety and depression, with initial outcome studies showing good efficacy for patients with anxiety. And UC Santa Cruz is piloting WellTrack, an online/phone application-based program, which allows students to take advantage of self-help courses on anxiety, depression, and stress from their desktop computer, laptop, or phone. Outcome data is still pending on this project.

Integrated Delivery. Another innovation in the delivery of mental health services at the Student Health and Counseling Centers is the integration of these services with primary care: A number of campuses have implemented various models of integrated care, through which both primary care and mental health services can be provided to patients during the same visit as indicated. This model has achieved significant improvements in patient outcomes in the Veterans Administration system and in federally qualified health centers, and has been implemented in a number of college health settings nationwide.

Additional Updates

UC Mandatory Immunization Plan: A systemwide effort is under way to implement mandatory vaccination requirements for all new UC students arriving for the fall 2016 academic term. The project is currently in its second phase of implementation, with campuses all now requiring submission of vaccination/exposure documentation for four vaccines recommended by the California Department of Public Health (CDPH) for colleges and universities.¹ Phase 3 implementation, scheduled for fall 2017, will result in registration holds for students who have not successfully submitted documentation of prior vaccination with required vaccines (or

¹ The recommended vaccines are: (i) Measles, Mumps and Rubella (MMR); (ii) Varicella (chickenpox); (iii) Tetanus, Diphtheria, and Pertussis (Tdap), and (iv), for students living in residence halls who have not received a dose on or after their 16th birthday, Meningococcal Conjugate (MenACWY).

medical contraindication). The University has received significant feedback from advocacy groups opposed to mandatory vaccination who are pressing for broad exemptions to accommodate personal beliefs and to eliminate restrictions on determination of contraindication. In response to feedback, the Immunization Exemption Policy Committee recently agreed to plan revisions that will grant medical exemptions when a licensed treating physician, nurse practitioner, or physician's assistant submits a written statement documenting that one or more vaccinations are medically contraindicated.

Contraceptive Availability. In October 2013, the Governor signed into law SB 493, a bill intended to improve availability of contraceptives by granting pharmacists the right to furnish self-administered hormonal contraceptives without a physician's prescription. The statute was not fully implemented by the State, however, until April of this year when the Office of Administrative Law approved required regulations. A later-enacted provision of the Business & Professions Code, together with the legislative history published with SB 493, likewise permit physicians and other authorized prescribers to prescribe self-administered hormonal therapy using a self-screening tool (i.e., a questionnaire that documents relevant health history and that authorized providers can use to confirm that the requested medication is not contraindicated).

Both the Pharmacy Law as amended in 2013 and rules governing physician and nurse practice require screening for important risk factors, blood pressure assessment, and discussion of the risks and benefits of different contraception methods. The Student Health Services evaluated different options for fulfilling the purposes of SB 493 and determined that the best way to do so was to employ a range of professionals who can prescribe or dispense birth control. They have piloted programs to develop and fine-tune their approaches to providing contraceptive services quickly and safely to those who want them. For example, most now offer same-day or short-notice appointments, and neither comprehensive physical exams nor pelvic exams are required any longer to start contraception. Visits – whether with physicians or with other qualified non-physician practitioners – assure that women receive information about all available contraceptive options, not just those that may be available through pharmacists. Several are now piloting online screening questionnaires to improve convenience for students.

The Student Health Services also have made continual improvements to the process for refilling prescriptions, allowing requests to be made online, by phone, or in person. Emergency contraception remains available at each campus through its pharmacy.

UPDATE ON UC STUDENT HEALTH INSURANCE PLAN (UC SHIP)

To ensure that UC students have access to necessary healthcare services, the University requires all students to maintain a minimum level of health insurance coverage. Students may meet this requirement either by enrolling in a UC-sponsored insurance plan or by demonstrating adequate coverage from an alternative source.

Program Overview

The largest UC-sponsored student plan is UC SHIP, a self-funded preferred provider organization (PPO) plan first established in 2011. UC SHIP employs a shared governance structure, a risk sharing/pooled renewal methodology that reduces renewal volatility, and a transparent reporting system producing monthly financial reports and clinical dashboards that are distributed to campuses.

UC SHIP currently provides self-funded medical and fully-insured dental and vision coverage to undergraduate and graduate students at the Davis, Los Angeles, Merced, Riverside, San Diego, and Santa Cruz campuses. Graduate students at the Irvine and San Francisco campuses and at Hastings College of the Law also are enrolled. Dependents of students enrolled in UC SHIP may also obtain UC SHIP coverage.

The Centers for Medicare and Medicaid Services (CMS) has confirmed that UC SHIP provides its beneficiaries with Minimum Essential Coverage (MEC). This means that UC SHIP's benefits match or exceed those required by the Affordable Care Act (ACA), thus exempting enrolled students from the Individual Shared Responsibility penalty imposed on individuals who do not maintain adequate or any health insurance. By leveraging purchasing power across multiple campuses, UC SHIP continues to offer students richer benefits at a lower cost than they would receive if they purchased an individual plan through California's insurance exchange.

Governance

UC SHIP previously established an Executive Oversight Board (EOB) to facilitate shared governance across the University. The EOB facilitates participation in governance by student representatives, campus leadership, UC SHIP staff, and UCOP senior staff. Starting in April 2017, student representatives from participating campuses will be selected in the spring rather than in the fall of each school year. This change is expected to allow for smoother transitions between incoming and outgoing student representatives, and to promote stronger student representation in decision-making during the summer months.

UC SHIP Enrollment

<i>Campus</i>	<i>Fall 2014 Membership</i>	<i>Fall 2015 Membership</i>	<i>Change in Membership</i>
<i>UC Davis</i>	<i>N/A</i>	14,523	100%
<i>UC Hastings</i>	558	456	-18%
<i>UC Irvine</i>	4,086	3,856	-6%
<i>UC Los Angeles</i>	28,659	27,756	-3%
<i>UC Merced</i>	2,815	2,394	-15%
<i>UC San Diego</i>	16,508	17,584	7%
<i>UC San Francisco</i>	2,064	1,878	-9%
<i>UC Santa Cruz</i>	7,409	9,064	22%
<i>Total</i>	62,099	77,511	25%

UC SHIP's goal is to be the systemwide student health plan for all UC students.

Recent changes in enrollment are primarily a result of UC Davis joining SHIP in 2015-16, and UC Santa Cruz moving from a ten percent audit to a 100 percent audit process to verify that students have health insurance that meets Affordable Care Act requirements.

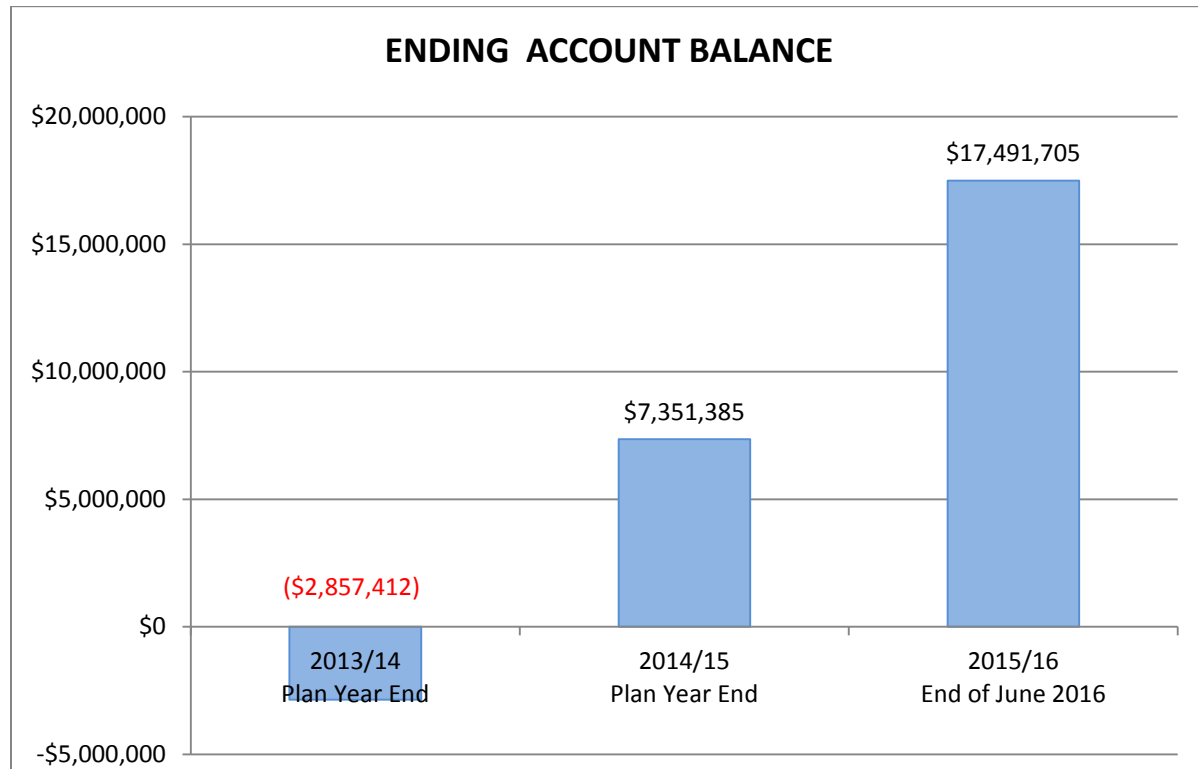
UC Riverside joined UC SHIP for the 2016-17 academic year, adding 11,300 new members. Currently, however, the UC Berkeley, UC Santa Barbara, and UC Irvine (undergraduate) campuses are not participating in UC SHIP. UC SHIP is working to encourage those campuses to join the program by proving the value and savings associated with doing so. UC Santa Barbara and UC Irvine undergraduates have expressed interest in going out to bid with UC SHIP for the 2017-18 plan year.

UC SHIP is exploring new options for relevant groups of graduate students for the 2017-18 academic year to assure compliance with federal guidance on student health plans. This could result in an enrollment *reduction* of up to approximately 21,000 students.

FY 2016 Financial Performance

The table below summarizes UC SHIP's financial performance during the last three years. For the period ending June 30, 2016, the plan had a closing cash balance of \$17.49 million. Improved financial performance in 2015-16 reflects changes in pricing that more accurately capture the plan's actual cost of benefits.

UC SHIP continues to work diligently to ensure that the plan is and remains financially stable. For example, Alliant Insurance Services provides UC SHIP and the EOB with monthly financial updates to ensure appropriate ongoing program oversight and proactive response to problematic trends.



Targeted fiscal management initiatives during the 2015-16 academic year included:

- *Public Health Emergency Fund (PHEF)* – The PHEF, fully funded at \$3.7 million, was established to cover the expense of a public health emergency, such as a meningitis outbreak, where the aggregate cost of many small claims would not be covered by stop loss insurance. PHEF reserves are in addition to the Claims Stabilization Reserve (CSR), which is fully funded at eight percent of estimated claims costs for 2015-16.
- *New stop loss coverage* – UC SHIP has contracted with UC’s captive insurance company, Fiat Lux, to provide stop loss coverage for the 2016-17 plan year. By working with Fiat Lux and increasing the deductible to \$900,000, UC SHIP will save over \$1.9 million in fixed costs for the 2016-17 plan year
- *Pharmacy Savings* – Performance guarantees arranged with Optum Rx for pharmacy benefits resulted in \$337,784 savings in drug costs for the 2015-16 fiscal year.

UC SHIP also issued RFPs for vision and dental coverage. The 2016-17 dental coverage contract was awarded to Delta Dental. Through a Return of Surplus provision in the current contract, Delta Dental offered a significant reduction in total premiums. Vision coverage has been converted from a fully-insured plan to a self-funded plan for the 2016-17 plan year; Anthem is serving as the plan administrator to help control cost.

Pharmacy Benefits

UC SHIP contracted with Optum RX to act as pharmacy benefit manager beginning in the 2015-2016 plan year, utilizing a custom formulary. For the 2016-17 plan year, UC SHIP has adopted the Optum Premium Formulary, which is somewhat more restrictive. This change allowed for significantly reduced time commitments from the EOB's Pharmacy Formulary Committee and provides an opportunity for increased rebates and drug discounts for traditional and specialty pharmaceuticals. A small number of students will be affected by the change in the formulary and a transition process has been instituted to ensure proper transitions to formulary-compliant medications while maintaining patients' quality of care.

Future Operational Opportunities

Improvement and automation of waiver process – UC SHIP currently works with one of its administrators to verify ten percent of submitted waiver requests for all participating campuses except Santa Cruz, which now manually verifies 100 percent of students. An electronic verification system will allow every submitted waiver to be audited more quickly, at lower cost, and with a larger audit pool than current procedures generally allow.

Reevaluating stop loss coverage needs – UC SHIP may consider eliminating stop loss coverage entirely once sufficient reserves have been established.