

**Office of the President**

**TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:**

**DISCUSSION ITEM**

*For Meeting of February 14, 2024*

**IMPROVING ACCESS TO CARE ACROSS STUDENT HEALTH SERVICES  
EXECUTIVE SUMMARY**

UC's Student Health Insurance Plan (UC SHIP) has provided affordable, high-quality health insurance to support students' academic advancement for the past decade. The success of this program has relied upon a robust primary care capacity at the Student Health Services (SHS) and Counseling and Psychological Services (CAPS) centers, where students have been able to receive care for most of their healthcare needs at significantly reduced costs. However, after six to eight years of premium renewals averaging five percent or less, the UC SHIP program has seen a dramatic rise in claims costs for care received outside of the SHS/CAPS centers in the past two plan years. This report reviews recently analyzed data on trends within primary care and Emergency Room (ER) visit utilization, the implications of these trends, and initial steps the University is taking to more completely understand the path forward to ensuring access for UC students.

**BACKGROUND**

Many insurance plans, including UC's faculty and staff medical plans, are experiencing significant premium renewal increases and UC SHIP is no exception. Of note, the UC SHIP program is experiencing its most significant premium renewal increase in over a decade at a rate of approximately 28 percent, due to several key factors which include:

- 1) increased use of Emergency Room (ER) services,
- 2) increased use and cost of specialty medications,
- 3) increased use of outpatient specialists, particularly in outpatient mental health, and
- 4) an increase in the number of high-cost claimants.

Through administrative review, UC SHIP leadership determined that the UC SHIP per member per month (PMPM) total claims costs increased significantly in the past year. The PMPM claim costs for ER services alone rose by 20.8 percent over the past year, and by 60.7 percent over the past two years. This trend poses a financial risk, and the following figures will contextualize UC's understanding of these trends.

- In the five-year period between academic years 2018-2019 and 2022-2023: SHS primary care visits/1,000 have declined by 19.4 percent systemwide.
- UC SHIP Emergency Room (ER) visits/1,000 have increased by 32 percent systemwide.
- Total systemwide PMPM ER costs have increased by 84.3 percent.
- Total systemwide paid claims for ER visits have doubled from \$20 million to \$44 million.

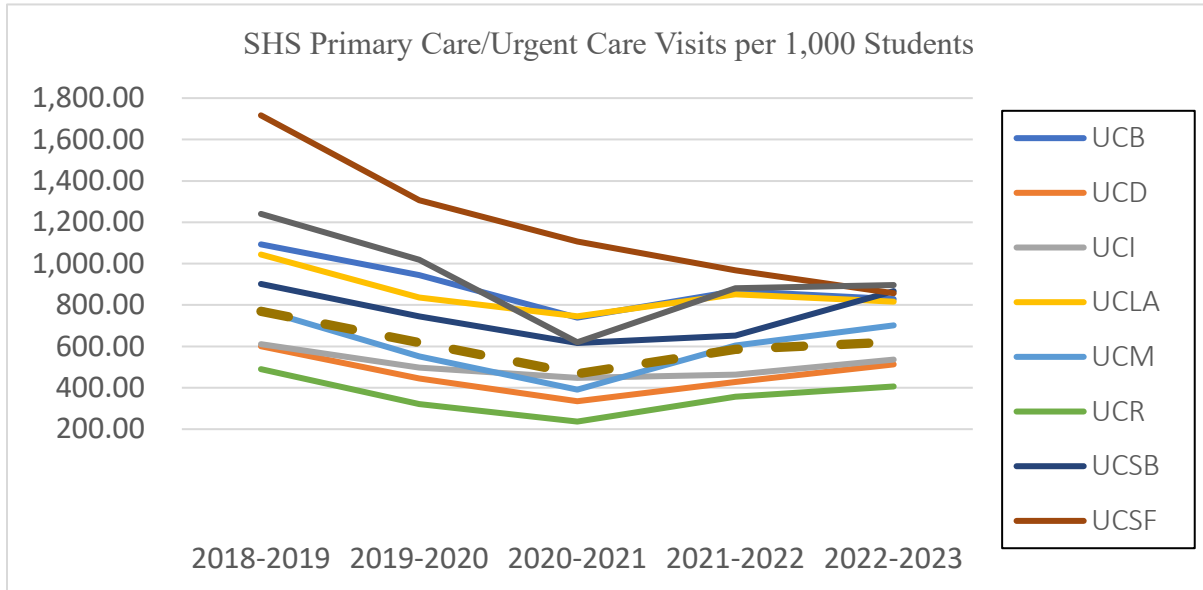
This report reviews the results of an initial, in-depth analysis of the relationship between primary care accessibility within UC's campus-based SHS/CAPS centers and its impact on one major cost driver within UC SHIP: Emergency Room (ER) utilization. The results of this analysis underscore the need to reestablish a more robust and comprehensive primary care base and create more closely aligned strategic performance goals between the SHS/CAPS centers and UC SHIP to ensure access to high-quality and cost-effective care and mitigate future increases to the overall student healthcare costs for students and the University.

### ***Investigating Emergency Room Utilization Trends***

To investigate these ER utilization trends, UC SHIP ER claims data and SHS visit data were reviewed to assess the rate of change in ER use and compare this utilization with the available primary care visit capacity provided on campus by the SHS centers each year. Analysis of SHS combined primary care/urgent care visit capacity for AY 2018-19 through AY 2022-23 shows a consistent pattern of decreased visit volume at all campuses during the peak COVID-19 campus closure period of AY 2020-21. In the past two years, campus visit volumes have recovered somewhat but have not returned to the visit capacity volume observed during the pre-COVID baseline year of 2018-19.

Figure 1 below shows the decline and partial rebound of SHS primary/urgent care visit capacity during this period.

**Figure 1**  
**SHS Primary/Urgent Care Visits per 1,000 Students**  
**AY 2018-19 through AY 2022-23**



Of note, reliable counts of UCSD SHS primary care visit volume for this period were not available for inclusion in this initial analysis (due to the use of an alternative electronic health record and data aggregation difficulties covering the five-year period of study), but additional processes have been identified that will allow UC to include accurate UCSD visit data in future follow-up analyses. Collectively, AY 2022-23 SHS primary care and urgent care visit volume for the remaining nine campuses demonstrated a 19.4 percent decline compared to the baseline AY 2018-19.

Table 1 below shows annual campus-specific SHS primary care visit rates/1,000 students during these five years. Of note, UCM and UCSB are the only SHS centers with visit rate decreases of less than ten percent over the five years. Redundant visit classification schemes were discovered during the analysis of UCSB data. This is primarily due to campus decisions to create locally customized visit type names to aid in the workflow and scheduling of their patients. This issue has been reviewed in detail with UCH’s IT project management specialist devoted to Student Health and Counseling and will be resolved with the implementation of standardized higher-level classification schemes that will be applied to all visit types within certain categories such as primary care, telehealth, etc. Once executed, this will enable UC to capture appropriately comparable data from all campuses on the Point and Click EHR system. UCSF had appreciably more significant reductions in primary care visit volume due to the loss of clinicians during the latter half of the study period. (As noted above, UCSD SHS visit data is absent from this analysis).

**Table 1**  
**SHS Primary/Urgent Care Visits per 1,000 Students**  
**Academic Year 2018-19 through Academic Year 2022-23**

SHS Primary Care and Urgent Care Visits per 1,000 Students						
Campus	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	Five-Year % Change
UCB	1,093.15	944.59	739.08	867.68	829.23	-24.1%
UCD	600.78	444.53	335.06	428.01	512.49	-14.7%
UCI	610.87	497.67	447.95	464.10	536.44	-12.2%
UCLA	1,044.10	836.72	745.54	852.18	816.22	-21.8%
UCM	777.39	552.28	391.11	603.87	701.97	-9.7%
UCR	490.09	321.33	236.70	357.21	406.65	-17.0%
UCSB	901.83	744.51	616.37	653.01	866.69	-3.9%
UCSF	1,716.76	1,306.92	1,107.47	968.40	857.01	-50.1%
UCSC	1,240.46	1,018.21	620.01	880.80	896.45	-27.7%
<b>System</b>	<b>769.49</b>	<b>618.11</b>	<b>467.77</b>	<b>586.49</b>	<b>620.58</b>	<b>-19.4%</b>

Emergency Room utilization was initially characterized by evaluating the number of visits utilized by UC SHIP members during each of the past five UC SHIP Plan Years corresponding to AY 2018-19 through AY 2022-23. Data is available for all campuses except UC Berkeley, which does not participate in UC SHIP, but instead utilizes a fully insured program. Figure 2 below demonstrates significant increases in ER visit volume rates at all campuses. ER visit data from all campuses demonstrates a significant decrease in utilization during the plan year 2020-21 when COVID-19 infection rates were high, and campus closure orders were in effect. Though some decrease or attenuation of the rate of rise is also seen in the final year at some campuses, all campuses have AY 2022-23 ER visit rates well above the baseline year of AY 2018-19. UC SHIP ER visit rates per 1,000 increased by an average of 32 percent for all campuses over the study period.

**Figure 2**  
**UC SHIP Member Emergency Room Visits per 1,000**  
**During the Academic Year 2018-19 through the Academic Year 2022-23**

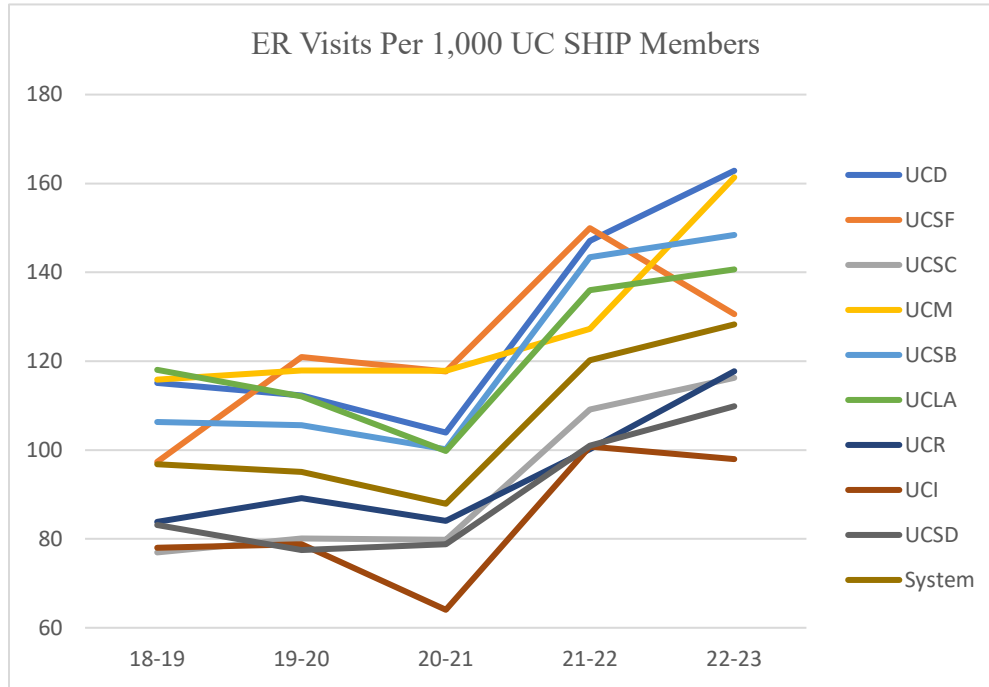


Table 2 below outlines the specific change in ER visit rates each year and summarizes the increase in these rates over the five years. The smallest increases in visit rates were seen at UCLA (19 percent) and UCI (26 percent). Three campuses had 32-34 percent visit rate increases, and five had visits/1,000 increases of 39 percent or more.

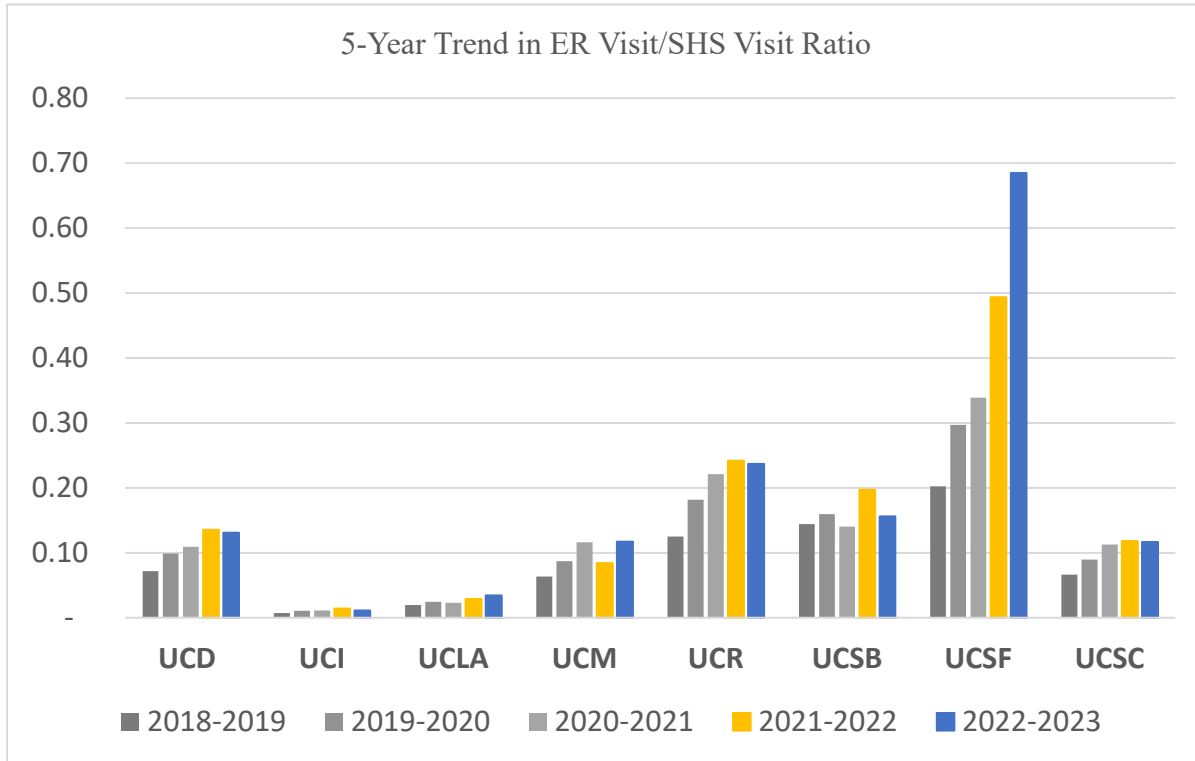
**Table 2**  
**UC SHIP Emergency Room Visits per 1,000**  
**Academic Year 2018-19 through Academic Year 2022-23**

ER Visits/1,000 by UC SHIP Members per Campus						
Campus	18-19	19-20	20-21	21-22	22-23	Five -Year % Change
UCD	115.1265	112.3268	103.9348	147.0924	162.8633	41%
UCSF	97.34513	120.953	117.7232	149.9373	130.6197	34%
UCSC	76.96169	80.07086	79.84239	109.1573	116.254	51%
UCM	115.8503	117.9402	117.8161	127.2426	161.3739	39%

ER Visits/1,000 by UC SHIP Members per Campus						
Campus	18-19	19-20	20-21	21-22	22-23	Five -Year % Change
UCSB	106.3152	105.6248	100.1737	143.4312	148.4056	40%
UCLA	118.0352	112.1107	99.78806	135.9754	140.6546	19%
UCR	83.83744	89.19271	84.02715	100.1854	117.7335	40%
UCI	78.03427	78.80531	64.04672	100.7858	97.96842	26%
UCSD	83.15066	77.49674	78.78005	100.949	109.8566	32%
<b>System</b>	<b>96.82066</b>	<b>95.07255</b>	<b>87.91411</b>	<b>120.2367</b>	<b>128.2736</b>	<b>32%</b>

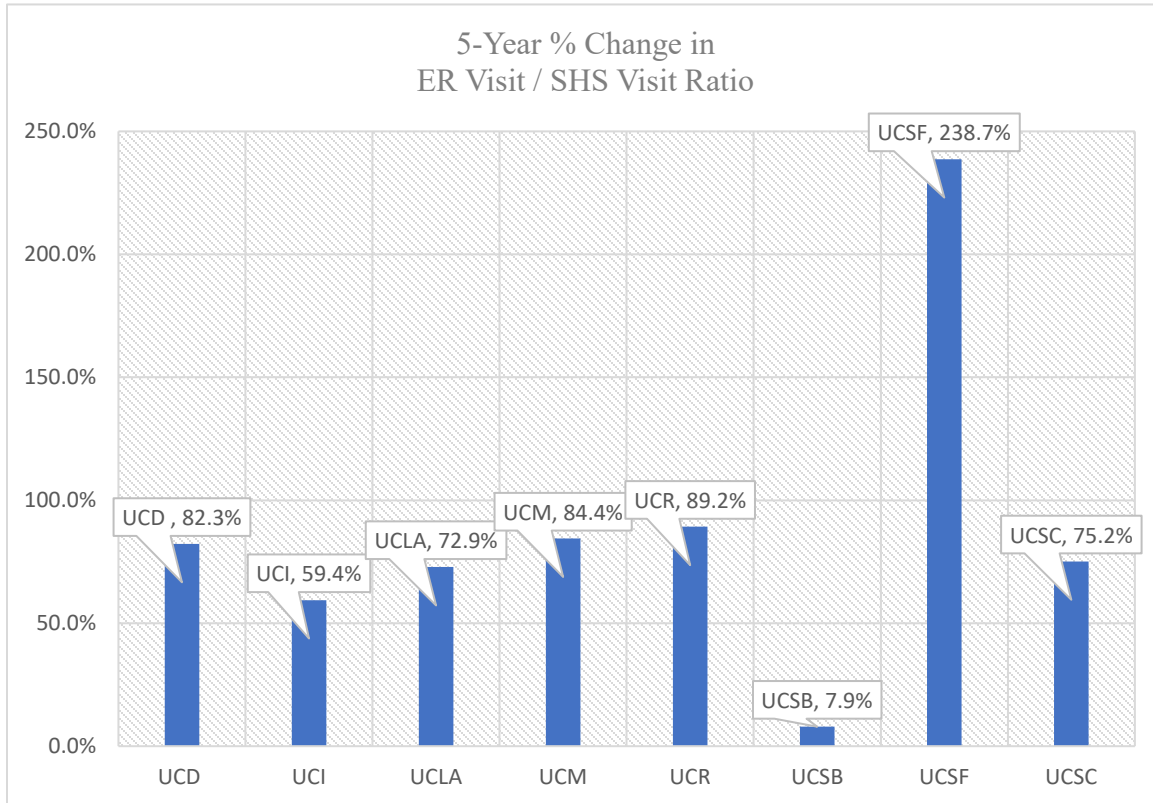
Another benchmark health services researchers use to evaluate potential primary care access issues is the analysis of changes in the ratio of ER visits to primary care visits over time. Figure 3 below shows this comparison for UC SHIP ER visit volume compared to SHS visit volume for the past five academic years. As noted previously, SHS visit data is not available for this analysis, nor does Berkeley have UC SHIP ER data, as that campus is insured separately. This analysis thus compares the eight remaining campuses for which both sets of data are available. The data demonstrates a progressive increase in this ratio at all campuses with available data. The highest ratios are observed in the most recent academic years.

**Figure 3**  
**Five-year Trends in ER Visit/SHS Visit Ratio**  
**Academic Year 2018-19 through Academic Year 2022-23**



Further analysis of the ER/Primary Care visit ratios was carried out to determine the percentage change that occurred over the five-year span and which campuses had the highest elevation of these ratios. Figure 4 below shows the increase in these ratios over the five-year span of this study. Most campuses demonstrated an increase of 60-90 percent in this ratio over this interval, and the average increase overall for all eight campuses is 71.8 percent. Data outliers include UCSB, with redundancy discovered in SHS visit classification schemes (which likely inflated SHS visit volume), and UCSF, which experienced a significant loss of primary care visit volume in the final two years analyzed, producing a ratio increase of 238 percent.

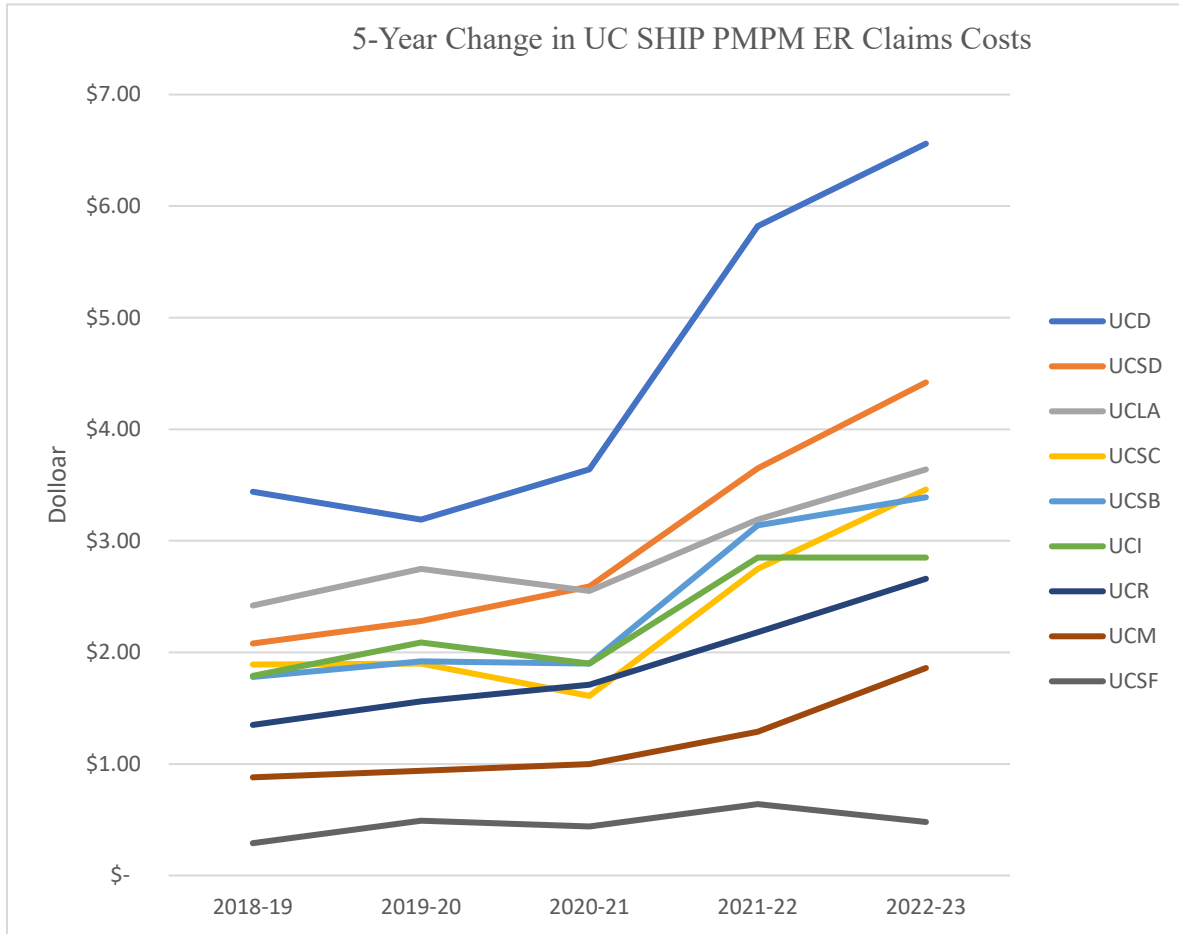
**Figure 4**  
**5-Year % Change in ER Visit/Primary Care Visit Ratio**  
**Academic Year 2018-19 through Academic Year 2022-23**



Cost analysis of the increased utilization of ER visits was performed by comparing increases in the Per Member Per Month (PMPM) costs of total ER medical claims over this period. Figure 5 below depicts the increases in PMPM by campus for each year in the study; over the five-year interval from AY 2018-19 through AY 2022-23, PMPM cost increases averaged 84.28 percent across the campuses. Table 4, further below, shows the specific PMPM increase by year and the overall five-year percentage increase in these costs at each of the nine campuses for which data is available.



**Figure 5**  
**5-Year Change in UC SHIP PMPM ER Claims Costs**  
**Academic Year 2018-19 through Academic Year 2022-23**



**Table 4**  
**5-Year Change in UC SHIP PMPM ER Claims Costs**  
**Academic Year 2018-19 through Academic Year 2022-23**

5-Year Increase PMPM Costs: ER Claims at Any Distance from Campus						
Campus	2018-19	2019-20	2020-21	2021-22	2022-23	5-Year % Change
UCD	\$ 3.44	\$ 3.19	\$ 3.64	\$ 5.82	\$ 6.56	90.70%
UCSD	\$ 2.08	\$ 2.28	\$ 2.59	\$ 3.65	\$ 4.42	112.50%
UCLA	\$ 2.42	\$ 2.75	\$ 2.55	\$ 3.19	\$ 3.64	50.41%

5-Year Increase PMPM Costs: ER Claims at Any Distance from Campus						
Campus	2018-19	2019-20	2020-21	2021-22	2022-23	5-Year % Change
UCSC	\$ 1.89	\$ 1.90	\$ 1.61	\$ 2.75	\$ 3.46	83.07%
UCSB	\$ 1.78	\$ 1.92	\$ 1.90	\$ 3.14	\$ 3.39	90.45%
UCI	\$ 1.79	\$ 2.09	\$ 1.90	\$ 2.85	\$ 2.85	59.22%
UCR	\$ 1.35	\$ 1.56	\$ 1.71	\$ 2.18	\$ 2.66	97.04%
UCM	\$ 0.88	\$ 0.94	\$ 1.00	\$ 1.29	\$ 1.86	111.36%
UCSF	\$ 0.29	\$ 0.49	\$ 0.44	\$ 0.64	\$ 0.48	65.52%
<b>UC System</b>	<b>\$ 15.97</b>	<b>\$ 17.20</b>	<b>\$ 17.40</b>	<b>\$ 25.65</b>	<b>\$ 29.43</b>	<b>84.28%</b>

**Summary Findings**

In the analysis detailed above, primary care visit volume in AY 2022-23 still remained nearly 20 percent below the pre-pandemic baseline of AY 2018-19, while ER visits have demonstrated a 32 percent increase during the same period. UC SHIP medical claims dollars for ER visits have more than doubled from \$20 million to \$44 million during this time, and now account for approximately 16 percent of total medical claims costs. A retrospective claims analysis of UC SHIP 2022-23 ER claims shows that approximately 44 percent of these visits represent potentially avoidable ER costs. Avoidable ER costs include visits for common non-urgent conditions, such as upper respiratory infections, sore throats, urinary tract infections, minor injuries, etc. The cost of care provided in emergency rooms for these, and other non-emergency conditions, greatly exceeds the cost of evaluating these conditions in more appropriate primary care settings.

In the wake of the COVID-19 pandemic and the resultant changes that have occurred in the campus SHS centers, UC chancellors, vice chancellors, and SHS leaders must identify solutions that will improve access to primary care for students and reduce excessive spending on care that could be provided to students at much lower cost by UC entities. As 57 percent of UC SHIP premiums are covered by student financial aid packages, UC must carefully consider the cost implications of the current structure and resourcing of SHS centers in relation to UC SHIP and the total cost of care for UC students.

One of the clear and pressing priorities is to address primary care physician staffing levels in the SHS centers, which have declined due to a number of factors. The COVID-19 pandemic no doubt has played a role, as SHS centers struggled to maintain core operations while assuming

increasingly larger obligations to execute public health measures that allowed campuses to open and remain open despite challenges of new COVID variants and subsequent surges of infection. For the past several years, SHS leaders have articulated their difficulties in attracting qualified physician candidates. A primary source of both recruitment and retention difficulties has been insufficient prioritization and inadequate resource allocation to the SHS units. It is clear at this point that the shrinking SHS primary care base is associated with large increases in the cost of care due to UC students more often seeking care in the community. To conserve overall University resources, additional investment must be made at the campus level.

Additional factors that may influence students' decisions to access services in the Emergency Room need to be considered. Some of these include severity or acuteness of injury or illness, perceived level of threat or bodily harm that could be caused by delay in care, concerns over resurgence of COVID-19, parental influences, lack of familiarity with tiered care model, proximity of local ERs, lack of urgent care capacity in the local communities surrounding each campus, UC SHIP plan design with low ER copay or deductible amounts at most campuses, etc. Other factors could include the availability, marketing and promotion of alternative services that could be used instead of ERs for non-emergent conditions, which include locally available urgent care centers; telehealth services (currently available to UC SHIP students through Live Health Online and through all SHS/CAPS centers); nurse-on-call advice services; evaluation and triage of patient complaints and scheduling patients with semi-urgent conditions into same-day or next day appointments as appropriate; and the adoption, promotion and use of patient navigator apps, etc.

Expanded hours at SHS/CAPS locations could be a potential partial solution. Although claims data does not include time of service, service day of the week is identifiable through claims analysis. Peak days for ER services were Saturdays, Sundays, and Mondays. Interestingly, a more focused analysis of claims by week in AY 2022-23 only (to eliminate potential confounding effect of COVID on campus closures and/or sheltering in place) revealed that more students in the final year of this analysis utilized ER services during the active academic terms, and that the volume of ER visits was significantly less during weeks in the winter and summer break periods.

One of the deficiencies of the current after-hours care capacities at most, if not all of the campus SHS and CAPS centers, is the ability to triage patient complaints and schedule patients for an early morning next day appointment when appropriate. This requires the use of licensed clinical staff to perform the triage function, and reliable mechanisms to alert the centers overnight (or over a weekend or holiday) that a student needs to be seen the next business day, or preferably, to actually schedule appointments at the SHS or CAPS centers at the completion of triage. Inherent in this weakness is that most after-hours personnel often do not have access to a student's electronic health record, and typically do not have the training and licensure required to triage a patient's presenting symptoms.

Another gap in the provision of after-hours services and in the ability to provide continuity of care is that a patient's clinical record in the current electronic health record (EHR), Point and Click at nine of the ten campuses, is not readily accessible or transferable between campuses or between the campus SHS/CAPS centers and UC Academic Health Centers. UCSD is currently

the only campus that has enabled its SHS/CAPS centers to transition to the use of Epic as their EHR, allowing more accessible information for continuity of care with UC San Diego Health's providers and also greatly expanding the potential to conduct healthcare accessibility, quality improvement, and population health studies on individual campus populations to produce better clinical outcomes for those students.

### *Interventions and Next Steps*

The following initial steps have been taken by UC SHIP and SHS/CAPS leadership to attenuate the rise in ER utilization by UC SHIP students and better understand contributing factors associated with this trend:

- 1) Updating Detailed Recruitment Plans: Each campus SHS center has been asked to review its current primary care vacancies, the relative staffing levels of primary care provider types (MDs, NPs, etc.) and anticipated additional staffing needs for AY 2024-25 to create a primary care recruitment plan. These plans should be presented to the governing body of each SHS center by late February 2024. If approved by the governing body, these recruitment plans should be presented to the direct reporting lines for the SHS unit requesting sufficient resources to execute this plan. The Directors of each SHS and CAPS will be surveyed regarding reporting line responses to their primary care recruitment plan at the SHS/CAPS Directors annual meeting on March 14-15, 2024.
- 2) Enhancing Campus Communications on Care Resources: Each campus SHS/CAPS center has been asked to review the various communication strategies employed by its center to direct students to after-hours care resources. This communication content should be revised as necessary to prominently highlight the availability of telehealth services and how to access these, local urgent care center locations and hours of operation, and any other after-hours call center resources that can help guide students to care. Each campus SHS and CAPS center has also been asked to present a live demonstration of its enhanced communication methodologies in these areas at the next monthly SHS/CAPS Directors meeting on February 22, 2024, with additional meetings as necessary to receive an update from all SHS and CAPS centers.
- 3) Analyzing Direct ER Utilizer Feedback: UC SHIP has embarked on the planning process to conduct a formal retrospective evaluation of a sample of ER utilizers from AY 2022-23 for each UC SHIP campus. Participants will be asked to share their perspective on the availability of services on that campus, their experiences with accessing campus-based services (ease of scheduling for routine or urgent issues, etc.), and their rationale or contributing factors that led to their decision-making around ER use. UC SHIP will then provide an overall summary and campus-specific summaries of responses to inform both systemwide and local campus efforts in curtailing avoidable ER use.

- 4) Developing Novel After-Hours Capacities: An After-Hours Access Workgroup has been formed to evaluate options that would improve the accessibility, functionality, and effectiveness of existing after-hours care programs and to evaluate ways that these programs could be enhanced to create the capacity to schedule next day appointments. Additional options to be explored include the potential gains that could be achieved with the introduction of new technologies and/or developing a shared call center that could potentially: 1) provide personalized after-hours care to UC students from all campuses; 2) integrate information obtained into each student's medical record, and; 3) facilitate next-day scheduling.

The proposals outlined above will require time, effort, and resources to achieve desired results. Campus leadership must take sufficient time to better understand the factors that can ensure adequate access to campus-based prevention and wellness services, as well as primary care resources at the SHS and CAPS centers. It is reasonable to conclude that further investment in primary care capacity, electronic record functionality, and after-hours triage systems should be strongly considered to continue meeting the needs of UC students and to better control the escalating cost of care for this population.

## ATTACHMENTS

[Attachment 1: Annual Report on Student Health and Counseling and UC Student Health Insurance Plan](#)