

**Office of the President**

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

**ACTION ITEM**

*For Meeting of January 18, 2012*

**GOVERNANCE OF STUDENT HEALTH CLINICAL SERVICES AND PROGRAMS**

**EXECUTIVE SUMMARY**

In response to questions involving the operations of the student health centers, a review project was convened to examine existing risk management and quality programs, their costs, and the accountability of health and counseling services provided to UC students. The project was coordinated through the Office of Risk Services and the Office of Health Sciences and Services. The reviews were conducted by Marsh USA, Inc. (Marsh), an independent professional services team, which completed site visits, interviews, and document reviews at the ten University of California Student Health Centers.

The Marsh review team consisted of clinicians, environment of care specialists, and clinic business operations specialists, and their review included interviews and document inspection related to the accreditation process, staff credentialing, office practices including counseling services, and office billing procedures. The American Association of Ambulatory Health Care (AAAHC) accreditation standards and the International Association of Student Counseling Centers (IACS) served as the minimal requirements for auditing and standardization purposes.

Marsh made a series of findings, summarized below, to ensure effective clinical operations at all campuses.

This action item makes the necessary governance changes to implement the Marsh recommendations regarding the student health and counseling programs, including self-insured student health programs.

The Committee on Governance will separately consider an amendment to Bylaw 12.7 to expressly assign jurisdiction for the student health and counseling programs to the Committee on Health Services.

## RECOMMENDATION

The President recommends that the Committee on Health Services recommend to the Regents that:

1. The Committee on Governance recommend an amendment of Bylaw 12.7 to assign the Committee on Health Services jurisdiction for oversight and development of policy for activities of student health and counseling programs, including the self-insured student health programs.
2. Responsibility for implementation of the policies and procedures developed by the Committee on Health Services be delegated to the Senior Vice President for Health Sciences and Services.
3. Responsibility for the financial management of the self-insured student health programs be delegated to the Chief Financial Officer.
4. Chancellors be held accountable for the implementation on their campuses of the systemwide policies and procedures developed for the student health and counseling programs, including the self-insured student health programs.

## BACKGROUND

As noted above, Marsh recently concluded a comprehensive review of the University of California student health and counseling centers, including the self-insured student health insurance programs. The review found numerous serious deficiencies and made findings to address the deficiencies.

The systemwide findings are summarized below.

### *The Marsh Findings*

#### **A. Governance**

Serious deficiencies in the governing bodies, credentialing, and granting of privileges exist at all ten student health and counseling centers.

A formal governance structure for the Student Health Clinics, Counseling Centers, and Self-Insurance Program (Undergraduate Student Health Insurance Plan [USHIP] and Graduate Student Health Insurance Plan [GSHIP]) should be based upon:

1. Standardized clinical, financial, and operational policies and procedures in accordance with relevant accreditation and professional standards.

2. Operational oversight through the Senior Vice President of Health Sciences and Services with delegated authority to remain with the campus Chancellor who in turn can delegate to the Governing Body.
3. Financial management policy guidelines provided by the Chief Financial Officer at UCOP, who also will provide oversight for financial management of the student health and counseling centers, including the self-insured health plans (USHIP and GSHIP).

### **B. Credentialing**

Serious credentialing deficiencies exist on all campuses. There is a lack of written policies on ongoing professional practice evaluation or focused professional practice evaluation criteria. None of the student health services have defined criteria for referring cases for external peer review. Background checks on professional personnel are spotty and incomplete. Due to the serious nature of credentialing deficiencies, credential verification should be outsourced to a qualified third party; local center staff who are responsible for monitoring of credentials verification and approval of credentials and privileging applications should receive comprehensive training on the standards for credentialing.

### **C. Healthcare Information Management (Medical Records)**

There is no systemwide healthcare information system (medical records and billing) having standardized templates, coding, and direct billing procedures. It is recommended that UC implement a single systemwide healthcare information system (medical records and billing) with standardized templates, coding, and direct billing procedures.

### **D. Financial**

UCSHIP and GSHIP programs should be relocated so they are under the jurisdiction of the Chief Financial Officer Division. Basic components of a self-insurance fund and financial reporting that would be expected to be found are missing, including: specific business rules regarding proper billing and coding of all eligible charges, an internal audit process to assure billing and coding meet the business rules, auditing of rejected expenses, reconciliation of reimbursements on a scheduled basis, analysis of the backlog of claims not submitted, as well as other financial checkpoints supported by ongoing reports.

### **E. Clinical Documentation**

Medical practitioners must have training, direction, monitoring to ensure proper coding and association documentation in the medical record.

**F. Health Benefit Design**

Given the variability in health insurance plan administration and billing, it is recommended that UC migrate to a standardized health benefit plan across the system.

**G. Human Resources**

Human Resource policies are not aligned with clinical and patient safety guidelines, specifically in the variance in credentialing and privileging, peer review, validation of staff competency including ongoing professional practice evaluation, and focused professional practice evaluation. It is recommended that UC revise Human Resource policies to align with clinical concerns; i.e., hiring, training, and termination policies based on optimal patient safety.