

University of Oregon  
HEALTH CENTER  
**Student Health Advisory Committee Meeting**  
May 26, 2006

<b>Student Members:</b>	<b>Alternate</b>	<b>Interested Students</b>	<b>ExOfficio Members:</b>
* Chiem, Jennifer	E Ronco, Noelle	Beseda, Addie	E Kerr, Shelly
* Kuzma, Urva	<b>Faculty:</b>	E Bentley, Dan	E DeHaven-Murdoch, Daralyn
E Scholl, Ben	* Munroe, Dennis	* Mann, Todd	* Leith, Ramah
E Soetan, Folake	* Meaux, Tenaya	Nethercott, Ashley	E Megerssa, Becky
E Stiffler, Lesley	E Spradling, Karen	Parker, Jenny	* Ryan, Tom
* Straight, Leslie		Takahashi, Chika	E Staight, Paula
* Teeter, Kelly	<b>Applicants</b>	E Thrower, Ashley	E Stoop, Helen
* Wintermute, Ben	* Smith, Kaylie	* Kehdi, Norma	
* Wu, Angela	* Phillips, Anne	Laws, Michael	
	* Wee, Brett	Yu, Lin	
	* Green, Maria (RTF)	* Green, Matt	

The meeting was called to order at 3:00 p.m.

1. **Approval of Minutes** – The minutes of the previous meeting were approved as distributed. New people once again coming to the meeting so introductions
2. **Patient Satisfaction Survey Revision** – Last term SHAC discussed changes to the Patient Satisfaction Survey and how to get students to include their contact information so that the Health Center administration could work with them on their concern.

The idea is to get students to fill out these surveys so Tom Ryan suggested that we change the statement at the bottom of the front side to, “Your contact information is optional and confidential.” We do not get many comments/suggestions that are negative, but when we do really would like to find out what happened and who was involved so would like to discuss this with the person turning in the survey.

The updated form was approved today by the SHAC members present and use will start as soon as they can be printed and distributed throughout the Health Center.

3. **Health Center Budget** – Daralyn DeHaven-Murdoch is our financial administrator and building liaison for the construction project. Being the building liaison is a second full time job on top of her regular full time finance and personnel duties. Therefore, Tom Ryan will be Daralyn’s stand-in to introduce the Health Center budget today with the SHAC members to discuss where we stand, budget projections for the end of the year, and what we are projecting for next year.

The major headings for discussion are the revenue/income total, labor expenses, and service/supplies expense total. Daralyn has pulled together information from 2004-05, this year, and 2006-07 for comparison.

Revenue is generated from the health fee and a variety of other items such as interest income, FPEP and departmental income. Several years ago there was a discussion of revenues with SHAC on how the Health Center could control increases in the health fee with a decision to implement user fees for those who use the Health Center. We charge a much lower price for almost all services than those in the community because charges are subsidized by the health fee. The initial projection was that 70% of revenues would come from the health fee and 30% from charges for services. Over the last 8 years the revenue percentage has been changing, so that now the split is now about 60% from the health fee and 40% from charges. Our revenues from charges are unpredictable because they are based on future visits and utilization of services by students which can be impacted by outside events such as the building construction or vaccine shortages.

In recent years the University Counseling Center and University Health Center have been asked to make requests for fee increases in alternate years. Last year, after 3 years without a fee increase, we requested an

increase which the SHAC approved. This year the Counseling Center has asked for an increase and the Health Center will not have an opportunity to do so.

For 2005-06 we projected that our fee revenues would increase as the health fee was higher this year. We projected that other revenue would go down due to building construction, but charge revenues decreased further than predicted. So far this year we have had about 1500 fewer visits than last year at this time. The good news is that despite the impact of the construction on the building, the difficulties of getting into the building, and the noise and mess many students continue to come to the Health Center for care and services.

In 2006-07 total revenue will decrease from 2005-06 in part due to a decrease in summer session health fee and summer session school enrollment. Departmental income projections for 2006-07, on the other hand, have increased by about 10%. It is clear that revenues need to be pushed up, and Tom feels confident because construction will be over and the new Health Center will really be a place that students will want to come to.

On the expense side classified salaries and OPE or benefits that go along with the salaries will rise significantly while unclassified salaries/OPE may also rise. Salary increases are determined by contract or legislative action and we are required to meet these increases

Service and supply expenses really have not changed very much but total income is lower than total expenses—significantly lower. We know that some things will change to adjust this, such as higher enrollment and OPE actually coming out less than projected, so we do not think that we are going to actually end up \$650,000 in the red. Despite that there are some things that we have done, and some that Tom would like SHAC to think about for discussion today and next meeting.

One thing that has already been done is to increase the office visit charge on July 1 from \$6 to \$7. This is already included in the 2006-07 budget. Normally, all changes are discussed with the SHAC, however, we have not had the opportunity to do this as the budget was due last Friday. This is for all office visits no matter the length and is very reasonable. This charge has not been raised for many years.

The things that Tom would like to propose for discussion are:

- 1) Should we charge more for specialist visits? We have an allergist and a gynecologist on staff who do special procedures. We also have psychiatrists with standard visits of 30 - 60 minutes.
- 2) Should we consider any other sort of changes in the charges for our other services services? Changes in charges for services is something we are reluctant to do because it is subsidized by health fee and also because we do not want to create a financial barrier to care which prevents students from getting the services they need.

Tom would like to get students thoughts and advice on whether these things are reasonable to think about or whether we should stay where we are and see what happens. Despite the fact that there's a budget deficit we do have what is called a "carry forward" balance that does not appear on the budget. This may offset some expenses but it is important that we create a balanced budget which does not rely on carry forward balances.

After discussion today Tom would like students to think about this and come back on June 9 for further discussion.

#### Comments/Discussion:

Q: Is there any decision that we need to make or just discussion?

A: The proposals that are on the table: should we increase the office visit charge for specialists: allergists, gynecologists and psychiatrists? if so how much? The second proposal is not really a proposal but more of something to talk about. Should we be looking at increasing our charges for other services? Is it an area that we should just leave where it is and see how things are going through the next year?

Q: How many special services are there throughout the year? This is information to think about when talking about increasing the cost.

A: Tom will bring the number of visits to use as a basis for a projection of income. Typically as a guestimate the psychiatrists see between 45 and 55 students a week, and the gynecologist who works 2 half days about 10 students a week.

Q: Should there be a psychiatrist base charge with additional cost for increased time?

A: New psychiatrist appointments are usually scheduled for 1 hour. Perhaps we could charge more for the initial visit and less for follow up visits that would take less time. Physical exams for Peace Corps and travel are charged more as there is a precedent for increasing this charge because those visits take longer than a regular visit.

Q: Are students often referred to the specialist?

A: Typically students are referred to the gynecologist. A student will have been seen for a primary care visit and found to have something that needs specialty diagnostic interactions. With psychiatrist visits, patients may go straight to the psychiatrists as some were already under a psychiatrist's care when they came to school. Other students are referred to us through the Counseling Center. All of the primary care providers do provide mental health care but for more complex care refer to our psychiatrists.

Winter term next year we will be talking about whether there is a need to increase the student health fee. Should we try to reestablish that 70/30% ratio or is 60/40 okay?

5. **Mumps Update** – Tom Ryan reported that that only change is that confirmation through testing has been made on the 3 students who had been diagnosed with the mumps. The last time we talked there was only one confirmed with the other 2 tests pending. We have not seen any more cases at the Health Center that were suspicious of mumps and none have been seen in the community. Hopefully, an end is in sight
7. **Announcements** – REMINDER: next week's meeting, June 2, is postponed until June 9

Paula Staight –Health Education Update:

A focus group is planned for June 9 around the CDC grant looking at alcohol and contraception use. This focus group has been approved by the Human Subjects Committee here on campus. Paula provided flyers for student participation, women only. Then advantage of participating is \$50. The first 15 women to arrive will be included in the focus group. Health Education will also be hiring a person this summer to work with this program for 2 academic years.

Paula is working on tobacco issues such as environmental issues proposal to extend the 10 foot rule, eliminating the smoking benches, and potentially moving towards a smoke free campus. Which would require student support around that and perhaps SHAC can help with that?

InfoSoft Computer Alcohol Intervention Program – This program is being purchased by a group of departments here on campus (Health Center, Student Life, DPS, Housing) to help students look at their own consumption, what they think others on campus doing, family history, how much you are drinking it then provides graphs on what the reality of your drinking is, what other students are really doing, your risk, and how much you are spending. In clinic areas we want to use it for health education and prevention. In the resident halls it will be used with students who have had MIP. The program should be up and running by fall.

Health Center Campus-wide Survey through OSRL. OSRL disbanded and we now are going to the National College Health Assessment. The advantage of this survey is that it enables comparison with other campuses of our size and type. This is something that the Health Education Department will be taking on next spring.

There is a lot that SHAC can be involve in the next academic year in terms of outreach. If you interested in helping out this summer, let Kim Barker ([kmbarker@uoregon.edu](mailto:kmbarker@uoregon.edu)) or Paula Staight ([pstaight@uoregon.edu](mailto:pstaight@uoregon.edu)) know.

7. **Adjournment** – The meeting was adjourned at 4:00 p.m.

Kim Barker, Recorder

**\*\*Next Meeting\*\***

**June 9**

**Health Center Medical Library  
(Alias the Ramey Room, Carson Hall)**