

University of Oregon
HEALTH CENTER
Student Health Advisory Committee Meeting
February 8, 2008

Appointed Members:	Alternates	Interested Students	ExOfficio Members:
* Charron, Julie	Chiu, Shih-Han	* Ronco, Noelle	E Davenport, Edel
* Davis, Kate	Le, Mai		* DeHaven-Murdoch, Daralyn
* Hok, Sreang "C"	* McKague, Dustin	Faculty:	* Eyster, Mike
* Kunerth, Alison	Michan, Elizabeth	E Lynn, Holly	* Leith, Ramah
* Lent, Jonathan	Smith, Leila	* Olson, Deborah	Megerssa, Becky
* Malasig, Cheryl	Yam, Sarah	* Pangburn, Micheal	* Pressman, Ernie
* McCauley, Lauren		E Russell, Chantelle	* Staight, Paula
* Smith, Kaylie			
* Wee, Brett			

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.
2. **Budget 101** – Daralyn DeHaven-Murdoch's purpose here today is to provide SHAC general information on the Health Center budget. As references handouts were prepared: 1) a brief summary of Health Center revenue and expenses, 2) a pie chart as a visual of revenue and expenses, and 3) a spreadsheet of actual activity and the 2007-08 beginning budget. This information is to aid in your understanding as the 2008-09 beginning budget is prepared. Daralyn will be returning to SHAC a couple more times as she works through the budget for next year.

Creating a budget with enough *flexibility* to handle the unforeseen revenue or expense fluctuations is a challenge each year as costs continue to increase. We have to keep in mind the unknowns that can impact our operating budget, such as a decline in student enrollment, student utilization of the Health Center, medical crisis/outbreaks, mandated increases due to collective bargaining, personnel costs, maintenance, service and supplies, shipping, utilities, travel, etc.

Mike and my expectation is that the Health Center will be fiscally responsible to students on how we manage their money. Each department manager is expected to understand and be accountable to their individual departmental budget.

REVENUE – The Health Center is 100% self-funded with 65% generated by the health fee, 31% from charges for services, and 4% percent from office visits and FPEP. We receive no funding from the State general fund.

Approximately, \$40,000 of the health fee revenue is transferred by the university to fund education diversity and international exchange fee remissions.

This year we will be paying out \$31,000 of health fee revenue, which is transferred for Architecture and Journalism students studying at PSU. Last year the UO Administration made a change in how the UO pays for distance learning students at PSU, that the Health Center should submit the entire amount of the health fee with no out of pocket to those students. Even though the UO health fee is \$100, we are required to transfer based on PSU's health fee which is \$142.00. Therefore, we transfer \$142 per student each term. We do not receive any additional revenue to cover this additional \$10,500.

OPE – The Health Center pays approximately 47-65% in addition to each employee's monthly salary. On the handout Daralyn provided a breakdown of types of staff at Health Center to show where costs are. Other payroll expenses are employment related expenses for each employee besides actual salary. Ernie Pressman noted that retirement was not listed but is also a part of OPE, a large part.

OPE costs increase every year. The highest increase is for the medical/dental insurance premium which can increase 10-15% per year. Most of our employees are on a 9-month appointment, but we are required to cover their insurance premiums as if they were on a 12-month appointment. For example, the Health Center contributes approximately \$12,000 for each employee's health insurance premium per year.

SERVICE/SUPPLIES – Services and supplies are 22% of the Health Center’s total expenses. The cost of supplies can increase anywhere from 10-20% per year. A few examples of the type of expenditures at the Health Center are:

- Medical/Laboratory/Dental/PTSM supplies
- Vaccines (\$240,000), pharmaceutical (\$960,000)
- Electronic Medical Record—annual support, new/upgrade modules/software (\$46,000-\$100,000)
- Advertising in the ODE (\$20,000)
- Contract maintenance/repair of equipment and building (\$75,000-\$90,000)
- Utilities—electricity, water, garbage, etc. (\$50,000)
- Computing Center annual assessment (\$48,000); additional \$50,00-\$75,000 in programming
- OUS/BAO/UO annual assessments (\$170,000)
- Telecommunications (\$45,000)
- Crisis Center—the Health Center contributes matching funds to support the Crisis Center (\$28,835)

The amount noted in parenthesis is an approximate of what we spend per year. Contract maintenance and repair can be anything from maintenance agreements on equipment, to repairs on the equipment, building, or elevator. The Health Center is charged for all building, equipment and elevator maintenance and repairs performed by Facilities Services or contracted by outside vendors. We pay for garbage, steam, water, electricity and Lock Shop services. Effective July 1, the university is implementing a new assessment rate schedule that charges us 3% of total expenses for the first year; 4% 2nd year and increasing by 1% each year. The details of this new schedule are still being developed. Based on initial understanding, the Health Center could be assessed \$265,000 for next year.

Q: What do we get for that assessment?

A: Currently we pay an overhead assessment with no clear understanding of what that provides. Business Affairs provides services such as billing student accounts, collection, payroll, accounts payable, but there is no precise definition of how this money is used. A lot of departments on campus do not generate any money so the expenses have to come from those departments that do make money and State funding. Some of the academic units are always in the red. This assessment is only for auxiliaries.

Q: The OUS assessment, is that for every university in Oregon?

A: Yes, basically payment is to the Department of Human Services to cover things like tort liability, state audit, OUS centralized administrative costs and service charges. However, Daralyn does not have all the specifics of what is provided through this. There are different levels of the assessment and she is not sure if other departments with different types of funding are assessed this.

Q: Why is the electronic medical record (EMR) upkeep cost so much?

A: There is a large number of staff support in all the reception areas and those scanning all documents into the EMR, answering phones, and that support triage besides the medical practitioners accessing the EMR. The vendor that we went with for this system charges every year per practitioner a support fee even though we have purchased the licenses for each user. With more and more people using the program cost keeps rising. Also, upgrades happen quite a bit to integrate new modules that are needed. Doctors have to dictate every interaction they have and then that has to be entered into the record requiring a lot of data entry throughout the day.

Reserves – The Health Center funds an equipment (\$330,000) and building reserve. With the new building, an answer is pending on what the required reserve will be.

The spreadsheet of actual activity and the 2007-08 beginning budget gives a little idea of what makes up the revenue at the Health Center. Lines 11 & 12 show the totals for revenue and expense with the year-to-date net revenue/(loss) on line 13. By not increasing the health fee we started having a year-to-date net loss in 2005-06. Daralyn will be returning later this year for discussion on increasing the health fee, even if by a small amount every single year so we do can cover our expenses. The budget this year was written with cuts in order to come out at a zero (no loss/no gain—break even) budget for the end of the year. To do this a large portion of the Information Technology budget, continuing medical education, and a lot of small things were taken out with the hope that there was no impact on student services. Employees have felt the impact of these budget reductions. Several open staff positions were also not approved to fill. Another item affecting the budget was that 2006-07 was a construction year with unknown expenses that hit, which will not be recurring. Departments have really had to buckle up and evaluate what they do and need.

Q: If we went to mandatory insurance, how would that affect this budget? Would it create revenue?

A: Daralyn does not have enough insurance information to answer that question and will talk with Debbie Alley to find out.

Q: Didn't we close on Sundays?

A: This was not because of any budget issues, but due to liability issues resulting in potential risk to both patients and professional staff. There could have been some loss of revenue if students did not find another day to be seen. Most of the employees that worked on Saturdays were reassigned to other work hours.

Q: Does the budget look better than last year?

A: It does. Revenue looks good in terms of enrollment from where we were last year. There have been several resignations resulting in some cost savings with salaries and OPE. After the budget was in place the Athletic Department got their own x-ray machine in place which has resulted in a loss of revenue to the Health Center. A large part of the Health Center business starts in early October and this is the time of year where every month that passes the budget comes more into focus. There are a lot of indications that things are looking better.

Daralyn will be coming back in a couple weeks with updates and to start discussion. Spring term is a really busy month with a large possible effect on department budgets.

11. Outreach:

a) **Tabling at the Recreation Center** – Sports & Fitness Day tabling sign up sheets were circulated at today's meeting. This is from 11:00 a.m. to 2:00 p.m. on February 22 and from 11:00 a.m. to 2:00 p.m. on February 27 at the EMU with CAP and Peer Health. Check with Kim Barker if you would like to borrow a shirt. Kim will give Kate some extra SHAC name badges also.

12. Upcoming Business:

a) **Health Faire Project** – Julie Charron wants to know if anyone is interested in working with her on the Health Faire project—look at space and dates. It would be a really good way for SHAC to make ourselves know, as well as other health oriented groups. Another topic was advertising in the pre-health email newsletter, which has not been done before. Noelle stated that there are other newsletters, such as the peer health advisors in psych department and she will check with her contact there. Kate will check with PPPM. The Business school does have an email bulletin and Mike Pangburn will look for a contact person and send the information to Kim Barker.

b) **Recruitment Flyers** – The most effective way that other students came in contact about the SHAC was the use of bulletin boards and flyers around campus. The suggestion was made for scheduling a designated day where people could come in and see what the SHAC meetings are about and provide us with ideas. How about a SHAC FaceBook page? Kate, Julie, and Ramah will work on this.

c) **Student Wellness Committee** – No update.

13. Items Not on the Agenda:

a) **Student Building Fee Allocation Committee** – **Kate Davis is the Health Center student representative on this committee. She reported that the committee has met with Emily McClain and will meet on Mondays from 4-6:00 p.m. Kate can only bring 2-3 people along with her to these meetings. Members of the SBFAC were encouraged to bring smaller numbers due to length of discussion time on proposals. Kate will let those interested in coming to the meetings how things will work. If interested in attending, let**

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

Kim Barker, Recorder

****Next Meeting**
February 15, 2008
Health Center Medical Library**