

UC SHIP Meeting Minutes Jan/29/2025 9-10 am

Attendees- Jill Battikha, Dr. Oluwatosin Jegede, Dr. Stacie San Miguel, Dr. Ed Junkins, Kristin Lips, Xin Wei and Mason Ek

Minutes adoption for last meeting's minutes: Dr. Jegede moved to adopt the minutes of the last meeting, and Kristin Lips seconded the motion.

Discussions:

Dr. San Miguel shared how nurses are contacting students who have recently been to the ER and informing them about campus resources so that they can schedule their follow-up appointments with student health services rather than going off campus.

She also shared that the SHS has extended clinic hours to 6 pm on weekdays. Posters for sharing information, like extended operation hours, will be put up in the SHS building to increase students' awareness about the benefit changes. Additionally, UCSD SHS has telehealth from 3 pm to 8 pm on Thursdays and from 10 am to 3 pm on Saturdays. Students can self-schedule primary care appointments on student charts for non-urgent appointments.

UC SHIP students have access to UC San Diego Health Express Care clinics for urgent care (6 or 7 throughout the county). Students do not need a referral to schedule an appointment with express care, which is extremely useful for the students living off campus. They are open 7 days a week and for later hours. SHS will still be cheaper, but express care is still relatively cost-effective.

The nurse triage line is now available during the day too, where they help guide the students if they need to go to emergency care or can self-care. The nurses' line has cared for over 1,000 students since Fall 2024. The nurses' line is available to all students whether they are enrolled in UC SHIP or not. The SHS website is updated with new information on these changes.

Ms. Battikha mentioned that the strategic and innovative department at student health, led by Bill Cedorado, will enhance engagement with students and various campus partners to share all student health innovations and create more awareness on our website. As well as meeting more events for awareness. She also said that volunteers are needed to plan these programs.

Ms. Battikha mentions how, over the summer, they reached out to students about the plans during orientation and other forms of outreach. However, a lot is going on for a freshman to keep track of, so they want to remind students about the requirements year after year on how to reduce money by coming to the student health. If they do not have UCSHIP, they learn how to utilize RAFT.

Dr. San Miguel said that the Student Health and Well-being Advisory Board has suggested increasing residential life advising to increase awareness. To this end, the board will work with RAs to train them and create flow charts for students to follow when accessing care.

Dr. Jegede shared that at the EOB, they discussed how the first instinct for nurses is to send patients to the ER. So, Dr. Jegede is asking what UCSD is doing to make sure the nurses are not directing students to the ER when they are not supposed to? He additionally asked if we are increasing awareness about the services that we offer. Dr. San Miguel states that express care is one of the options on student charts. Triage nurses have worked in the ER, so they have experience and follow the national protocols to go to the ER and, therefore, guide the students accordingly. Dr. Jegede wanted the SHS to email students on benefit changes citing the study conducted by Anthem and presented by Dr Brad Buchman at the EOB. Dr. Stacie suggested the UCSD app and social media.

Dr. Junkins poses a question about whether the data is being kept from the nurse triage line calls. For the after-hours advice line, the data is kept, and they will be able to pull those reports, explains Dr. San Miguel. Dr. Junkins wants to see how many people are referred to the ER from all the calls we get so that we have a better stance to answer Dr. Jegede's questions.

Dr. Jegede prompts everyone to discuss increases or decreases in the out-of-pocket maximums or premiums. He also talks about changing the plan or introducing a tiered plan. He explains how gold comes with lower premiums but higher copays, and platinum comes with lower copays but higher premiums.

He explained that since UCSHIP has 10 campuses, we have a system for partial pooling, which means that whichever campus incurs more costs for the plan will have an increase in the premiums accordingly.

Dr. Junkins- The office of the president is under a lot of pressure, as the premiums are increasing, and the financial aid packages that were put out are not able to cover the sizable bill for undergraduates that rely on financial aid. Because the premium increase was so drastic, it was beyond what was calculated by the financial aid office. This has affected all UC campuses that participate in it. The program is having an existential moment where the program is precarious because the premiums are getting too high, and the state of the program must be kept safe. This can also be because healthcare is getting more expensive, so we need to come up with a model that starts to contain it.

Dr. Jegede shared that analysis shows that many students used ERs a lot, and many of them were just non-medically necessary. Campus reports show that there is a decline in service utilization for this year, meaning we will not be in as much financial trouble as before. However, those who are sick with chronic illness cannot be told to not use health services, and medical costs like those are fixed. As a result of inflation, the cost of care is increasing.

Dr. San Miguel informed how the out-of-pocket maximums have increased to \$4500 for individuals and \$9000 for families. Some changes have been made to the special medicines too.

Dr. San Miguel shared that the program is doing well and is not in a deficit. The graduate student plan as of December is in a little deficit, and the undergraduates are not in a deficit according to the program. The university has gotten better and better in utilization.

Dr. Junkins shared that the utilization of the ER for UCSHIP students during SHS operating hours has gone down. Based on the number of students going, 61% are urgent cases, according to the physicians.

Dr. Jegede asks if the out-of-pocket maximums can be further increased for the UC system. Ms. Battikha and Dr. San Miguel suggest increasing the individual copays rather than the out-of-pocket maximums. Dr. San Miguel explains how if we go from a platinum plus plan to a gold plan, the premiums will decrease, but the co-pays will go up.

Dr. Jegede asked for data on the proportion of students who reached their OOP max in the 2023/24 plan year disaggregated by undergrad and grad students. Kristin Lips offered to support Ms. Battikha in pooling out and analyzing the data.