Minutes of meeting held January 27, 2012

Present @ Meeting: Ernie May, George Corey, Pierre Rouzier, Christine Rogers, Deb Warner, Don Robinson, Bernie Melby, Wilmore Webley, Alan Calhoun, Tobias Baskin, Ann Becker, Emily Notini, Barbara Haskins, Alayne Ronnenberg, Diane Lucas

Agenda:

• Introductions
• Approval of December 2, 2011 minutes
• Future of UHS and Hodgkins Beckley Report

Approval of Minutes

Tobias Baskin (TB) asked the committee if they had reviewed the minutes of the last meeting and if there were any changes or corrections.

Bernie Daly moved to accept the minutes. The December 2nd 2011 minutes were approved.

Future of UHS and Hodgkins Beckley Report

TB asked Dr George Corey (GC) to provide comment regarding concerns of medical staff @ UHS with the announced changes.

GC relayed that the medical staff are concerned with potential changes in UHS services which represent a significant reduction in services in a number of areas such as the pharmacy, clinical laboratory, extended service hours which all provide an important service function. GC also raised concerns regarding the consulting firm review and comparison with other facilities. There were concerns with the quality of the review recommendations which do not mesh with the changes that have been proposed. A letter was drafted regarding the implications to reductions to services and was sent to VC Jean Kim & President Caret. This letter led Chancellor Holub to form a special committee to review UHS services.

GC relayed a particular concern is that UHS is currently occupying three deteriorating buildings with large amounts of deferred maintenance which is causing concerns for the health of occupants. A new building for UHS is needed but is currently not available. UHS would need to obtain funding through a bond bill to support such an initiative.
GC emphasized that the services UHS provides are important and not necessarily easily tracked. For example, after hours care, which is open until midnight, improves the safety and security of the campus. This service is busy until 8-9 pm and then less so afterwards. Urgent care is provided so that students do not have to go to the emergency room at Cooley Dickinson Hospital which is the closest available facility. Critical services provided include suturing lacerations on site. This often occurs after 8pm associated with athletic games that begin later in the evening. In addition, UHS assesses students with panic attacks, that have similar symptoms to a heart attack, by sorting through symptoms on site which reduce ER visits and associated costs.

GC discussed the services of the clinical laboratory which is a fully functioning clinical lab that provides results to UHS medical staff in a timely manner thereby increasing the quality of care. It is a well run lab and it is cost effective. For example, the costs for a hemoglobin A1C test at the UHS lab costs $5 whereas the same test sent to Quest laboratory is $10. This price for Quest services is a negotiated price with the university. To charge a student directly would be even more expensive.

GC mentioned that there may be an opportunity for the university to self-insure which may be a better model financially.

GC also mentioned that the pharmacy provides a key service to the campus community without having to go off campus.

GC provided data comparing with other student health facilities such as Northeastern etc. (attached?). All comparison universities have pharmacies and laboratories on site. A significant difference for UMass Amherst is the distance to the nearest ER (10 miles) compared to 1-2 miles for other universities.

Diane Lucas (DL) the pharmacy manager relayed that the pharmacy facility is an institutional pharmacy and as such provides all medications for sports medicine among other units. They provide courier services to Hampshire and Amherst Colleges. They provide quality assurance for the clinic. They supply cold care kits for students that are regularly issued. The facility also runs the automatic dispensary machine that is able to dispense a 48hr supply of medications for students until they can get to the campus pharmacy or to an off campus facility. If the pharmacy unit were to close, this well functioning and well used machine would become obsolete. In addition, the pharmacy dispensed 1400 units of Plan B which is an important service for a campus community. Likewise, UHS pharmacy supplies key medications in the case of sexual assaults such as those related to HIV. The pharmacy also provides an important training ground for student internships and rotations.

With regard to profitability, DL pointed out that the consultant’s report did not provide information on profitability and did not recommend closing the pharmacy. Currently the dispensing is covered through the pharmacy budget at no charge, but this could change. In comparison with CVS pharmacies off
campus the UHS pharmacy is charging the same co-pay to the student. In addition, the over-the-counter medications are discounted for students. Over-the-counter medications represent approximately 15-20% of total revenues.

The discussion was opened up to the committee for questions.

Wilmore Webley (WW) asked why discussions with UHS staff did not occur before the recommendations came out. It seems that both students and UHS staff were blind-sided by the recommendations.

Pierre Rouzier (PR) mentioned that he did not hear of the proposed changes through normal channels. While UHS staff could think of the reductions in work-time to be an improvement in lifestyle, he relayed that none of the staff felt so. They are all feeling that the reductions jeopardize important services to the campus community that they desire to serve. He acknowledged that changes do have to be made due to costs.

WW asked what realistic changes that could be made.

GC mentioned that a reduction of extended hours, when there are fewer UHS visits, could be done. In addition, insurance could be billed correctly which is currently not being done as it has not been a priority and mission for the unit. Bernie Daly (BD) disagreed, saying that this has been a priority and mission, and that training had been provided to do so. Both agreed that more needs to be done in this area.

TB asked if UHS could achieve xx in the depth of service savings. GC thought so, but the savings of the cuts are not durable savings. UHS would need to get bigger and would need to control costs by having services such as the clinical laboratory in house. This would also help to prevent further ER visits.

WW asked if the lab could generate more revenue. GC said it is making revenue. WW noted since UHS needs a new building that will be costly, it doesn’t seem that cutting service that generates revenue will help to pay for the loan for the building. PR acknowledged that the historical extended hours (previously 24hrs) don’t make sense. Cuts could be made in this area. DL concurred the same is true for the pharmacy.

TB discussed that there is a plan for a new building since there is an estimate of size of 82,000 sq ft that is needed. BD added that administration and finance has been studying the building for 5 years. It is a 50 year old building originally designed as an in-patient hospital, but that it is deteriorating and not designed for its current use. The studies highlighted that 82,000 sq ft would be the ideal for a new building for UHS. VC Kim and VC Hatch had been asked to put together a working group (A&F, PP, VC’s) to at a review and provide an estimate for a new building. The performer estimate is $63 million, with 3.8M over 30 years? With another estimate at $51 million and $4.1 million over 20 years.
TB asked if there are clinicians on the working group. BD said not at this
time. TB suggested that perhaps clinician participation is needed since it is not
just financial decisions to be made. Ernest May (EM) clarified that there are
several stages to obtaining a building and a somewhat complicated process
involving programming, initial design, final design, value engineering (to save
costs), bidding. TB suggested that medical staff need to be involved in the
programming stage as this is where decisions on what components are included
in the building (ie pharmacy and clinical lab).

Don Robinson (DR) noted that the report calls for the full support of the
Medical Director for implementation. DR asked Alan Calhoun (AC) if he gave
his full support of the report. AC replied no, not all aspects. For example he does
donot agree with closing the pharmacy. However there are definitely
improvements that can be made. What is needed is a look to the future as to
what the students need. AC noted that there are many other building projects on
campus and there seem to be other rules for determining their needs for a
building. DR asked if a better scenario would be a smaller facility that could
function efficiently in the Southwest residential area. He also noted that
whatever facility there was it needed to have appropriate services. He suggested
that what is needed is a fuller review of what is really needed and wanted on
campus. WW commented that the current review process seems to have been
rushed where more dialogue is needed. TB suggested a possibility was to take a
year to implement currently identified cost saving measures. Diane commented
that the pharmacy filled over 30,000 prescriptions last year which a volume
comparable to a retail outlet.

EM stressed that these issues need to be conveyed and get attention at the
highest administrative levels.

TB noted that the next meeting would be on February 24, 2012, where
Kathy Rhines, Manager of Radiology and PSU President will be present.

Meeting adjourned 1:35pm

Respectfully submitted,

Christine Rogers and Donald A Robinson