

# Student Health Center Assessment Update

Task Force on State University Student Health Centers

**Kansas Board of Regents**

June 15, 2022



# Project Participants

## Task Force Members

- Debbie Haynes, MD, Chair
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- Mark Finucane
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## Kansas Board Of Regents Staff

- Blake Flanders, President & CEO
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# Assessment Goals

1

Perform a high-level assessment of current financial performance of the six university centers' ability to collect student health insurance compared to industry standards.

2

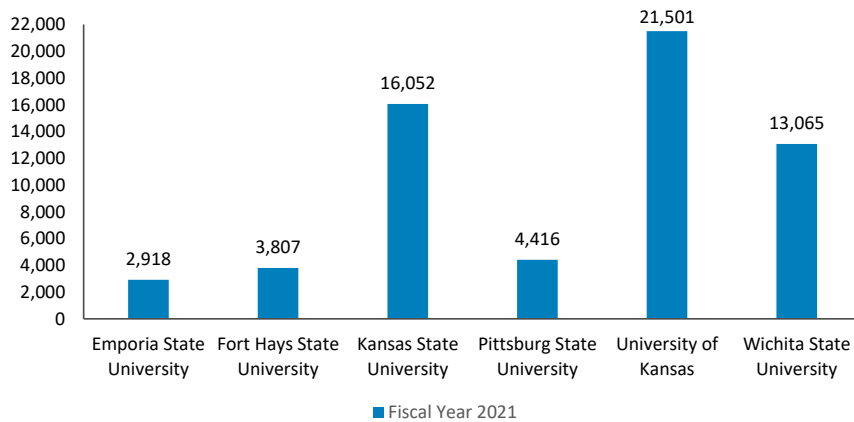
Perform a high-level assessment of the existing management controls and efficiency of services provided at each of the six centers to ensure effective safety, security, access, and oversight of providers, staff, clinical information, and services.

3

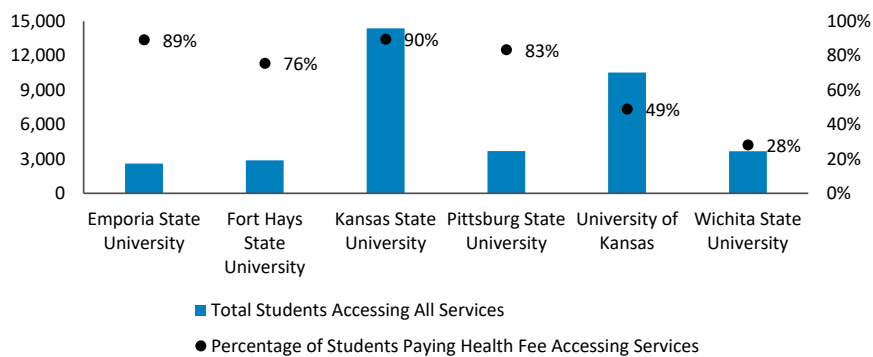
Provide a report that summarizes findings by university and for the system, including best practice recommendations prioritized by areas of greatest concern or greatest potential risk, as well as the impact on the student experience.

# The six universities included in the assessment have significantly different characteristics due to their sizes and geographic locations.

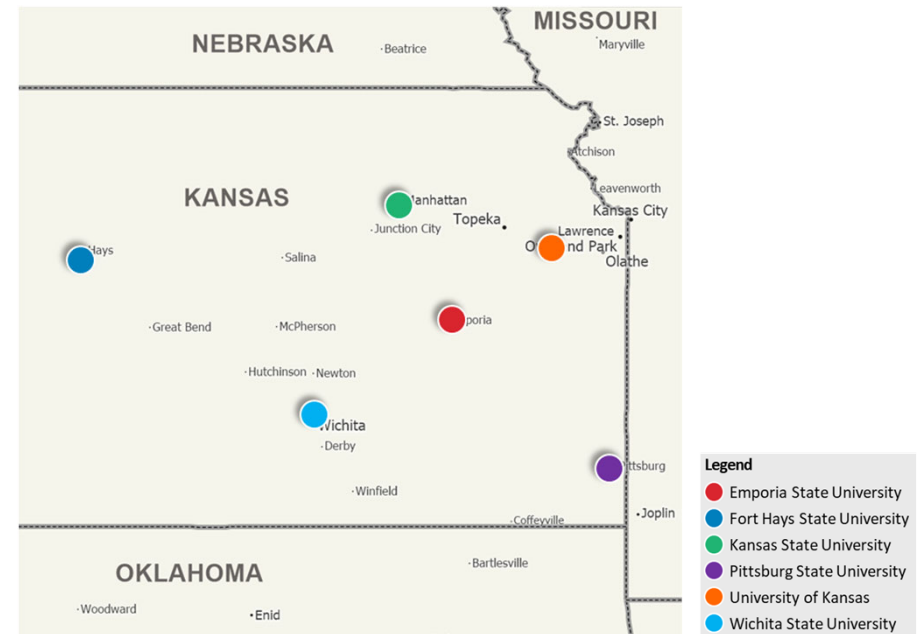
Students Paying Student Health Fee: FY 2021



Students Accessing Services



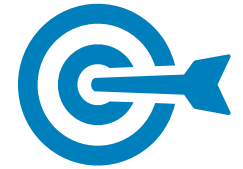
University Locations



# Each campus illustrated a clear focus on meeting the health care needs of university students while managing financial barriers.

## Focus on Student Needs

- Retain committed staff dedicated to the health and well-being of students and the campus.
- Respond to the evolving needs of students illustrated by growing behavioral health services and COVID-19 response.

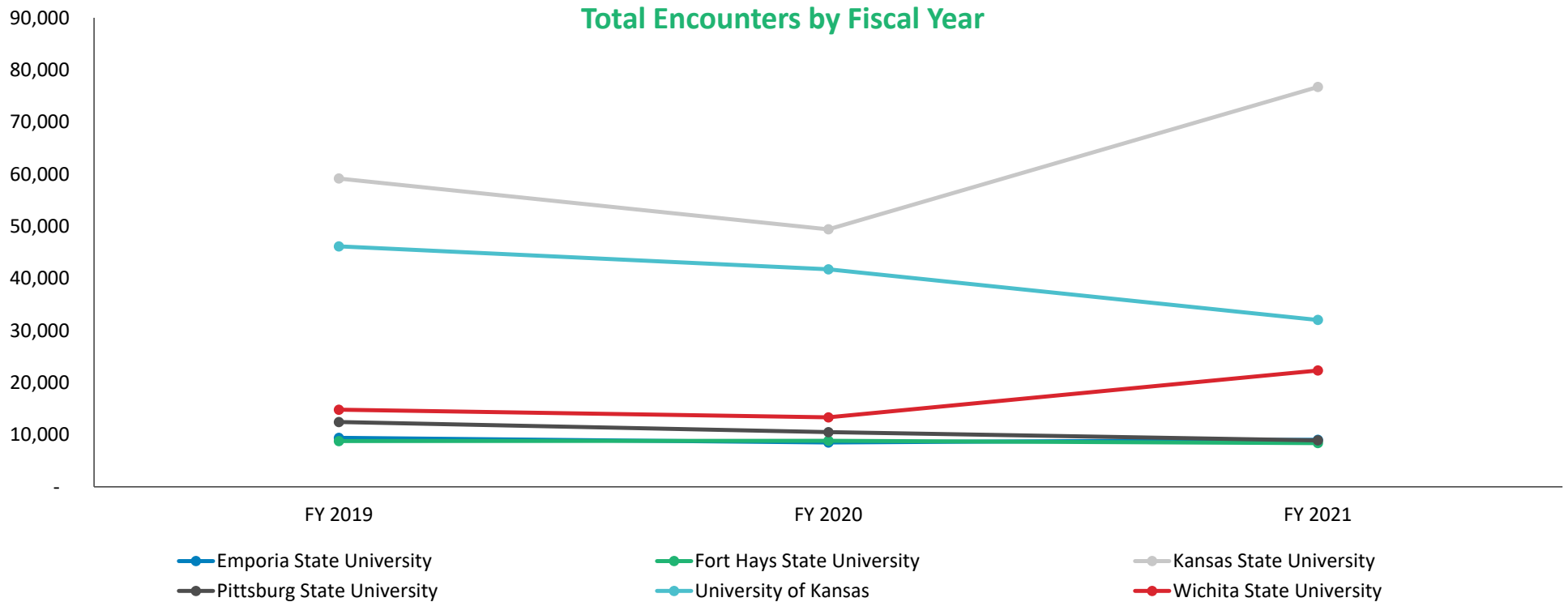


## Fiscal Responsibility



- Deploy a range of strategies to provide valuable access to services at reasonable costs to students.
- Utilize creativity and resourcefulness to continuously expand the clinical services available to students with fixed/limited funding.

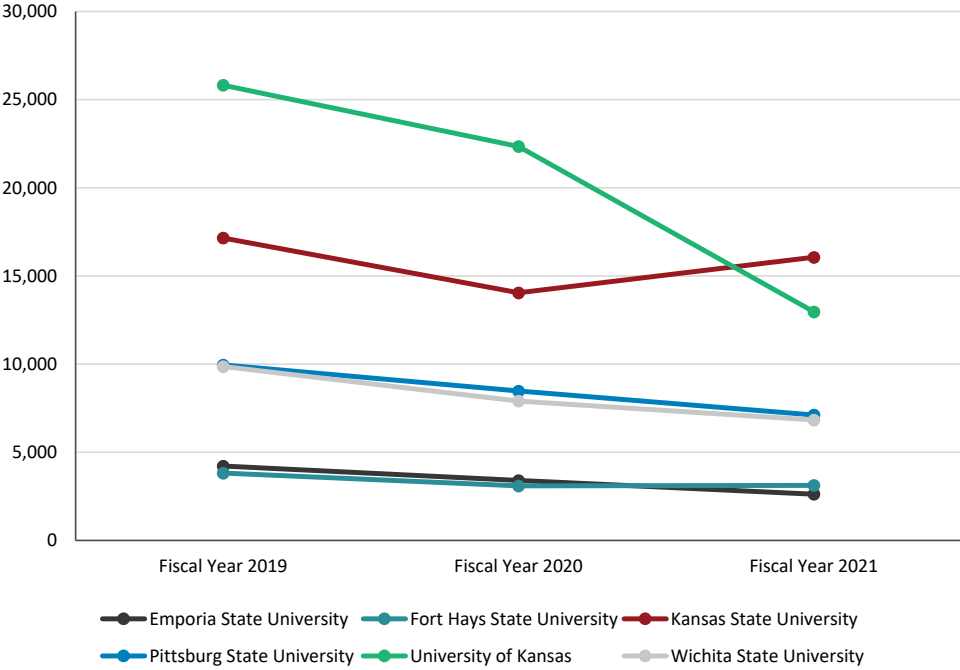
# Campuses saw a consistent decline in encounters in FY 2020 due to the COVID-19 pandemic.



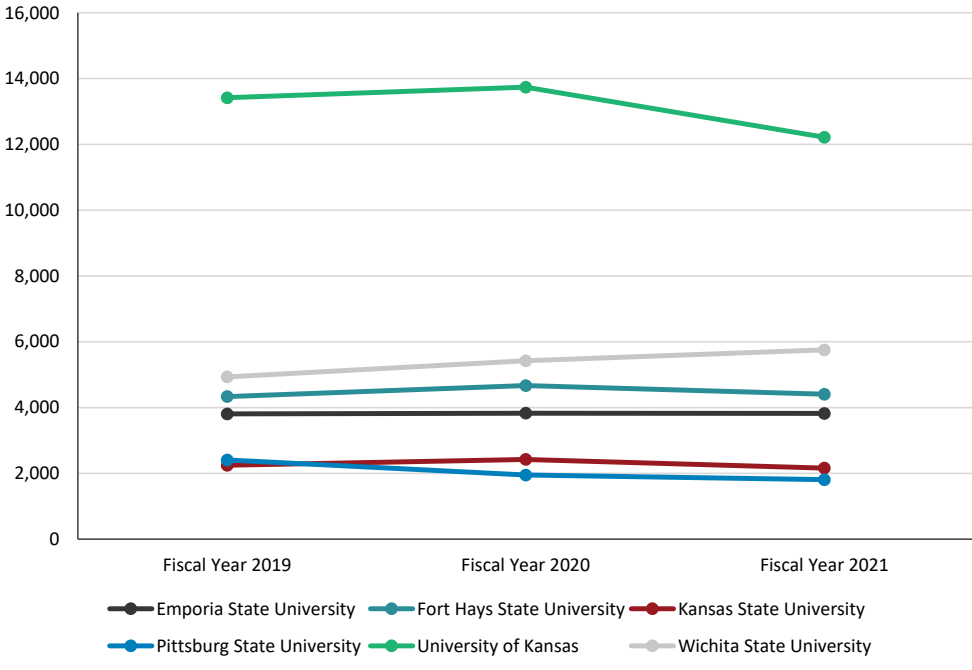
Note: Emporia State University's acute/urgent medical encounter numbers for FY 2019 and FY 2020 are walk-in clinics and for FY 2021 are respiratory clinic numbers. Kansas State University did not provide encounters for acute/urgent medical or urgent mental/behavioral health visits.

The decline in encounters over the previous three-year period was more pronounced relative to medical encounters as the demand for behavioral health remained relatively consistent overall.

Medical Encounters by Fiscal Year



Behavioral Health Encounters by Fiscal Year



Note: Emporia State University's acute/urgent medical encounter numbers for FY 2019 and 2020 are walk-in clinics and for FY 2021 are respiratory clinic numbers. Kansas State University did not provide encounters for acute/urgent medical or urgent mental/behavioral health visits.

The reported scope of services offered across the individual health centers remains largely consistent; however, certain variations are likely impacting financial needs.

### Medical



- Primary care
- Urgent care
- Sexual health
- Ancillary testing
- Pharmacy
- Treatment/minor procedures
- Specialty care
- Education/outreach

### Behavioral Health



- Counseling
- Therapy
- Medication management
- Crisis management
- Evaluation and testing
- Education/outreach

### Points of Variation



- Availability of specialty care services
- Availability of pharmacy services
- Scope and depth of testing and minor procedures



## The current differences in clinical services available largely exists outside of the core primary care services on each campus.

### Specialty Care

- Two-thirds of the campuses provide some specialty care services via visiting providers.
- Agreements range from volunteer time to leased space, with the employing entity billing.
- Specialties commonly include OB/GYN, dermatology, ENT, and orthopedics.



### Laboratory and Imaging Services

- Most campus clinics provide low-complexity laboratory testing, usually at the point of care.
- Three campuses are licensed as moderate-/high-complexity laboratories.
  - This additional investment allows for a much broader range of testing capabilities and the ability to act as a reference laboratory.
- Two campuses offer plain-film X-ray services on campus.



### Pharmacy Services

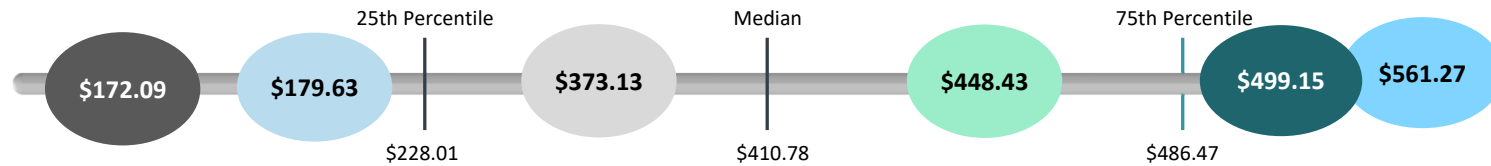
- The majority of campuses dispense student prescriptions written in the clinic via an institutional drug room overseen by the provider in charge.
- Two campuses include a full retail pharmacy with pharmacist support, which allows them to bill for and dispense higher volumes.



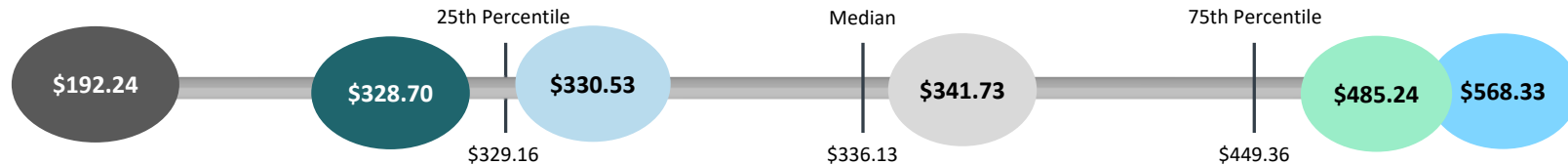
The varying tiers of normalized financial results further illustrate the difference in operating models across campuses.

### Financial Overview<sup>1</sup>

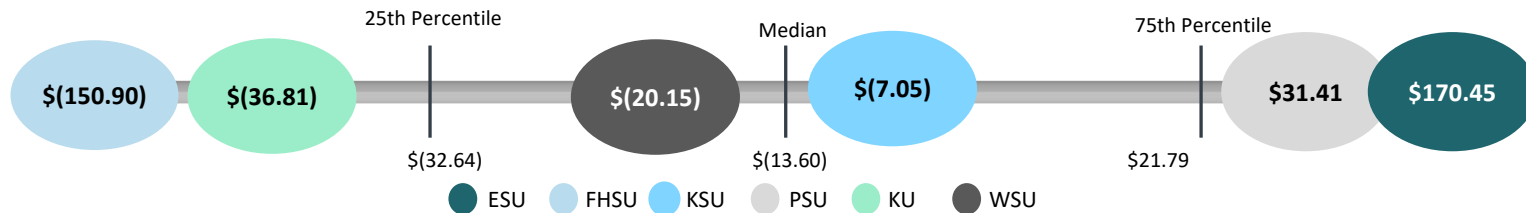
#### Total Revenue per Student (for students paying the health fee)



#### Total Expenses per Student (for students paying the health fee)



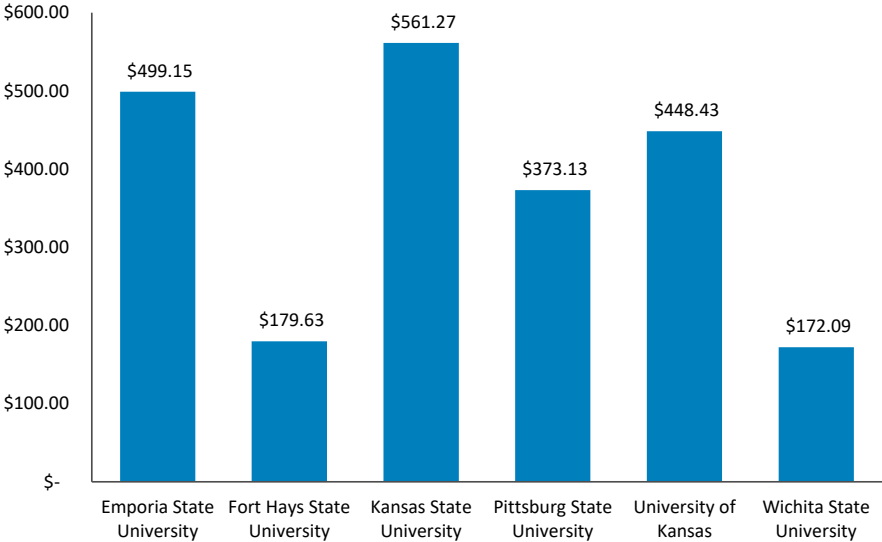
#### Net Income/Investment (for students paying the health fee)



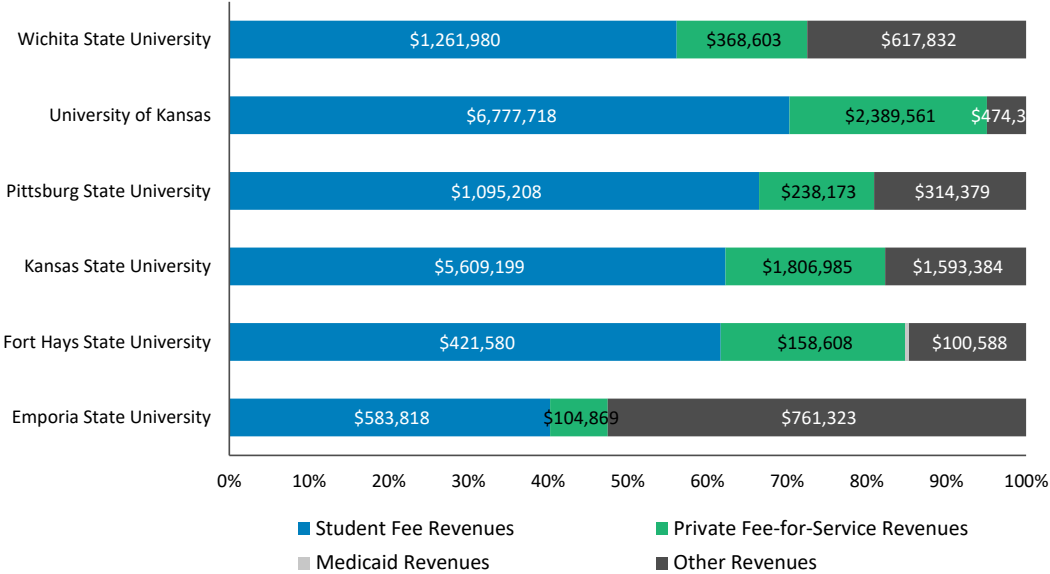
<sup>1</sup> Based on financial data reported to ECG in the student survey, April. Percentiles based on reported data from the survey group.

# Total revenue used to fund student health services varies significantly in both normalized value and composition.

**FY 2021 Revenue per Student Paying Health Fee**



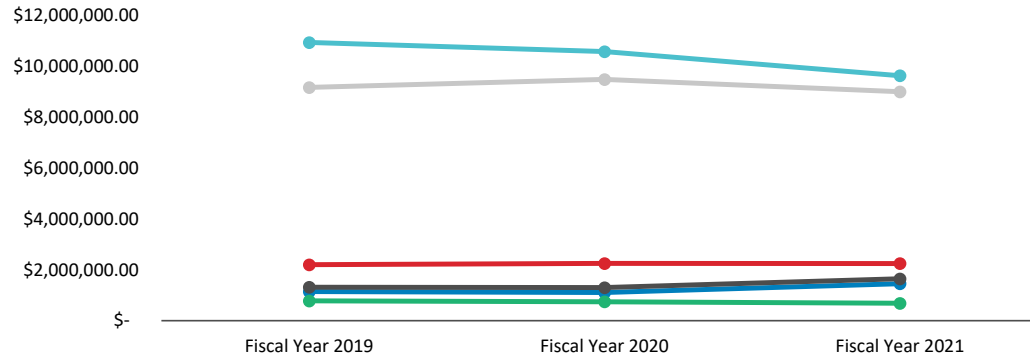
**Total Revenue by Source<sup>1,2,3</sup>**



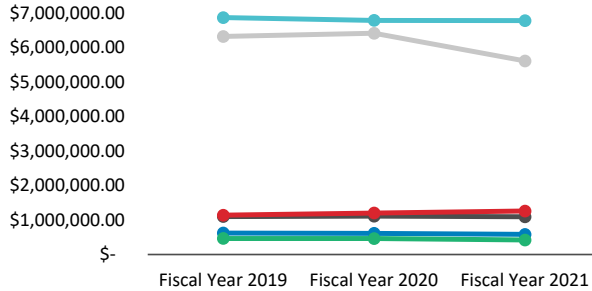
<sup>1</sup> Kansas State University noted a negative impact on fee collections due to pandemic policies.  
<sup>2</sup> Not all universities manage medical and behavioral health finances separately. Data is combined revenue for all medical and behavioral health services.  
<sup>3</sup> The behavioral health revenue total provided by Emporia State University does not align with the analysis total. The reported revenue total was utilized.

# Revenue trends show a decline in private insurance payments, which is partially offset by COVID-19 funding recognized in other revenue.<sup>1,2</sup>

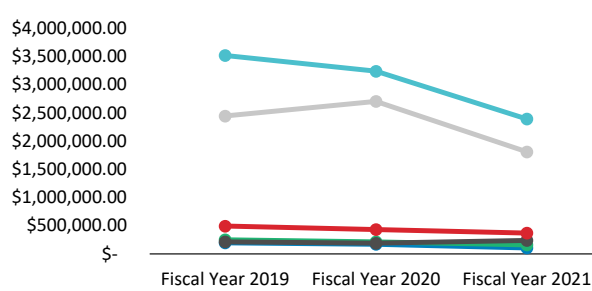
### Total Revenue by University



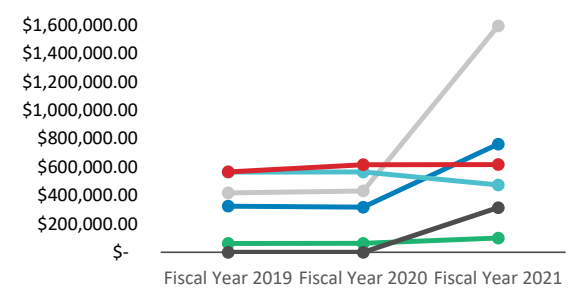
### Student Fee by University



### Private Fee for Service by University



### Other Revenue by University



- Emporia State University
- Fort Hays State University
- Kansas State University
- Pittsburg State University
- University of Kansas
- Wichita State University

<sup>1</sup> Kansas State University noted a negative impact on fee collections due to pandemic policies

<sup>2</sup> Not all universities manage medical and behavioral health finances separately; therefore, data is combined revenue for all medical and behavioral health services.

# The student health centers utilize a range of tactics to reduce and/or minimize the financial burden on students for healthcare services.

## No Charge for Some Services



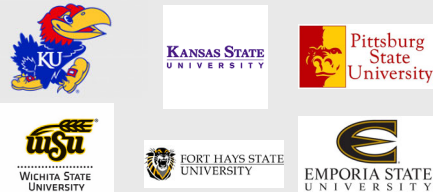
- Certain services are covered under the existing student health/activity fee and are not billed to the student or third-party payers.
- While this typically applies to office visits and/or consults, it is not consistently applied.



## Discounted Fee Schedule



- The standard fee schedule is discounted relative to market rates for all services.
- This discount is applied to both third-party payer and self-pay accounts to minimize the impact of copays and deductibles.



## Reduced Patient Responsibility



- Patient responsibility based on third-party billing is either not collected or discounted by the student health center.
- This typically applies to all services billed by the student health center.



## Financial Assistance Programs




- These programs establish payment plans or reduce student health liabilities based on student need.
- They are overseen by either the student health center or the scholarship fund.



# The structure of annual student fees and out-of-pockets costs for students vary significantly among the state campuses.

Category	Emporia State University	Fort Hays State University	Kansas State University	Pittsburg State University	University of Kansas	Wichita State University <sup>1</sup>
Annual Student Health Fee <sup>1,2</sup>	\$172	\$143	\$387	\$243	\$332	\$82
Medical Office Visit	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Out-of-pocket cost capped (\$10)</li> </ul>	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible billed to student</li> </ul>	No charge	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible capped (\$10/\$20)</li> </ul>	No charge	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible added to student account</li> </ul>
Testing or Minor Procedure	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible billed to student</li> </ul>	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible billed to student</li> </ul>	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible not collected</li> </ul>	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible capped (\$10)</li> </ul>	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible billed to student</li> </ul>	<ul style="list-style-type: none"> <li>Billed to insurance</li> <li>Copay and deductible added to student account</li> </ul>
Individual Behavioral Health Services	<ul style="list-style-type: none"> <li>Free for the first five sessions.</li> <li>\$5 for sessions 6 and beyond</li> </ul>	No charge	No charge	<ul style="list-style-type: none"> <li>Free initial visit</li> <li>\$15 for 10 follow-up visits</li> <li>\$25 per hour for additional follow-up visits</li> </ul>	<ul style="list-style-type: none"> <li>Free initial visit</li> <li>\$15 for counseling visit</li> <li>\$25/\$40 for psychiatric services.</li> </ul>	\$10 office visit fee




### Example Student

- Full-time student
- 15 credit hours per semester
- Insured
- Undergraduate
- Utilizes medical and behavioral services
- Overall good health

<sup>1</sup> Wichita State University does not have an independent student health fee. Student health receives a portion of the general student fee each semester.  
<sup>2</sup> Assumes a full-time student or 15 credit hours. Considers fall and spring semesters only.

# These structures result in considerably different costs to students.

Category	Emporia State University	Fort Hays State University	Kansas State University	Pittsburg State University	University of Kansas	Wichita State University <sup>1</sup>
Annual Student Health Fee <sup>2</sup>	\$172	\$143	\$387	\$243	\$332	\$82
Medical Office Visit (2 visits)	\$20	\$50	\$0	\$20	\$0	\$50
Testing or Minor Procedure (1 rapid strep test in the office)	\$30	\$30	\$0	\$10	\$30	\$30
Behavioral Health Services (5 visits)	\$0	\$0	\$0	\$60	\$60	\$50
Annual Cost	\$222	\$223	\$387	\$353	\$422	\$212



### Example Insurance Benefits

- \$750 deductible
- Medical coverage
  - \$25 co-pay for primary care
  - 20% co-pay for testing
- Behavioral health coverage
  - \$40 co-pay for office visits

While the needs and priorities of students remained fairly consistent across the campuses, the strategy for care delivery and support varies significantly among the universities.



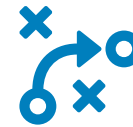
## Student Perspectives

### Healthcare Priorities

Students clearly articulated the importance of their financial liability and/or risk when considering healthcare services. Perspectives were mixed among survey respondents on whether the student health centers present affordable healthcare options.

### Access to Services

Students participating in the surveys and focus groups were generally aware of available healthcare services. Concerns regarding access to services largely centered around behavioral health assessment and treatment, as well as general hours of operations.



## Student Health Strategy

### Role of the Student Health Center

While all campuses are aligned regarding their purpose to serve the campus community and support students, certain campuses view health services as a marketing tool for new students. This perspective influences the scope of clinical services offered, as well as the funding and financial models for student health.

### Internal and External Partnerships

There is inconsistency across the campuses as to the role of external partners in the management and provision of clinical care to students. These relationships range from volunteer work by specialists to management agreements with the local health system. This drives variation in operating models at each campus.



# The scope of services and clinical provider models at each campus were the primary drivers of the financial model and performance.



## Clinical Services

### Core Services of Student Health

According to both students and health center leaders, student health services are primarily used for episodic care to address acute needs; there are exceptions among certain populations (e.g., graduate students, international students).

### Specialty Services

Specialty services are provided on some but not all campuses. The scope and complement of these services is inconsistent and dependent upon local provider/health system relationships.

### Ancillary and Other Services

The scope of ancillary services beyond initial consultations presents the primary variable among campuses. This includes a range of pharmacy, laboratory, and imaging services available on campus. This variation is likely a significant driver of financial differences across the campuses.



## Funding Models

### Student Health Fees

Student health fees are utilized very differently among the campuses. This includes the use of student health fees to subsidize the cost of basic care within the student health center; the range of services covered under this model varies by campus.

### Third-Party Billing

Third-party billing strategies are influenced by/aligned with the use of student health fees to fund healthcare services. Campuses that do not utilize higher student health fees rely on third-party and self-pay collections to fund services.

### Discounts and Financial Assistance

Most campuses utilize a discount fee structure across all services. Additionally, financial assistance programs are largely available for self-pay patients or students with outstanding balances.



## Clinical Oversight

### Provider Privileging

The capture and monitoring of provider licensing and certifications is largely managed by student health leadership in collaboration with the university's human resources department.

### Provider Performance Review and Tracking

Most providers are managed through a physician-APP collaborative agreement. Local medical directors are largely responsible for clinical review and coaching. Several campuses rely on administrative leadership to complete required annual reviews. The use of a formal peer review is mixed but significantly impacted by recent demands from the pandemic.

### External Accreditation

Two of the six campuses are accredited through an external entity (Accreditation Association for Ambulatory Health Care), which requires additional oversight and infrastructure.

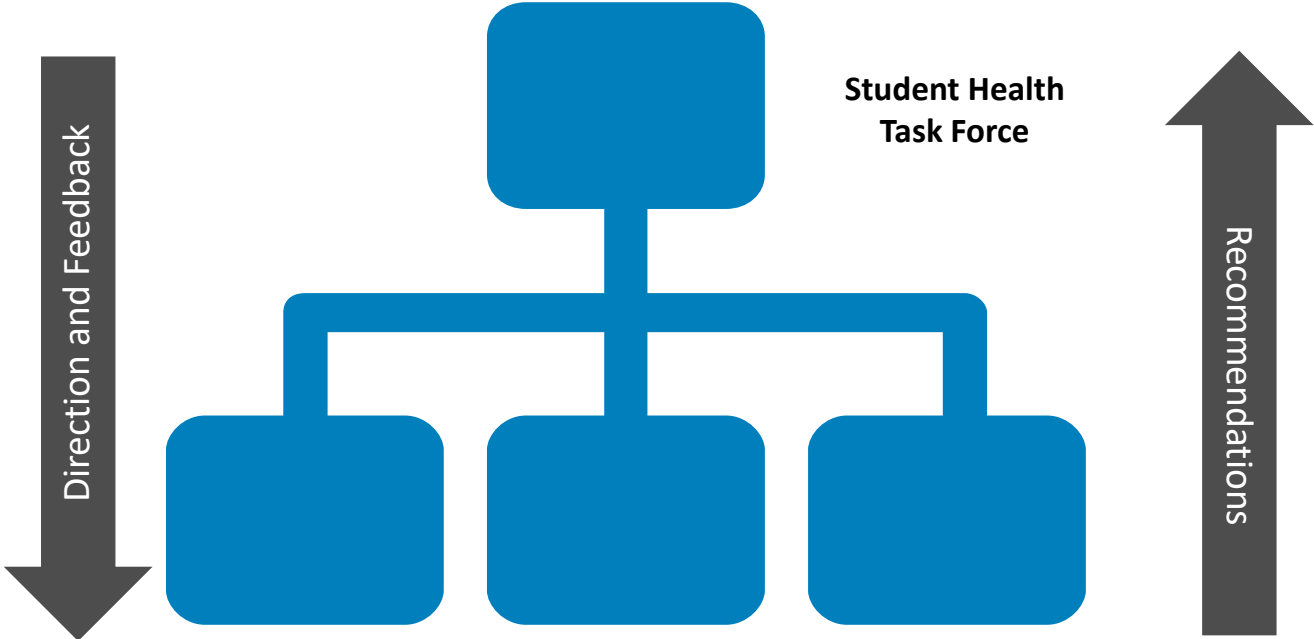
The Board of Regents should consider a committee/task force with representatives from each campus to pursue the recommendations below.



- Establish standards for student health services among KBOR universities, as well as mechanisms to evaluate and maintain accountability.
- Establish a consistent funding model for student health services across campuses.
- Oversee the development and deployment of a shared infrastructure to facilitate ongoing knowledge sharing and best practices between student health centers.

# The KBOR and its Student Health Task Force may consider an advisory committee structure to support transparency and collaboration.

## Example Student Health Committee Structure



### Opportunities for Collaboration

- Vendor contracting
- Policies, procedures, and standards
- Managed care contracting
- KPIs and performance measurement
- Shared services

# The recommended structure could be used to establish a clear mission and strategic imperatives for student health among Kansas state universities to help guide service standards and expectations.

## Mission



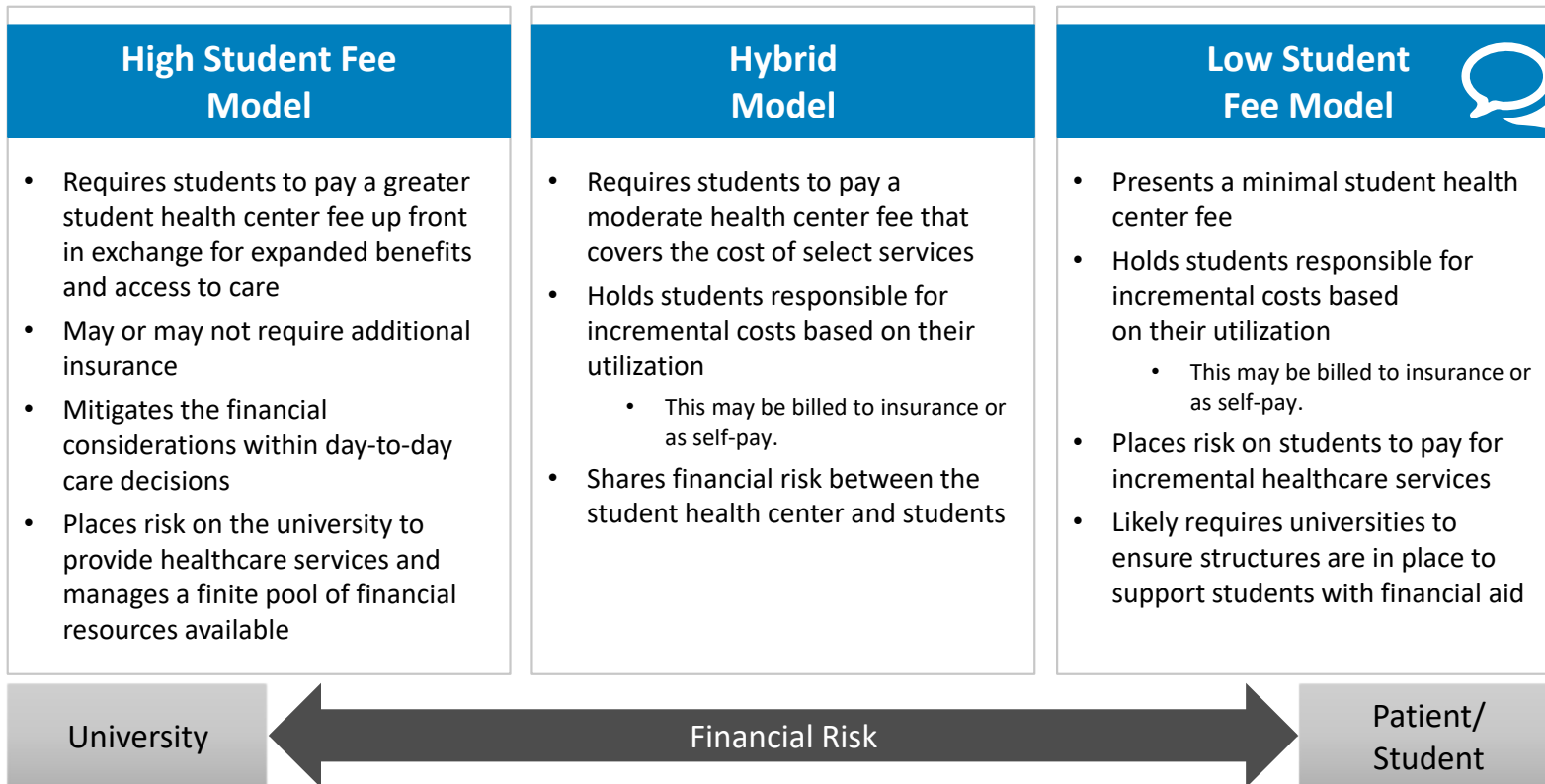
To present safe and effective services that support the health and well-being of the campus community while addressing social and environmental barriers and educating future members and utilizers of the healthcare system

## Strategic Imperatives



- **Access to Care:** Facilitate access to services that support the physical and behavioral health of the individual student, as well as the campus community.
- **Continuously Educate:** Prepare students to manage their personal health and navigate the healthcare system.
- **Pursue Greater Access:** Work with campus and community partners to address and remove barriers to healthcare services and resources.
- **Act as an Advocate:** Represent the health and wellness needs of the campus community as a subject matter expert among university leadership.
- **Support Effective Partnerships:** Facilitate collaboration with community and campus partners to continually expand the network of care available to students.
- **Grow and Improve:** Establish accountability and continuous improvement as an expectation for student health at both the campus and community level.

# The universities should agree on their philosophy on how to fund services and where to place the financial risk associated with student healthcare.



## The task force may consider the tactics listed below as immediate next steps to address specific findings and opportunities.

Consider requirements for AAAHC accreditation among all student health centers to maintain common standards of management and operations.

1

2

Conduct a deep dive into the pharmacy and medication dispensing services available at each campus.

Focus near-term investments in behavioral health patient access, and program growth through virtual health options and service scholarship programs for behavioral health professionals to serve in the State of Kansas.

3

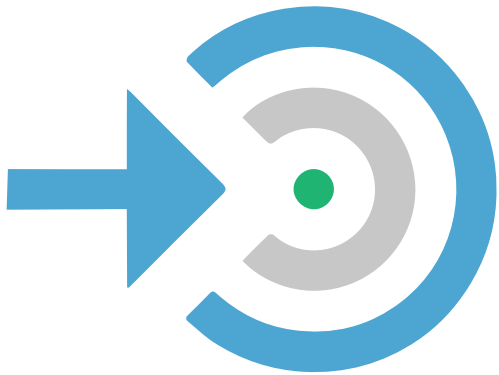
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Continue to grow health education activities to promote preventive care benefits.

Consider expanding hours of operation to ensure access to services after hours and/or on weekends.

5

## Next Steps



- Gain support from the Board of Regents for recommended next steps.
- Establish a clear plan and objectives for the shared committee/task force.
- Engage university leadership for participation.