6 Major Challenges Facing Student Health Programs

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HIGHER EDUCATION and health care are both undergoing rapid and drastic change, so it's no surprise that college student health programs are replete with problems and opportunities.

Among public and private and two- and four-year institutions, colleges range enormously in the size, budget, and scope of their student health programs. The American College Health Association has 1,016 institutional members, and there are some 600 college health programs that are not members. These combined 1,600 health programs have an estimated annual total budget of $1.5-billion. They range in size from less than $150,000 to more than $15-million. Excluding student health-insurance plans, the total expenditure for health services, counseling centers, and sports medicine for intercollegiate athletes is believed to exceed $2-billion. The largest per-student expenditure among major public universities is more than $500 per academic year; the smallest expenditure is estimated to be less than $150. The range among private colleges is even larger.

Almost all colleges and universities, including many community colleges, offer some form of student health insurance/benefit program. The total estimated national premiums for these exceed $1-billion. The smallest plans have combined premiums of less than $50,000; the largest have combined premiums of more than $10-million.

But while variation is vast, you should consider six major challenges that affect student health programs at almost all American colleges.

■ *Developing an integrated student health program.*

On many campuses, the five components of student health programs— health services, counseling, insurance and benefits, health education and wellness, and sports medicine for intercollegiate athletes— are separate entities whose directors report to three or more administrative departments. For example, an insurance/benefits manager might report to administrators in employee benefits, risk management, student affairs, and purchasing. Sports medicine for intercollegiate athletes sometimes duplicates primary-care services. Such compartmentalization can lead to compromised care, duplication of services, excessive staffing, legal risk, ineffective financing, and insufficient attention to major problems like a large population of uninsured students.

Recent federal laws relating to privacy of health information are forcing colleges to confront some of those problems. The Health Insurance Portability and Accountability Act of 1996, or HIPAA, is spurring more use of electronic health-records systems and improved communication between primary-care (routine, nonemergency) medicine, counseling, sports medicine, and insurance services.

Dartmouth College's health program is a model of integrated components (see http://www.dartmouth.edu/~health). As important as its organizational structure is the program's strong leadership under John Turco.

■ *Improving risk management in mental-health treatment.*

The number of college students in need of psychological services, in both primary-care and counseling centers, is rising sharply. That is partially because of new psychotropic prescription medications that allow many students to attend college who might not have been able to in the past. According to the 2004 National College Health Assessment, completed by 47,000 students at 74 colleges and universities, almost 40 percent of men and 50 percent of women reach a level of depression one or more times during the year that makes daily activities difficult.

Colleges can reduce risks by making clear to students before they arrive on the campus the limits of campus health and counseling services and by requiring students to have adequate insurance to cover necessary mental-health services and medications that the college does not provide, or provides only for an additional fee. You should have effective plans for crisis intervention and emergency response and make sure that staffing in mental-health services is adequate. You should pay careful attention to health records in both counseling and primary-care settings and thoroughly screen all mental-health patients to identify who is having suicidal thoughts. All campus and affiliated providers should be fully credentialed.

■ *Considering insurance-reimbursement systems to reduce health-service costs.*

As state support decreases, student health programs, like every other college service, are pressed to find ways to economize. That pressure is multiplied by the rising costs of health care generally. Twenty years ago more than 80 percent of public universities' support for primary-care services came from health fees from students and subsidies from the institution. Today only 60 percent comes from those sources on average, and for at least 20 institutions, those sources contribute 40 percent or less.

To make up the difference, students are paying higher fees when they visit campus primary-care facilities. Colleges may want to consider instituting third-party payer systems. Consider the number of uninsured students, the number of students already in managed-care and other off-campus plans, the number of private plans you would need to work with and their reimbursement levels, and the costs of your billing operations. If you find that a significant portion of students' college health fees or health-program subsidies are duplicating coverage many students already have through their families, you might want to shift to that third-party-payer model completely. The University of Idaho made such a switch in 2002 when it found that more than 85 percent of the state's population was covered by either Blue Cross or Blue Shield. Many of the university's students were covered by Blue Cross or

Blue Shield governmental or union plans with low copayments for primary-care visits.

Other institutions that have adopted third-party-payer financing arrangements have experienced major problems. The student-insurance programs have been charged excessive fees for primary-care services. Many students not covered by the student-insurance program have been effectively disenfranchised because of high fees. At least one major public university in California found that there were too many insurance companies to bill and that the reimbursement rates were nominal (only 15 percent of every dollar billed).

Note, too, that even colleges that have changed to a third-party model over all do not usually charge standard rates for mental-health counseling, fearing that would discourage students from seeking the help they need.

■ *Upgrading your insurance plan.*

Most student health-insurance plans (we estimate more than 85 percent) do not comply with the American College Health Association's standards. Recently, national news media have noted that many colleges and universities do not require health insurance as a condition of enrollment, and many student-insurance plans don't provide appropriate coverage for catastrophic illness or injury, prescription drugs, and mental-health treatment. They often unacceptably exclude expenses and treatment for pre-existing conditions. Many substandard policies cost more and provide less coverage than those available through HMO's and other off-campus plans.

Campus programs that comply with standards set by the ACHA have an average annual cost of $1,200 to $1,500 per student. That will increase to about $2,000 in the next five years if costs for health-insurance claims continue to increase at current rates. That prompts those in the industry to wonder if specialized student health-insurance programs will remain viable. They will as long as they continue to maintain a cost advantage over the insurance plans of students' families. Keeping that cost advantage should be a goal.

Perhaps because administration of these programs has been divided between several departments and separated from other kinds of campus financial planning, leaders have not been particularly innovative in exploring possibilities like partially self-financed insurance programs (similar to the arrangements common for most employer-sponsored health-insurance plans). If colleges are going to continue to operate viable student health-insurance programs, they will probably have to require health insurance as a condition of enrollment.

■ *Looking for possible component outsourcing.*

While outsourcing has had a major impact on how colleges operate bookstores, dining services, and residence halls, it hasn't become common in health services and counseling centers. For health services, the most obvious reason is that there's very little history of profit in institutionally operated primary care. Large primary-care clinics— whether they're managed by universities, hospitals, or other organizations— usually run at a loss, and what vendor is going to bid on an unprofitable service? Urgent-care clinics— that is, those prepared for minor emergencies— often are profitable, but they don't schedule appointments, offer specialty or ancillary care, and don't emphasize education on alcohol, drug abuse, depression, sexually transmitted disease, and so on. College leaders, then, shouldn't hold their breath waiting for a hospital or large physicians' group to provide health services for students.

Still, in some cases, outsourcing can benefit colleges and health-care providers. If your health service or counseling center is unbudgeably resistant to necessary change, the only way to improve it may be to bring in a local physician group or other entity. Or if a college starts billing outside insurers for part or all of its health services— that is, if it adopts the third-party payment model we discussed above— it might also want to consider outsourcing the billing.

When health fees go to off-campus providers, many jurisdictions require that provider to be licensed by the state as a health-insurance business. For instance, in California under the Knox-Keene act, if a college doesn't directly operate its health service, it must work with a company licensed as an HMO.

More common, and less troublesome from a regulatory standpoint, is outsourcing specialized health services. Many campuses have contracts with local physicians in family practice, gynecology, dermatology, orthopedics, and psychiatry, as well as with dentists, optometrists, physical therapists, and pharmacies. And even campus health services with laboratories often have agreements with outside labs to run tests— for HIV, for instance— that aren't cost-effective to do in-house. Such specialty outsourcing can benefit the outside labs and put colleges in a position to negotiate volume discounts.

■ *Ensuring quality through rigorous assessment.*

Accreditation routinely includes assessments of student-affairs programs, but monitoring of health programs varies significantly by region and doesn't occur regularly. However, colleges can monitor the quality of their health services and counseling centers by reviews from the Joint Commission on Accreditation of Healthcare Organizations, the Accreditation Association for Ambulatory Health Care, and the International Association of Counseling Services. No organization accredits student health-insurance and benefit programs, but, as previously noted, the American College Health Association endorses specific standards for them.

An internal review, no matter how well intentioned, may not match a review by an expert outside organization. In addition to assessing policies and procedures, quality of care, mission, and other areas, an external review can include student surveys for both users and nonusers of health services, counseling centers, and insurance programs. Those data are particularly valuable in measuring short- and long-term behavioral changes in response to health-education and wellness programs. Surveys should also ask about confidentiality, facilities' cleanliness and appearance, availability of appointments, providers' sensitivity to cultural issues, reliability of diagnoses, and so on.

You're looking for trouble if you focus on the cost of health services, counseling centers, or insurance programs at the expense of their quality. But— as with risk management, budget control, insurance planning, and outsourcing— monitoring quality will be a lot easier if you integrate your various student-health components into one exceptionally well-run program.

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