



Mary Gilly  
Telephone: (510) 987-0711  
Fax: (510) 763-0309  
Email: mary.gilly@ucop.edu

Chair of the Assembly of the Academic Senate  
Faculty Representative to the Regents  
University of California  
1111 Franklin Street, 12th Floor  
Oakland, California 94607-5200

May 6, 2015

**PRESIDENT JANET NAPOLITANO**  
**UNIVERSITY OF CALIFORNIA**

**Re: Request for Two Special Joint Health Care Task Forces**

Dear Janet:

At its April 29 meeting, the Academic Council unanimously endorsed a recommendation from the University Committee on Faculty Welfare (UCFW) that the administration establish two special joint Senate-administration task forces to investigate designated health care issues.

The first task force would investigate equity of UC employee access to affordable, quality health care regardless of location. As you know, there remain concerns about variability of access to health care across the UC system. Although the issue is perhaps most acute at Santa Barbara under UC Care, the intent is for the task force to study access at all locations and for all insurance programs, and to develop overall principles for access.

The second task force would investigate the most appropriate structure and provider for mental health care delivery – specifically, whether UC should continue to carve-out mental health care from its general health insurance plans or move to an integrated model; and if the carve-out model continues, whether Optum should remain UC's mental health insurance vendor. UCFW is recommending a separate task force for mental health care to account for the specific expertise required to tackle these distinct issues.

We recommend that the size of each task force be limited to about four individuals in total and with equal representation from the administration and the Senate. A representative from the Administration and the Senate should co-chair each task force.

I have spoken with Chief Operating Officer Rachael Nava about the proposed task forces, and she is amenable to moving forward. The letters from UCFW and its Health Care Task Force are attached for your reference. I would be happy to discuss the request with you further and look forward to your response.

Sincerely,

*Mary C. Gilly*

Mary Gilly, Chair  
Academic Council

Encl.

Cc: Chief Operating Officer Nava  
Chief of Staff Grossman  
Academic Council  
Executive Director Baxter  
Senate Executive Directors



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)  
Joel Dimsdale, Chair  
[jdimsdale@ucsd.edu](mailto:jdimsdale@ucsd.edu)

Assembly of the Academic Senate  
1111 Franklin Street, 12<sup>th</sup>  
Oakland, CA 94607-5200  
Phone: (510) 987-9466  
Fax: (510) 763-0309

April 15, 2015

**MARY GILLY, CHAIR  
ACADEMIC COUNCIL**

**RE: Proposed Joint Senate-Administration to Evaluate Health Care Access Equity**

Dear Mary,

The University Committee on Faculty Welfare (UCFW) is pleased to forward to you the enclosed recommendation from our Health Care Task Force (HCTF) to establish a joint Senate-administration task force focused on addressing the disparate access to quality health care that the UC system continues to encounter. You know well the travails of the Santa Barbara community recently under the launch of UC Care, and similar access problems are reported throughout the system. UCFW agrees with HCTF that a concerted effort is needed 1) to reinforce the principle of equity of access to similar quality care for comparable cost regardless of location and 2) to find solutions to support this principle.

We ask that the Council endorse this request and forward it to the administration for action.

Sincerely,

Handwritten signature of Joel E. Dimsdale.

Joel E. Dimsdale, UCFW Chair

Encl.

Copy: UCFW  
Hilary Baxter, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)  
HEALTH CARE TASK FORCE  
Robert May, Chair  
[rcmay@ucdavis.edu](mailto:rcmay@ucdavis.edu)

Assembly of the Academic Senate  
1111 Franklin Street, 12<sup>th</sup>  
Oakland, CA 94607-5200  
Phone: (510) 987-9466  
Fax: (510) 763-0309

April 8, 2015

**JOEL DIMSDALE, CHAIR**  
**UNIVERSITY COMMITTEE ON FACULTY WELFARE**

**RE: UC Health Care Equity of Access**

Dear Joel,

The University Committee on Faculty Welfare's Health Care Task Force (HCTF) has monitored closely the concerns of our UC Santa Barbara colleagues regarding accessing health care in the local market under the new UC Care insurance program. As you will recall, the UC Santa Cruz community underwent a similarly painful transition a few years ago. In both cases, the relative monopoly of health care provision in an isolated market led to contractual problems with UC insurers and, by extension, to access obstacles and financial burdens upon UC employees. Significant change in the health care market is expected to continue, both as a result of federal policy changes and from UC Health changes, such as hospital acquisition and insurance program expansion.

UC has long been committed to the principle that all employees should have equal access to care of equal quality for comparable cost regardless of the campus where one works or from where one commutes. Increasingly, this commitment seems under threat. As health care costs continue to rise, UC inevitably seeks to minimize its cost increases. It is incumbent upon us to ensure that economy does not jeopardize equity of access to quality care.

In order to elicit a reconfirmation of commitment to this principle and to ensure that it is observed when significant health care plan changes are considered or designed, HCTF suggest the establishment of an ad hoc joint Senate-administration task force charged to articulate this principle and if necessary, to establish standards necessary to uphold it.

Thank you for your continuing cooperation,

Sincerely,

A handwritten signature in brown ink that reads "Rob C May".

Robert C. May, UCFW-HCTF Chair

Copy: UCFW-HCTF  
Hilary Baxter, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)  
Joel Dimsdale, Chair  
[jdimsdale@ucsd.edu](mailto:jdimsdale@ucsd.edu)

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April 15, 2015

**MARY GILLY, CHAIR  
ACADEMIC COUNCIL**

**RE: Proposed Joint Senate-Administration to Evaluate Mental Health Care Delivery**

Dear Mary,

The University Committee on Faculty Welfare (UCFW) enthusiastically supports the enclosed proposal from our Health Care Task Force (HCTF) to establish a joint Senate-administration task force to evaluate UC's mental health care delivery and opportunities for improvement. It has been many years since the University has examined how effectively such services are being provided under our current health insurance plans. Given the many changes in health care regulation, it is timely for us to examine this afresh.

We ask that the Council endorse this request and forward it to the administration for action.

Sincerely,

A handwritten signature in cursive script that reads 'Joel E. Dimsdale'.

Joel E. Dimsdale, UCFW Chair

Encl.

Copy: UCFW  
Hilary Baxter, Executive Director, Academic Senate



UNIVERSITY COMMITTEE ON FACULTY WELFARE (UCFW)  
HEALTH CARE TASK FORCE  
Robert May, Chair  
[rcmay@ucdavis.edu](mailto:rcmay@ucdavis.edu)

Assembly of the Academic Senate  
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April 8, 2015

**JOEL DIMSDALE, CHAIR  
UNIVERSITY COMMITTEE ON FACULTY WELFARE**

**RE: UC Mental Health Care Delivery**

Dear Joel,

The University Committee on Faculty Welfare's Health Care Task Force (HCTF) continues to discuss the optimal delivery of health care to the UC population. Recently, following adoption of the Mental Health Parity Act, several discussions have focused on the provision of mental health care. HCTF has concerns with both the current structure of UC's health care delivery as well as the vendor contracted to provide it.

As a structural business practice, UC follows the practice of a mental health "carve out." In this practice, insurance for mental health care is provided separately from general health insurance, similar to the provision of dental and vision care. Unlike dental and vision, employees do not pay a separate premium for mental health insurance coverage; instead, the general health insurers pay a fee (to UC) for relief of this obligation, which UC in turn pays to its mental health contractor.

As much as 5% of UC's total health care expenditure goes to mental health premiums. The actual costs of mental health care to UC and its population are unknown. The practice of carving out mental health can create gaps in care provision by preventing health care providers from considering all aspects of a patient's care profile. Medically, this overlap is known as co-morbidity, and it expresses the interaction between separate medical conditions, such as depression and diabetes. Anti-depressants account for a large percentage of mental health prescriptions, but the interaction of depression with physical conditions – and the attendant costs – are unknown.

Consumers of mental health care through UC's vendor, Optum, have reported mixed experiences, and UC has not competed the contract since the carve-out was enacted in 2008. Consumer experiences suggest reimbursement problems, scheduling problems, and approval problems. HCTF met recently with Optum CEO Andy Sekel, and we plan to meet again with him in the future to discuss these and other issues of immediate concern.

We bring these concerns to your attention because we feel that the best way to understand the precise needs of the UC population and to plan a path forward would be to create an ad hoc joint Senate-administration task force charged to 1) determine whether the mental health carve out is the best way to meet the mental health needs of the UC population, and if so, 2) who is best situated to provide that

care. Professional standards continue to evolve, and UC's health care delivery options continue to change. A careful assessment of this important health area is warranted.

Thank you for your continuing cooperation,

Sincerely,

A handwritten signature in brown ink, appearing to read "R. C. May". The signature is written in a cursive, slightly stylized font.

Robert C. May, UCFW-HCTF Chair

Copy: UCFW-HCTF  
Hilary Baxter, Executive Director, Academic Senate