

## Forum on Health Care, October 9, 2001

Campus Health Oversight Committee  
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The Campus Health Oversight Committee (CHOC) organized a "Forum on Health Care" that was held on October 9, 2001. The panel consisted of: Mike Paden (Faculty and Staff Benefits), Chris Brunner (United Healthcare), Fred Tonnie (UH Pharmacy), Steve Calloway (UH Pharmacy), and Paul Cook (University Physicians).

The following reports the questions addressed to individual panel members and the response as recorded by members of CHOC. The recorded responses do not indicate official policy, but they do indicate the views of the leaders of campus health institutions. CHOC takes full credit for any mistakes or misunderstandings.

1. **Faculty and Staff Benefits/Mr. Paden:** If a person has not been able to find any help from traditional medicine, can he get financial support for alternative approaches and their medications?

*Answer:* United Healthcare does not provide support for alternative medicine.

2. **Faculty and Staff Benefits/Mr. Paden:** "How many employees of the University of Missouri have decided not to subscribe to United healthcare and go without healthcare coverage because of the high premiums?"

*Answer:* 10% of the system employees skip the healthcare benefit, this number includes 8.6% who opt for the spouse's coverage, leaving 1.4% of the employees without healthcare benefits.

3. **Faculty and Staff Benefits/Mr. Paden:** "Does United Healthcare cooperate with pharmacists to develop a formulary to encourage the use of low-cost drugs over equivalent high-cost drugs?"
4. **Faculty and Staff Benefits/Mr. Paden:** "This question concerns co-payments and the University Hospital Pharmacy. Shouldn't United Healthcare offer a premium to University employees to encourage employees to use the University Pharmacy? Couldn't United Healthcare reduce the co-payment for employees who purchase drugs through the University Pharmacy? Since United Healthcare encourages the use of University Physicians and University healthcare facilities,

why don't these policies apply to the use of the University Pharmacy?"

5. **Faculty and Staff Benefits/Mr. Paden:** [Paraphrase] Does "prior authorization" mean the same as needing a referral to a specialist like a dermatologist?

*Answer:* Prior authorization refers to permission to hospitalize someone, not referral to a specialist.

6. **University of Missouri Physicians & Clinics Pharmacy/Mr. Calloway and Faculty and Staff Benefits/Mr. Paden:** "Some patients, like patients receiving interferon and Ribavirin for hepatitis C, have very large Pharmacy expenses and with these expenses, very large co-payments. For example, patients with hepatitis C have a 20% co-payment for drugs that can mean more than \$300 out-of-pocket expenses a month. These expenses prevent some people from getting the therapy they need. What steps are United Healthcare and the University Hospital Pharmacy taking to reduce co-payments that prevent people from getting needed care?"

*Answer:* There is an annual? monthly? cap of \$1,500 for out-of-pocket expenses.

7. **University of Missouri Physicians & Clinics Pharmacy/Mr. Calloway:** "It is my understanding that even though I am employed by the University of Missouri and my healthcare coverage is through United Healthcare, the University Hospital Pharmacy does not give me a discount. Shouldn't the University Hospital Pharmacy give discounts to employees to encourage the use of the Pharmacy?"

8. **University of Missouri Physicians & Clinics Pharmacy/Mr. Calloway:**  
**Paraphrase:** the University outpatient clinics have lots of free parking. Has the University Pharmacy considered taking advantage of the free parking and keeping one of the pharmacies in these clinics open late?

*Answer:* The University Pharmacy tried keeping the Hospital pharmacy open to 9PM, but failed to get enough business to keep the pharmacy open. There is also a pharmacist shortage that makes it difficult to staff the pharmacies. There is some consideration of opening a Booneville branch pharmacy.

9. **University of Missouri Physicians & Clinics Pharmacy/Mr. Calloway:** "What is the best or easiest way to shop around for the least expensive pharmacy? It is so confusing and very hard to get quotes or tell what the end cost will be."

*Answer:* Insurance is a great equalizer. All pharmacies in network must give medicine at a specific cost ceiling. Go to the pharmacy that provides the best

service. Some pharmacies have a “lost leader” price where they sell drugs at a cut-rate price.

10. **University of Missouri Physicians & Clinics Pharmacy/Mr. Calloway:** “How does a drug get placed on the Formulary list?”

*Answer:* Express Scripts develops a formulary list according to pharmacology and cost, the result is a preferred list. They try to offer several options in a class.

11. **University of Missouri Physicians & Clinics Pharmacy/Mr. Calloway:** “University Physicians resists faxing in prescriptions to Express Scripts. They say Express Scripts losses the faxes. It is much faster to fax and start a new prescription than to mail it in.”

*Answer:* The clinics will fax and Express Scripts is trying to improve.

12. **United Healthcare/Mr. Chris Brunner:** “Are we looking at providing chiropractic services with a co-pay?”

*Answer:* United Healthcare refers patients to Chiropractors for physical therapy services.

13. **United Healthcare/Mr. Chris Brunner:** “Are there now lengthy delays (i.e. months) for women who wish to see a female physician for their regular OB/GYN exams and checkups?”

*Answer:* It is true that there are very few female OB/GYN physicians. The current waiting time is 2 months. Some of these services, however, can be provided by a Family Practice physician. We have just recruited a new woman physician, Dr. Candy Nobels; she is located at the Green Meadows Clinic.

14. **United Healthcare/Mr. Chris Brunner:** “Will we ever get a good vision plan?”

*Answer:* United Healthcare does not have the revenue to pay for this benefit. To pay for this benefit, United Healthcare would have to raise fees.

15. **University Healthsystems/Dr. Paul Cook:** “We hear today that access may be limited because of a physician shortage. When are some of the physicians in Columbia who are not in the system going to be covered? For example, physicians in Columbia Orthopaedic group?”

*Answer:* This is a pricing issue.

16. **University Healthsystems/Dr. Paul Cook:** Why are non-Boone County residents forced to use a D.O.s and an osteopathic hospital when MU has a medical school for M.D.s?

*Answer:* Modern medicine does not distinguish between M.D.s and D.O.s. Both professionals have to meet the same training and licensing criteria. Likewise osteopathic hospitals and “allopathic” (regular) hospitals must meet the same accrediting standards.

17. **University Healthsystems/Dr. Paul Cook:** “What is the University doing to increase the number of doctors on staff? Has it [the number of staff physicians] gotten any better than last year?”

*Answer:* We are actively and successfully recruiting, but there is a national shortage of specialists. The University finds it difficult to attract physicians to Columbia and once onboard to retrain the physicians. There are also limited funds to accomplish recruitment and retention.

18. **United Healthcare/Mr. Chris Brunner:** “My question relates to payment by United Healthcare: Why is it that the insurance does not pay as much for items as Medicare does? This does not seem fair to the different PPO that are not part of the University Network. Some people already have Doctor’s in place for their medical care. The trust and history is already set between physician and patient. We need to be able to keep the doctors we trust.”

*Answer:* It is true that some contracted rates are lower than Medicare, University Hospital and Clinics is working to correct this problem. In general, University Hospital and Clinics does not want to pay more for services than necessary. If some providers are willing to provide the service at a low price, there is no reason for University Hospital and Clinics to pay a higher price for the same service from other providers.

19. **Anyone:** Paraphrase: Why are prescriptions filled through the University Pharmacy limited to thirty days while prescriptions filled through the mail order (Express Scripts) pharmacy are limited to ninety days?

*Answer:* It minimizes the use of the more costly hospital pharmacy.

- a) Why was this change made?
- b) Does United Healthcare know what a great inconvenience this causes?
- c) Can this policy be reversed?
- d) It seems like this is a way to pass costs to employees.
- e) It means there is no savings for the patient by placing a low cost drug on the plan.

20. **Anyone:** “Is there any chance of getting representation from retirees on the campus committee and especially on Lisa’s committee? We number about 3500 and have unique problems. *Background:* Ms. Lisa Wimmenauer represents the University of Missouri-Columbia on the University Retirement and Benefits Committee. This committee serves the University of Missouri system by recommending changes in the benefits provided by United Healthcare.

*Answer:* The Committee already includes a retiree.

*Rebuttal:* The retired employees would like a second representative.