Fringe

Insurance, Retirement, & Other Benefits

Section 1. Resident Orientation

Background:

Residents are paid for their time in orientation sessions as well as the time it takes to complete online and at-home orientation materials and work.

Proposal:

We propose to match RFPA language specifying this. This will guarantee inclusion of payments for online and at-home mandatory orientation activities (e-learnings, etc).

Section 2. Professional Liability Coverage

Background:

Residents are provided with no-cost professional liability coverage for their clinical work. The latest RFPA includes language stipulating that professional liability coverage should cover approved internal moonlighting activities. Without professional liability coverage, residents would not be able to perform even approved internal moonlighting duties, so this coverage is essential to the work itself.

Proposal:

We propose to add language ensuring that professional liability coverage will extend to approved internal moonlighting activities. This still does not guarantee that internal moonlighting will be approved, and does not mention professional liability coverage for non-approved internal moonlighting or for external moonlighting.

Section 3. Wellness and Counseling Services

Background: A National Crisis

Resident wellness is a top priority for GME and housestaff, and resident burnout and suicide is a large and very public national issue. Several studies have assessed resident burnout rates and report rates of 40-50% (1). Studies also show that the clinical learning environment has a large effect on burnout rates (2). Lack of sleep, limited social support, workplace bullying, traumatic patient experiences, and other issues can lead to burnout and suicide. One in 16 surgeons have reported suicidal ideation (3). Three hundred to 400 physicians die every year by suicide (4). **A study conducted by the ACGME in 2017 showed that suicide was the leading cause of death among male residents and second only to cancer among female residents** (5). In addition, suicides were more likely in intern year when social isolation and lack of sleep are often worst.

1) Martini, S. (2004). Burnout Comparison Among Residents in Different Medical Specialties. Academic Psychiatry, 28(3), 240-242. doi:10.1176/appi.ap.28.3.240
2) van Vendeloo, S. N., Godderis, L., Brand, P., Verheyen, K., Rowell, S. A., & Hoekstra, H. (2018). Resident burnout: evaluating the role of the learning environment. BMC medical education, 18(1), 54. doi:10.1186/s12909-018-1166-6
3) Shanafelt TD, Balch CM, Dyrbye L, et al. Special report: Suicidal ideation among American surgeons. Arch Surg. 2011;146:54-62.
4) Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: A consensus statement. JAMA. 2003;289:3161-3166.
5) Yaghmour NA, Brigham TP, Richter T, et al. Causes of death of residents in ACGME-accredited programs 2000 through 2014: implications for the learning environment. Acad Med. 2017;92(7):976-983.

The GME Wellness Office is one great way to combat burnout and ensure the wellness of our residents. The counseling services they provide are an essential part of this strategy. Currently, residents receive free, confidential counseling services at UWMC, HMC, and/or SCH that can be scheduled during the workday or in the evenings four days per week. There have historically been mutiple therapists on staff. During 2018, the GME Wellness Office conducted 799 visits. These numbers have increased each year since 2016 (6). This service is essential and extremely helpful for our housestaff.

Limited availability of counseling sessions

There is a large demand for these visits and dwindling spots: Mindy Stern's last day is August 7th and Pamela Woodroffe is also retiring on September 5th. This will leave one counselor left. Currently, it is only possible to schedule with Julia Kocian. Even before this change, it was often only possible to schedule visits during work hours, but now it is even more difficult. As you can see below, in March of this past year, there were only a few spots left for the coming three weeks, most of which only had one time available. As of July 27th, there were only two appointments available in August, and only 12 available in September. We hope that GME will take Wellness seriously and address the poor access to care facing residents. **One counselor for 1400 Residents is not sustainable** (see Figure 1).

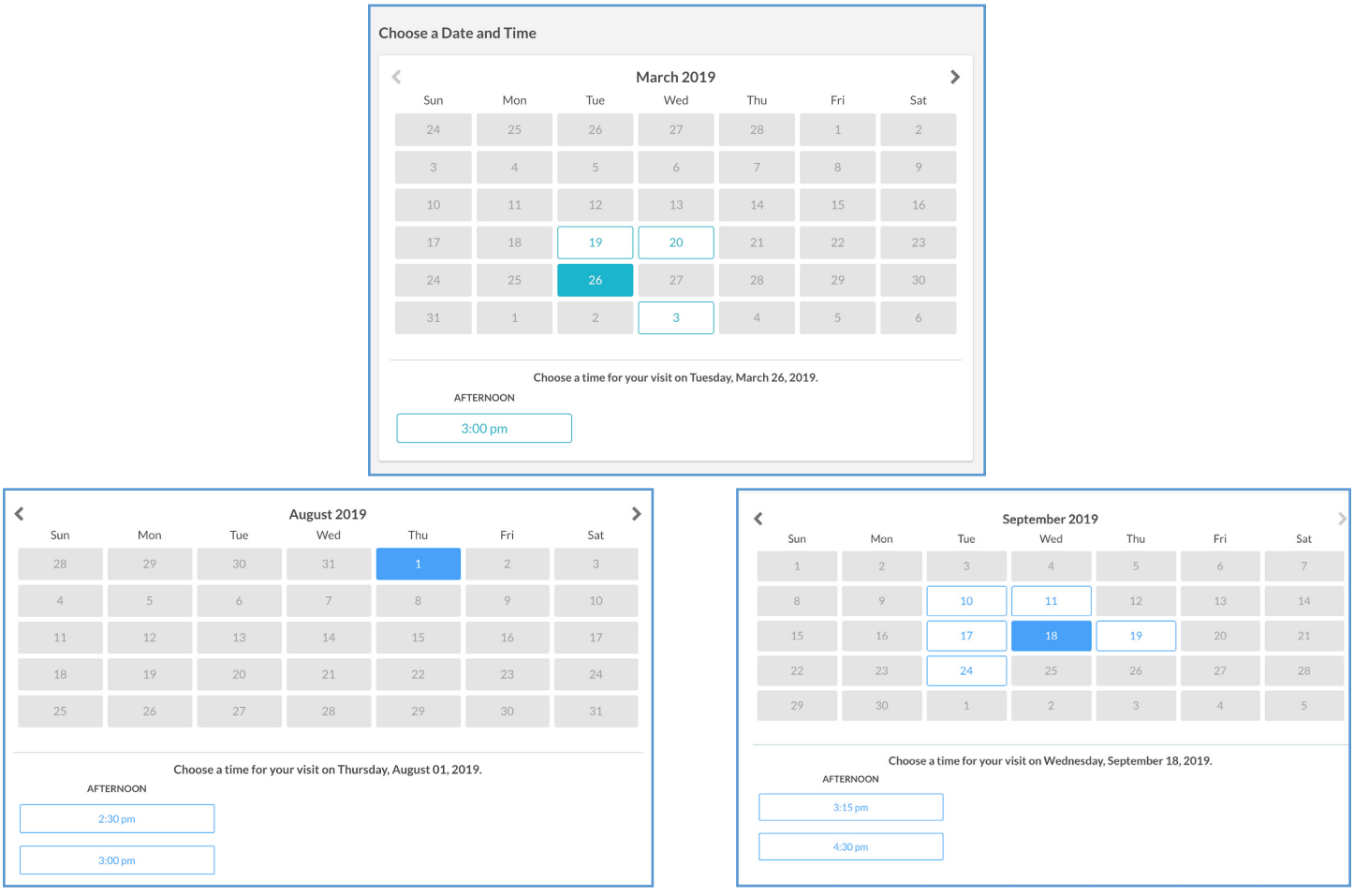


Figure 1: Sample schedules of available times for GME Wellness Counseling

Believe residents when they say they need help

In addition, it is imperative that residents are allowed to attend counseling sessions with no questions asked. There should be no requirements that residents speak with anyone other than a counselor in

6) Per GME information request, document 20 "Wellness Data 2016-2018"

order to get “approval” to be released for these counseling sessions. They should not have to prove to anyone that they need help. This has been an issue in several programs. From one of our members: “... residents [have] trouble getting leave when requested- specifically requesting time off for mental health concerns/therapy/support.” Residents should be trusted to disclose or not disclose any wellness or mental health information as they see fit in order to seek help as well as protect their own privacy.

Proposal:

We propose to add language that 1) ensures that residents will be allowed to attend counseling sessions during clinical time, and 2) that residents are able to attend counseling sessions “no questions asked.”

Section 4. Meals

Background:

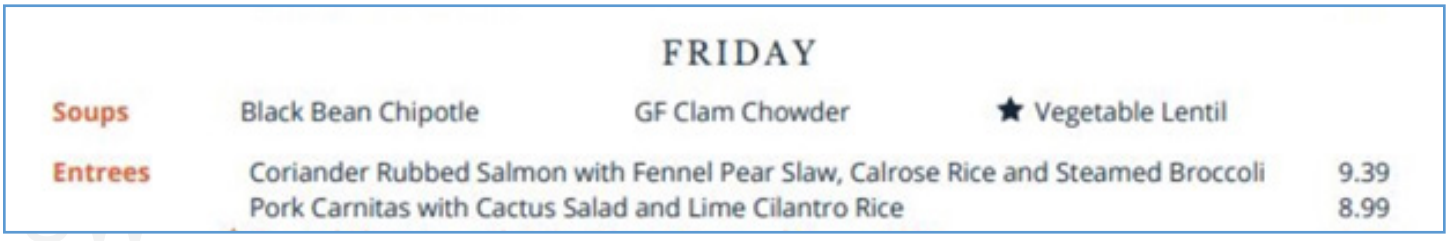
According to the ACGME Institutional Requirements, “access to food during clinical and educational assignments” is required. Most days, residents spend more than 12 hours in the hospital and receive no breaks for meals. To cover the cost of meals during those shifts, residents currently receive reimbursement of $7.50 per meal for one meal during a 12 hour shift and 2-3 meals during an overnight shift, only at UWMC and HMC. Residents frequently work 12- and 24-hour shifts at Northwest Hospital and Valley Medical Center, which are affiliated with UW, without meal reimbursement. The VA does not have any meal reimbursement and most hours of the day there is no food available for purchase on the premises. The last CBA asked for the creation of a meals committee to solve these issues. This committee was never formed.

$7.50 does not cover the cost of dinner

The GME Meals Policy has not been revised since 2013. Accordingly, there has been no increase to the $7.50 per meal in six years, despite obvious increases in the cost of food since then. **Unlike UW, SCH has updated their policy and increased their meals reimbursement every year, and is currently $11 per meal**. The meal allocation is not keeping up with the price of food in the cafeteria. Many cafeteria meals cost more than $7.50 (see Figure 3). It only makes sense to reimburse the same at all hospitals, so matching SCH’s $11 is the most reasonable choice. In addition, we are falling behind our peer institutions: UC San Diego provides $12 per meal and Rush provides $14 per each equivalent shift.

IRFAC has fallen behind on their duties in not revising the meals policy. Because they cannot update this policy in a timely manner the way SCH does, we must also ensure that the allocation goes up by a guaranteed amount every year.

No reimbursement at NWH or VMC



FRIDAY

Soups	Black Bean Chipotle	GF Clam Chowder	★ Vegetable Lentil	
Entrees	Coriander Rubbed Salmon with Fennel Pear Slaw, Calrose Rice and Steamed Broccoli			9.39
	Pork Carnitas with Cactus Salad and Lime Cilantro Rice			8.99

Figure 2. Example menu from May 3, 2019, source https://www.uwmcplazacafe.com/plaza-cafe/plaza-cafe-menu/)

Northwest Hospital has been renamed UW Northwest. Many residents work at this hospital. There is currently no meals reimbursement for this hospital or at UW affiliate Valley Medical Center. With the acquisition of NWH and affiliation with VMC, residents who work at these hospitals are still arbitrarily denied meals reimbursement. This affects Surgery and Family Medicine residents the most. This is unfair and must be rectified. There is no reasonable explanation we can think of for why this has not occurred.

No meals at the VA

Residents are provided no reimbursement for meals at the VA hospital, are provided no food, and cafeteria hours are extremely limited. The RFPA specifies that at the VA, "fresh meals including soups and salads (as well as fruit, drinks, and other miscellaneous items) are provided for residents when on-call or when required to stay at the hospital after 7 p.m., when food services are not available." This is simply not the case. Despite years of complaints from residents, this has not changed. The RFPA is not being enforced, and so the UWHA must act. **Residents are not provided any food while at the VA.** Some individual programs provide lunch some days but there is no dinner provided. The GME may claim that the "VA Hot Tray" program is dinner, but it is not healthy, and does not ever include soup, salad, fruit, or a drink. Also, it is usually not vegetarian and there is one option. Lastly, the food is dropped off at 5pm and there is no way to have hot food after 6pm, once it gets cold. Please see Figure 2 for examples of the offerings. The only way to rectify this is for residents to instead be reimbursed for meals at the VA in the same way as at other hospitals.

Figure 3. Typical VA Hot Tray dinner options for residents, provided at no cost.

Resident Testimonials:

"Would love more prompt meal money at UW system. I'm Peds, so I didn't have any meal money during my month at NICU and won't get any through the next year either."

"Better meal allowance plan (i.e. similar to the meal plan at Seattle Children's)."

"Expecting us to be here working for 3 meals a day, but not even paying us the equivalent of one meal worth a day ($7) is just egregious."

"The meal stipend is not sufficient to cover more than breakfast. A general lunch or dinner is not covered by the allotted amount which is not acceptable"

"The meal credit should be increased with rising cafeteria prices."

"Better meal stipends. $7/12 hour shift isn't very much when we often work 15.5 hour shifts or longer. I usually have at least 2 if not all of my meals at work."

"More on-call food money. While on call I typically spend about $10 per meal and have 3 meals so total call shift dollars should be closer to $30 in my opinion."

"Those of us who take home call, when I come in in the evening, I often have to buy dinner. When I come in at night and then sleep in the hospital, I have to buy breakfast and lunch the next day (otherwise I would bring my meals to work to save money). That's up to 3 extra meals I have to pay for at the hospital which I wouldn't otherwise have to do when I'm not on call."

"I'm a family medicine resident. We rotate frequently this year at Northwest Hospital. Despite the ongoing merger with UW, there is no meal provision / funding and no credit toward our meal fund on our cards like at UW / Harborview / Seattle Children's."

"More reimbursement for meals, as many residents work 12-16 hour shifts"

"After eating VA hot tray, I twice got food poisoning and was up vomiting after a 28-hour call. It was the only thing I ate on call, both times, because there are NO OTHER OPTIONS at the VA."

Proposal:

- Match language of RFPA
- Resident Meals Committee removed
- Increased meals reimbursements from $7.50 to $11 per meal
- Guaranteed yearly increases in meals reimbursements
- Meals reimbursements for work at NWH, VA, VMC and other hospitals
- No change in SCH meal reimbursements

Section 5. Communication (formerly Pagers)

Background:

Residents are provided pagers for communication in the hospital and while on home call. In order to

answer pages from home as is required on home call, residents must own a working cellular phone and pay for cellular service. Dermatology and dentistry residents are additionally required to use personal cell phones to send pictures to and from other physicians. Anesthesia and surgery residents are required to text and call their attendings from home and from the hospital to plan surgeries for patients. Since residents are not provided with work phones, residents must use their personal cell phones for work, and as such, they should be provided a substantial percent of the cost of purchasing phone service each month. The average Seattleite pays $60 for cell phone service per month, not including the cost of the device itself. At Stanford, residents receive $1,000 per year for a cell phone stipend. Loma Linda also has a $300 cell phone stipend per year. Cincinnati has a mobile device reimbursement of up to $325. OSU reimburses a smartphone up to $200. Michigan provides $600 per year for cell phone service.

UW's own policies have specific requirements for reimbursing employees for cellphone service for "any employee whose department has determined that there is an official business need for the device and service" (8). Residents certainly fall into this category.

Resident Testimonials:

> *"In dermatology we are expected to use our personal phones to take patient photos and upload them to the system (through secure apps). Phones are not provided and we receive no compensation for data or for phone upkeep."*
>
> *"A cell phone reimbursement would be beneficial. I use my cell phone at work all the time to communicate and make phone calls. I would say at least 70% of my cell phone use is work related. I think we should be given a stipend of about $50 per month for cell phone use. Otherwise residents should be given work phones that are actually portable."*
>
> *"CELL PHONES INSTEAD OF PAGERS OR PAY OUR CELL PHONE BILLS as we use our cell phones ALL THE TIME for work -- friends at UCSD just negotiated cell phone bill stipends because we use these all the time with attendings -- advantage for UW would be fewer HIPPA violations of people sending pictures/work info through unsecured personal phones"*

Proposal:

We ask UW to recognize that personal phones are absolutely required to do the duties of a resident including returning pages, and therefore to provide a communication stipend equal to $50 per month to offset the cost of mandatory phone service.

Section 6. Uniforms and Laundry

Background:

Residents are required to wear lab coats and scrubs for duties. Residents are provided with lab coats but not always provided with accessible and free cleaning of these lab coats, which can be very expensive to do on an individual basis at dry cleaners. It is in the best interest of our patients, our colleagues, and the public that Residents wear clean lab coats to work to treat patients. Hospitals and departments already universally provide laundering services for lab coats to attending physicians, and hospitals also already provide laundering of scrubs. Our peer institutions provide this service

7) Miller, B. (2014, October 9). https://www.bizjournals.com/seattle/blog/techflash/2014/10/washington-has-highest-cell-phone-taxes-and-fees.html. Retrieved December 30, 2018, from https://www.bizjournals.com.
8) https://finance.uw.edu/ps/mobile-device-guideline

free of charge, including NYU, Mt Sinai, Stony Brook, LIJ, UC Irvine and many more. Hospitals and departments should absolutely provide laundering services for Resident lab coats as well.

Proposal:

Provide free laundering of physician white coats.

Section 7. Fitness

Background:

Residents currently have intermittent access to some fitness facilities at some hospitals. Many other staff members have more consistent free access. Access to fitness facilities is essential to maintaining the wellness of Residents. Residents work up to 80 hours per week at multiple different locations, making finding time for exercise very difficult. Residents often have downtime in the hospital while on a night or weekend shift during which they could exercise to stay healthy. **Most work sites have fitness facilities but their locations and access are not routinely available to Residents despite being available to other staff members.** For example, the fitness center at the VA requires an access card that Residents do not have. The University of Washington is committed to the wellness of its Residents, which includes exercise as a key part of wellness. The IMA, which is the gym at UW, costs $87.53 per quarter, and since we are not always rotating at UW it is impractical to pay this and go there regularly. Providing gym access at all sites would be much less expensive for UW than providing reimbursement for a gym membership. Other hospitals, including Rush, include free gym access for their Residents.

Resident Testimonials:

When we asked our members which benefits they needed, they responded:

"Support for a gym membership would be a nice wellness benefit."

"Gym spaces should be accessible at all hospitals"

"Gym membership to stay healthy."

"Gym membership! Residency makes one pudgy."

"A gym membership would also be nice (it's also ridiculous we have to pay for the IMA)."

Proposal:

Guarantee Residents free access to fitness facilities at all inpatient clinical sites.

Section 8. Health Insurance and Retirement Plans

Background:

Arbitrary exclusions from retirement benefits

Some residents and fellows are not guaranteed health insurance benefits or participation in the retirement plan. Most residents contribute 5% of their salary to the UWRP and are very happy with the 100% match that UW provides, but a few residents are not eligible for this because of arbitrary differences in their appointments. One example of this is residents in the Occupational Medicine

program. In order to ensure that all of our members receive equal treatment, we must add to the CBA the provision that all members are eligible for the same retirement plan and health insurance.

Exorbitantly expensive health services

It is the national standard for residency programs and/or GME offices to cover the vast majority of the cost of medical care for their residents and fellows. At UW, residents pay for medical insurance premiums and pay co-pays for medications, primary care visits, outpatient specialty visits, surgeries, procedures, ER visits, hospital stays, etc. Residents often have high deductible plans and pay large amounts out of pocket.

Not keeping up with our peer institutions

Unlike other institutions, UW does not provide any discount or special rate for health insurance to Residents beyond what is available for all employees. This is not the norm. Let's take a few other well-regarded, west coast public institutions in high-cost cities as examples. The below table shows premiums, deductibles, copayments and other stats for various other public institutions that are our peers. As you can see, **UW is the only institution that charges premiums to residents, has much higher deductibles, and does not cover ER visits, outpatient procedures, imaging studies, or inpatient stays as adequately as other institutions.**

	UCLA	UCSF	UCSD	UC Irvine	UC Davis	UC Riverside	U of Iowa	UW: UMP CDHP
Monthly Premium	$0	$0	$0	$0	$0	$0	$0	**$25**
Deductible	$0	$0	$0	$0	$0	$0	$400	**$1400**
Out of Pocket Maximum	$1000	$1500	$1500	$1000	$1500	$1500	$1700	**$4200**
ER Copay	$0	$100	$100	$0	$100	$100	$100	**20%**
Office Visit Copay	$15	$10	$10	$15	$20	$10	$10	**15%**
Inpatient Copay	$250	$0	$0	$250	$0	$0	10%	**15%**
Outpatient surgery or procedure		$0	$0		$20	$0	10%	**15%**
Imaging (CT/MRI)					$0		10%	**15%**
Childbirth Professional/Facility	$0	$0	$0	$0	$0	$0	$0/10%	**15%/15%**

Table 1. Comparative health insurance costs among public institutions. All costs are for single enrollees in the least expensive plan, which is often an HMO. Some institutions also offer a PPO for a small monthly premium (8.9).

8) https://www.ucresidentbenefits.com/uc-irvine
9) https://hr.uiowa.edu/sites/hr.uiowa.edu/files/2019_uichoice_summary_of_benefits_and_coverages.pdf

Plan	Premium (per month)	Medical Deductible (per year)	Medical Out-of-pocket limit (per year)
Kaiser WA* CDHP	$25	$1,400	$5,100
Kaiser WA* Classic	$165	$175	$2,000
Kaiser WA* SoundChoice	$35	$125	$2,000
Kaiser WA* Value	$88	$250	$3,000
Kaiser Permanente NW CDHP	$28	$1,400	$5,100
Kaiser Permanente NW Classic	$143	$300	$2,000
UMP Plus: Puget Sound High Value Network	$50	$125	$2,000
UMP Plus: UW Medicine Accountable Care Network	$50	$125	$2,000
UMP CDHP	$25	$1,400	$4,200
UMP Classic	$107	$250	$2,000

Table 2. UW Health Plans.

Resident Testimonials:

> *"Better health care insurance coverage. Residents should not be responsible for arranging their own coverage while out sick or on vacation."*
>
> *"OCCUPATIONAL MEDICINE NEEDS THE SAME 401K MATCH AS THE OTHER RESIDENTS. THIS IS ADVERTISED TO US ON ORIENTATION AND IF IT COMES OUT OF RESERVE FUNDS SO BE IT."*
>
> *"Also, the fact that we still have to pay for health insurance is absolutely ridiculous especially considering our peer institutions give comprehensive medical coverage with zero monthly payments and zero co-pays, no questions asked."*
>
> *"Our healthcare should be free and you shouldn't be pigeonholed into a high deductible plan that doesn't even pay for your routine prescription medications."*

Proposal:

We propose that UW remove loopholes that prevent all Residents from receiving retirement benefits, and provide no-cost health insurance to all Residents in order to prevent the cost of healthcare from becoming a burden on Resident finances, and preventing Residents from seeking necessary care.

Section 9. Relocation Stipend

Background:

Moving costs money that residents don't have

After medical school, residents have 1-4 weeks to pack up their lives and families and move to Seattle, often across the country. New interns/residents have often just completed residency interviews which

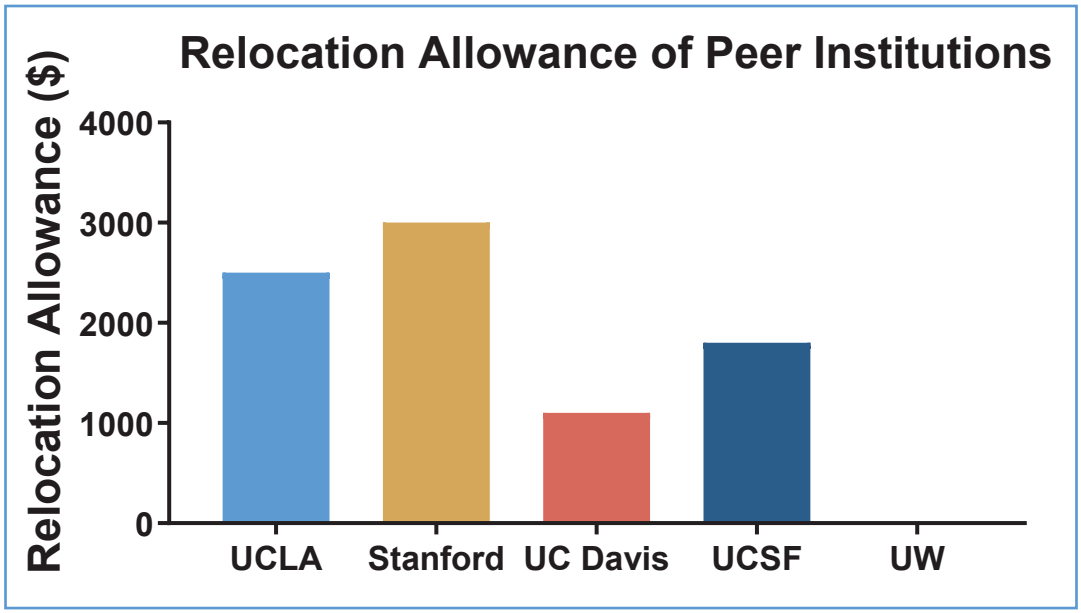


Figure 4. Comparative relocation stipends among west coast institutions.

cost on average around $350 per interview, totaling $4-10,000 for an interview season (11). In addition, new residents have been paying medical school tuition for four years with zero income, and have an average of around $200,000 in debt (12). It is in this context that new interns and residents buy moving supplies, pay to have their stuff shipped across the country or rent a truck to drive it across themselves, sometimes pay to fly to Seattle, pay to change their driver's license and car registration, and pay initial security and utilities deposits on apartments. All of these expenses can add up to over $3000 for the lowest-cost DIY cross-country move, or up to $10,000 for a more full-service move (13). Financial hardship has a negative impact on resident wellness, and alleviating some of this hardship at the beginning of residency will go a long way to ensuring a healthy and well workforce of housestaff.

We are not competitive with peer institutions

Many of our peer institutions provide moving or relocation allowances/stipends, including other west coast public institutions. UCLA provides a partial relocation stipend up to $2500 (14). Stanford provides a $3,000 moving allowance (15). UC Davis provides relocation of $1,100 (16). UCSF provides up to $1,800 for relocation (17). In order to remain competitive with our peer institutions, we should provide a relocation stipend to our incoming residents and fellows.

Proposal:

We propose that the UW GME reimburse incoming housestaff for relocation and moving expenses totaling up to a maximum of $3000 per Resident.

11) http://eyesteve.com/residency-application-interview-travel-cost/
12) https://www.studentloanplanner.com/average-medical-school-debt/
13) https://www.homeadvisor.com/cost/storage-and-organization/long-distance-move/
14) https://medschool.ucla.edu/workfiles/site-GME/ResidentOrientation/ResidentsRelocationGuidelines.pdf
15) Stanford Medicine - Graduate Medical Education - Stipends, http://med.stanford.edu/gme/current_residents/stipends.html
16) UC Davis GME Orientation. http://www.ucdmc.ucdavis.edu/gme/orientation.html
17) UCSF -Resident and Clinical Fellow Needs-Based Relocation Reimbursement Program, 2017-2018 https://meded.ucsf.edu/gme/needs-based-relocation-reimbursement-program-0