Experiences of Graduate Students at Boynton Health Services: A Focus Group Report

Domestic and International Men’s Groups

Commissioned by the Council of Graduate Students, University of Minnesota
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Findings

Two groups of men were recruited to participate in this study. This report discusses the findings from both of these groups, one a men’s domestic group and one a men’s international group. The international student men’s group included seven participants from three different regions—the Caribbean, Central and East Asia, registered in five different colleges at the University of Minnesota. The domestic men group included six participants from the United States, representing five colleges in the University.

The questions asked in the course of the focus groups covered five primary areas: students’ general impressions of Boynton Health Service (BHS), aspects of their care that they are satisfied with, aspects they would like to change, opinions on the ability of BHS to serve the graduate student population, and future recommendations.

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1. Students’ general impressions of BHS

Most international student men came in to Boynton with positive expectations. Some of them expressed a fairly good general perception of BHS but not outstandingly positive and some others a very positive one. When asked to use one or two words to describe their impression of BHS, the following were expressed:

- Very good service (2)
- Unclear information (2)
- Good quality (1)
- Complicated distribution (1)
- Unfriendly students health benefits office (1)
- Slower than home country hospitals
- Hard to navigate (physical location)

Respondents generally had a good initial impression of BHS; some of them have a less positive perception after negative experiences such as insurance coverage, dependents’ coverage reimbursements and emergency assistance. Among international students, those who have a longer experience with health services in the U.S. felt that that BHS performs on a standard quality level compared to other health services in this country; for those arrived more recently, the opinions are divided between very positive impressions and fairly positive ones.

“I used Boynton 13 years ago when my mother as a graduate student here, and since then I realized that hospitals are slower than in my home country.”
On average, Boynton does it about as well as other health care providers in the U.S.” (IM 7)

Domestic students have a fairly positive impression about BHS, they consider it better than the State insurance and some of them expressed their preference to register their dependents in it if they could afford it. However, some administrative practices and logistics in BHS are considered complex and bureaucratic; they reported that those aspects affect Boynton’s responsiveness to the needs of graduate students. When asked to use one or two words to describe their impression about BHS, the following were expressed:

- good experience (2)
- long waiting time (2)
- easy to get around
- quick visit
- complex building
- hard to navigate (information)
- easy
- opaque
- cheap
- independent, disjointed

In general, the perception about the quality of medical care is very positive. However, the perceptions’ degree varies across clinics and services (see Section 3).

“I like the service I receive at Boynton, the organization is complex and sometimes it can be hard to know where to go but I have experience an easy process in my appointments.” (DM 2)

Before they went to BHS, most domestic and international participants reported not to be very aware of the financial aspects of their care, like the amounts of co-pays and the items that were not included in their insurance coverage. Most of them expressed that BHS did not have a clear communication practice to let students know their health benefits.

2. Aspects of care that students perceive as working well

In general, male domestic and international students focused their good comments about BHS on two areas:

i) Specialty Care

All male participants were unanimous in their praise of three specialty clinics and/or services: the Eye clinic, the Dental clinic, and the Vaccine campaigns. They said the appointments were timely but flexible if got early, the providers professional and caring, and the services very satisfactory.

Dental hygienists at the Dental Clinic

In both groups, multiple positive comments concerned the professionalism and personable approach of the dental hygienists, particularly among domestic male participants. They were very satisfied by the hygienists taking the time to get to know
them. Two domestic students expressed their enthusiasm about the appointments, and reported that they had the best dental treatment of their lives at Boynton. Other domestic students emphasized the empathic attitude of one of the hygienists, sentiment that is summarized in this comment:

“I really like my dental visit. The hygienist is really nice, she talks to me all the time I spend there, I really appreciate the time she takes with me.” (DM 4)

Another positive aspect participants valued, especially the domestic ones, was the possibility of seeing the same hygienist in all the appointments during treatment. This fact made them feel confident about the next steps in their dental care, and the practitioner knew their needs and the progress it had been done over the sessions. In addition, the setting of the clinic, the technological equipment and the rapidness of the diagnosis, X-ray and assistance registered a very positive perception among participants, especially domestic patients.

“I agree with [participant] about the Dental clinic. The setting, the technological equipment make the service so easy and fast, you don’t have to wait a long time for results or X-rays, they have all just there. I really like the service and I can say it’s the best dental service I have had.” (DM 3)

Eye clinic care providers
In both groups, particularly in the domestic participants’ one, the intention of the service provider to satisfy the patient’s need was very well evaluated, as a domestic participant commented:

“What I like the most is the attitude of the optometrist; the others usually act more like salesmen, they make the money out of the glasses or contacts […] so I appreciate to get in and out without having to get a certain type of glasses, just the ones I need.” (DM 6)

In general, both domestic and international participants agreed about the good quality of the medical assistance in this clinic. Comments about the good service brought up with more emphasis in the domestic users group.

Vaccine Campaigns
Participants in both groups –domestic and international- stated that they felt the flu vaccine campaigns are very well designed and respond to their needs: they do not have long wait times, students can get vaccinated close to their college’s location, the service is professional and fast, and it is covered by the insurance. This appreciation is expressed in these comments:

“My first experience was with the shots and the service was really good, no complaints.” (IS 5)

“I think that from what we have discussed, the vaccines campaign is one of the best services Boynton has.” (DS 5)
ii) Respect
Even though this aspect was not brought up by the moderator in the male students groups, participants said they genuinely felt respected at BHS. However, there were two experiences reported by two domestic students about gaps of communication with a doctor; this aspect will be described in the next section.

3. Aspects of care that students perceive as needing improvement
The areas in which both international and domestic male students thought BHS could improve centered around the themes of efficiency, information, quality of care, language and cultural sensitivity, coordination with health insurance, and logistics. In general, the conversation suggested that they are generally satisfied with their providers, but less satisfied with some logistics associated with the care they receive at BHS.

1. Efficiency
Slightly more than a half of all male participants identified areas to improve related to efficiency of internal processes and communications. The main issues are:

   Wait times after checking in for an appointment
Half domestic and international students reported excessive wait times after they check in for an appointment, between 20 and 30 minutes. In the case of the international students, time was an issue with the BT test and in primary care. For domestic students, primary care and the Quick clinic were reported to register longer wait times. An international student said it took him one hour to be tested, describing the experience as follows:

   “The last time I came it was for the BT Test; my appointment was at 2pm, and I waited until 2:45 to check in the reception. I asked why I could not see the doctor and the receptionist downstairs told me that my appointment did not appear in the computer! So I had to go upstairs to announce myself again and wait some more time to get the test, one hour total. And I think I was not the only person with the same problem at that time.” (IM 6)

   Long wait time in the Quick clinic
Domestic students also reported long wait times after they check in for an appointment. The following comment captures the sentiment expressed:

   “I waited 30 minutes for a 3 minutes appointment in the Quick Clinic, a place that is supposed to be faster, but the service was good.” (IM 5)

Another domestic student reported that the service is only fast early in the mornings. Afterwards, the waiting list becomes very long in the clinic:
“When I go to the Quick Clinic, I do it really early, like at 7 o’clock because half an hour later, it just gets packed.” (DM 6)

Not enough time slots for some appointments
Some male participants, especially domestic students, reported that there are not enough available time slots for Physical Therapy and the Dental clinic. Some of them commented that it is very hard for graduate students to plan even two weeks ahead because their deadlines and meetings move constantly. One respondent stated:

“I go to see the physical therapist about my knees [...] and they didn’t have many open slots for like the next two weeks there were only a couple of open slots, so I’m not going to use because there are not enough slots and I only know my schedule like a couple of weeks in advance so I cannot schedule many appointments in the future.” (DM 3)

Services at the St. Paul Clinic
Insufficient staff expertise in some primary care issues brought up in the domestic participants’ group. One student mentioned the inconvenience that some graduate students who attend most of their classes and obligations in the St. Paul campus

“Recently, I had pink eye, and after calling a nurse in the Saint Paul clinic, she was unsure if I could do something in St. Paul or if I had to go to Minneapolis; so I decided to come here and that was pretty inconvenient [...] They weren’t sure if they could assist me there.” (DM 4)

Long question filters
The discussion domestic students had about follow up and continuity of care led to concerns about the length of the forms that BHS clinics ask patients to fill after checking in for an appointment. Most of them expressed that these forms are very long, and that a quick survey of 5-6 questions per appointment should replace the questionnaires, in order to let the nurses and doctors know the purpose of the visit.

“In my undergrad student health clinic, you checked in and they had a five or six questions survey on the computer just set on with your name. [...] There would be less introductory time once you finally get into a room, and it would be more direct, they would know what you need and why you came.” (DM 2)

Long pharmacy wait times
Domestic participants reported the time to wait for prescriptions, the pick-up times and the lack of connection between the students’ insurance benefits system and the pharmacy systems as the main topics related to this service.

“I don’t like the way the pharmacy is set up. Either you have to seat there half an hour for your medication or come back after like 3 o’clock to pick it up. It’s
Domestic students agreed that the wait time for prescriptions -30 minutes in line or pick-up at 3pm - is not responsive to graduate students, who have meetings or classes in different areas of the Twin Cities campus at different times of the day.

Additionally, even if some medication prices are considered lower in Boynton’s pharmacy, some domestic students reported that they would prefer to use any other supplier to avoid using BHS pharmacy services because the time to wait was very inconvenient.

“I am OK with Boynton but I would prefer to go to Walgreen’s to get medication if the price was the same.” (DS 6)

**Administrative and insurance difficulties**

Among international students, a major complaint was the lack of coordination between academic departments and BHS about coverage over summer term, before their first semester in graduate school started. An international student reported that when he went to BHS in August to find out about his insurance, the system was not showing in his records that he was covered. The academic department told him he was covered and after going from BHS to his academic department multiple times, the student and the department realized that he was not covered yet. He said,

“Once we found out I was not covered, I went to BHS again and a representative told me that even if not being covered, in case of any accident, they would figure out how to cover me. I said them no, in case of an accident, any hospital would charge in the US at least $60,000 dollars and that is why to always have insurance was so important. So, I wish that Boynton coordinates the coverage over the summer of all international students that academic departments admit.” (IM 5)

A domestic student referred an unpleasant experience with the pharmacy one time he forgot his insurance card,

“After having an appointment, I got a prescription and when I went to the pharmacy, they asked me for my ID [...] it took a long time to prove them I had insurance, I had to go to the office of Students’ Health Benefits and ask them to prove the pharmacy I had insurance, it was a time consuming process but I got the prescription after all.” (DM 2)

2. Communication

One major area of concern for domestic and international students was communication about services offered and the health concerns of students.

**Information about the insurance coverage**
In particular, international participants expressed their frustration with the orientation they received in their international students and colleges’ orientation days because there was no detailed information about the care their insurance premium covered. They perceived the orientation as a sales strategy of another insurance plan, the voluntary dental:

“I remember the guy from Boynton did not talk about what the insurance we already had covered; he focused more in what the other insurance premium offered, indirectly trying to convince students to get an additional insurance to complement the coverage.” (IM 3)

Most domestic students expressed they did not attend any BHS orientation session, that they received many brochures in the orientation session and that is hard for them to go over the whole documents to review all conditions. The insurance documents – published on the BHS website – were considered long, very technical, and not clear by both domestic and international participants.

“Maybe I have the brochures but we received so many of those at the orientation sessions that I’m not sure I got one from Boynton. E-mails with all this information are better.” (DM 2)

Both groups, particularly international students expressed anxiety about the lack of information they had on the items covered and not covered by the insurance. As health care provision is different in the U.S. than in their home countries, they are not used to getting bills for health care, especially when an insurance is paid and when conditions of co-payment are not clear.

“I am kind of scared about having an accident. I really don’t know what the limits of the insurance are and how much I should pay after an intervention.” (IM 5).

Some domestic participants, on the other side, expressed more confidence about the coverage system, and reported more certainty about the amounts they had to pay as out-of-pockets. However, almost half of domestic students recognized they were not sure what exact items and under which circumstances were covered by the insurance, neither what would constitute a co-payment.

“When I broke my thumb, I think that compared with other health services, I received the appropriate number of tests and I was told what expenses were not covered by my insurance [...] I knew about the bills I would receive.” (DM2)

As far as the network of health care providers the insurance provides access to, domestic users expressed their need of more information because some clinics included in such network would be more convenient to visit, especially for those who do not live close to campus.
“I would like to have more information about the clinics that are in the network I can access through insurance.” (DM 5)

Another aspect mentioned regarding the insurance coverage was the price. This topic was brought up in the international participants’ group. Some participants reported that the cost of the BHS mandatory insurance for international students was higher than other universities’ plans in the Midwest; a student expressed the belief that other universities have premiums 60% lower. Some said that BHS should be sensitive about the income that graduate students have and adjust their premium costs.

“We are students now, and we are not able to pay a lot for these services. The people at BHS should be sensitive about this and adjust their fees accordingly” (IM 3)

“According to what some friends pay in other universities in the Midwest compared with the Boynton insurance, the premiums are about 60 percent lower. Boynton has one of the most expensive premiums for graduate students.” (IM 3)

Information about the health condition
One domestic said that open and transparent communication about all aspects of health care is an integral aspect of the relationship with physicians and of quality of care participants received from BHS. This domestic student broke his thumb and after two doctors saw him in an emergency session, they discussed his condition without talking or explaining it to him. Apparently, they made decisions about the treatment they would prescribe without asking him any opinion or feedback. He declared he would have preferred to be directly told about his condition,

“When I broke my thumb a couple of doctors saw my tests and discussed about them without even considering I was in the same room. It would have been nice to be able to be considered in the conversation and know since the beginning what the required tests were.” (DM 2)

Information about other services
An international student said that not all services published in the BHS website have contact information of someone they could approach. The contact of someone responsible for that area is important for users to ask more information about those services.

“It is important that all services have information of someone in charge. I wanted to use the services of a nutrition specialist because I have had apparently no-reason stomachaches and maybe something in my diet is causing them. I quitted after trying to find information of someone I could contact. Someone very kind from another department made some research for me, I got a name and en email and never got any answer.” (IS3)
3. Quality of care

Urgent care
The lack of BHS assistance on weekends and after hours was the most frequent concern expressed by both domestic and international participants. Of the two groups, two international and one domestic student had gone to BHS for an urgent issue. The domestic student was more pleased with the whole experience; the international students reported discomfort about the conditions of health care assistance after hours and on weekends.

One international student reported a negative experience asking for assistance on a Friday after hours to the Dental clinic. He had severe toothache and he was assigned an appointment five workdays later.

“Last semester, I had severe pain in one tooth on a Friday. When I asked to do an appointment, they told me they could receive one week later! I used painkillers I found in the drugstore. A service for emergencies should be available over the weekends.” (IM 4)

Another international student felt faint and had a headache on a Friday after the service hours. He expressed that having after hours phone support is not sufficient.

“Even if I received good instructions by the phone, I think there should be assistance in the clinic, at least minimum services during weekends and after hours in BHS, anything could happen anytime.” (IM 3)

Another international student reported that a BHS speaker in one of the orientation sessions said that they should not get sick on weekends (IM 2). Even if he understood the humorous intention of the comment to allow students know that BHS does not provide any services on weekends and after hours, international participants argued that was not an appropriate approach and that another option should be provided to students:

“Maybe BHS could manage that for any emergency, students of the University could visit the UofM Hospital over the weekends and after hours.” (IM 6).

The number of emergency visits was another aspect of Urgent Care brought up in the international students group. In general, the group reported they did not know how many emergency visits they have under their insurance coverage. A student reported that he had to use the Dental clinic for an emergency and then, he knew that he only had access to one emergency visit per semester. He expressed he would like to have at least three under coverage,

“I get a very good service in the Dental clinic but it is not a very famous one, they do not publicize it a lot. I asked for an emergency appointment there and I was told I only had right to one. I received a good service but I think we should have at least three sessions included under our coverage.” (IM 7)

Follow-up with unresolved issues
In both groups, but especially among international respondents, the way BHS handles care and its follow-up was a concern about the quality of care they received. They felt that the quality of care could be improved with more consistent follow-up by BHS staff. A comment of an international student about a solution-based approach instead of a preventive deeper perspective of care captures this sentiment:

“Primary care doctors have to sit and reflect with the patient what’s going on, what could be the causes of special conditions students have. In my case, I have a special condition that may be caused by stress. They should analyze the causes and not only attack the symptoms. That way they could prevent subsequent appointments.” (IM 1)

4. **Language and Cultural Sensitivity**

In general, male international students said that they generally felt like their culture was respected at BHS. This was not an issue brought up in the domestic male participants group. Only one international student reported that he could not understand one nurse’s accent,

“I think she had spent a short time in the U.S. and I could not understand her accent. I think BHS should be sensitive about accent differences, particularly between international students and international care providers.” (IM 6)

5. **Overlap with health insurance**

Some international participants reported the lack of coordination of BHS with other insurance providers in cases in which students have additional coverage – provided by
other sponsors or family. If students have supplemental they stated that said it was hard to work with the office of Student Health Benefits to coordinate multiple insurances the.

“It was a long process to coordinate the use of my sponsor’s insurance to cover services that the BHS did not include. I don’t know why it is so hard for BHS to just confirm the other insurance and process the reimbursements with them if that insurance covers those services in the U.S.” (IM 4)

Dependants’ Coverage

Within the graduate assistant’s coverage, almost all participants –domestic and international- reported that the cost for covering a dependent is very high. The domestic students reported that if they could, they would include their dependents in the premium. International students who have to include their dependents in the premium reported a hard time paying the premium of about $200 dollars per month. There was also a report of difficulty updating the coverage and processing the reimbursements necessary when payments were made out of pocket as a result of gaps in the updating process followed by BHS. One participant shared,

“It was a clerical error. They did not realize I was still covered and that my wife was still covered. [...] They charged us $107 dollars for the annuals that she received, and later on they found out I was covered but they charged the annuals to my student account. They had to go to the health insurance, long story short, I got the money six months later and I only got $97 dollars as reimbursement.” (IM 1)

6. Logistics

Domestic men exclusively reported that access and parking around BHS Minneapolis clinic was difficult. A student reported that the price of the ramp time and the location might inhibit the visits to BHS. Some students suggested an agreement between BHS and the ramp to offer 30 minutes for free with a seal of the clinic.

Inside the building, participants expressed their sense of confusion and disorientation about where to go or who to ask about an appointment in a specialty Clinic. They reported that the ‘general information’ desk is not helpful and that additional signs are needed to let patients know where to go.

“There’s a desk at the entrance but anyway, you need further information, not only about where clinics are but also where to go if you need to solve any doubt or paper work [...] it needs more signs telling what you can find and where.” (IS6)

4. Students’ opinions on the ability of BHS to serve the graduate student population
The main areas international and domestic men participants expressed concerns about BHS ability to serve graduate students needs were identified in:

- The service they receive from the receptionists and the time they have to wait sometimes after checking in (between 20 to 30 minutes in worst cases).
- The lack of flexibility of prescriptions pick-up times at the pharmacy.
- The difficult access by car to the Minneapolis Clinic.
- The inconvenience of commuting from the St. Paul campus to the East Bank for a primary care appointment, due to a lack of training or information among the St. Paul campus clinic staff.
- High costs of dependent coverage.

5. **Students’ future recommendations for improvements at Boynton**

Participants from both groups made the following recommendations:

**Improved Outreach and Transparency**

- BHS should be sure that all colleges’ orientation days include a Boynton’s speaker in the agenda. These talks should explain in detail the insurance coverage, using examples of recent experiences with graduate students to increase the interest and impact in the audience.
- All services in the website should include contact information for someone to ask further doubts or questions.
- Boynton should provide detailed and updated information about the ranges of services provided.
- E-mail graduate students about insurance coverage, services, policies change, updates and health tips.
- Expand online appointments for all clinics.
- Develop a Boynton app for smart phones to release health tips, news, insurance coverage information, and online appointments.
- Inform students about other service options that are included in the insurance premium’s coverage –e.g. checkups and nutrition services.

**Improved Internal Communication Systems**

- Connection between the Pharmacy and BHS students’ insurance coverage systems.
- BHS should allow students who come from other states –this apply for domestic students- to let Boynton know the contact information of their former physicians to obtain a complete medical record with previous information to the time at graduate school.
- The office of Students’ Health Benefits should allow international students to let BHS know any additional or complementary insurance coverage they have from their families or sponsors, in order to update that in the system at the beginning of graduate school and anytime these conditions change.
• Fasten the updates of dependents coverage semester to semester.
• Explain patients exactly what to expect from the visits and the expenses that are not covered in the premium before providing any assistance and/or starting any treatment.

**Insurance Exclusivity and Cost to Students**
• Adjust the cost of covering dependents to the amount of graduate students’ income.
• Consider review particular cases of students with wider health care coverage than BHS –valid in the U.S., to waive them from the obligatory purchase of Boynton’s insurance.

**Promote a Preventive and ‘What-Causes’ Approach**
• Primary care providers should focus more on the causes of some illnesses, such as fainty, lack of concentration capacity or pain. Sometimes, stress and other states graduate students experience are the causes of such symptoms and prevention would be sometimes simpler than asking for an appointment and using prescriptions.
• To promote checkups and patients’ education in their colleges and/or by email would be an effective strategy to increase awareness about prevention strategies.

**Logistics and Service Delivery**
• Provide more options to pick-up prescriptions, not only to wait in line for 30 minutes or return at the end of the day.
• Offer additional options to 911 for weekends and after hours -e.g. access to the U of M Hospital for emergencies.
• Increase the number of emergency visits for the Dental clinic from one (currently) to three over the semester.
• Expand the eligibility of dependents that may apply to BHS insurance to students’ parents for temporary visits.

**Overall, Boynton is doing very well**
• “Overall, Boynton provides a very service and the practitioners are very helpful, but there are administration and logistical things they could do to improve.”
• Examples of successful and appreciated practices are the vaccines campaign and the overall assistance graduate students receive in the Dental and Eye clinics.