



**Minutes of the Meeting  
March 14, 2023**

The Boston University Faculty Council convened on March 14, 2023 on Zoom, due to inclement weather. Kimberly A.S. Howard, Chair of the Faculty Council, presided over the meeting.

Officers and Committee Chairs								
X	Howard, Kimberly	Chair	WCEHD	X	Furman, Jeff	Faculty Policies	QST	
X	O'Keefe, Eileen	Past Chair	Sargent	X	Barbone, Paul.	Graduate Programs	ENG	
X	Will, Leslie	Secretary-Treasurer	GSDM	X	Murphy, George J.	Research and Scholarly Acti.	MED	
X	Kinraide, Rebecca	Academic Freedom	ENG		Will, Leslie	Student Life and Policies	GSDM	
X	Gavornik, Jeff	Administrative Policies	CAS	X	Andres, Andy	Sustainability	CGS	
X	Reed, Marnie	Awards	WCEHD	X	Pani, Pinelopi	Teaching Resources	GSDM	
X	Ritter, Brigitte	Compensation and Benefits	MED		Andres, Andy	Undergraduate Programs	CGS	
X	Hughes, Jeffrey	Credentials and By-laws	CAS					
X	Karin Schon	Equity and Inclusion	MED					
Representatives (R) and Alternates (A)								
X	Afasizhev, Ruslan (A)	GSDM	X	Gopalan, Srikanth (R)	ENG	X	Polychroniou, Kelly (R)	CAS
	Allenberg, Diane (A)	CAS	X	Hall, Adam (A)	MED	X	Rawassizadeh, Reza (A)	MET
	Alosco, Michael (R)	MED		Han, Jingyan (R)	MED		Ritter, Brigitte (R)	MED
	Austin, Judy (A)	COM		Hesse, Petra (A)	WCEHD		Schon, Karin (R)	MED
	Bai, Mabel (A)	SHA	X	Jackson, Hayes (R)	COM	X	Schwartz, Peter (A)	CAS
	Bania, Thomas (A)	CAS	X	Joyce, Kathleen (R)	LAW		Semeter, Joshua (A)	ENG
	Barbone, Paul (R)	ENG		Juilen, Charlene (A)	MED	X	Shetty, Malavika (A)	CAS
	Benoit, Greg (A)	WCEHD	X	Kahn, Shulamit (R)	QST		Smith, Kevin (R)	CAS
X	Bourgault, Rebecca (A)	CFA	X	Keohane, Ana (R)	GSDM		Smith, Shively T.J. (A)	STH
X	Brown, Lisa (R)	Sargent		Lakin-Schultz, Katherine (R)	CAS		Stevens, Aaron (A)	QST
X	Brown, Shelley (R)	Sargent		Leahey, Kristin (R)	CFA		Straub, John (R)	CAS
X	Buerger, Sandra (R)	CGS	X	Lee, Elaine (R)	MED		Suchdev, Kushak (A)	MED
	Burton, Deborah (A)	CFA	X	Levin, Leonid (R)	CAS	X	Sullivan-Soydan, Anne (A)	CAS
	Byrne, Tom (A)	SSW		Liao, Peixi (A)	GSDM	X	Sushkov, Alexander (R)	CAS
X	Byttebier, Stephanie (R)	CGS	X	Loechler, Edward (R)	CAS		Tallman, Sean (R)	MED
	Canelli, Robert (A)	MED	X	Lumpkin, William (R)	CFA		Tripodis, Yorghos (R)	SPH
X	Cohen, Alan (R)	QST	X	Lunze, Karsten (R)	MED	X	Ünlü, Selim (R)	ENG
X	Conley, Christopher (R)	MED		Maseli, Vasiliki (R)	GSDM	X	Villegas-Reimers, Eleonora (R)	WCEHD
X	Cozier, Yvette (A)	SHA		McKeen, Bill (A)	COM		Walker, Gigi (A)	LAW
X	Craigen, Laurie (R)	MED		McLaughlin, Donna (R)	SSW	X	Walsh, Brian (A)	CAS
	Cronin, Shea (R)	MET		Menéndez-Antuña, Luis (R)	STH	X	Walsh, Joyce (R)	COM
X	Currie, Richard (R)	SHA	X	Michalakakis, Konstantinos (A)	GSDM	X	Weinstein, Jack (R)	Pardee
X	DeNatale, Doug (R)	MET	X	Muirhead, Philip (R)	CAS		Wippl, Joe (A)	Pardee
X	Desilets, Sean (R)	CAS	X	Mustafa-Kutana, Suleiman (R)	MED	X	Wise, Lauren (R)	SPH
	Dobbs, Christina (R)	WCEHD		Nash, Kate (A)	LAW		Xing, Hao (A)	QST
	Edwards, Heather (R)	MED		Noor, Jawwad (A)	CAS	X	Yang, Shi (R)	MED
X	Ellis, Theresa (R)	Sargent	X	Oller, Thomas (A)	CAS			
	Fazio, Catherine (A)	QST	X	Onorato, Amelia (A)	CELOP			
X	Feng, Hui (R)	MED		Pani, Pinelopi (R)	GSDM			
X	Fincke, Beth (R)	CELOP		Park, Hee-Young (A)	MED			
	Furman, Jeff (R)	QST	X	Pendleton, Rebecca (A)	LAW			
X	Genovese, Salvatore (A)	CGS	X	Pinsky, Eugene (A)	MET			

Guests: Executive Director of Employee Benefits Nimet Gundogan; Blue Cross Blue Shield Account Executive Christine Moynihan and Medical Director for Health and Informatics Dr. Thomas Hawkins

## I. Announcements

The meeting was called to order by Chair Howard at 3:30. Due to the weather, the meeting was held over Zoom. The chair first reviewed announcements:

The Spring Faculty Assembly meeting will be held on March 28 from 3-5 p.m. in the Trustee Ballroom with a videoconference link to L-107 in Med school. This will be President Brown's last Faculty Assembly meeting. Chair Howard announced that there are plans to spend a few minutes at the end of the Faculty Council report reflecting on our work with President Brown over the past several years, and she recommended that members make an extra effort to join us, and also to encourage colleagues to do the same.

Provost Morrison will be our guest at the April 4 meeting. As always, we will be able submit questions ahead of time as well as ask questions from the floor.

On April 26, the tradition of a Faculty Council annual dinner will be resumed. This year's dinner will be held in Hawes Street building from 5-7 p.m. Directions and the street address will be sent out at a later date.

The May 2 meeting will be held in the Kenmore Conference room, and will be followed by the Perkins award reception.

## II. Chair's Report

Chair Howard then gave her chair's report:

1. She had a positive meeting with Provost Morrison discussing the two reports from last year on academic freedom and developing aspirational statements on DEI. Provost Morrison will create a working group to act on those recommendations made in the academic freedom report. She was also positively impressed by the DEI report and felt it would be useful to groups on campus who would like to develop their own aspirational statements. Chair Howard will meet with each committee to see what their next steps will be.
2. The Culture and Belonging survey will be open until March 31. Chair Howard reminded everyone to complete the survey if they have not already done so. The results will be very helpful in setting priorities for the University as well as the Faculty Council.
3. The presidential search is progressing. Chair Howard reported that very soon the final feedback will be sent to Trustees for their deliberation.
4. Faculty Council members have been concerned for some time about bullying behavior that they have seen in their units. This was a suggested priority last spring; we are now setting up an *ad hoc* committee on professional behavior in the workplace. Invitations have been sent out to

potential members, and Jeff Furman has agreed to chair the committee. He reported that they will try to meet in person this semester but not quite finish their work before end of term.

5. A draft resolution has been drafted in honor/memory of Robert Volk. It was sent to all members before this meeting. Members were invited to send comments/additions/changes. We expect to bring amended resolution to the meeting next month and vote on it then. (See Appendix A.).

Chair Howard paused for questions/comments.

A member asked for more detail about the tasks and composition of the working group about academic freedom. Chair Howard explained that there will be FC representation, and that the group would first review all the recommendations, discuss them, and develop some next steps for addressing this issue on campus.

### III. Discussion: Employee Health Insurance Usage

Chair Howard then introduced our guests:

Nimet Gundogan, BU Executive Director of Benefits and two representatives from Blue Cross /Blue Shield of Massachusetts: Christine Moynihan, Account executive, and Thomas Hawkins, the Medical Director for Health and Informatics. They came to discuss University employee health insurance usage and answer our questions.

First, Ms. Moynihan gave a presentation looking at usage at BU in the last 3 years for which data is complete: 2019, 2020, 2021. BU faculty will be compared with BU as a whole as well as comparing with other Higher Ed accounts in the area. As an overview, 90% of faculty are on PPO plan. Two different types of groupings were used for age. One is of the average age of the faculty employees who are enrolled in the medical plan: It's about 51.3. When spouses and children were added, it's approximately 38.1. Both of these are higher than the BU population as a whole. The risk score is consequently above the BCBS benchmark, and the faculty age and risk score are slightly higher than other higher ed groups.

This results in the faculty having a higher PMPM (per member per month) cost than the rest of the BU population. However, we also want to make sure all of our members are doing is getting appropriate screenings, such as breast cancer screening and colonoscopy. If this adds to the per member per month cost, that is fine. The data showed that the screening rates are best in class and visits to primary care providers are in line with university totals. There is strong behavioral health adoption, both virtual and in person. Members with chronic conditions are seeking care from providers. In summary, the members using their health plan as they should and obtaining key screenings.

Over time the per member per month costs went up among faculty compared with all of BU. There was also less inpatient care for faculty, similar primary care visits and specialty care visits. But the faculty had more high tech radiology costs and slightly higher med/pharmacy spending. There was similar telehealth; usage and more outpatient mental health.

A member asked what accounted for the significant increase in PMPM: increased cost of all services? More services after COVID? Dr. Hawkins commented that there was some rebound after COVID; other

increases seemed moderate but they all added up: med/pharm spending; high tech radiology, specialty and primary care visits. In addition, inpatient care became much more expensive.

A member asked why the data from 2022 was not included? Ms. Moynihan responded that they are still reviewing and putting the data together.

A member commented that faculty naturally was ~15 years older than others at the university so it should not be surprising that costs of faculty were higher. The response was that they wanted to compare faculty with other available groups, which turned out to be the rest of BU, as well as faculty at another institution. Dr. Hawkins agreed that if you corrected for age the costs probably wouldn't be relatively high.

A member commented that she expected the inpatient costs to be much lower in 2020. Why weren't costs much lower? Dr. Hawkins said that many outpatient visits and procedures were put off during the pandemic, but the hospitals were still very full.

Ms. Moynihan then addressed cancer screenings because of the importance of these screenings for older adults. In 2019, 2020, and 2021, the breast cancer screening rates for faculty were 86.4%, 84.5%, and 81.8% of the target population, while colorectal screenings were received by 78.1%, 75.9%, and 76.7%. Adult well visits were recorded for 54.5%, 39.1%, and 63.5% of the faculty during those three years. By comparison, faculty at other higher ed institutions had on breast cancer screening rates of 83.4%, 69.0%, and 80.1%; colorectal screening rates of 75.8%, 64.7%, and 73.2%; the adult well visit rates were all below 58.5%. BU faculty compare favorably in all these examples.

Regarding care for chronic conditions – how many faculty are seeing regular care? For coronary artery disease (CAD), the rate is 99%, for diabetes 95%, depression 86%, joint degeneration 91%, and hypertension 98%. For BU as a whole, care for CAD is 100%, diabetes 94%, depression 87%, joint degeneration 92%, and hypertension 98%.

Dr. Hawkins commented that our prevalence rate for diabetes much lower than other institutions, but our prevalence of depression is greater.

Dr. Hawkins further commented that another way to analyze the usage is to look at disparities in disease occurrence between different socioeconomic groups (SES). If groups of different SES within BU are compared (faculty, staff, police/security, facilities) the faculty had the highest rate of cancer screening rates and the fewest % of members with no claims. They also had the third lowest medical office visits but second highest behavioral health office visits. They appear to have the third highest flu shot rates, but this is spurious data due to lack of inclusion of other sites where members received their flu vaccine.

Overall, Faculty has second highest average age, the highest income, highest SES, lowest prevalence of diabetes, but the second highest rate of anxiety and depression. The staff has the most anxiety and depression. Faculty third highest in usage of urgent care, nonemergent ER visits, and emergent ER visits.

A member asked about Long Covid. Do we have numbers on this? Dr. Hawkins responded that a code needs to be developed for it, but once that occurs, BCBS will have the information.

A member asked about how Long Covid is defined, since definitions are in flux. How will BCBS collect this? Dr. Hawkins reported that BCBS does not define it but will accept the AMA time definition-3 months, 6 months, etc. They will just collect the data.

A member had several comments and questions. First, they asked about their experience with BCBS claim submission- last year BCBS had an online system for submitting out of network claims but it was stopped this year. Why was that? It worked well. He would like to encourage bringing that back. Second, some colleagues received an estimate for care from their provider, and later found that BCBS had negotiated a higher cost – a big surprise for the member. How did that happen? Third – the percent of premium dollars spent on medical care is 90% for BCBS; a minimum for the industry is 85%. The premiums may actually be high because the fees are negotiated to be high. If it were at the minimum of 85% AND the member cost was less, that would be preferable.

Dr. Hawkins replied that greater Boston is a very expensive place for health care- some of the highest in the country. BCBS tries to keep the costs down. When other health plans have tried to cut out some of the more expensive hospitals before it didn't work out well.

Ms. Gundogan reported that last year BU went through a competitive bidding process, and one thing examined was the discounts offered by each plan. Obviously BU doesn't have access to all the contractual arrangements each health plan has with providers, but BU was satisfied that BCBS has competitive pricing.

A member wondered what percentage of members and faculty have an identified primary care provider (PCP) – it is a common complaint that people can't find PCP's.

Dr. Hawkins reported that no significant problems appeared when well visit rates were examined.

The member asked whether these were all face to face or partially virtual. Dr. Hawkins replied that many virtual PCPs were contracted with to fill the need. This was expected to help relieve the pressure on brick and mortar clinics. The member further asked whether members were satisfied with virtual visit? Dr. Hawkins commented that members can switch back and forth. Virtual PCPs are good at meeting needs and following up with patients.

Ms. Gundogan asked Ms. Moynihan to address the online system for submitting claims. She did tell the member that if their colleague who was given the wrong estimate could contact her, they could contact the hospital and see what happened.

Ms. Moynihan reported that a lot of the submissions to the online system were incomplete, because it was said to be not user friendly. The system is being reworked, and the plan is to put it up again as soon as possible.

Chair Howard asked to circle back to two questions: first, will the 2022 data be shared when it was available? Ms. Moynihan confirmed that it would. Further, could Dr. Hawkins get the DRG data to the Council? He replied that he would.

A member asked why there is no coverage for orthodontic treatment outside the Dental Health Center – in essence, a penalty for not using the BU dental center. Ms. Gundogan replied that this was a BU decision. The Dental Center can provide those services at a lower cost, so BU tries to promote services through the Dental Center. The member asked whether this decision was specifically to drive business to the dental center, since they could allow members to use the same amount of coverage elsewhere. Ms. Gundogan replied that it was.

Chair Howard thanked Ms. Gundogan and the BCBS staff for coming and giving their presentation.

Faculty Council Director Khosla commented, for the benefit of new Council members, that since the BCBS health insurance was changed in 2016, the Council was concerned about the effect of increased out-of-pocket expenses on health care accessibility. Prior to the pandemic, the Council met with BCBS representatives annually to learn about employee health insurance usage.

A member commented that it would be nice next time if we could submit questions in advance. That way the BCBS staff could prepare in advance on topics we are interested in. It was also somewhat surprising that they really didn't address usage during the pandemic or due to Covid. It would also be nice to get more specific information on unmet needs. Chair Howard responded that now that we see what data they will present, we can ask for other information in advance.

#### IV. New business

Chair Howard then opened the meeting to new business.

A member from the MED campus raised the Board of Trustees' recent decision to reject a petition to stop new investments in civilian gun manufacturers. [The decision was announced in BU Today on March 1](#). The Council member reported that the faculty and students of their college are upset by the decision and asked what faculty in other colleges thought about this. Another Council member said that, on the Medical Campus, this is a serious issue for faculty because they see the effect of gun violence in their practice as many gunshot victims are treated at BMC. Their colleagues were dismayed as to the logic behind the Trustees' decision. It is not easily understandable.

Another member agreed with the previous comments and wondered whether the Faculty Council might pass a resolution to express its disappointment with the Trustees' decision. Some Council members supported this suggestion. Another member had not heard of this decision, but supported Faculty Council making a statement. Another member from MED endorsed an effort to express the Council's disappointment. Director Khosla asked whether the matter came before the ACSRI this year; Chair Howard replied yes; it said so in the letter from the Board of Trustees Chair.

A Council member said that the Trustees should not make decisions about investments based on politics and supported the Trustees' decision.

Several Council members said they did not understand the Trustees' reasoning. Chair Howard said that the Board of Trustees adopted criteria for when it would divest, or decline to invest, in industries or commodities based on the level of social harm caused by the investment. Several Council members were surprised that the Trustees did not deem this issue to meet its requirement for social harm. A member from MED commented that gun violence affects neighborhoods and families. Another Council member doubted that the Trustees failed to recognize the social harm and asked whether there was another motive behind the decision. The Council member wanted to be able to share the rationale with their faculty so they could address the objections.

A Council member said that many of the faculty and trustees are insulated/isolated from the harm that guns do – except those members on the medical campus who see the consequences and treat the victims. It may be a political issue that the Trustees don't want to engage in.

A Council member did not support a resolution because academic institutions should not get involved in political issues. Another member replied that not divesting is also a political decision.

Chair Howard said this issue will be on the agenda for the April meeting. She asked Council members to talk to the faculty of their school/college and be prepared to provide an overview of the faculty's opinions on this matter.

#### V. Adjournment

There being no further business, the meeting adjourned at 4:52.

Respectfully submitted,

Leslie Will, Secretary-Treasurer

## Appendix A.

### DRAFT: Resolution in Honor of Professor Robert Ira Volk

The members of Faculty Council mourn the death of their friend and colleague Robert Ira Volk. A graduate of the Boston University School of Law, Professor Volk spent most of his professional life at BU. He was a distinguished teacher in the School of Law, a resolute advocate of the LGBTQ community, and a strong voice for the faculty in University governance.

During his long service on Faculty Council, Professor Volk held many offices as Representative for the School of Law, and Chair of several Faculty Council and University Council Committees. All who worked with him respected his integrity, courage, humor, and fairness. Robert was a sympathetic listener and a brave speaker. He was not intimidated to speak truth to power and considered it his responsibility to speak up when others might be afraid to do so. He had a talent for engaging in conversation that left no question of his position, be it dissent or accord, and also made space for other voices and points of view.

The Faculty Council fondly remembers Robert Volk as a dedicated, principled and collegial leader. The Council is grateful for his service and the University is the better for it. The Council offers their deepest condolences to his husband, Dr. Kit Mui, and to his siblings, extended family and friends.