SUMMARY OF KAISER'S "BEST" OFFER – IBHS

Below is a summary of what Kaiser has said is their "best" offer, with an explanation of each proposal and why it falls short of meeting our bargaining goals. Our IBHS bargaining committee is recommending we reject this offer.

Staffing, Access and Workload Issues

Provider Profiles/Schedule Management

After much pushing by our bargaining committee, Kaiser has made some positive changes to the language in this section of the contract. Specifically, their proposal:

- Increases the return patient to new patient ratio from 4:1 to 5:1. ***Why this falls short:*** While positive, this change is not immediate. It would be implemented at the Employer's sole discretion, "as soon as practical," which is unclear and could prevent its implementation altogether. Also, they have retained language that allows them to deviate from this ratio, once it is implemented, whenever initial access is not being met, which is frequently.
- Moves from a 75 percent "seen" metric to an 85 percent "booked" metric. ***Why this falls short:*** Clinicians would still be expected to initially book at 85%, leaving only 15% of their time for IPC. This equates to about 5 hours per week for the typical 40-hour employee, which is less than what many clinicians now have and is not enough to complete all necessary IPC duties.
- Guarantee one "Q" return appointment for each New appointment. ***Why this falls short:*** Kaiser's proposal no longer counts "A" transfer appointments or "U" urgent appointments as New appointments. So clinicians would not get an "Q" appointments for all the transfers they get from IACs or from the C2C hub.

Staffing and Access Issues

We know these issues will not be solved overnight, so we have agreed in principle to have a structured and facilitated committee to work on long term solutions. This committee would reach decisions by consensus, which means the union member participants have more than just "input".

Why this falls short: Kaiser has included a "solution" it favors as one of the "purposes" of the committee, that is "to create team-based models," which in Kaiser-speak means they will have clerical people filling our schedules more than they already do. Also, there is no fallback or accountability if this committee, no matter how collaborative and well-meaning, does not come up with any recommended solutions in six months.

Immediate Relief

To demonstrate Kaiser's commitment to resolving staffing, access and workload issues, we have asked for Kaiser to agree to some form of immediate relief in the areas of clinician workload and return access for patients. Kaiser's proposals are:

1) To use temporary agency resources to do crisis intakes and to provide triage services;
2) To "enforce" portions of a 4/20/17 Schedule Management Clarification letter, such as not making people do extra intakes in order to be allowed time off.

Why this falls short: Regional management has not been able to keep local managers from using "access" as a reason to deny time off to employees and the limited protections in the 4/20/17 letter are unenforceable. Also, Kaiser has rejected all of our proposals, which include immediately going to 20% IPC time; hiring staff for ALL vacant office space, such as currently exists in Napa-Solano, SF and other places; adding staff resources to establish permanent crisis teams in all locations that don't have them, instead of using contracted employees temporarily.

Compensation

Annual Wage Increases And Lump Sum Payouts

Effective October 2018 – 3% Across-the-Board (ATB)
Effective October 2019 – 2.75% ATB + 0.25% lump sum
Effective October 2020 - 2.75% ATB + 0.25% lump sum

Why this falls short: Less than Alliance Unions ATB of 3% in the 3rd year and does not make up at all for time without a wage increase.

Incentive Plan

Opportunity for a maximum payout of $5,000 for full-time employee, upon achievement of all metrics.

Why this falls short: Employer unilaterally determines metrics and goals, instead of jointly with union, as in other union contracts.

Special Adjustments

Additional 4% increase for Masters level clinicians; additional 5% for CDRP counselors.

Why this falls short: Masters level still 2 to 3% behind unlicensed Medical Social Workers; CDRP counselors, by Kaiser's admission, were below market rate and hard to recruit.

Student Loan Repayment Assistance

Offering $2,500/year for up to four years for Bachelors and Masters Degrees and $5,000/year for up to four years for Doctoral Degrees as taxable income.

Other

Kaiser refuses to increase $1.00 bi-lingual differential, $1.00 in-lieu of benefits differential or $3.00 shift differential. It also refuses to pay time-and-a-half for hours worked on a holiday.

Why this falls short: Differentials and holiday compensation are substandard compared to other union contracts and even other healthcare employers, with whom Kaiser is competing to attract mental health workers.

Benefits

Health Coverage

Maintain $20 co-pay

Why this falls short: Coalition unions still have $5 co-pay and Alliance unions just settled for $10.

Dental Coverage

Increased to $1,500 for annual dental coverage and $1,500 for lifetime child orthodontia.

Why this falls short: Not effective until 2021 while other unions have had this benefit for four years or more.

Retiree Medical

Increase HRA account from $1,000/year of service to $2,000

Why this falls short: Other union's have had this benefit for several years and also have an additional $10,000 added at age 85.

Other Issues

Professional Practice Committees

Kaiser is proposing elimination of 30 minute union only portion of LPPC meetings.