

Kaiser Contract Campaign Update July 25, 2019

This Wednesday, our IBHS bargaining committee in Northern California presented management a comprehensive proposal for settlement. Among other things, our proposal would provide immediate relief for patients struggling to access care and set the groundwork for repairing Kaiser's inadequate and flawed mental health care delivery system. Our bargaining committee in Southern California will present a similar proposal next week.

The session started on a positive note when Jim Pruitt, a longtime National Medical Group VP, told everyone around the table that he wished Kaiser Permanente had worked collaboratively with its clinicians and NUHW from the start a decade ago. In response, we reiterated our desire to work collaboratively with Kaiser to establish a model mental health care program, but that Kaiser executives have to change the way they deal with us.

Bargaining committee members made clear that in order to build trust, Kaiser needs to significantly boost staffing immediately. We told Kaiser executives we expected them to honor their public commitment to hire 300 new full-time clinicians statewide within one year after ratification of the contract. We proposed that Kaiser would work jointly with us to determine how and where these additional jobs would be deployed, including job duties and assignments.

Bargaining team members also made the case for our proposal that every psychiatry clinic have a crisis team, so patients can receive urgent care without clinicians having to cancel appointments.

We spent considerable time making sure top Kaiser executives fully understood our proposal that 20 percent of clinician work days be reserved for indirect patient care duties. We reminded them that a major reason that 92 percent of our IBHS members rejected Kaiser's offer was that it did not provide adequate time within the scheduled work day for clinicians to perform essential duties such as charting, communicating with patients by phone or email, following up with social service agencies, and consulting with each other over how to best care for patients. Our bargaining team explained the benefits of having more structured IPC time, such as more flexibility to meet patients' needs in a timely manner and less turnover of clinicians due to burnout.

The bargaining team also emphasized that Kaiser's proposal does not adequately address the major issues with return access, while our proposal would ensure this is a priority.

On economics, we proposed a 4% raise retroactive to October 2018 and 3% raises in October 2019 and October 2020, as well as 3% of our 2018 earnings as a bonus payable upon ratification of the contract.

Kaiser executives said they will review our proposal and respond early next month.