

ANNUAL REPORT



STUDENT HEALTH CENTER

STUDENT AFFAIRS | THE UNIVERSITY OF UTAH



2022 - 2023

Mission

We support student well-being and success by providing quality evidence-based healthcare and wellness services, advocating for students and empowering them in their healthcare decisions, and being an integral part of the larger University of Utah community.

Vision

For students to discover their passion, people, and purpose.

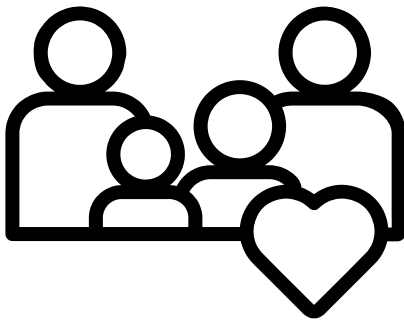
Values

- Belonging
- Care
- Integrity
- Lifelong Learning
- Self-Discovery
- Student Centeredness

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Executive Summary



Patient Satisfaction

- All students receive a survey 48 hours after a visit (14% response rate)
- 96% Agreed/strongly agreed on questions re: Communication, staff efficiency, handwashing, overall satisfaction
- Responses inform current and future strategic initiatives



Student Health Insurance

- Policy Enrollment
 - Annual 735
 - Fall only 3421
 - Spring/Summer only 3256
 - Summer only 144
 - Fall/Spring only 112
 - Spring only 111
- Insurance Premium
 - \$2486 per plan year
 - Premium will increase 9.4% for 2023-2024 plan year (\$2720)
 - No benefit change

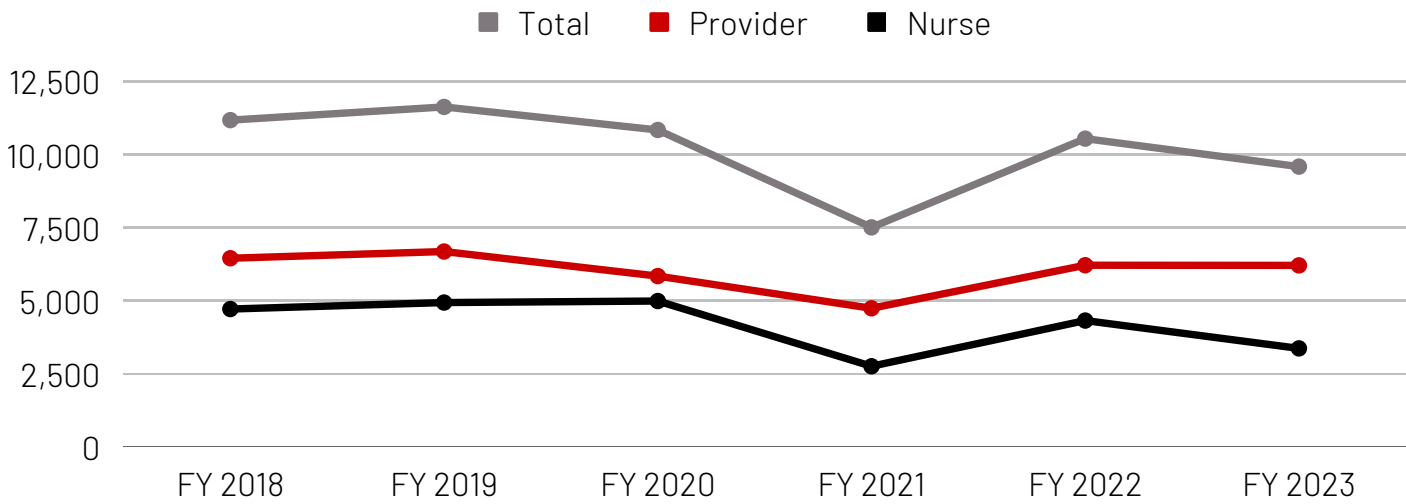


Clinical Education

- 8 Nurse practitioner students rotated with our providers
- 3 DNP Scholarly Projects conducted in our clinic
- 1 Psychiatric resident and 1 Sports Medicine Fellow provided care

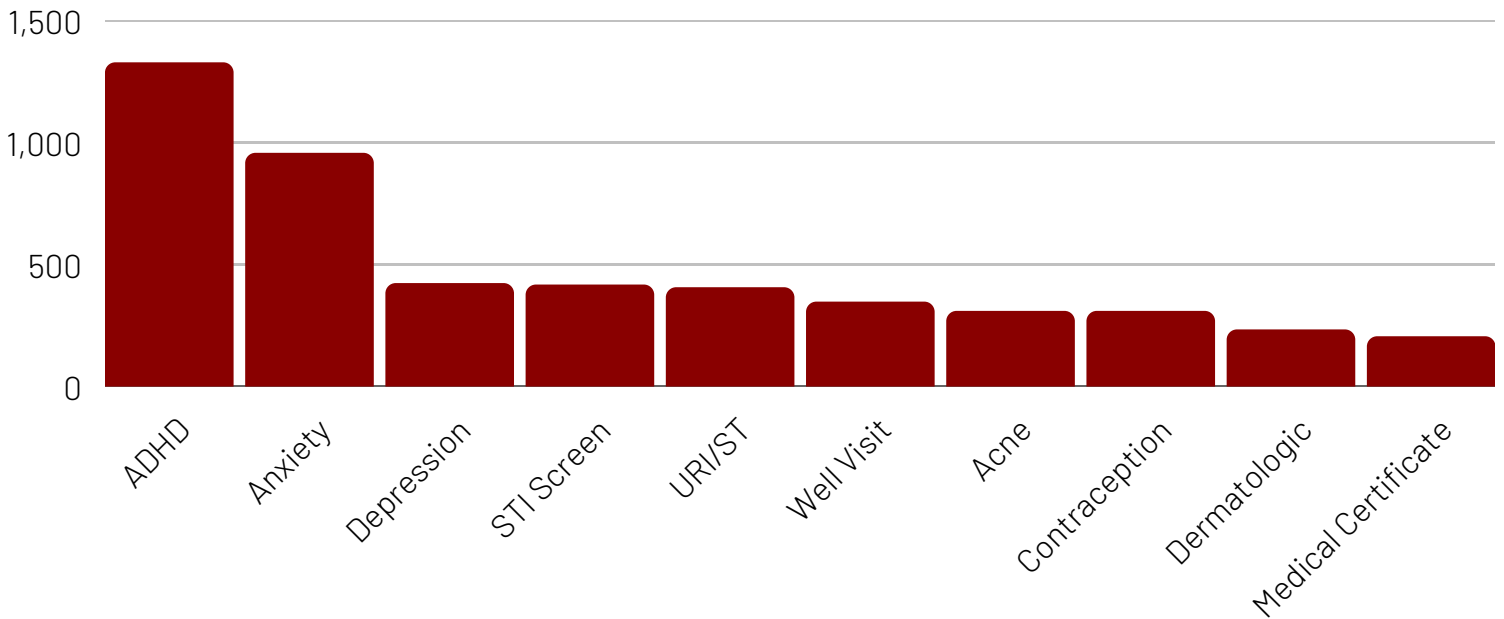
Patient encounters

Patient encounters returned to normal after the pandemic downturn. Nursing visits have not yet recovered due to staff shortage and more international students completing their requirements in their home country



ICD-10 Diagnostic Codes

Numbers represent use both for patient visits and/or medication refills which may elevate some diagnoses due to prescribing requirements (e.g. ADHD). Some codes are consolidated to better represent type of diagnosis.

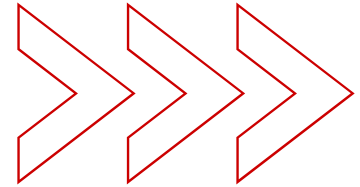


99%

Compliance with immunization requirement(s)

Vaccine exemptions are <0.1% for MMR and ~6% for COVID19

Ongoing Progress



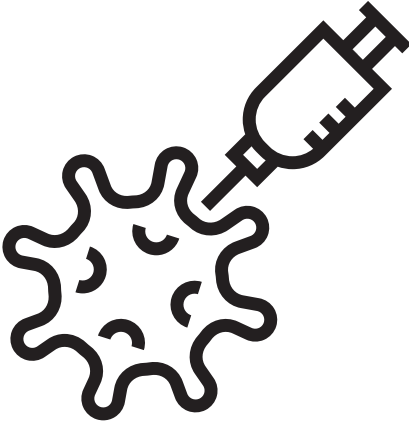
Current Ongoing Strategic Initiatives

Initiative	Activity / Project	Status
Online Bill Payment	Integrate online payment via our patient portal with our EMR	<ul style="list-style-type: none">• Delayed due to security concerns between our EMR Vendor, Mediat, and the University's processor, authorize.net
Improved patient portal access	Provision of laboratory results and encounter notes on our patient portal	<ul style="list-style-type: none">• Budget could not support \$7500 - \$10,000 annual cost• Vendor changing to all inclusive rather than pay-per-module model• Plan to add with contract renewal this FY
Maintenance of AAAHC Accreditation	Accreditation governs all aspects of care: <ul style="list-style-type: none">• Governance• Clinical Records• Quality• Safety/Infection Control• Facilities	<ul style="list-style-type: none">• 3 year accreditation cycle• Next site visit Spring 2025• 2-3 Quality Improvement Projects annually<ul style="list-style-type: none">◦ ACE Screening◦ Depression/Anxiety Screening◦ Supplement Use

Major Accomplishments



Return to routine care as pandemic enters new phase



COVID vaccine requirement ends

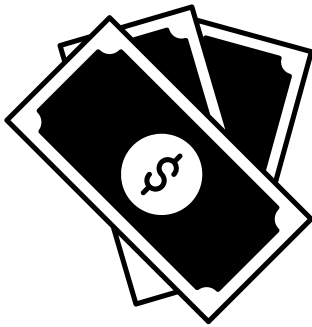


Continued AAAHC Accreditation

Major Challenges



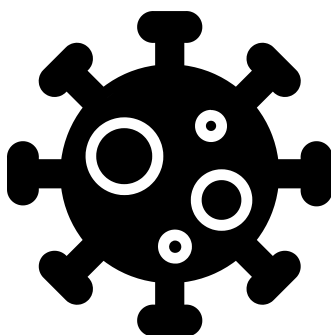
Clinic Space



Minimal Student Health Fee



Insurance



COVID19

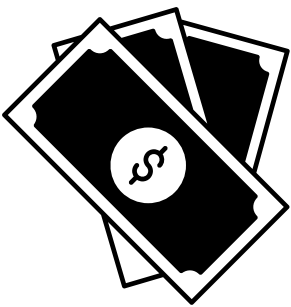
Space Issues

Our current location is not ideal - with no room for expansion nor in a convenient location for students. Since 2008, 2 separate Student Affairs evaluations by outside consultants indicated that our center is too small for a campus this size. Our accreditor has included consultative comments from each of our 3 prior site visits that our center is too small - both in total space and in patient care areas such as the waiting room, exam rooms, and procedural areas. University leadership desires to increase enrollment toward 40,000 students by 2030. While plans are in development for a new Student Union with a health and wellness wing to consolidate the majority of the health and wellness line, how do we plan and ultimately budget for a much larger campus? We cannot just take present staffing to the new facility and expect it to still be adequate for our campus in 2030. Nor can we expect our current space to accommodate that level of student population.

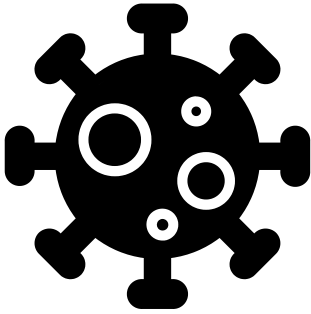


Minimal Student Health Fee

The student health fee (\$20.48) has remained unchanged since 2011 with \$3 going to the CSW once it became an independent office in 2017, and remains the lowest in the PAC-12. As an auxiliary, we have to be able to fund our own operation. Our budget carry-forward has allowed us to modernize (e.g. EMR), remodel, and maintain fairly competitive salaries for most staff. With COVID and inflationary pressures, we continue to need to tap into the carry forward to maintain our present services as no increase in the health fee has occurred. Given this, we had no choice but to increase our charges with the new fiscal year. Previously we have not increased provider visits costs since 2008. Our small increase in our fee schedule resulted in a \$17 premium increase in the Student Insurance Plan. Another option is to re-imagine the health fee structure, especially if timed with a move to a new facility. For example, an adequate increase in the student fee could allow us to not charge for anything within our center (provider visits, in house lab tests). We would still need to charge/bill insurance for any radiology or laboratory specimens sent to our lab provider (ARUP). The students' insurance could then be used to cover health concerns above and beyond what is provided at SHC.



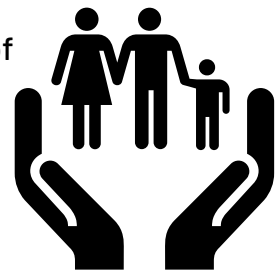
COVID19



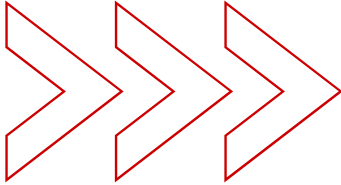
The COVID19 response mainly ended in this fiscal year. The vaccine requirement ended for most students and likely will end for clinical health science students soon. Contact tracing and bivalent COVID vaccine and flu clinics ended the past fall. We ended our mandatory masking policy for all patients in May 2023 (those who are ill are still required to mask). We resumed seeing those with cold and cough symptoms in person rather than via telehealth. However, COVID19 will be with us for the foreseeable future even with the vaccine as more variants arise (in increasingly shorter time frames) and the continued need for vaccine boosters. The long-term health effects of infection – and multiple infections – will continue to impact our students' health and healthcare utilization. We are only beginning to see the long-term effects of even mild COVID19 infections on health (e.g. diabetes, increased risk of clots) as well as Long COVID. Those of us in healthcare are feeling the effects of burnout as we head into another year of the next COVID19 variant, a new booster vaccine, and a likely return to masking recurring this upcoming winter.

Student Health Insurance (SHIP)

We have seen and continue to see steady increases in SHIP premiums; we will have a 9.4% increase in premium when the current policy renews this August. While it is a combination more recently of inflationary pressures and increased utilization as the pandemic has receded, prescription drug costs are the predominate reason for rising insurance premiums. Students have been unhappy with the prescription plan which reimburses them for the medication's cost rather than having a pharmacy benefit manager (PBM) type of plan where only their portion of the cost is charged at the point of sale. Obviously, if you are on a very expensive medication, the reimbursement model is not tenable. We increased the benefit from 50% to 90% reimbursement in the current policy year. While we have tried to improve education on how to be reimbursed and prevent the common issues causing less than timely reimbursement, issues remain. Adding a PBM would be a large cost increase (typical estimates have been between \$360-\$600 additional premium depending on the renewal) to our policy and the majority of our students are not on routine prescription medications. We will again be going to bid in the next fiscal year for insurance and expect to see continued increases in plan costs.



Future Progress



New Strategic Initiatives

Initiative	Activity / Project	Problem/Status
Feasibility of Third-Party Insurance Contracting	Becoming in-network with common insurers	<ul style="list-style-type: none">• Now in-network with SHIP and WellFleet only• Bill others as out of network<ul style="list-style-type: none">◦ Typically no reimbursement or applies to deductible◦ No coverage for preventative care, immunizations• Plan to assess being in-network with common insurers, measure cost effectiveness, number of students impacted
Reimagining Immunization Compliance (IC)	Standardizing and centralizing IC across the entire University, including Health Sciences	<ul style="list-style-type: none">• SHC manages campus MMR requirement and SOM and Dentistry requirements• All other health science manage separately• Develop a proposal for SHC to manage all IC for campus using Medcat's compliance service