2019-2020 University of Utah

Student Health Center Annual Report

Director's Statement

Normally, I begin by saying, "I am happy to share our annual report with you." After what we've all been through these past few months (both the pandemic and an earthquake), "happy" might not be the correct word. It might be better to say I am glad I survived to share our annual report with you. I have made it through accreditation site visits, an EMR implementation, a full clinic remodel, and then repairs 3 months after due to the clinic being flooded, but I can say what transpired at the end of this fiscal year exceeded all that and more. Perhaps it is because it's largely uncharted and has no discrete end that is visible.

The last weekend of January, I attended a weekend meeting with other student health center directors that have a medical campus in addition to a regular undergraduate campus. On the first day of the meeting, one by one, each director would get a phone call and leave to take it. Not unusual for an occasional call, but by the fact that each of us got a call. First it was the East Coast schools, then the Midwest, then the West. The reason? The first case of a novel virus from China in Washington State was announced and concerns for our campuses for further spread. Conversations soon spread to what should we do now, what should we consider? Although our semesters had already started, some of our international students had yet to arrive on campus. What should we do? And that is what I've been doing ever since – asking what should we do, making plans, and then changing those plans based upon a non-ending supply of new data.

So, through all of this our center continues to evolve in new ways. A year ago, the idea of doing virtual visits seemed far too difficult to consider and not needed. Yet in less than a month we transitioned to Zoom for Healthcare. We previously had to travel all over campus for meetings – now thru multiple platforms we can meet easily, though without physical contact like a handshake. I imagine next year's report will detail further change and unexpected turns.

We have many accomplishments this year which are detailed in this narrative. We remain committed to quality care and are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). We continue to partner with various areas across campus, assisting the medical school with preparations for their LCME visit, or serving as a site for nurse practitioner students' clinical training and research projects.

Regardless of what the future brings, we will continue to provide reasonably priced quality health care for our students, their spouses, and their children as well as health education through the Center for Student Wellness. As a health care provider, I realize that providing care to college age young adults differs significantly from other populations. All are taking on more responsibility for their own self-care, venturing out of their own comfort zone, experiencing the new freedoms of young adulthood at every turn, and likely making both good and bad choices in the interim. My own view of health is beyond that of simply providing medical care, but should involve all aspects of a young person's life. Medical health does not improve without attention being paid to the social and cultural context in which the patient resides. My overriding goal at the Student Health Center is to provide that type of care to our students.

When applying for this position - now over 10 years ago - I ran across this quote from the Carnegie Foundation that described college health as "the caring intersection between health and education . . . college health is developmentally appropriate, educationally effective, medically expert, accessible, and convenient." During my tenure as director, my hope is that the SHC staff and I can continually work to make that definition true for our Center.

Dr. Mark Pfitzner

Executive Summary

Accomplishments:

- Continued to operate through the campus closure due to COVID19.
- Added a business intelligence module to our EMR to provide better data analytics as we plan for the future.
- Incorporated virtual visits via Zoom for Healthcare to our clinical practice.
- With the help of our insurance broker, renewed the student health insurance plan at a much lower rate increase than initially offered.

One University:

- Due to COVID19, our health center worked with U Health, to develop a campus testing program for Fall Semester.

Equity, Diversity and Inclusion:

- SHC plans to develop an educational curricula for staff over this upcoming year as COVID19 response allows.

COVID-19 Impacts:

- COVID19 impacted all aspects of our operation and are detailed in the narrative below and in the accomplishments above.

Key Activity #1:

Healthcare provision to students, spouses, and dependents (Learning Domain: Health and Wellness)

Goal:

- Provide timely and professional high-quality healthcare to eligible students and dependents

Outcome:

- Continued clinic accreditation through AAAHC

Assessment:

- Patient satisfaction surveys
- Robust quality improvement programs
- Review of Health education/promotion activities
- Evaluation of Travel Medicine, Lab Service, Procedures, and Teaching/Research/Publication activities

Narrative:

Accreditation:

The Student Health Center is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and remains the ONLY accredited student health center in the State of Utah[1]. We were accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) after our initial onsite survey in April 2013. Prior to that time the SHC was accredited by the Joint Commission. The AAAHC accredits all the other school health centers in the PAC-12 and is a much better fit with college health, having additional standards encompassing health promotion and travel medicine in addition to the traditional areas. The organization is more collaborative and consultative than the Joint Commission and places a larger emphasis on quality improvement.

The AAAHC was established in 1979 to advance and promote patient safety, quality of care, and measurement of performance. The American College Health Association was a charter member of the organization. AAAHC accreditation demonstrates a clinic's commitment to safe, high quality services to patients and promotes a culture of continuous improvement.

Initial accreditation involves a 2 day on site visit by a surveyor who examines all policies, procedures, and care provided by a clinic to make sure it meets all of their standards in areas such as governance, administration, rights of patients, quality of care, clinical records, infection control and safety, and facilities and environment. After initial accreditation, the organization is subject to a site visit approximately every 3 years to demonstrate continued compliance with the organization's standards.

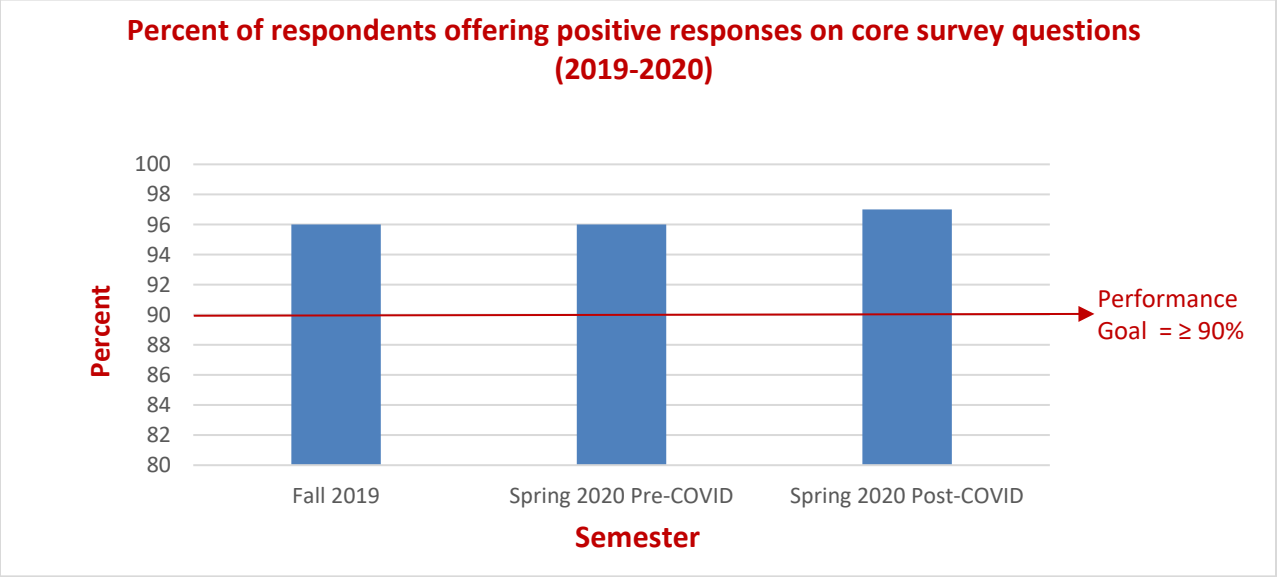
The Student Health Center had an initial site visit in April 2013 for their first AAAHC accreditation. The center was reaccredited in April 2016 and most recently in late March of this year. Our next site visit will occur in spring 2022.

Patient Satisfaction & Quality Improvement

The SHC has collected patient satisfaction date using a continuous online survey since 2014. The goals of the survey include ensuring that we provide a positive patient experience, and determining if and to what extent our services support patients' return to normal activities, e.g., returning to class. Survey data are organized, presented, and reviewed by SHC staff at the end of each semester. The COVID-19 pandemic required that survey data be divided into pre- and post-COVID periods. The survey was reconfigured in March, 2020 to accommodate the adoption of telehealth visits. Post-COVID survey data were exceedingly positive, e.g., 99% of respondents would recommend the SHC to a family member or friend; 83% of respondents followed advice/recommendations they received during their visit; 90% of respondents felt that their visit facilitated their return to normal activities. Figure 1 summarizes survey data for the 2019-2020 academic year (response rates 13-15%).

Figure 1: Patient feedback survey results fall 2019, spring 2020 pre-COVID, spring 2020 post-COVID

[1] http://www.acha.org/ACHA/Resources/Topics/accredited_schools.aspx



Formal Quality Improvement Projects

Four formal quality improvement projects were completed during the 2019-2020 academic year:

1. Reducing wasted time and motion among clinical staff through improved room stocking
   Summary: Reviewing and revising exam room inventory and stocking process reduced need for staff to search for supplies by > 75%.

2. Reducing registration holds through a new EMR interface
   Summary: Digital interface between the EMR and Utah immunization database (USIIS) reduced registration holds by > 50%.
3. Improving check-in/check-out process saves time and money
   Summary: Streamlining check-in/check-out process reduced missed copay rate from 42% to 6%.

4. Improving adherence to policy dictating proper documentation when supervising students in the clinical setting
   Summary: Enhanced whiteboard communication nursing and provider teams increased adherence to key policy components from 48%-88% to 92%-100%

Informal Quality Activities

1. July, 2019: Provider training promotes dramatic increase in access to HIV pre-exposure prophylaxis (PrEP).

2. August, 2019: Adoption of electronic prescriptions supports patient safety and clinic workflow.

3. March 2020: COVID-19 pandemic poses numerous challenges, calling for continuous communication, flexibility and problem-solving to ensure quality care and patient safety.

Healthcare Services, Utilization, and Demographics:

Clinical Services

The SHC provides both acute and preventative care to students, their spouses, and children both in person and via telehealth. Services include those typical of a large general care practice combined with some specialty services:

- Adult and child well care
- Acute care visits for illness
- Women's health visits
- Contraceptive care
- Sexually transmitted infection diagnosis, treatment, and education
- Confidential HIV testing and education
- Sports medicine
- Travel medicine

All of these services are complemented by laboratory, radiology, and pharmacy services.

COVID19 played a huge role in our clinic from mid-March on. The University went all online for instruction and all employees began working from home. The Student Health Center was considered an essential service and remained in our office on campus to provide care. Initially, we saw a large drop off in appointments from March onward over prior years as evidenced in the chart below which shows number of appointments scheduled for the prior fiscal years by month. As noted, previously appointment numbers were quite consistent.

	Appointment Date												
	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
FY 2018	435	525	542	618	565	389	611	578	655	607	582	347	6,454
FY 2019	366	521	485	650	612	440	632	598	620	723	570	466	6,683
FY 2020	498	548	666	679	562	501	659	566	370	194	283	318	5,844
Grand Total	1,299	1,594	1,693	1,947	1,739	1,330	1,902	1,742	1,645	1,524	1,435	1,131	18,981

We initially did visits ONLY by phone for no charge to simply handle our patient's acute needs. Following University Healthcare guidelines, we began vigorously screening patients for symptoms and allowed those without symptoms to be seen in clinic, but numbers remained down. We provided students information on various virtual visits available via U Health, Intermountain, or as part of the student health insurance plan. However, by mid-April we were able to begin virtual visits thru Zoom for Healthcare and as you see in the chart above appointments in-person and via telehealth gradually increased by the end of the fiscal year. Due to the need for social distancing in our small clinical space, we had to discontinue walk-ins for immunizations, TB testing and blood work and had all of those scheduled by appointment. The volume previously handled in a day is now seen over 3-4 days. Luckily, COVID19 impacted us during our slower patient volume months. Like many other facilities, we did not

do COVID19 testing in our clinic but referred students to community drive thru providers. This helped us preserve our limited supply of personal protective equipment (PPE) and provided additional safety to other patients seeking care in our office as well as our building (both a geriatric clinic and obstetric clinic are co-located in our building). Plans are currently in development for a separate on campus testing site for students who are either symptomatic or in need of testing due to contact tracing. SHC providers can then do a visit with those patients and directly refer them to that test site.

We had 5613 provider encounters this fiscal year, an 11% decrease, mainly due to COVID19. The majority of the visits were students, with 8.6% of the visits being spouses or dependents. Of those total encounters, the majority were for illness related concerns (89%) with the remainder of the visits being well care. 89% of visits with providers were with students who had their charges billed to some type of health care insurance. Thus only 11% who presented to see a provider had no insurance provider listed. Of those with insurance, 91% had the student health insurance plan. These numbers may be misrepresentative of the entire University population. Many students with private insurance, will be covered better elsewhere (SHC is only in network with the student health insurance plan), and are directed to another University clinic in our building or another provider (e.g., if they have SelectHealth, Intermountain is there preferred provider). We do bill other insurances as an out of network provider. Additionally, those who only need an immunization will have those covered 100% at an in-network provider as mandated by the Affordable Care Act. Thus, we will direct those students to local clinics and or pharmacies to receive those vaccinations.

Of all patients seen by a provider, 26% were new patients to our practice. The majority of our clients are commuters to the University, with 1551 patient encounters being those who lived on campus. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 1508 international students and 67 veterans for the 2019-2020 period for provider visits (nursing visits for immunizations only are not included in this total). International student encounters decreased 6% over the prior year.

In addition to provider visits, students also interact with our nursing staff as they work to meet the Proof of Immunity Requirement (see Key Activity #2) through immunizations and antibody titers as well as the tuberculosis screening requirement for new international students. Nursing staff also play a role in triaging of ill students both in person and via the phone as well as drawing routine labs students need either by their student health provider or by a subspecialist they see elsewhere.

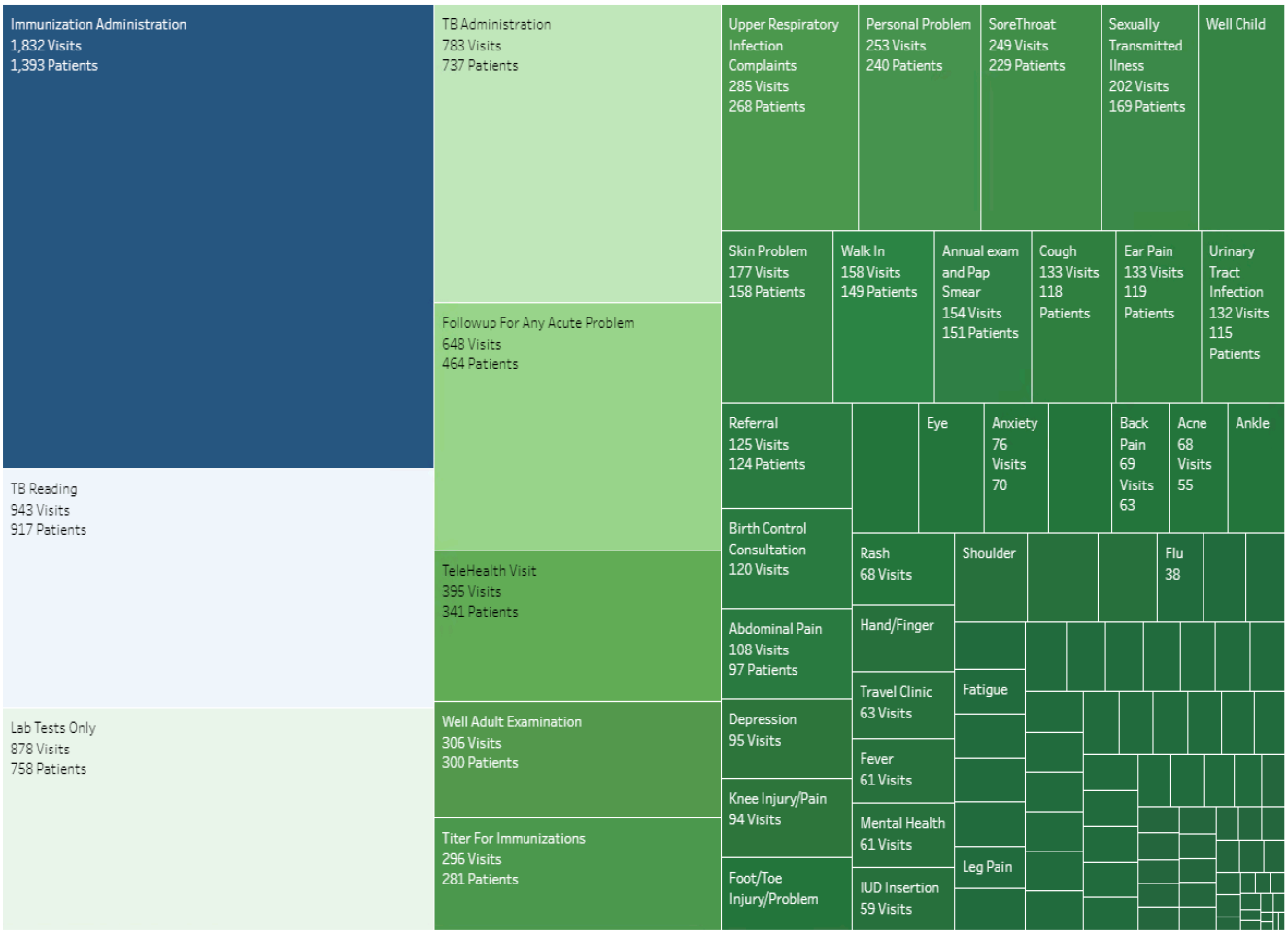
Our nursing staff continues to have incredibly busy years. The provided a total of 8126 discrete services (vaccinations, blood draws, nursing triage visits), a 5% decrease due to COVID19. During this fiscal year, 1186 PPD's (4% decrease) and 842 IGRA (4% increase) were done - the majority of the PPD's for our international students (707 PPD's). IGRA testing does not require the student to come back to have the test read, but is more expensive (of note, from mid-March on we switched exclusively to IGRA testing for patient safety since they only needed to come to our office one time). We had previously piloted IGRA testing for international students as an option, but had increased rates of syncope after blood draws, probably owing to a number of factors: summer heat, elevation change, and jet lag for the new students, and thus elected to predominately use the PPD and reserving the IGRA testing for specific

circumstances. However, given the pandemic, we will again need to try this modality and need to work to make sure the students are prepared prior to the blood draw. Only international students from certain countries with high incidence of tuberculosis are required to be screened. For the past 2 years, we allowed students to do their TB risk questionnaire online through our patient portal rather than coming into our office to complete the paperwork. If it is positive, they are instructed to come in for testing. Of the 155 selecting this online option, 67 were positive via screening and told to come in for further testing. An additional 746 MMR's (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, a 5% increase. Approximately 396 titers were performed for the diseases that make up the MMR which is an alternative route to MMR compliance – a 12% decrease, owing to a larger number of students having their immunization records (after a 56% and then a 42% decrease the prior years). Finally, we gave a total of 2018 influenza vaccinations (a 0.5% increase), either in clinic or at mobile flu clinics on campus coordinated by the Center for Student Wellness staff.

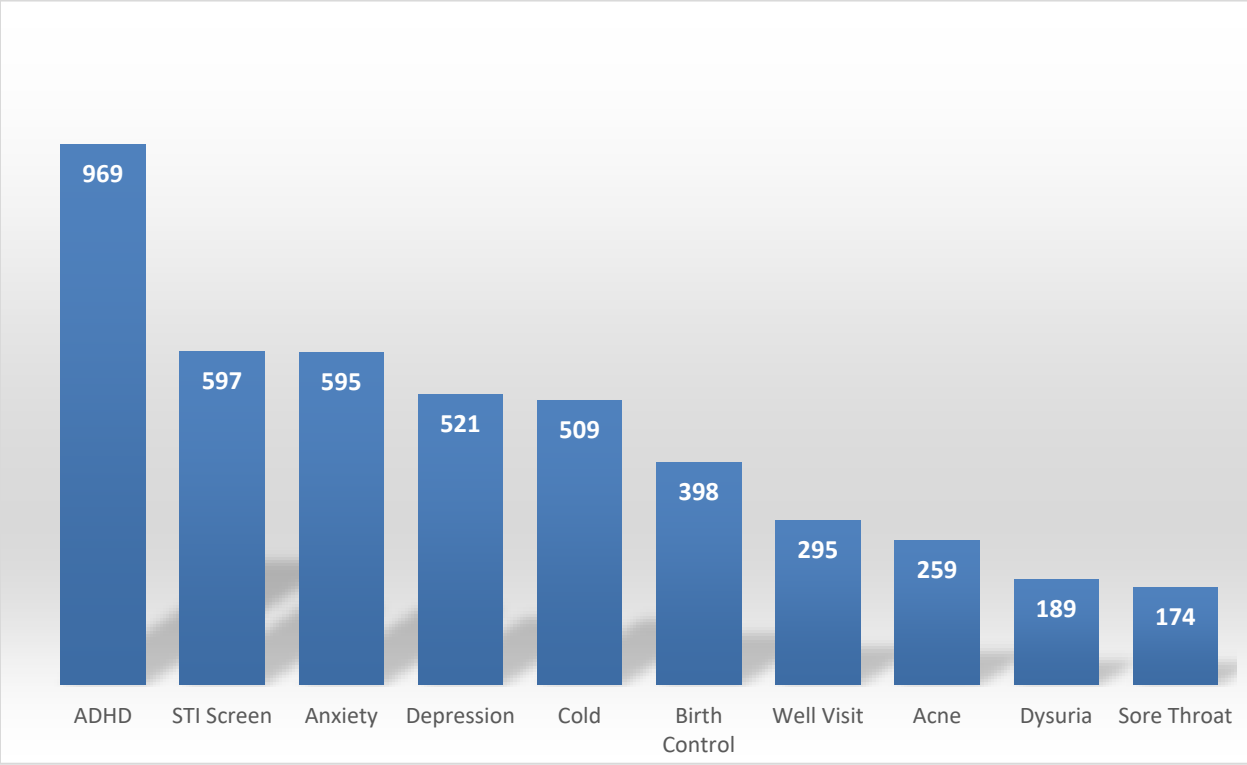
The clinic also offers a prescription assistance program for those who cannot afford the cost of medications utilizing existing programs within the pharmaceutical industry. The number of students utilizing this service has decreased to almost zero due to the Affordable Care Act as many no longer qualify as they have insurance with a prescription benefit or the pharmaceutical company has discontinued the program. Only 3 utilized the program (from 5 the prior year). Those who had insurance qualified due to the excessive cost of the medication.

The Travel Clinic provides pre-travel consultation for students, staff, and the community on a fee-for-service basis. The clinic is staffed by three nurse practitioners, 2 of whom hold specialty certification from the International Society of Travel Medicine. The clinic specializes in the provision of comprehensive destination-specific risk assessment, education in the risk and risk reduction for international travelers, and provides appropriate evidence-based medication prescriptions and immunizations for prevention and treatment of problems encountered abroad. Due to COVID19, our travel clinic appointments decreased from 130 to 51, with 84% of those visits being for student travel. We would anticipate little need for travel clinic appointments until the pandemic wanes.

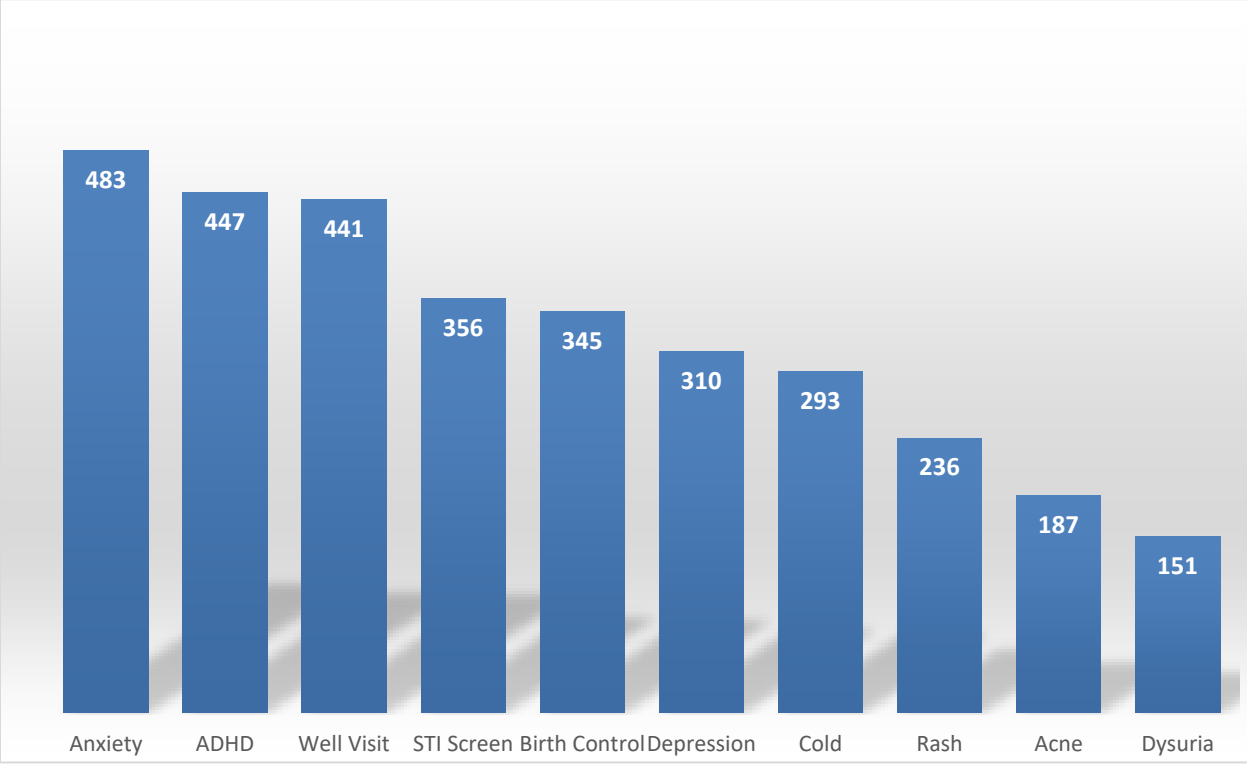
Below is a graphical representation of Appointment Reason for the 2019-20 fiscal year, followed by the Top 10 Visits by Diagnostic Code (ICD10).


Immunization Administration
1,832 Visits
1,393 Patients
TB Reading
943 Visits
917 Patients
Lab Tests Only
878 Visits
758 Patients
TB Administration
783 Visits
737 Patients
Followup For Any Acute Problem
648 Visits
464 Patients
TeleHealth Visit
395 Visits
341 Patients
Well Adult Examination
306 Visits
300 Patients
Titer For Immunizations
296 Visits
281 Patients
Upper Respiratory Infection Complaints
285 Visits
268 Patients
Personal Problem
253 Visits
240 Patients
SoreThroat
249 Visits
229 Patients
Sexually Transmitted Illness
202 Visits
169 Patients
Well Child
Skin Problem
177 Visits
158 Patients
Walk In
158 Visits
149 Patients
Annual exam and Pap Smear
154 Visits
151 Patients
Cough
133 Visits
118 Patients
Ear Pain
133 Visits
119 Patients
Urinary Tract Infection
132 Visits
115 Patients
Referral
125 Visits
124 Patients
Eye
Anxiety
76 Visits
70
Back Pain
69 Visits
63
Acne
68 Visits
55
Ankle
Birth Control Consultation
120 Visits
Rash
68 Visits
Shoulder
Flu
38
Abdominal Pain
108 Visits
97 Patients
Hand/Finger
Travel Clinic
63 Visits
Fatigue
Depression
95 Visits
Fever
61 Visits
Knee Injury/Pain
94 Visits
Mental Health
61 Visits
Leg Pain
Foot/Toe Injury/Problem
IUD Insertion
59 Visits

Top 10 Visits by Diagnostic Code



For comparison, the following is the prior fiscal year's (2018-2019) Top 10 visit by diagnostic code:



As can be seen, following national trends, we are seeing more mental health related concerns in our primary care practice in our center. Illness visits vary by year, mostly driven by how severe the influenza season is. This past year is possibly skewed due to the drop off in appointments and patients delaying care due to the pandemic.

Diagnostic coding uses ICD10 which has nearly 70,000 distinct codes. Thus, providers may code similar illnesses differently. The above represents a consolidation of some codes; however, it may be underrepresenting certain conditions and/or visit reasons.

Key Activity #2:

Immunization requirement(s) for University students (Learning Domain: Health and Wellness)
Goal:

- Promote campus and student health via mandatory vaccinations
- Improved customer service with vaccine compliance

Outcomes:

- 100% of current students will comply with mandate
- 90% of students will express satisfaction with their interactions with staff around vaccination process

Assessment:

- Compliance Audit (through new EMR system)
- Constituent satisfaction survey

Narrative/Utilization Data (if applicable):

The University of Utah requires all new, transfer and readmitted students born after 1956, who do not have medical or religious contradictions for MMR vaccine, to show proof of immunity to the diseases of Measles, mumps and rubella.

Students can meet this requirement by providing documented vaccines for two doses measles vaccine, two doses of mumps vaccine, and one dose of rubella vaccine, or two MMR vaccines after they were one year of age. They may also meet the requirement by providing documented blood test (titer) to show immunity to measles, mumps and rubella. An exemption from the requirement may be given for medical or religious reasons. (See Key Activity #1 for numbers of tests/immunizations performed).

The Immunization Compliance Module (ICM) of Medicat allows us to totally manage all compliance. Subsets of students can easily be emailed within the system regarding their status. All vaccines/TB testing that occurs in our office automatically link to the ICM. This allows them to become compliant automatically and their holds removed electronically twice daily thru a system interface, facilitating prompt removal of holds. This has been a vast improvement over our prior paper method.

The Medicat system has a patient portal which interacts with the ICM. Students can go online, login to our system, provide dates of immunization, and scan their existing records into our system. Our compliance officer verifies their vaccinations and the software marks them as compliant. We phased out the prior paper immunization compliance cards in May 2016. Previously we had no storage for vaccine records when student submitted their dates. The ICM allows online storage. Thus, our providers can

readily access the records and the students can log in to the portal and print a copy if needed. As of August 2016, we require records from all students.

For new students a welcome letter is emailed via our ICM once the student has paid their enrollment deposit explaining the immunization requirement with steps explaining how to submit their immunization records via an online student portal. Students receive frequent updates of their status after submission until compliant. Four weeks after the beginning of each semester, those students who are not compliant with the immunization requirement are sent an email that notifies them a hold will be placed on future registration (e.g., a registration hold) until they have complied with both dates and provided records of their vaccines for verification.

Thus, noncompliant students are unable to register for classes the following semester without complying. Our current system allows us to monitor compliance daily and in real time. Typically, 700 – 5000 holds are placed per semester, with the majority in Fall semester and less in Spring and Summer semesters. In November 2018, the Utah State vaccine database, USIIS, began interfacing with our Medicat system. Any student with records in the database had their immunization records automatically imported in to our system and were immediately complied if they had the required immunizations. The number of registration holds for noncompliance placed in the first semester after its implementation were down by 2/3 of the normal (~1500 holds down to ~500). Our overall compliance rate has been over 99% since this interface began. Vaccination rates >90-95% are typically needed for herd immunity to measles to prevent its spread.

When classes went all online after Spring Break, immunization compliance was near 98%, well above the herd immunity threshold for the illnesses prevented by the MMR vaccine. We elected to remove all existing immunization holds at that time in order to prevent the students from needing to access a healthcare provider and get an immunization or blood test to prove immunity until it was safer to do so.

Although not an immunization per se, we also assess compliance with tuberculosis (TB) screening for our international student population. All international students from countries with a high prevalence of tuberculosis as determined by the World Health Organization are required to undergo screening for tuberculosis. Those who screen positive but are found to have latent tuberculosis are offered treatment through the Salt Lake Valley Health Department to prevent going on to active tuberculosis. Failure to be screened also results in a registration hold (see Key Activity #1 for numbers of tests performed). For Fall 2016 we began using an online tuberculosis screening questionnaire on our student portal. It links to ICM for our international students. Those with negative responses are automatically compliant. Those with a positive questionnaire received instructions to come to the SHC for additional testing. This greatly reduced the need for international students to physically appear in our office to comply with this and the immunization policy.

Beginning fall 2012, the Student Health Center began assessing immunization compliance for the School of Medicine (SOM) students. The School of Medicine students are required, upon admission, to show proof of immunity to/and or be vaccinated for: measles, mumps and rubella (MMR); tetanus, diphtheria, and pertussis (TDap); varicella; and Hepatitis B - along with an annual TB screening and influenza vaccine in the fall. Medical students who fail to comply with this requirement have a registration hold placed on their enrollment until the requirements are met. For continuing students, they are unable to proceed with clinical rotations until compliant. These students have 100% compliance. We began assessing compliance for the Dental School fall 2015 with the same requirements as the School of Medicine. Other health professions students have their immunizations tracked by their home

department, but many come to our office to meet their requirements through immunization and/or titer.

Key Activity #3:

Student Health Insurance Plan (SHIP) (Learning Domain: Health and Wellness)

Goal:

- Provide affordable ACA compliant student insurance plan that meets the needs of the following constituents: SHC, International Center, Graduate School, HUB International, and most importantly the insured students.

Outcome:

- Increased number of voluntary enrollees
- High satisfaction rating on participant survey

Assessment:

- Tracking participation rates

Narrative/Utilization Data (if applicable):

The contracted insurer for the University of Utah Student Insurance plan during this fiscal year is United Healthcare Student Resources (UHCSR); the plan consists of a subsidized graduate student plan for teaching assistants and research assistants, a mandatory plan for international students and a voluntary student plan for all others. As the plan is voluntary, other students either utilize their parents plan, choose their own or an employer plan, or are uninsured. Eligible students can also enroll a spouse and/or dependent(s) on the plan; some graduate departments subsidize this cost as well. Those students who graduate and had been previously on SHIP can elect to pay for a continuation plan for up to 6 months as a bridge until they start a new plan.

A small student fee subsidizes clinic operations allowing professional fees to be 40-60% less than typical charges for similar services as well as near cost charges for immunizations, laboratory, and radiology which represent a sizeable savings to those that are uninsured or lack a local network provide. Coverage for transgender care/sexual reassignment surgery was added to the 2016-2017 policy. For the plan year (2019-2020) the cost was $1908. Due to a higher than normal loss ratio, the yearly insurance premium will increase by approximately 13%. United has initially proposed an 18% increase and we were successfully able to negotiate a lower increase. This is an increase of $253 per student per school year (Pricing is contingent on the State of Utah's approval of the brochure) resulting in an annual cost of $2161 for the 2020-2021 plan year. The increase will also apply to each additional insured in your household.

Additionally, we reviewed possible enhancements to the current prescription coverage (e.g. a more traditional prescription benefit card rather than a 50% reimbursement method). Those changes would add an additional $250-$360/year to the plan premium. Given that over 1/3 of the insured are graduate students who have a portion of the premium paid by their department and the financial difficulties brought upon the University by the pandemic, we were unable to enhance the prescription benefit this year. We will continue to look at enhancements in future plan years.

Our current contract allows yearly renegotiation and allowances for plan changes. We added a Tele-Doc function to the policy 2 years ago which allows insured to call for medical advice after hours. Last policy year, we added a virtual counseling component, allowing students to receive counseling via text, chat, or phone. Both of these services are available at no charge for those on the insurance. Students have viewed this virtual counseling option favorably. Students without the student insurance plan can access these services for a minimal fee (e.g., $45 for Tele-Doc).

Federal law passed soon after the pandemic was declared that required evaluation and testing for COVID19 be covered at 100% through the end of the national emergency (currently set to expired on 10/22/20, but can be extended).

Due the timing of this report, we do not have current policy year end data for loss ratio or average cost per-student claim.

Subsidized Graduate Student Health Insurance

The Graduate School provides an 80% subsidy for full-time Teaching and Research Assistants. The subsidized graduate plan is combined with the University-sponsored student insurance plan. Both plans cost the same and provide the same benefits.

Voluntary Student Health Insurance

The University-sponsored plan is voluntary. It continues to experience the enrollment of students with high risk conditions, who are uninsurable elsewhere and/or those enrolling only to use the maternity coverage.

International Health Insurance Requirements:

All International students that are here on a J-1 or F-1 Visa are automatically enrolled in the University-sponsored student insurance plan and can waive the insurance only if they have a health insurance policy that meets or exceeds SHIP's requirements. They are as follows:

- Plan must comply with all applicable ACA requirements (e.g., preventative health care covered at 100%, unlimited lifetime maximum)
- Plan must cover prescription drugs as required by the ACA
- Unlimited benefit for Medical Evacuation and repatriation
- Annual deductible less than $250/individual and $500 /family for in-network providers
- Plan must cover all sports-related injuries, with the exception of intercollegiate or professional participation
- Plan must cover non-emergency physical and mental health
- Plan must have a United States billing address, phone number and contact person
- Plan must be free of any day or visit limits.
- Plan must have in-network hospitals, physicians and mental health care providers in Salt Lake City, UT
- Policy must remain in force for the entire 2019-2020 academic year

2019-2020 Enrollment numbers by Plan Type and Period

Continuation Plan	Monthly	247
Domestic Graduate (Subsidized)	1st Semi-annual (fall semester)	647
	2nd Semi-annual (spring/summer)	625
	Annual	489
Domestic Graduate (Voluntary)	Annual	257
	Fall	181
	Fall/Spring	73
	Spring	107
	Spring/Summer	179
	Summer	143
International Graduate (Subsidized)	1st Semi-annual fall	500
	2nd Semi-annual spring/summer	512
International Mandatory	Annual	1

	Fall	1162
	Spring	21
	Spring/Summer	1014
	Summer	7
Specials (Spouses/Dependents) (Paid by Graduate Department)	1st Semi-	No longer available
	2nd Semi-annual	No longer available
	Annual	276
	Fall	94
	Fall/Spring	0
	Spring	0
	Spring/Summer	100
	Summer	9
Standalone Repatriation/Medical Evacuation	Annual	No longer available
Undergraduate (Voluntary)	Annual	242
	Fall	170
	Fall/Spring	57
	Spring	103
	Spring/Summer	192
	Summer	118
Spouses/Dependents add on (Voluntary)	Annual	10
	Fall	73
	Fall/Spring	15
	Spring	64
	Spring/Summer	55

	Summer	47

Uninsured Students

We currently do not have data regarding the total number of students we see who are uninsured. We do know that at 96% of those we see for sick and well visits have insurance of some type (see Key Activity #1). Medicaid coverage in Utah expanded in January 2020, so those without have an additional option. While the number of insured students is encouraging, students uninsured represent a significant hardship if an illness were to befall them. The impact of potential changes such as repeal/replace or doing nothing to the Affordable Care Act, the Healthcare Exchanges, and insurance subsidies is unknown. Students who would choose such a plan typically would have a narrow provider network and would not be seen in our center. Anecdotally, we have seen a few students who have an exchange plan, but no in network provider within the State of Utah or students who have out of state Medicaid and thus no coverage in Utah. Thus, we remain the best choice for those students due to our lower costs.

Key Activity #4:

Participation with Environmental Health and Safety in emergency planning procedures (Learning Domain: Health and Wellness)

Goal:

- Provide coordinated support for student health care needs during campus emergencies

Outcome:

- Continued maintenance & revision of campus emergency plans
- Positive feedback from emergency operations planning group

Assessment:

- Assessment through EHS

Narrative/Utilization Data (if applicable):

The Student Health Center works with the Environmental Health and Safety regarding many facets of emergency management as described in the table below:

Emergency Management Elements	Student Health Involvement
Communication and Warning	Campus Alert participation
Incident Management & Response	Emergency Operation Center (EOC) Operations Section
Planning	Pandemic: influenza and Ebola Disaster medicine Point of Distribution plan (POD) in the event of bioterrorism (e.g., antibiotics for anthrax)
Facilities	Disaster medicine planning
Resource Management & Logistics	EOC Logistics Section
Mutual Aid	County Health POD plan (see above)
Hazard Mitigation	ASUU sponsored Immunization clinics
Crisis Communications, Public Education and Information	Hospital/Campus communications GermWatch (Intermountain Healthcare infectious disease monitor) Utah Department of Health (UDOH) Epidemiology Listserv
Training and Exercises	Shakeout: Drop, Cover, Hold, Evacuate
Laws and Authorities	Incident Command System (ICS) training (online courses ICS 100 and ICS 200) *not completed by student health*
Program Administration	Staff emergency prep professional development

In prior years, this key activity would include emerging disease outbreaks: H1N1, Ebola preparedness, MERS in South Korea, and more recently the Zika virus outbreak, pandemic planning, and earthquake preparedness.

Then in 2020, we experienced both an actual pandemic and an actual earthquake – at the same time.

As expected, with the advent of COVID19, this area grew exponentially and took an increasing amount of the Student Health Center's Director's time. Main campus Incident Command commenced at the end of January when the first case was reported in the US, and continued to meet weekly thru mid-March when it became more structured. Initially, the Student Health Director reported virtually to the Health and Safety Committee daily, and then once the campus was largely empty on a as needed basis. Toward the end of May and into June the Director met with a taskforce to look at plans for fall testing on campus. By the end of June, Incident Command structures for both the hospital and main campus were combined to facilitate communication between both University entities (they previously had a separate, but common structure with internal communication between the two groups). Under the new structure the Director was put in the Viral Testing Domain with Dr. Richard Orlandi of University Health under the Health and Safety Branch to further the plans for testing on campus.

On March 18th, soon after the campus went completely online, the Salt Lake Valley experienced a 5.7 magnitude earthquake at 7:09 am. SHC Employees who were already in transit arrived and while the building didn't appear to sustain any damage, a small of gas was noted. The building was evacuated, then cleared by the fire department. However, soon after gas company employees who were evaluating the building, noticed "micro leaks" felt to be caused by the earthquake and the building was closed for the remainder of the day while those fittings were tightened. Given that the Incident Command System was already in place for the pandemic, and most all employees were home due to it as well, campus emerged largely unscathed.

Key Activity #5:

Provide clinical training as an experiential site for nursing students and medical residents (Learning Domains: Leadership, Global Citizenship, Academic Persistence and Achievement, Practical Competence, and Critical Thinking)

Goal:

- Provide clinical teaching for 8-10 nurse practitioner students per year.

Outcome:

- Tracking students

Assessment:

- Student evaluations, SHC faculty evaluations

Narrative/Utilization Data (if applicable):

Four of our nurse practitioner staff are College of Nursing faculty, three of whom hold Doctorates of Nursing Practice (DNP). Dr. Pfitzner is an associate professor in the pediatrics department. As such, in addition to providing patient care, the SHC also functions as a site for clinical rotations for both medical residents and nurse practitioner students. A sports medicine fellow rotates with our sports medicine provider. Twenty-one nurse practitioner students worked with our College of Nursing (CON) faculty nurse practitioners for clinical experience during the 2019-2020 academic year. Additionally, Dr. Pfitzner, Dr. Lamb, and the faculty nurse practitioners lecture to medical, nursing, or nurse practitioner students, as well as medical residents during their training.

Susan Kirby DNP taught Residency Practicum (NURS 7604), Spring Semester 2019 and is teaching Practicum 1 (NURS 7601), Summer semester 2019 in the Doctor of Nursing Practice program.

Suzanne Martin FNP DNP taught DNP Scholarly Project I (NURS 7701-001) during Summer semester 2020.

Tek Kilgore FNP DNP taught Advanced Clinical Simulation (NURS 7930), Management of Episodic Problems (NURS 6601), and Advanced Health Assessment and Health Promotion (NURS 7028). He is also the FNP Specialty Track Director.

Katherine Heller FNP DNP taught PCNP Practicum II (NURS 7602) during Spring semester.

With the onset of COVID19, clinical rotations became virtual. Summer semester allowed a return to some in person clinical interactions in addition to virtual patient visits.

Key Activity #6:

Center for Student Wellness (CFSW) Activities

Please see the CFSW's annual report for their internal Key Activities, Goals, Outcomes, and Assessment. This office transitioned to an independent office on June 30, 2018. As such, this key activity will be discontinued for our office. However, the SHC will continue to collaborate as before with the office for many activities, and a portion of the Student Health fee will go to fund their office's functions.

Plans for the Future

Anticipated Challenges:

- COVID19 will be with us for the foreseeable future even when/if a vaccine becomes available and will impact everything we do now and have done in the past will be affected by the virus - from provision of care in the office (both actual care of this novel virus and how we provide that care thru telehealth options) to how we do outreach events like flu shots at a wellness fair. I would foresee reimagining how SHC fits within the campus and University Healthcare framework to allow us to be nimbler for future pandemics and other health crises. Once we have a COVID19 vaccine, it will likely be a vaccination requirement. Medicat can handle another

vaccine requirement, but verifying records of potentially 30,000+ students would outstrip current staffing, to say nothing of trying to administer the vaccine to all students.

- While the majority of the changes due to the Affordable Care Act have been in place for some time, the lack of a coherent health care policy by the Trump Administration will continue to cause unknown challenges in the months ahead, especially in the individual marketplace. Currently the Supreme Court agreed to hear a case about the legality of the Act adding more uncertainty for the future. Medicaid was expanded in Utah, but we don't know as yet how many college students will enroll. The SHC is not a Medicaid provider, but University Healthcare is; thus, this might potentially decrease utilization rates at our center. As evidenced by an abrupt increase in premiums this coming year, SHIP plans will continue to change and morph depending upon loss ratios, numbers of insured, and coverage mandates, etc. Our SHIP premiums have remained very stable until this past year and it's not known the impact COVID19 will have on future premiums. However, will the decline in international enrollment caused by both COVID19 and the government's restrictions on visas contribute to rate increases?
- Insurance Billing – while many SHC's bill only their SHIP, others are investigating becoming in network with 3rd party insurance. This involves negotiated rates with each insurer and agreement to collect copays, etc. There is no consensus regarding this issue currently and our EMR provider has noted most of their clients who go this route do not see increased revenues as a result.
- Insurance prescription benefit – Prescription drug costs are the predominate reason for rising insurance premiums. The 50% reimbursement model is not popular with students, especially those on very expensive medications. However, the cost of adding a traditional prescription benefit plan as detailed in the insurance section is a large cost increase to our policy premium, and the majority of our students are not on routine prescription medications. We will continue to work with our insurance consultant and insurance provider to find a reasonably priced prescription benefit.
- Space Issues – our current location is less than ideal with no room for expansion. In my tenure, 2 separate Student Affairs evaluations by outside consultants indicated that our center is too small for a campus this size. Plans are in development for a new Student Union with possibly a health and wellness wing to consolidate all health-related services in one area. Will the campus's COVID19 response suggest a different approach? With tele-commuting, telehealth, and all the remote processes, could employees be added that didn't need a physical space in our existing building foot print?
- Student Health Fee – our student health fee has remained unchanged since 2011 with $3 now going to the CSW. Previously using a 3-year estimate of provider encounter fees, the health fee could be increased by $3.50/semester and we could no longer charge for provider visits. This would not cover potential increases in visitation if something like this were implemented but it would broaden the patient base in our clinic. We would still need to charge/bill insurance for any radiology or laboratory specimens sent to our lab provider (ARUP). Ideally, a fee could be crafted to allow everything done within the confines of the SHC to be provided at no cost and the student's insurance to cover health concerns above and beyond what is provided at SHC.

Anticipated Opportunities:

- Medicat – our EMR system has allowed us to be much more efficient, allowing us serve more students will no changes in personnel numbers. We hope to use it to improve quality of care

through its robust data reporting of which we've only started to use. Already it has allowed us to be more mobile- as long as we have a laptop and Wi-Fi, we can access our system. E-prescribing became even more useful during the shutdown. Medicat has done 3 upgrades over the summer to improve our response to COVID19. Zoom for Healthcare will be integrated in our system by the end of August. Our patient portal has additional functionality which we have slowly implemented. We now have an interface with the state's vaccine registry, have added texting notifications, and more recently e-prescribing. As we become more familiar with each of these additions, we hope to utilize them more. For instance, the notification module can be set up to automatically text reminders regarding future immunizations, or annual health care visits. As the fiscal year ended we previewed Medicat BI, it's business intelligence feature which we plan to implement.

- AAAHC – a software program exists that will allow us to digitize our paper policy and procedure manual. Once in place, the manual can be reviewed by our accreditors prior to a site visit, improving the experience for all involved. It will also allow us to document electronically periodic updates as well as staff compliance in reviewing new policies. We have put this on the back burner owing to the remodel, flood, and our AAAHC survey last year. We hope to relook at this and if we go forward have it in place prior to our next survey in 2021.

Grants/Contracts:

- None

Center Gifts/New Revenue:

- No new revenue is anticipated. Our current student health fee has been unchanged since 2011 at $20.48. $3 of the fee goes to fund the CSW.

Staff Excellence

Suzanne Martin APRN, received the 2019 College of Nursing Faculty Practice Award.

Transitions

Erin Close APRN, joined our staff in December 2019.

Amy Cutting APRN, retired March 31, 2020 after nearly 33 years of service to our center. She was an invaluable colleague who provided exceptional care to her patients.

STUDENT HEALTH CENTER STAFF COMMITTEE MEMBERSHIPS

University of Utah Involvement:

STAFF	COMMITTEE
Martin, Suzanne	Career-line Faculty Review and Reappointment (CL-FRA), College of Nursing, University of Utah Graduate Scholarship Committee, College of Nursing, University of Utah Assessment Liaison, Student Affairs, University of Utah
Kilgore, Tek	Chair, Graduate Scholarship Committee, College of Nursing, University of Utah Chair, Athletic Advisory Committee, University of Utah
Kirby, Susan	Scholarship Committee, College of Nursing, University of Utah Retention, Promotion, and Tenure Committee, College of Nursing, University of Utah
Cutting, Amy	Student and Community Engagement Committee, College of Nursing, University of Utah Graduate Programs Curriculum Revision Committee, College of Nursing, University of Utah

Non-University Committee Involvement:

STAFF	COMMITTEE
Pfitzner, Mark	College Health Special Interest Group, Society for Adolescent Health and Medicine (Co-Chair)
Martin, Suzanne	Peer reviewer for the *Journal of the American Association of Nurse Practitioners*

STUDENT HEALTH CENTER STAFF PRESENTATIONS AND PUBLICATIONS

Presentations

None.

Publications

None.

STUDENT AFFAIRS FACULTY APPOINTMENTS

Name	SA Department	Position	Academic Department
Pfitzner, Mark	Student Health Center	Associate Professor, School of Medicine	Pediatrics
Lamb, Sara	Student Health Center	Associate Dean Education, Curriculum Program Director, Internal Medicine and Pediatrics Residency Training Program, Associate Professor, School of Medicine	Pediatrics Internal Medicine
Cutting, Amy	Student Health Center	Assistant Professor, Clinical	College of Nursing
Kilgore, Tek	Student Health Center	Assistant Professor, Clinical	College of Nursing
Kirby, Susan	Student Health Center	Assistant Professor, Clinical	College of Nursing
Martin, Suzanne	Student Health Center	Associate Professor, Clinical	College of Nursing
Heller, Katherine	Student Health Center	Adjunct Professor, Clinical	College of Nursing

Anti-Racism Action Plan

Healthcare has typically viewed race as one component of group of population factors (sex, sexual orientation, immigrant status) that interplays with individual factors (genetics, lifestyle choices) and social determinants (where a person lives, works, ages) to determine health outcomes. Often times, healthcare works to modify/improve one or more of these factors to improve health while failing to look deeper into the causative factors of each. More recent research is looking into the generational health effects of adverse childhood experiences (ACEs) – traumatic events occurring prior to age 18 that effect health and behaviors later in adulthood. Clearly, being exposed to repeated racism as a child counts as a trauma.

Medicine has a long history of racist acts and beliefs – believing certain populations feel less pain or engaging in unethical behavior in research (the Tuskegee Syphilis Study) – but little continuing education on these subjects.

Thus our center will investigate in the next year appropriate literature/trainings/curricula for use with our staff to as a first step and incorporate this into our quality improvement (QI) process – both for professional development but additionally, as we select QI projects to include in our accreditation process. We also plan to reach out to U Health to see what initiatives they have already created and/or tried in this regard.