

# 2016-2017 University of Utah Student Health Center Annual Report

## **Director's Statement**

I am happy to share our annual report with you. For many of the past years we have experienced much change and uncertainty due to the implementation of the Affordable Care Act (ACA). While it remains in place, we remained concerned regarding the possible impacts of legislative efforts to repeal and/or replace the law with something else. While the health plan we offer our students continues to offer affordable coverage, our state only marginally expanded Medicaid continuing to leave many without access to healthcare coverage. Young adults without children and little to no income don't qualify for Medicaid in this state. Our center is able to provide a stop gap of sorts for these students' healthcare needs due to our lower costs. For those students who can afford it, we offer a reasonably priced student health insurance plan through United Healthcare Student Resources. Our plan continues to provide balance between cost and benefits to our students. Low premiums typically translate to high deductible plans and we remain concerned that many students cannot afford high deductible plans. Thus we have tried to split the difference by offering a plan that has lower deductible and keeps the out of pocket maximum at a reasonable amount.

We remain committed to quality care and are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). We were successfully reaccredited for another 3 years in April of 2016. Our surveyor was very impressed with how well we did considering the huge change in our practice with the implementation of an EMR in late 2013.

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, 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

## **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. 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. This switch was done as we had noticed that fewer and fewer college health centers were Joint Commission accredited; most were accredited AAAHC. 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.

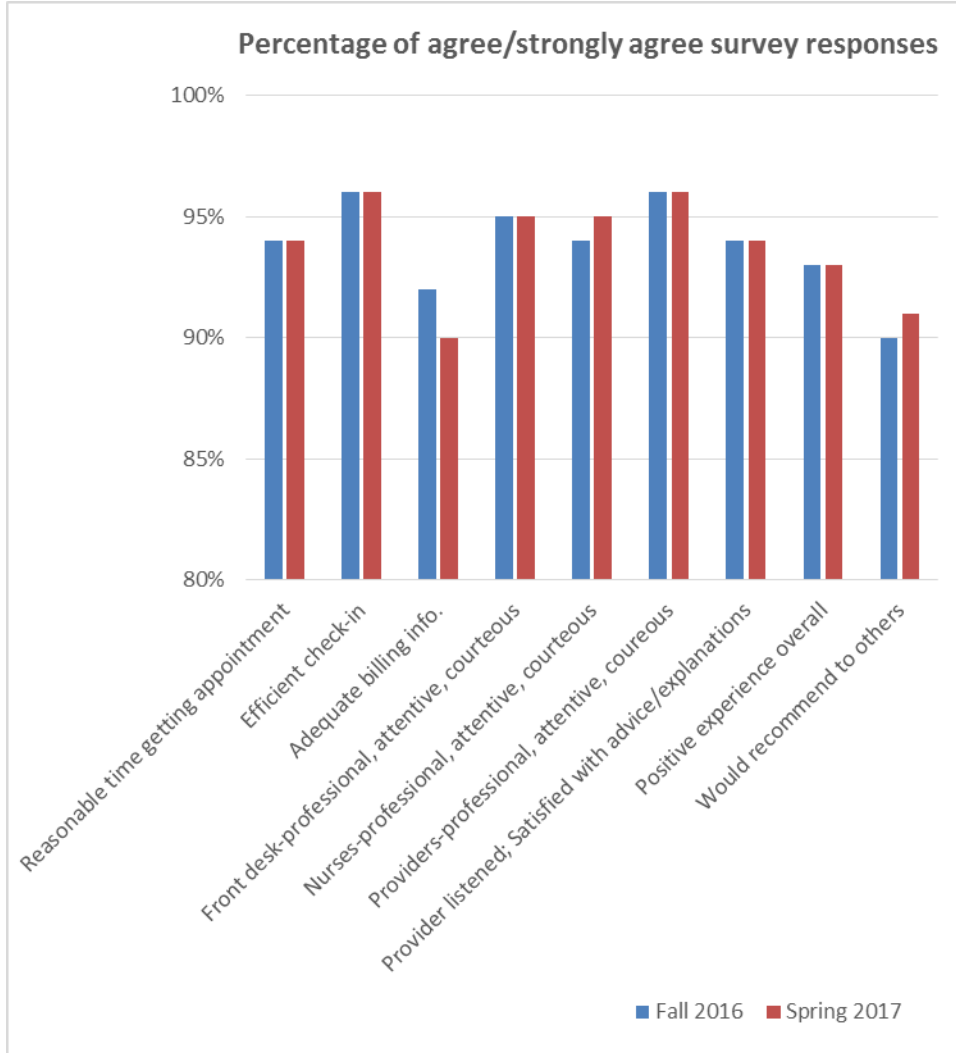
Initial accreditation involves a 2 day on site visit by a surveyor who examines all policies, procedures, and care provided by a clinic to make sure it meets all of their standards in areas such as governance, administration, rights of patients, quality of care, clinical records, infection control and 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 a site visit in April 2013 for their initial AAAHC accreditation. The center was reaccredited in April 2016 and will be due again in 2019.

Quality Improvement/Patient Satisfaction:

Since 2014, approximately 3,500 students have completed the online patient satisfaction survey that they receive 48 hours after a visit to the SHC. The response rate to the survey each semester averages 18%. Core survey items and percentage of agree or strongly agree responses from the past academic year are shown in Figure 1.

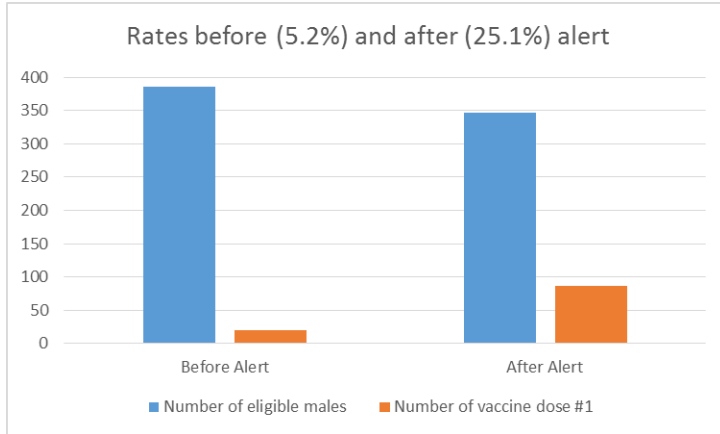
**Figure 1:** Core survey items and percentages of agree or strongly agree response from the past academic year



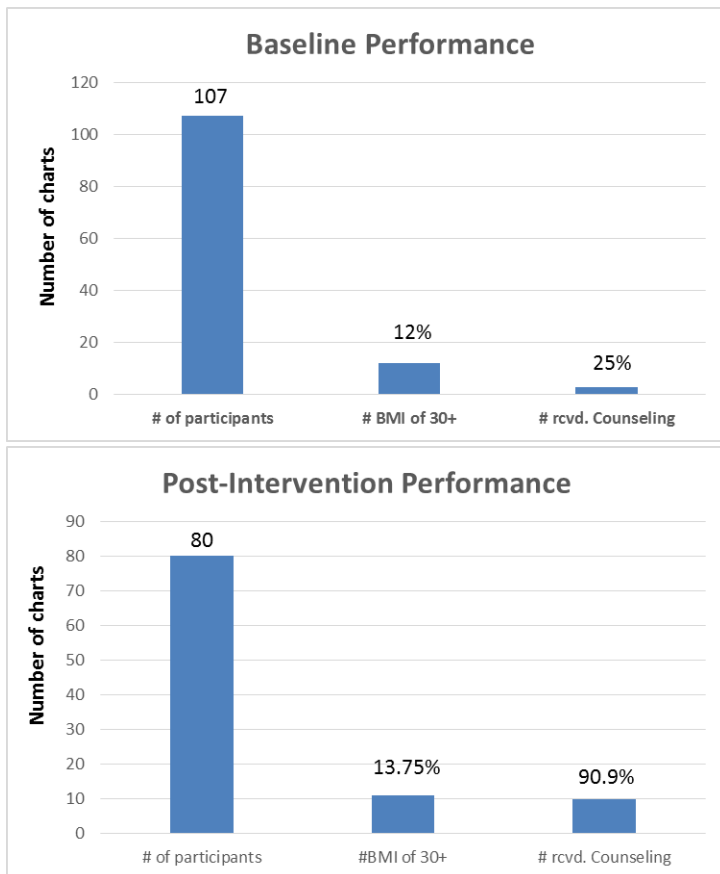
The SHC demonstrates a continuous culture of quality through formal and informal quality improvement (QI) efforts. Two formal QI projects were completed during the 2016-2017 academic year. The first project aimed to increase human papillomavirus (HPV) vaccine initiation rates among male college students through the adoption of an electronic medical record (EMR) alert titled “Candidate for HPV vaccine”. This intervention increased vaccine initiation rates among eligible patients from 5.2% to 25.1% (see Figure 2). This project won the AAAHC’s 2016 Bernard A. Kershner, Innovations for Quality Improvement Award. The second project aimed to increase provider adherence to the United States Preventive Services Task Force (USPSTF) recommendations on obesity screening and referral through

the combination of an EMR alert and a student-friendly resource guide. Provider adherence rates increased from 25% to 91% following the intervention (see Figure 3).

**Figure 2:** HPV vaccine initiation rates before and after EMR alert



**Figure 3:** Adherence to USPSTF recommendations before and after EMR alert and resource guide



## Healthcare Services, Utilization, and Demographics:

### Clinical Services

The SHC provides both acute and preventative care to students, their spouses, and children. 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
- Health education

All of these services are complemented by laboratory, radiology, and pharmacy services. 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 of which 1 had insurance. 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. Travel clinic appointments decreased from 150 to 119, with 80% of those visits being for student travel.

In addition to these types of visits, students also interact with our nursing staff as they work to meet the Proof of Immunity Requirement (see Key Activity #2) required of all new students as well as the tuberculosis screening requirement for all international students.

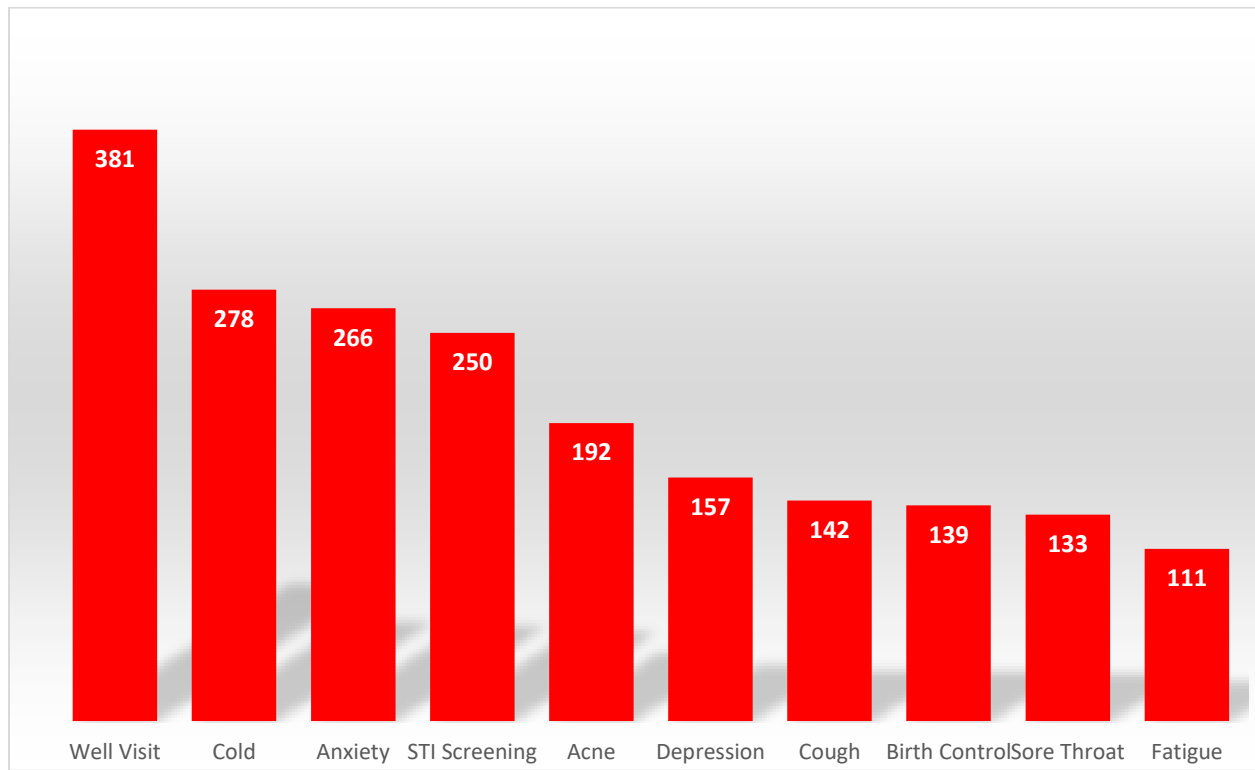
We had 11571 total encounters (an encounter is anyone who is placed on the schedule for either a nurse or provider visit). Approximately 53% of those visits were to see a provider with the remainder being students seeing a nurse for immunization compliance, laboratory testing from a non SHC provider, or illness/injury triage. 80% of visits were with students who had their charges billed to health care insurance. This figure likely underrepresents the number of students with insurance. For example, students who have a non-SHIP insurance and need an immunization would pay for this encounter as immunizations are typically not covered by a non-network provider.

Overall, there was a 12% decrease in all encounters from 12,986 in the prior fiscal year to 11571. Of those total encounters, 6133 visits were to our health care provider staff, representing a nearly 4% decrease. 5612 of the visits were for illness related concerns. The remainder of the visits was for well care.

Of all patients seen, 24% were new patients to our practice, a 14 percent increase from the prior year. The majority of our clients are commuters to the University, with only 914 patient encounters being those who lived on campus. However, this represented a 38% increase in on campus patients being seen by providers. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 1713 international students and 52 veterans for the 2016-2017 period for provider visits (nursing visits for immunizations only are not included in this total). International student encounters decreased 16% over the prior year. This is largely due to decreases in international enrollment and that international students are typically low utilizers of healthcare services.

The remainders of the encounters were nursing visits for blood work, immunizations, or tuberculosis screening (PPD or IGRA blood testing). Our nursing staff continues to have incredibly busy years. During this fiscal year, 987 PPD's and 918 IGRA were done - the majority for our international students. Many students are selecting the IGRA blood test as their initial test as they do not need to return to the clinic for it to be read (this blood test is also used in our clinic as a secondary screening of positive PPD tests). Only students from certain countries with high incidence of tuberculosis are required to be screened. Thus it can vary greatly by our mix of international students. Additionally, most all health profession students need annual testing. An additional 739 MMR's (measles, mumps, and rubella vaccine) were given to those students who lacked immunity. Approximately 715 titers were performed for the diseases that make up the MMR which is an alternative route to MMR compliance – a 29% increase. Finally, we gave a total of 1898 influenza vaccinations, either in clinic or at mobile flu clinics on campus coordinated by the Center for Student Wellness staff.

## Top 10 Visit Reasons



Diagnosis Codes changed on October 1, 2015 when by law we were required to use ICD10. The number of diagnosis codes increased from approximately 14,000 to 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 Mediat 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 Mediat 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 700-800 holds are placed per semester, with the majority in Fall semester and less in Spring and Summer semesters. Compliance rates for the past year were: Fall 98.5%, Spring 98.7% and Summer 98.5%.

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 (Varivax); 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 this past fall with similar requirements to the SOM. While other health professions students have their immunizations tracked by their home department, many come to our office to meet their requirements.

### **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 dependents 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. The insurance

cost for the 2016-2017 plan year was \$1847, \$414 less than the previous year. For the upcoming plan year (2017-2018) the cost is \$1773, a nearly 4% reduction.

#### Subsidized Graduate Student Health Insurance

The Graduate School has implemented 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. Due to the changeover to United Healthcare Student Resources, we do not have policy year end data for enrollment, loss ratio, or average cost per-student claim.

#### 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. Due to the changeover to United Healthcare Student Resources, we do not have policy year end data for enrollment, loss ratio, or average cost per-student claim.

#### 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 2016-2017 academic year

Those who are able to waive the insurance, but lack repatriation and medical evacuation insurance can purchase that plan separately thru UHCSR.

## **2016-2017 Enrollment numbers by Plan Type and Period**

|   |  |                 |      |
|---|--|-----------------|------|
| Continuation Plan   |  | Monthly         | 39   |
| Domestic Graduate<br>(Subsidized)                             |  | 1st Semi-annual | 607  |
|   |  | 2nd Semi-annual | 607  |
|   |  | Annual          | 24   |
|   |  | Fall            | 7    |
|   |  | Monthly         | 2    |
|   |  | Spring/Summer   | 21   |
|   |  | Weekly          | 1    |
| Domestic Graduate<br>(Voluntary)                              |  | Annual          | 296  |
|   |  | Fall            | 196  |
|   |  | Fall/Spring     | 50   |
|   |  | Spring          | 101  |
|   |  | Spring/Summer   | 248  |
|   |  | Summer          | 141  |
| International Graduate<br>(Subsidized)                        |  | 1st Semi-annual | 449  |
|   |  | 2nd Semi-annual | 495  |
|   |  | Annual          | 12   |
|   |  | Daily           | 31   |
|   |  | Fall            | 3    |
|   |  | Monthly         | 31   |
|   |  | Spring/Summer   | 17   |
|   |  | Weekly          | 31   |
| International Mandatory                                       |  | Annual          | 8    |
|   |  | Fall            | 1489 |
|   |  | Spring          | 90   |
|   |  | Spring/Summer   | 1238 |
|   |  | Summer          | 49   |
| Special (Spouses/Dependents)<br>(Paid by Graduate Department) |  | 1st Semi-annual | 18   |
|   |  | 2nd Semi-annual | 26   |
|   |  | Annual          | 199  |
|   |  | Fall            | 76   |
|   |  | Fall/Spring     | 23   |
|   |  | Spring          | 6    |
|   |  | Spring/Summer   | 42   |
|   |  | Summer          | 34   |
| Standalone<br>Repatriation/Medical<br>Evacuation              |  | Annual          | 79   |
| Undergraduate<br>(Voluntary)                                  |  | Annual          | 168  |
|   |  | Fall            | 139  |
|   |  | Fall/Spring     | 29   |
|   |  | Spring          | 106  |
|   |  | Spring/Summer   | 172  |
|   |  | Summer          | 92   |

### Uninsured Students

We currently do not have data regarding the total number of students we see who are uninsured. We do know that at least 80% of those we see for sick and well visits have insurance of some type(see Key Activity #1). While the number of insured students is encouraging, students still 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:

| <b>Emergency Management Elements</b> | <b>Student Health Involvement</b>                   |
|--------------------------------------|---|
| Communication and Warning            | Campus Alert participation                          |
| Incident Management & Response       | Emergency Operation Center (EOC) Operations Section |

|   |  |
|---|--|
| Planning  | Pandemic: influenza and Ebola<br>Disaster medicine<br>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<br>GermWatch (Intermountain Healthcare infectious disease monitor)<br>Utah Department of Health (UDOH)<br>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  |

Examples of this key activity, would include disease outbreaks in prior years: H1N1, Ebola preparedness, MERS in South Korea, and more recently the Zika virus outbreak in South and Central America that has moved into the Southern US.

### 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. Six nurse practitioner students worked with our College of Nursing faculty nurse practitioners for clinical experience during the 2015-2016 academic year. Pediatric, Pediatric/Internal Medicine, and Triple Board (Adult/Child psychiatry/Pediatrics) medical residents have worked with Dr. Pfitzner and Dr. Lamb in the past, but no residents worked with us during the past year. Additionally, Dr. Pfitzner, Dr. Lamb, and the faculty nurse practitioners lecture regularly to both medical, nursing, and nurse practitioner students, as well as medical residents during their training.

Suzanne Martin FNP DNP continues to teach Scholarly Projects II (NURS 7702) and III (NURS 7703) of the 3 part series for the doctorate of nursing practice's capstone class.

Amy Cutting FNP taught Physical Assessment and Health Promotion across the Lifespan (NURS 6025) for MSN students.

Tek Kilgore FNP DNP teaches Advanced Clinical Immersion (NURS 7910), Management of Episodic Problems (NURS 6601), and Advanced Health Assessment and Health Promotion (NURS 7028). He is also the supervisor of a Nurse Practitioner Residency student (an intense semester in which the student functions as a provider in a clinic).

## **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 is planned to transition to an independent office by Fiscal Year 2018-2019. As such, the reporting structure will be changing from reporting to both SHC and the University Counseling Center, to only the SHC during Fiscal Year 2017-2018.

## **Plans for the Future**

Anticipated Challenges:

- While the majority of the changes due to the Affordable Care Act are now in place, the lack of a coherent health care policy by the Trump Administration will continue to cause unknown challenges in the months and years ahead, especially in the individual marketplace. SHIP plans will continue to change and morph depending upon loss ratios, numbers of insured, and coverage mandates, etc. While our SHIP premiums have decreased the past 2 years there is no guarantee that will continue.
- Insurance Billing – while many SHC’s bill only their SHIP, others are investigating becoming in network with 3<sup>rd</sup> 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.
- Space Issues – our current location is less than ideal with no room for expansion. With the addition of more insured students via expansion of the international student hard waiver, we anticipate more clinical visits. The CFSW did move to the new Student Life Center which allowed us to convert one office into an additional exam room and convert the other room to a provider office. Our building, which is owned by the Hospital Foundation, is undergoing a renovation that began in August 2016 and is currently working toward completion in the next few months. The renovation will not impact our area directly, but the building will have a new geriatric medicine clinic, a new pharmacy, laboratory, and entrance. With an additional 23,000 annual patient visits to the building, this may affect access for students as our parking area will not increase in size.

#### Anticipated Opportunities:

- SHIP stability -The expansion of the hard waiver for international students has continued to strengthen the overall insurance plan by increased enrollment. Our upcoming plan year has a 4% decrease in premiums. Our loss ratio remains low, per our insurance consultants, which means we should expect lower premiums in the future.
- Clinic – We had already planned to do an aesthetic upgrade to our clinic. With the renovation of the building, we have been working with the University Hospital system, the University, and the architects to hopefully coordinate with them during their interior upgrade of the building. While plans have been formalized, we are having difficulty finding contract workers for this upgrade due to the construction boom in the Salt Lake Valley. The upgrade to our clinic will include new clinic furniture, carpet, wall coverings, ceiling tiles, and lighting. The architect also created a plan to remodel our front desk area to make it handicapped accessible and incorporate a more private kiosk and waiting room experience for our students as they check in for appointments.
- Mediat – our EMR system has allowed us to be much more efficient. 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 – and our annual flu shot clinics continue to flow well with the system. Our patient portal has additional functionality which we will slowly implement. We will begin with Online Patient Appointment Scheduling in the next year, and will plan to add text messaging notification with the system’s next upgrade. A My Chart function will be added once its functionality is improved in a planned upgrade. A recent module upgrade for immunization compliance will allow us to begin automatically uploading all immunizations we give to the State of Utah’s vaccine registry.
- 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 plan to meet with the software vendor to see if we can implement this software prior to our next accreditation visit in 2019.

#### Grants/Contracts:

Amy Cutting FNP, was one of 4 CON faculty awarded a \$10,000 GLAD (Global Learning across Disciplines) grant from the Office of Global Engagement. This is a 2-part project that begins with an assessment of the current curriculum, identifying the extent to which global learning objectives are included in courses. Then, faculty and students were surveyed across the campus to identify gaps in learning about community-engaged learning, with the goal of developing a workshop to teach those skills to interested faculty, students and providers in the communities.

#### Center Gifts/New Revenue:

- No new revenue is anticipated. Our current student fee has been unchanged since 2011 at \$20.48.

#### Staff Excellence

AAAHC, 2016 Bernard A. Kershner, Innovations for Quality Improvement Award (see QI section for details). This national award recognizes exemplary quality improvement studies conducted by AAAHC accredited organizations.

Tek Kilgore was awarded Preceptor of the Year by College of Nursing Preceptor students.

Susan Kirby was awarded her DNP (doctorate of nursing practice) in May 2017 from the University.

Jessica Vos was awarded a Masters in Nursing Administration in May 2017.

#### Transitions

Jessica Vos, one of our clinic's RN's, resigned her position in April 2017.

Jonathan Holloway, one of our clinic's RN's, resigned his position in May of 2017, to begin a DNP program.

Naida Kljajic, one of our clinic's MA's, transitioned to PRN status, as she continues working toward her degree in physical therapy.

### **STUDENT HEALTH CENTER STAFF COMMITTEE MEMBERSHIPS**

#### **University of Utah Involvement:**



STAFFCOMMITTEE

|                 |   |
|-----------------|---|
| Martin, Suzanne | Faculty Practice Committee, College of Nursing, University of Utah<br>Graduate Scholarship Committee, College of Nursing, University of Utah<br>Assessment Liaison, Student Affairs, University of Utah   |
| Kilgore, Tek    | Chair, Scholarship Committee, College of Nursing, University of Utah<br>Admissions Committee, Primary Care Nurse Practitioner Program, College of Nursing, University of Utah<br>Athletic Advisory Committee, University of Utah<br>Library Policy Advisory Committee, University of Utah |
| Kirby, Susan    | Faculty Governance Committee, College of Nursing, University of Utah<br>Global Health Committee on Global Health Metrics, College of Nursing, University of Utah  |
| Cutting, Amy    | Outreach & Inclusion Committee, College of Nursing, University of Utah (ended service June 30, 2016)<br>Student and Community Engagement Committee, College of Nursing, University of Utah<br>Graduate Programs Curriculum Revision Committee, College of Nursing, University of Utah     |

**Non-University Committee Involvement:**STAFFCOMMITTEE

|                 |  |
|-----------------|--|
| Pfitzner, Mark  | College Health Special Interest Group, Society for Adolescent Health and Medicine (Co-Chair) |
| Martin, Suzanne | Peer reviewer for the <i>Journal of the American Association of Nurse Practitioners</i>      |

**STUDENT HEALTH CENTER STAFF PRESENTATIONS AND PUBLICATIONS**

Presentation

None.

Publication

None.

**STUDENT AFFAIRS FACULTY APPOINTMENTS**

| <b><u>Name</u></b> | <b><u>SA Department</u></b> | <b><u>Position</u></b>   | <b><u>Academic Department</u></b> |
|--------------------|-----------------------------|--|-----------------------------------|
| Pfitzner, Mark     | Student Health Center       | Associate Professor,<br>School of Medicine   | Pediatrics                        |
| Lamb, Sara         | Student Health Center       | Associate Dean<br>Education, Curriculum<br>Program Director,<br>Internal Medicine and<br>Pediatrics Residency<br>Training Program,<br>Assistant Professor,<br>School of Medicine | Pediatrics<br>Internal Medicine   |
| Cutting, Amy       | Student Health Center       | Assistant Professor,<br>Clinical   | College of Nursing                |
| Kilgore, Tek       | Student Health Center       | Assistant Professor,<br>Clinical   | College of Nursing                |
| Kirby, Susan       | Student Health Center       | Assistant Professor,<br>Clinical   | College of Nursing                |
| Martin, Suzanne    | Student Health Center       | Assistant Professor,<br>Clinical   | College of Nursing                |