

2018-2019 University of Utah

Student Health Center Annual Report

Director's Statement

I am happy to share our annual report with you. We began the fiscal year having had our newly renovated clinic in the midst of repairs of water damage after our entire clinical care area was flooded the last week of June 2018. This necessitated a 5 week restoration process in which we worked out of borrowed exam rooms in the clinic above us while all sharing the small remaining office space. This flood came only 2 months after we completed a 4 month long complete renovation of our office space - a remodel in which we remained open throughout juggling offices and exam rooms as they were remodeled. We began seeing patients again only 3 days after the flooding. I am proud of the strength and resiliency of my staff to muster through this disaster so soon after dealing with the controlled chaos of a remodel. While we remained mostly water free this past year (my office was briefly flooded after a storm due to a plugged storm drain), the experience strengthened our ability to think on our feet and prioritize to quickly begin seeing patients again. I am especially grateful for the support services of the University. The Facilities department at University Hospital helped mitigate our damage far faster than we imagined. A huge thank you to Jay Sarten and Jamie Hackworth for their help – we are One University!

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 continues to remain in place despite continued challenges, we remained concerned regarding the possible future impacts of legislative efforts to undermine 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 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 (AAHC). We were successfully reaccredited for another 3 years in March of 2019. We successfully added an interface to our immunization compliance module with the State of Utah vaccine database, USIS, to automatically comply students with the immunization requirement. We added a texting notification system for appointments and secure messages to lessen missed appointments and improve communications. 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

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 Utah¹. 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.

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

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.

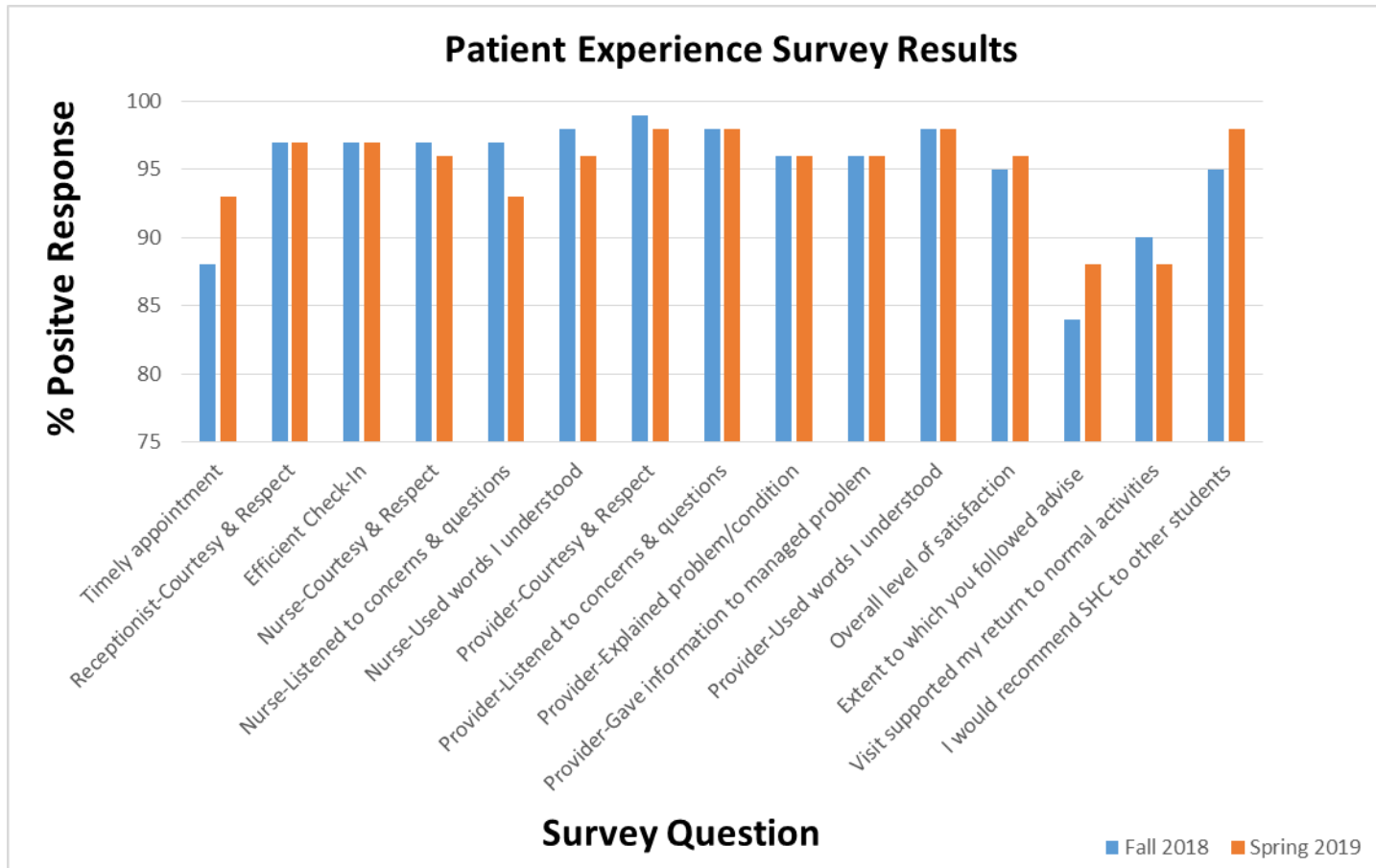
Quality Improvement/Patient Satisfaction:

Patient Feedback Survey:

The SHC has collected patient feedback data using a continuous online survey since 2014. Results are discussed, and when needed acted on, at the end of each semester. The original online survey was revised in July 2018 and launched in August 2018. The goal of the revision was to gain greater insight on patients' care experience, e.g., whether things that should happen at every visit happened. We also wanted to explore how often patients adopted advice they received from their healthcare team, and whether our services promoted our patients' return to their normal activities, e.g., returning to class.

Figure 1 summarizes results from fall 2018 (response rate 18%) and spring 2019 (response rate 14%) semesters.

Figure 1: Patient feedback survey results fall 2018 & spring 2019



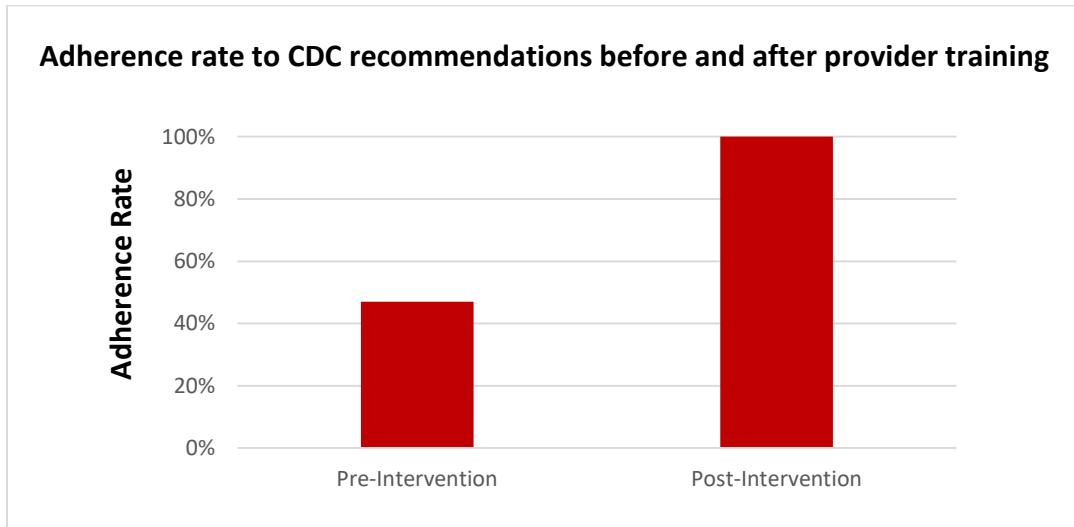
Formal Quality Improvement Projects

The SHC completed three formal quality improvement (QI) projects during the 2018-2019 academic year:

1. *Improving rates of adherence to the CDC’s screening recommendations on oral gonorrhea and chlamydia infections*

Summary: Over-screening for disease increases the cost of care, and instills unnecessary worry among low risk populations. The SHC providers suspected they were not adhering to the most recent CDC screening recommendations on oral gonorrhea and chlamydia infections. The pre-intervention chart review measure confirmed this to be true: 53% of 74 screening tests were not indicated. The intervention comprised of staff training. The post-intervention chart review measure revealed a dramatic improvement: 28 screening tests were ordered and all were indicated (see Figure 2).

Figure 2: Adherence to CDC screening recommendations before and after staff training



2. Improving adherence to the SHC EKG policy through the adoption of a new digital process.

Summary: The SHC policy calls for every EKG to be signed off by a cardiologist at the University of Utah Cardiology Clinic within two business days. The original SHC EKG machine was taking up to an increasing amount of time to obtain a clear EKG report. Furthermore, these paper EKG reports were sent to and from the cardiology clinic via Campus Mail. A new EKG machine was purchased, and nursing staff reported that it was much easier to to obtain a clear EKG report. These reports were also 100% digital, allowing them to be scanned to and from the Cardiology Clinic. Chart review measures before and after adopting the new digital EKG process showed a decrease in cardiology sign off time from 3.4 days to 1.5 days, as well as an increase in the percentage of EKGs that actually signed off on by a cardiologist from 85% to 100%.

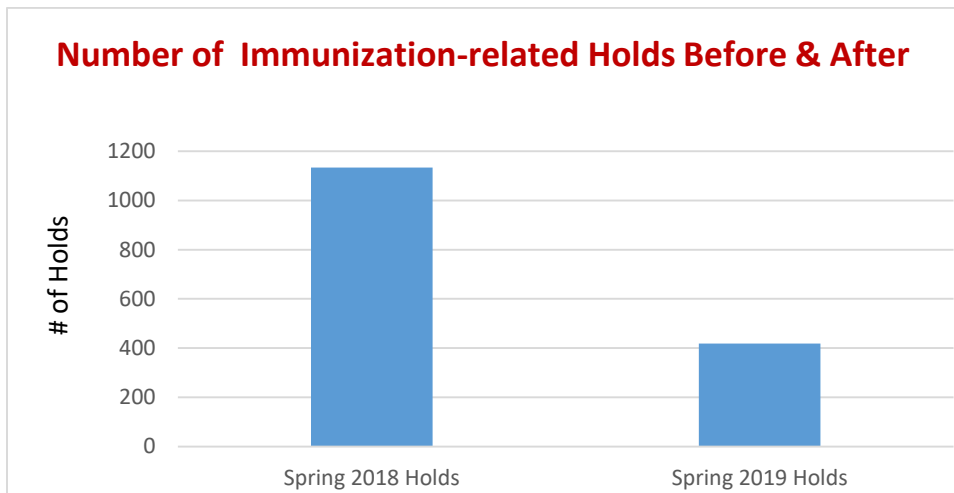
3. Improving workflow through revising the New Patient Medical History Form

Summary: Approximately 40% of patients being seen at the SHC are “new patients” who are asked to complete our New Patient Medical History form upon their initial arrival to our clinic. Revising the format and the language of the original New Patient History form reduced the average amount of time required to complete the form from 11 minutes (range 4 to 28 minutes) to 7 minutes (range 4-15 minutes). Students also reported less trouble and fewer suggestions to improve the revised New Patient History form.

Informal Quality Activities (Highlights only)

1. Online radiology referrals for MRI, CT, and ultrasound (replaced faxing orders then calling scheduling).
2. Addition of our newest nurse practitioner, Katherine (Kat) Heller who receives resounding reviews from both staff and patients.
3. Significant reduction in require immunization “holds” since launching the digital interface between the SHC electronic medical record and USIIS - Utah Statewide Immunization System (see Figure 3).

Figure 3: Immunization-related holds before and after USIIS-Medicat interface



4. Text Appointment reminders reduce appointment “no-show” rate by 31%

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

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 5 utilized the program (unchanged from 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. Travel clinic appointments increased from 123 to 130, with 92% 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.

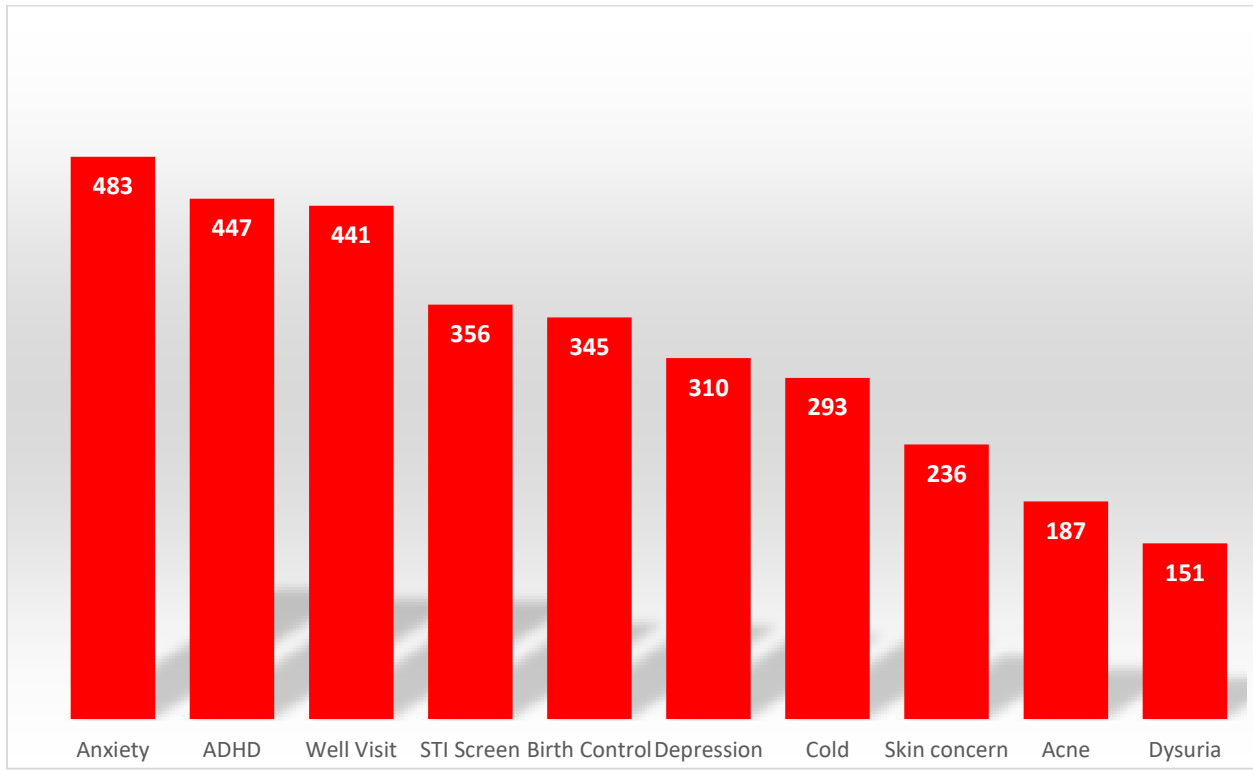
We had 6328 provider encounters this fiscal year, a 4% increase. The majority of the visits were students, with 8.5% of the visits being spouses or dependents. Of those total encounters, the majority were for illness related concerns (92%) with the remainder of the visits being well care. 96% of visits were with students who had their charges billed to some type of health care insurance. Thus only 4% who presented to our clinic has no insurance provider listed. 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 at 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, 30% were new patients to our practice. The majority of our clients are commuters to the University, with 2263 patient encounters being those who lived on campus. This is a marked 60% increase over the past year. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 1612 international students and 58 veterans for

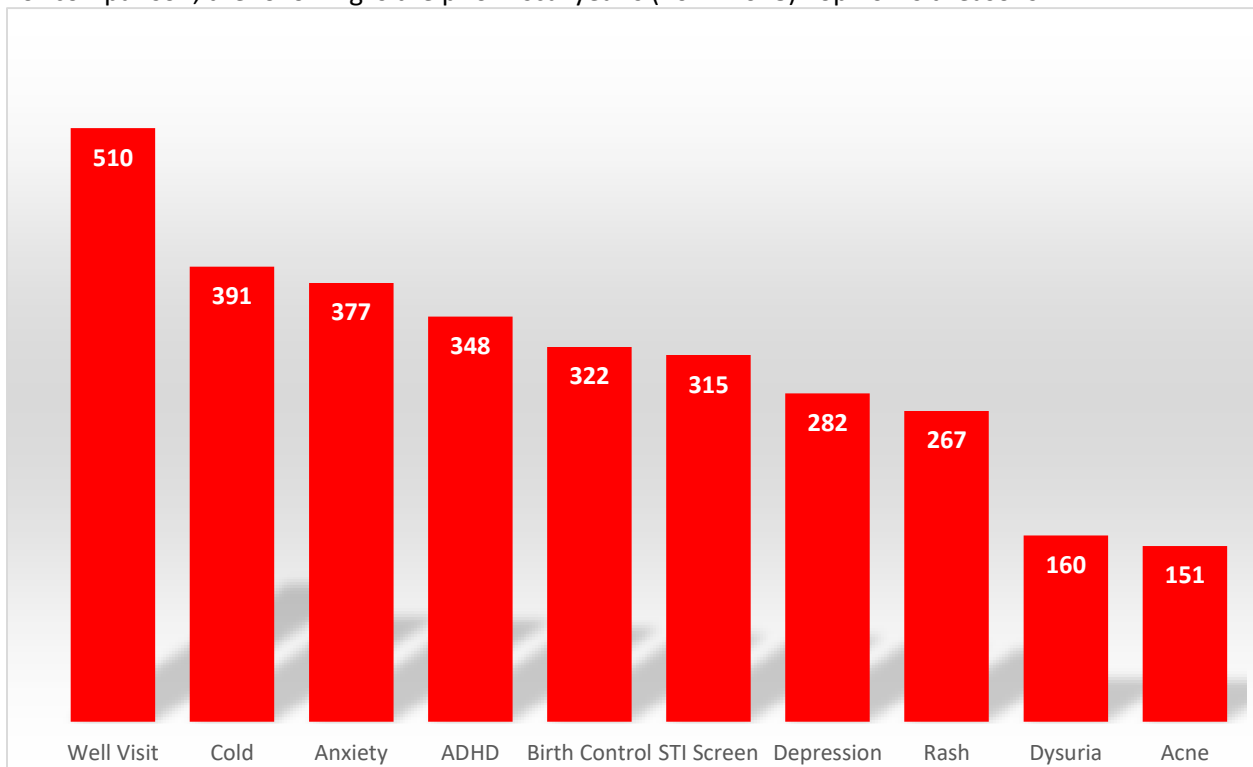
the 2018-2019 period for provider visits (nursing visits for immunizations only are not included in this total). International student encounters increased 2% over the prior year.

The remainder 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. The provided a total of 8566 discrete services (vaccinations, blood draws, nursing triage visits). During this fiscal year, 1238 PPD's (21% increase) and 806 IGRA (3% decrease) were done - the majority of the PPD's for our international students (516 PPD's) with the majority of IGRA's done for health professions students (565). IGRA testing does not require the student to come back to have the test read, but is more expensive. We had 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. 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 220 selecting this online option, 104 were positive via screening and told to come in for further testing. An additional 707 MMR's (measles, mumps, and rubella vaccine) were given to those students who lacked immunity. Approximately 450 titers were performed for the diseases that make up the MMR which is an alternative route to MMR compliance – a 42% decrease, owing to a larger number of students having their immunization records (after a 56% decrease the year prior). Finally, we gave a total of 2007 influenza vaccinations (a 9% increase), either in clinic or at mobile flu clinics on campus coordinated by the Center for Student Wellness staff.

Top 10 Visit Reasons



For comparison, the following is the prior fiscal year's (2017-2018) Top 10 visit reasons:



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.

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 – 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 Mediat 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

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 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 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. For the plan year (2018-2019) the cost was \$1773. During this past fiscal year, as required by state law, we went out to bid for insurance. United Healthcare Student Resources was awarded the contract from this competitive bidding process. The plan will increase to \$1908 (7% increase) for the 2019-2020 policy year with an increase in out of pocket maximum for non-network providers and a slightly better coinsurance for the middle tier providers. We also looked at improvements in our prescription benefit plan, but adding a more traditional prescription benefit card would increase the policy cost by nearly 19% which was felt to be too high an increase in policy premiums to bear in one year. Our current contract, as in our previous one, allows yearly renegotiation and allowances for plan changes. We added a tele-doc function to the policy last year which allows insured to call for medical advice. This upcoming year will then add a virtual counseling component, allowing students to receive counseling via text, chat, or phone. We are hopeful this additional service will be another avenue to seek counseling in addition to on campus resources.

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. Because the Graduate School moved from semiannual to

fall and spring/summer enrollment the semiannual enrollment was eliminated. 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 2017-2018 academic year

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

2017-2018 Enrollment numbers by Plan Type and Period

Continuation Plan	Monthly	65
Domestic Graduate (Subsidized)	1st Semi-annual (fall semester)	642
	2nd Semi-annual (spring/summer)	645
	Annual	0
Domestic Graduate (Voluntary)	Annual	321
	Fall	540
	Fall/Spring	75
	Spring	101
	Spring/Summer	234
	Summer	139
International Graduate (Subsidized)	1st Semi-annual fall	510
	2nd Semi-annual spring/summer	519
International Mandatory	Annual	12
	Fall	1329
	Spring	15
	Spring/Summer	1640
	Summer	44
Specials (Spouses/Dependents) (Paid by Graduate Department)	1st Semi-annual	1
	2nd Semi-annual	4
	Annual	172
	Fall	71
	Fall/Spring	0
	Spring	11
	Spring/Summer	58
	Summer	8
Standalone Repatriation/Medical Evacuation	Annual	No longer available
Undergraduate (Voluntary)	Annual	300
	Fall	158
	Fall/Spring	43
	Spring	203
	Spring/Summer	347
	Summer	129
Spouses/Dependents add on (Voluntary)	Annual	23
	Fall	100
	Fall/Spring	7
	Spring	64
	Spring/Summer	64
	Summer	23

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). 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:

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

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. A sports medicine fellow rotates with our sports medicine provider. Nine nurse practitioner students worked with our College of Nursing (CON) faculty nurse practitioners for clinical experience during the 2018-2019 academic 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.

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 did not teach this past fiscal year.

Amy Cutting FNP taught DNP Residency (NURS 7604) in Spring Semester.

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 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:

- 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. An initiative for Medicaid expansion was passed last fall with a subsequent rewrite of the initiative by the State Legislature this past spring. It is unknown how many college aged students will qualify for Medicaid under this plan. The SHC is not a Medicaid provider, but University Healthcare is; thus, this might potentially decrease utilization rates at our center. SHIP plans will continue to change and morph depending upon loss ratios, numbers of insured, and coverage mandates, etc. While our SHIP premiums have remained stable in past years, there is no guarantee that will continue as evidenced by our rate increase this year.
- 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. Our building completed a renovation of the entrance and 2nd floor in July 2018. A former same day surgery center was converted to a geriatric clinic. With an additional 23,000 annual patient visits anticipated to the remodeled building, this may affect access for students as our parking area will not increase in size. During this past year, our center participated in discussions with the consultants who were hired to help with the initial ideas for a new Union space. Consideration to add a clinical space to that building was discussed and found to be feasible.
- Student Health Fee – our student health fee has remained unchanged since 2011 with \$3 now going to the CSW. Using a 3 year estimate of provider encounter fees, the health fee could be increased by \$3.50 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 for insurance any radiology or laboratory specimens sent to our lab provider (ARUP).

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 no increase in premiums. Our loss ratio remains low, per our insurance consultants, which means we should expect lower/stable premiums in the future.
- 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 – which proved useful in helping us to return to service quickly in borrowed exam rooms from the clinic above us after our flooding event during this fiscal year. 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.
- 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:

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 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

Katherine Heller APRN, joined our staff in September 2018.

STUDENT HEALTH CENTER STAFF COMMITTEE MEMBERSHIPS

University of Utah Involvement:

<u>STAFF</u>	<u>COMMITTEE</u>
Martin, Suzanne	Faculty Practice Committee, 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, Scholarship Committee, College of Nursing, University of Utah Admissions Committee, Primary Care Nurse Practitioner Program, College of Nursing, University of Utah Athletic Advisory Committee, University of Utah Campus Committee for Narcotic Prescription Regulation, College of Nursing, 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:

<u>STAFF</u>	<u>COMMITTEE</u>
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

Presentations

Suzanne Martin presented “Health maintenance practices and healthcare experiences among international college students” at the Pacific Coast College Health Association Meeting in October 2018.

Dr. Pfitzner presented “Renovation, Inundation, and Remediation: Dealing with Disaster” at the national Student Health Services at Academic Medical College’s meeting in January 2019.

Publications

None.

STUDENT AFFAIRS FACULTY APPOINTMENTS

<u>Name</u>	<u>SA Department</u>	<u>Position</u>	<u>Academic Department</u>
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