

ANNUAL REPORT



STUDENT HEALTH CENTER

STUDENT AFFAIRS | THE UNIVERSITY OF UTAH



2023 - 2024

Mission

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

Vision

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

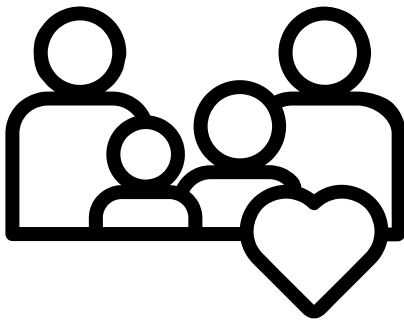
Values

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

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Executive Summary



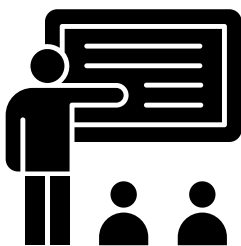
Patient Satisfaction

- All students receive a survey 48 hours after a visit (16% response rate)
- 97-98% Agreed/strongly agreed on questions related to: Communication, Staff efficiency, Handwashing, and Overall satisfaction
- Responses inform current and future strategic initiatives



Student Health Insurance

- Policy Enrollment
 - Fall - 3760
 - Spring/Summer - 3726
 - Summer only - 246
- Insurance Premium
 - \$2,720 per plan year
 - Premium will increase 1.2% for 2024-2025 plan year (\$2,755)
 - Pharmacy benefit changing from 90% reimbursement to a 3-tiered plan with copay (\$15/\$40/\$80)

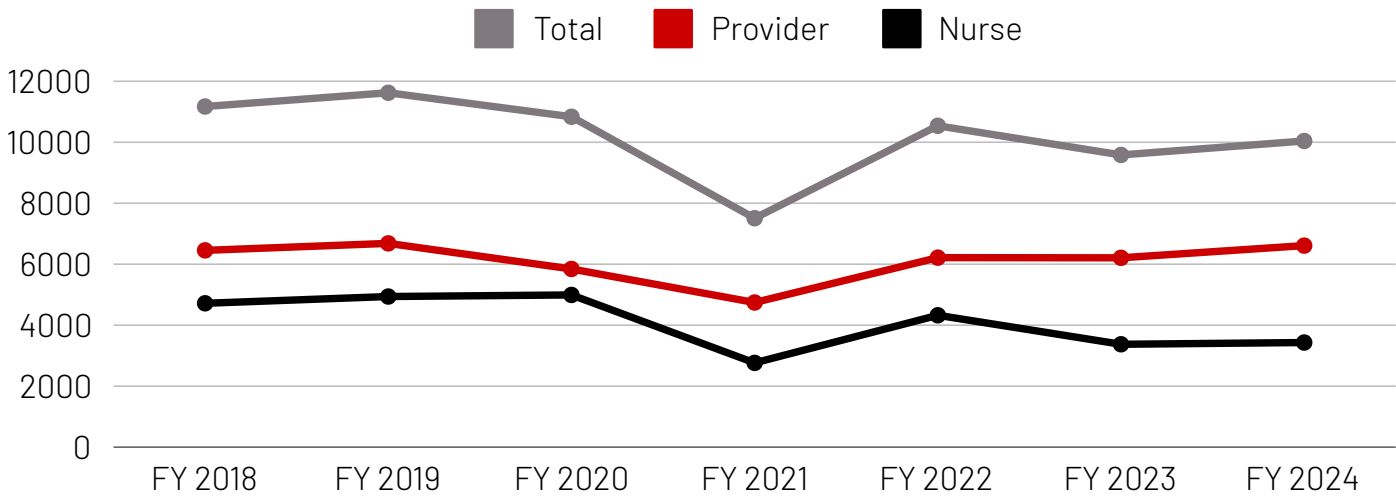


Clinical Education

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

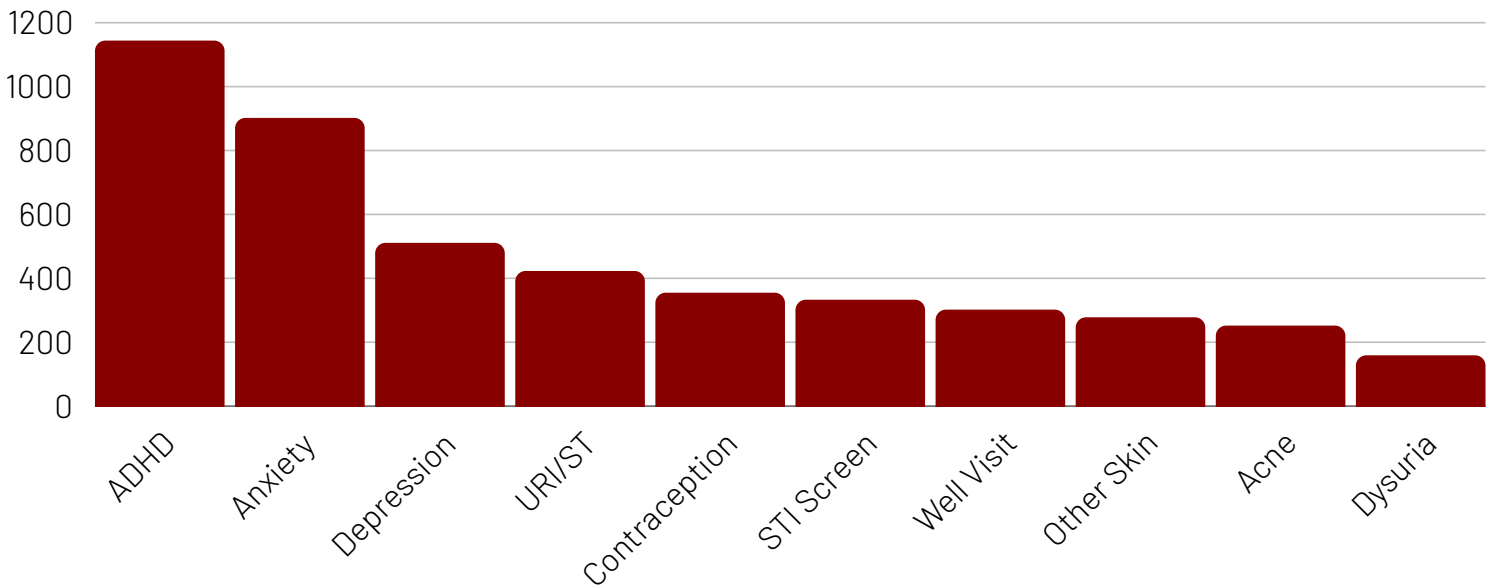
Patient encounters

Patient encounters have stabilized after the pandemic related downturn. Visits vary rarely now due to space constraints.



ICD-10 Diagnostic Codes

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



99%

Compliance with immunization requirement(s)

Vaccine exemptions are <0.1% for MMR

Major Accomplishments



QI Project - Improved billing practices by implementing a training regarding new Evaluation and Management guidelines which resulted in more appropriate visit coding/charges



Successfully advocated for the first increase (\$3.00) in the Student Health Fee since 2011

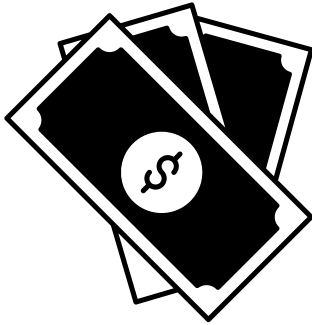


Continued
AAAHC
Accreditation

Major Challenges



Clinic Space



Minimal Student Health Fee



Insurance

Space Issues

Our current location is not ideal and expensive - with no room for expansion nor in a convenient location for students. Our prior lease, which remained unchanged for the past 5 years, increased by ~\$100,000 after an internal audit. Since 2008, 2 separate Student Affairs evaluations by outside consultants indicated that our center is too small for a campus this size. Our accreditor has included consultative comments from each of our 3 prior site visits that our center is too small - both in total space and in patient care areas such as the waiting room, exam rooms, and procedural areas. University leadership desires to increase enrollment toward 40,000 students by 2030. Even if we had a new space, we cannot just take present staffing to the new facility and expect it to still be adequate for our campus in 2030. Nor can we expect our current space to accommodate that level of student population.

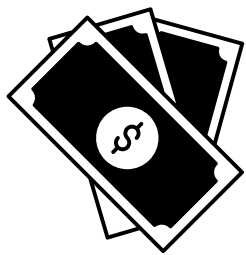


As a student commented on our patient satisfaction survey:

"I wish the University placed a higher priority on students' health. Having it in the basement of the Madsen Health Center with outdated décor and equipment does not instill much confidence. The staff of the health center deserve better, as do the students. It seems like an afterthought or something the University had to provide students so they put it in some random unused spot"

Minimal Student Health Fee

The minimal student health fee (\$20.48), which has remained unchanged since 2011 - and \$3.00 of which goes to the CSW - will be increasing by \$3.00 for our office in the next FY. Despite this, it continues to remain the lowest of our peer institutions. As an auxiliary, we have to be able to fund our own operation. Our budget carry-forward has allowed us to modernize (e.g. EMR), remodel, and maintain fairly competitive salaries for most staff. With COVID pandemic and subsequent inflationary pressures, we needed to tap into the carry forward to maintain our present services. We had no choice but to increase our charges this past fiscal year for the first time since 2008.



The health fee amount and use could be reimagined, especially if timed with a move to a new facility. For example, a proper increase in the student fee could allow us to not charge for anything within our center (provider visits, in house lab tests, etc.). We would still need to charge/bill insurance for any radiology or laboratory specimens sent to our lab provider (ARUP). The students' insurance could then be used to cover health concerns above and beyond what is provided at SHC.

Student Health Insurance (SHIP)

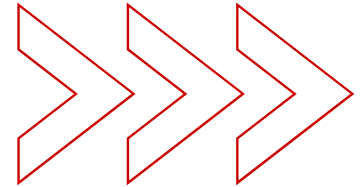
We have seen and continue to see steady increases in SHIP premiums, with a 9.4% increase in premium during FY 23-24.

We completed a competitive bidding process for the health plan this past spring. United Healthcare Student Resources was again chosen as the insurer. Remarkably, our plan performed quite well in the past year such that we were offered a decrease in the plan premium of ~13% with this renewal. Given prior history, we feel this is unlikely to continue and expect future rate increases.

Graduate students, who make up ~ 53% of the insureds, have been unhappy with the prescription plan which reimburses them for the medication's cost rather than having a pharmacy benefit manager (PBM) type of plan where only their portion of the cost is charged at the point of sale. Obviously, if you are on a very expensive medication, the reimbursement model is not tenable. We had increased the benefit from 50% to 90% reimbursement in prior policy years. While we have tried to improve education on how to be reimbursed and prevent the common issues causing less than timely reimbursement, issues remain. Adding a PBM is a large cost increase (\$320.00-\$360.00 depending on design). After much discussion, the Graduate School wished to change the plan design to a PBM with a 3-tiered \$15/\$40/\$80 per prescription, per month copay plan, doing away with the 90% reimbursement plan. With this addition, the insurance premium will increase by 1.2% in the new school year.



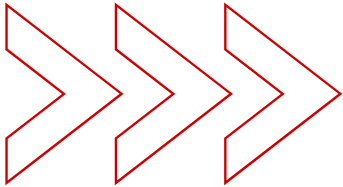
Ongoing Progress



Current Ongoing Strategic Initiatives

Initiative	Activity / Project	Status
Online Bill Payment	Integrate online payment via our patient portal with our EMR	<ul style="list-style-type: none">• Completed• Planning to add automated billing via email this FY
Feasibility of Third-Party Insurance Contracting	Becoming in-network with common insurers	<ul style="list-style-type: none">• Now in-network with SHIP and WellFleet only<ul style="list-style-type: none">◦ Bill others as out of network• Plan to assess being in-network with common insurers, measure cost effectiveness, number of students impacted
Maintenance of AAAHC Accreditation	Accreditation governs all aspects of care: <ul style="list-style-type: none">• Governance• Clinical Records• Quality• Safety/Infection Control• Facilities	<ul style="list-style-type: none">• 3 year accreditation cycle• Next site visit Spring 2025• 2-3 Quality Improvement Projects annually<ul style="list-style-type: none">◦ Sexual assault screening◦ Eating disorder screening and resources list

Future Progress



New Strategic Initiatives

Initiative	Activity / Project	Problem/Status
Reimagining Immunization Compliance (IC)	Standardizing and centralizing IC across the entire University, including Health Sciences using Medicat Immunization Compliance Services	<ul style="list-style-type: none"> • SHC manages campus MMR, SOM and Dentistry requirements • All other health science manage separately • Awaiting meeting with AVP of Health Sciences Education and relevant programs • Will look at transition of just SHC managed programs if further delay
PowerDMS	Policy management software to transition current policy and procedures manual to web-based program	<ul style="list-style-type: none"> • Program has integrated AAAHC standards to tie our policies directly to required accreditation standards. • Will facilitate site surveys and employee education • Implementation July 2024
Medicat One	Transition to new web-based version of current EMR, Immunization Compliance Software/Verivax	<ul style="list-style-type: none"> • Next iteration of our EMR • Can query all state vaccine databases for seamless compliance for students • Planned for mid-late 2025

