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The Student Health Center specializes in college health, focused expressly on the unique health care needs of our students, their spouses, and children. Providing medical diagnosis and treatment, wellness care, and consumer education, the Student Health Center maintains a staff of health professionals to serve as primary providers for over 9,000 students and their families.
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.

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. Prior to this, the center has been accredited by the Joint Commission since 2002.
As the caring intersection between health and education . . .

college health is **developmentally** appropriate,

**educationally** effective,

**medically** expert, accessible, and convenient.

- Carnegie Foundation
Greetings!

I am happy to share our annual report with you. As I’ve said in prior years, this past year was marked by change and uncertainty – as well as a busy end of the year. The Affordable Care Act continues to present an ever changing landscape to our students and insurance plans. Health and Human services released more rules regarding student health plans this past spring, further clarifying that student health insurance plans will meet the requirements as minimal essential benefits required by health care reform. Because of this and other reasons, we needed to go to bid for our student health insurance in late April for the upcoming academic year. We awarded the contract to United Healthcare Student Resources in June. 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 a deductible of $500 or more. Thus we have tried to split the difference by offering a plan that has low $100 deductible and keeps the out of pocket maximum at a reasonable amount.

We successfully implemented a hard insurance waiver for international students admitted after Fall 2012. A hard waiver requires all incoming international students to buy our insurance plan unless they have purchased a plan with equal or greater benefits that ours. This change occurred due to the fact that some international students, unfamiliar with our healthcare system, were purchasing plans that offered varied and often subpar benefits despite meeting our overall insurance dollar limits for policies, putting themselves at financial risk.

In addition, after investigating various electronic medical records and practice management systems over the past year, we selected Medicat’s system for our center and will begin implementing it during the first quarter of the new fiscal year. For someone of my generation going totally paperless is a scary proposition. Yet the advantages for improvements in quality of care by having easy access to clinical data provide me with reassurance. Plus I have a very excited and energized staff ready to embark on this adventure!

Finally, we successfully transitioned accrediting bodies from the Joint Commission who has accredited our clinic since 2002 to the Accreditation Association for Ambulatory Health Care (AAAHC) in early April. The AAAHC is a much better fit for student health centers and have a larger emphasis on quality improvement than the Joint Commission.

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 is 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 wholly true for our Center.

Sincerely,

Mark Pfitzner, MD
Director
TOP TEN DIAGNOSES

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<td>SKIN LESION</td>
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<td>RASH</td>
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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 counseling
- 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 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.

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 pg 16) required of all new students as well as the tuberculosis screening requirement for all international students.
Overall, there was a 6.9% increase in encounters from 8557 in the prior fiscal year to 9144. This is likely due to a more severe winter respiratory season and a larger population on the student health insurance plan. Encounters with students who had the student health insurance plan increased 7.7%. Of all patients seen, 15% were new patients to our practice, a three percent decrease from the prior year. The majority of our clients are commuters to the University, with only 21% living on campus, up from 18% from the prior year. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 2292 international students and 61 veterans for the 2012-2013 period. International student encounters increased 25% over the prior year and veteran visits remained mostly the same.

Of those total encounters, 6029 visits were to our health care provider staff, representing a 7% increase. 5526 of the visits were for illness related concerns. The remainder of the visits were for well care – 59% were for students and their spouses and the remainders were for dependent children. Travel clinic appointments increased from 117 to 137, a 17% increase, with the majority occurring in the latter half of the fiscal year.

The remainder of the encounters were nursing visits for blood work, immunizations, or tuberculosis screening (PPD). Our nursing staff continues to have incredibly busy years. During this fiscal year, 1992 PPD’s were placed for screening our international students, an increase of 15.3% after 13%, 16%, and 27% increases the years prior. This is due to the University’s steadily increasing international student enrollment. Also, an additional 1089 MMR’s (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, up 20% from the year prior after only a 3% increase in the prior fiscal year. Finally, we gave a total of 1102 influenza vaccinations, a 5% from the prior year.

The contracted insurer for the University of Utah Student Insurance plan during this fiscal year was GM Southwest; the plan consisted of a subsidized graduate student plan for teaching assistants and research assistants and a voluntary student plan for all others (see Insurance). As the plan is voluntary, other students either utilized their parents plan or are uninsured. A small student fee subsidized clinic operations allowing charges to be 25-60% less than typical charges for similar services which represent a sizeable savings to those that are uninsured. During this fiscal year, 87% of our encounters were to students with insurance up from 86% the year prior. While the number of insured students was encouraging, 13% of our students still remained uninsured representing a significant hardship if an illness were to befall a student in these difficult economic times. This number is anticipated to drop with the opening of health care insurance exchanges this coming October allowing many parents to obtain insurance for their dependents under age 26.
Assessment

The SHC conducts biannual surveys of patient satisfaction. We continue to find that once a student has the opportunity to use us for their care; their satisfaction with that care is very high. Most recently, 95% either agreed or strongly agreed that our nursing staff was “professional, courteous, and attentive,” and a 98% say the same of our care providers. Ninety-seven percent either agreed or strongly agreed that they would recommend us to a friend, and 98% had a positive experience at our center.

The SHC is 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 values quality improvement and likes to see 1-3 yearly projects done in the centers they accredit. Suzanne Martin is our Quality Improvement Director and works with our staff on potential projects each year. The QI program addressed a number of issues during the 2012 fiscal year, including updating and adopting our anaphylaxis policy and procedure and reducing the cost of care for students presenting with sore throat complaints. Larger QI projects included successful integration of the 2012 clinical guidelines on cervical cancer screening into routine practice, and a nursing initiative that reduced State Lab turn-around time by 40%. With the advent of our electronic medical record system we see many potential projects. Data will be much more readily available for analysis and the new system will allow more care process models to be followed as visits will have associated templates for the care. Online appointment scheduling, text appointment reminders, and an online portal for students to communicate with their provider will all be areas fruitful for quality improvement.
All of our nurse practitioner staff are College of Nursing faculty, two 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. Eight nurse practitioner students worked with our faculty nurse practitioners. Three to four Pediatric, Medicine/Pediatric, and/or Triple Board (child psychiatry, adult psychiatry, and pediatrics) residents rotate monthly thru the SHC during their adolescent medicine rotation work with either Dr. Pfitzner or Dr. Lamb. Dr. Pfitzner resigned as the course master of the adolescent medicine rotation for the pediatric residency program in the summer of 2011, a position he has held since 1998. 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. Lectures included topics such as “Acute and Chronic Illnesses in Adults”, “Chronic Problems of Adults and Elders”, “Chlamydia Infections,” and “Chronic GI Problems.”

Suzanne Martin FNP DNP submitted a manuscript to The Journal of Midwifery and Women’s Health entitled, “Clinical Rounds: Rosacea,” which was published. She teaches Scholarly Projects I and II for the doctorate of nursing practice’s capstone class. She continues to coach a “Girls on the Run” team at Uintah Elementary.

Amy Cutting FNP continues in the role of coordinator of the Study Abroad in Ghana summer program for the College of Nursing, traveling with 7-10 nursing students as they work with local health workers in that country. She serves on the Global Health Initiative Committee within Health Sciences for the College of Nursing (CON), the International Exchange Committee for the University and is a member of the CON’s MUSE committee.

Sue Kirby FNP continued to expand her knowledge as she worked to complete her doctorate of nursing practice. She co-taught “Advanced Pharmacology” at the CON and finished an 8 year term on the State Board of Nursing.

Tek Kilgore FNP DNP teaches “Advance Adult Assessment” and “Episodic Problems of Adults” in the DNP program each year as Scholarly Projects I and II for the doctorate of nursing practice’s capstone class. He is also on the Library Advisory Committee and was recently appointed to the University’s Athletic Advisory Committee.

In addition to Dr. Sara Lamb’s duties as the director of the medicine pediatrics residency program, she is also the Associate Dean of Curriculum at the School of Medicine – a very busy position as she is actively working on our medical school curriculum changes.

Cynthia Powell, nurse manager, is on the Student Affairs Diversity Council.

Substance abuse was the main topic at this past spring’s annual retreat.
Clinical Staff

Clinical staff consists of 1 physician (Dr. Mark Pfitzner), 4 family nurse practitioners (Amy Cutting, Tek Kilgore, Sue Kirby, and Suzanne Martin), 3 registered nurses (Cynthia Powell, Keri Wright, and Hayley Cutler), 1 medical assistant (Ebonie Davis), and 1 nursing assistant (Eleanor Mikich).

Serving as consulting physicians, we have a sports medicine physician, Dr. Ted Paisley, faculty in the Department of Family Medicine, and an internist, Dr. Sara Lamb, faculty in the Departments of Pediatrics and Internal Medicine, and director of the Medicine Pediatrics residency program. One family nurse practitioner, Missy Berkel, works in our clinic during times in which our existing nurse practitioners are away teaching in their roles as College of Nursing faculty.
Immunizations

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 dates of when they had two doses of 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 the dates of having had the diseases of measles and/or mumps, and a documented blood test (titer) to show immunity to rubella, or a 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. Students who have not complied with the requirement by the sixth week of each semester will have a registration hold placed on their University records. This hold will not be released until the appropriate documentation has been produced. Students can receive the vaccinations and/or have blood tests (titers) at the Student Health Center.

Beginning fall 2012, the Student Health Center began tracking the immunizations for the School of Medicine students. The School of Medicine has an average of 243 students who are required, upon admission, to show proof of immunity to: measles, mumps and rubella; TDap; Varicella; Polio; Hepatitis B - along with an annual TB Skin Test in the spring 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.
1089
Total number of MMR's given.

$64
Cost of MMR vaccination.

127
Measles Antibody Titers drawn

127
Mumps Antibody Titers drawn

122
Rubella Antibody Titers drawn
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. At the end of 2012 the average enrollment of the subsidized plan was 1056, with a loss ratio* of 45%. The average cost per-student claim was $639.

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. At the end of 2012 the average enrollment of the voluntary plan was 1264, with a loss ratio* of 72%. The average cost per-student claim was $511.

New, Transfer, and Readmitted International Health Insurance Requirements:
All International students that are here on a J-1 or F-1 Visa that are new, transfer or readmitted to the University, after fall 2012, are automatically enrolled in University-sponsored student insurance plan and are responsible to apply for a waiver online if they have a health insurance policy that meets the following requirements:

• Plan must include the University of Utah’s University Provider Network (UPN) as an in-network provider
• A maximum benefit per person no less than $100,000 per academic year
• No more than $6,000 out of pocket maximum benefit for both in/out of network combined
• Preventive benefits as per the Affordable Care Act must be covered at 100%
• Deductibles no more than $100 in-network per individual annually and $250 in-network per family annually
• No day/visit limits on any benefits
• Minimum of 80% coinsurance for in-network
• Unlimited Medical Evacuation and Repatriation
Accidental Death and Dismemberment benefits with a minimum $10,000 principal sum
• Coverage for injuries while practicing and playing University-sponsored intramural and club sports
• Coverage for all non-intercollegiate and other non-professional sport-related injuries
• Composite rated policy, with no age banding
• A United States billing address and contact
At the end of 2012 the average enrollment of the mandated internationals was 527, with a loss ratio* of 35%.
The average cost per-student claim was $228.
*Total dollars paid out for claims deducted from total dollars collected in premiums.

The student sponsored University health plan will change insurance carriers for the upcoming 2013-2014 school year. Beginning August 16th the new insurance coverage will be through United Healthcare Student Resources.

The University plans to grandfather all international students into the automatic enrollment policy the beginning of the 2014-2015 school year.

International Student Health Insurance Requirement for Continuing International Students Enrolled Prior to Fall 2012.
All international students are required to have a health insurance policy that covers them in the United States. F1 Visa and J1 Visa students must provide a copy of a confirmation that shows the length of coverage and show the coverage meets the minimum of the following:
- Minimum coverage of $50,000 per policy year
- Minimum of $10,000 evacuation and repatriation insurance
- An annual deductible no greater than $250
- Coverage of 80% (80/20 co-insurance)

The national requirements for J-1 international students are as follows:
- Medical benefits of at least $50,000 per accident
- Repatriation of remains $7,500
- Medical evacuation insurance of at least $10,000
- Covers pre-existing conditions after a reasonable waiting period
- Coverage of 75% (75/25 co-insurance)
- Because the University-sponsored plan fails to meet the J-1 requirement of $50,000 per accident, special arrangements have been made with GM Southwest to accommodate J-1 Visa students should more than one catastrophic event befall them in a single policy year.
The Center for Student Wellness (CFSW) is an affiliated office of the University Counseling Center and the Student Health Center and co-reports to both directors.

The last year was full of change and transition for the CFSW. Megan DuBois, long time Program Manager, left her role in August 2012. Katie Stiel transitioned from her previous title, to the new Program Manager in November. Kassy Keen was hired as Prevention Coordinator, and started February 2013. Angie Makomenaw, formerly of the Women’s Resource Center, also started working in the CFSW in February. Angie continues her work as violence prevention coordinator and victim advocate. Eduardo Galindo went from tobacco intern to general health education intern. Kris Fenn, who co-advised Alternative Spring Break (ASB) with the CFSW, moved into a full time Alternative Breaks Coordinator. She continues to be advised by Katie Stiel. Nicolas Ridruejo continued as graphic artist.

The mission of the CFSW is to create, nurture, and promote a University environment supportive of healthy life-long behaviors and enhance academic and personal success. The CFSW strives to assist students in skill development that will enhance their personal wellness and ability to succeed, not only in the classroom, but in all areas of life: intellectual, physical, social, spiritual, emotional, financial, and environmental.

The Center for Student Wellness is committed to student engagement and advised or co-advised the following student groups this year: Alternative Spring Break and Student Health Advisory Committee (SHAC). Megan DuBois previously co-advised the Student Athlete Mentors, however with her transition a full time position in athletics took over the program. The CFSW is still connected to the Student Affairs liaison in Athletics and continues to present to new student athletes. The CFSW also sponsored or co-sponsored numerous student events such as the Wellness Fair, Sexual Responsibility Week, Alternative Spring Break, World AIDS Day, Flu Shot Clinics, Greek Testing Day, De-Stress Fest, Love Your Body week, Michael Kimmel Program, and the Domestic Violence/Sexual Assault Legislative Day. Student groups helped plan and implement each event.

The Wellness Fair was again held in the Field House, and continues to be a collaborative event with Campus Recreation. The Wellness Fair provides flu shots and health screenings to 1500 students on campus. The wellness fair highlights offices, organizations, clubs and individuals that students can connect with on campus to take active and proactive steps towards their own health and wellness. The Wellness Fair is a prevention-based approach and encourages healthy behavior and choices as well as personal screening and assessment to maintain individual health. We also work to support and create a campus environment that is healthy through collaborations with the Campus Bikes program, Office of Sustainability, Commuter Services, and Chartwells.

In terms of prevention activities, The CFSW conducted approximately 98 outreach activities including presentations and tabling. These events involved over 160 of staff time and approximately 8,535 students were involved or participated in CFSW programming. In addition, 109 were seen in our SHAC peer clinic. This year, the CFSW offered ten Prime for Life classes, an Alcohol Education Course for students who violate campus alcohol or drug policy, and for students who receive a Minor in Possession or Consumption. This fiscal year 122 students completed this course.

The CFSW strives to implement prevention strategies that are evidence based and considered best practices in the prevention field. The CFSW maintains traditional substance abuse prevention roles and programs, including ensuring compliance with the federal Drug Free Schools and Communities Act and completing the Biennial Reviews.

In addition, the CFSW develops and maintains strong collaborative relationships with campus and community prevention groups. The past year the CFSW coordinated, chaired, co-chaired, or participated in the follow groups: Student Affairs Action Coalition, Professional Development Committee, University of Utah Pride Committee, University of Utah Dialogue Training Group, Behavior Intervention Team, Love Your Body Week, Mayors Coalition on Alcohol Tobacco and Other Drugs, Utah Health in Higher Education Network, Utah Health Relationship Taskforce, Utah Coalition Against Sexual Assault, Utah Domestic Violence Coalition.
SHAC + CFSW EVENTS

UNIVERSITY OF UTAH FARMER’S MARKET

WELLNESS FAIR

LOVE YOUR BODY WEEK

ALTERNATIVE SPRING BREAK

NATIONAL COLLEGE HEALTH ASSESSMENT

AMERICAN COLLEGE HEALTH ASSOCIATION CONFERENCE

2012

AUG 22 - OCT 3

FEB 22 - 28

MARCH 11-15

MARCH

MAY 28 - JUNE 1

2013

1500 9 110 169 789

Participants for the Wellness Fair.

Alternative Spring Break Trips

Alternative Spring Break Participants (Staff & Students)

Patients seen in HIV peer testing and counseling Clinic and Campus Outreach Clinics

Free Flu Shots for students
In the Spring of 2010, we formalized our mission, vision, and values, as follows:

VISION: The Student Health Center is committed to developing and improving lifelong health and wellness skills for all University of Utah students.

VALUES: Quality, Advocacy, Empowerment, Community

MISSION STATEMENT: To provide quality evidence based healthcare and wellness services, to advocate for students and to empower them in their health care decisions, and to be an integral part of the larger University of Utah community.

From these values we developed the following strategic objectives:

STRATEGIC OBJECTIVES:
1. Transition to an Electronic Health Record (EHR)/Paperless clinical environment.
2. Adhere to and respond appropriately to the Patient Protection and Affordable Care Act (PPACA) aka Health Care Reform via our Student Health Insurance Plan.
3. Expand the SHC staff to meet the needs of a growing and diverse student population needs, through:
   a. Active recruitment of professional staff
   b. Expansion of subspecialty professional staff located within clinic (i.e., psychiatry, dermatology) based upon student need.
4. Increase and/or improved utilization of our current clinical space through:
   a. Satellite locations (i.e., Student Life Center)
   b. Extended hours
   c. Remodeling of our existing site
5. Improve campus visibility through student outreach to increase opportunities for student involvement.
6. Provide evidence based care and programming through:
   a. Development of Student Health specific care process models
   b. Incorporation of these models into the EHR when it becomes available
   c. The Center for Student Wellness Outreach
7. Encourage broadened opportunities for Student Health Center staff through continuing education programs.

Since the development of the strategic objectives, we continue to work toward implementation but also realize that they must evolve. However, many of the items we had planned seemed to occur concurrently.

We have purchased and begun implementation of the Medicat practice management and electronic medical record system. We are hopeful that care can be streamlined and consistent through care process models within the system. We will additionally add an online student health portal in which students can also communicate with their provider, schedule appointments, and view their bills. The program also offers an Immunization Compliance Module which should greatly simplify the process for both student and staff at our center. The system also provides improved electronic processing of third party billing of claims as many students remain on their parents insurance through age 26.

The hard insurance waiver for new international students provides them with standardized insurance instead of the various policies many currently have and has notably increased utilization in our clinic for that population. We anticipate requiring ALL international students to have our insurance by Fall 2014. The new student life center’s construction will begin in the fall and we look forward to the new suite of offices for the CFSW. Our new system can also be set up to aid the health educators in tracking attendees at events. This will allow them to have better information regarding attendees and provides a means for follow up after an event.

The objective most difficult to work with and anticipate change is health care reform. While the law was passed and successfully upheld by the Supreme Court in the summer of 2012, the regulations and implementation are ongoing with phased implementation. New rules and regulations have continued. With these changes we had to respond rapidly to the changing marketplace and went to bid quite late this past year. Despite these problems and setbacks, we ended up with a very good plan for our students – balancing benefit and costs. We anticipate these changes to continue – both known and unforeseen ones, and plan to work closely with our insurance consultants to help us respond appropriately.
Appendix