2013-2014 Student Health Center Annual Report

Director’s Statement

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. The Affordable Care Act continues to present an ever changing landscape to our students and insurance plans. The healthcare exchanges opened in the Fall of 2013; yet as our state did not expand Medicaid to the chagrin of many in the healthcare industry, young adults without children and little to no income couldn’t quality for the exchange plans nor Medicaid. 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. We successfully transitioned the student health insurance plan to United Healthcare Student Resources with the new plan year. 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. However, with the full force of the Affordable Care Act coming in place in January 2014, our plan for the next school year needed to be modified to include a prescription benefit plan as well as prepare for policies no longer excluding pre-existing conditions. As a result, we saw an increase in premiums as well as deductibles for the upcoming school year.

We had 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. With the Affordable Care Act now requiring all domestic students to be insured, we plan to expand this hard waiver to ALL international students for the 2014-2015 school year.

In addition, after investigating various electronic medical records and practice management systems over the past year, we selected Medicat’s system for our center. 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. We successfully implemented the practice management portion of the software (scheduling and billing) in November 2013, and went live with the electronic medical record in July 2014. My staff feels “over the hump” with most of the changes. However, we plan to roll out check-in kiosks this fall for student appointments, a new patient portal for students to better interact with their provider and electronic record, and integrate all immunization compliance records into our system for an improved experience for both students and university staff. E-prescribing hopefully will follow in the 3rd-4th quarter of the fiscal year.

Finally, we remain committed to quality care and are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation entails many key clinical areas, but the most important one would be active quality improvement projects. For example, In June 2014, we successfully integrated our prior paper patient satisfaction surveys done twice yearly, to a continuous process in which patients receive an electronic version of the survey 48 hours after their visit.
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 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. Prior to this, the center has been accredited by the Joint Commission since 2002. The next schedule site visit will be in April 2016.

Quality Improvement/Patient Satisfaction:

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, 100% either agreed or strongly agreed that our front desk staff was “professional, courteous, and attentive,” and a 99% say the same of our care providers. One hundred percent either agreed or strongly agreed that they would recommend us to a friend, and 100% had a positive experience at our center. We transitioned in June 2014 to a continuous survey process using our new practice management software to send a survey linked to Campus Labs Baseline. Every patient who comes to our clinic will receive a survey 48 hours post their visit. In the past, we only surveyed those who came to see a provider. Now we are able to survey those who also came in for just an immunization or a nurse visit only. We plan to still look at this data twice yearly during fall and spring semesters, but our sample size will be much greater than we can accomplish with just a 1-2 week period of paper surveys. We have modified the survey to include a question regarding patient’s understanding of billing and insurance issues and hope to use their responses to improve our patient’s knowledge of this crucial health care issue.

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 this past fiscal year, including:

- Increasing the Rate of INH (Isoniazid) Uptake Among New International Students with Latent Tuberculosis Infection (LTBI)
- Clinic Work Flow Project, Part 1: Nurse-Provider Assignment Board
- Clinic Work Flow Project, Part 2: Radiology Ordering Improvement Process via EPIC
- Reducing the Rate of PPD Follow-up No Shows
- Improving the Rate of Immunization in Patients between 12 and 36 Months
With the advent of our electronic medical record system we see many more projects that we can do as data will be much more available for analysis plus the new system will allow 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.

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 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 number of students utilizing this service has decreased to almost zero. Most of this is 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.

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 Key Activity #2) required of all new students as well as the tuberculosis screening requirement for all international students.

We began using our new practice management software from Medicat in November 2013. While old data from our prior program was imported into our new system, combining old and new data is difficult,
especially as coding changed even after implementation. Thus the data provided below is our best effort based upon our analysis.

We had 13,062 total encounters; 12,510 were for adult patients. Approximately half of those visits were to see a provider with the other half being students seeing a nurse for immunization or laboratory. 70% of them were 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 42% increase in encounters from 9144 in the prior fiscal year to 13,062. This is likely due to a larger population on the student health insurance plan and much better encounter tracking with our new software system. For example, we relied on paper route slips for this number and students who returned for a TB skin test read didn’t have a route slip completed. Of all patients seen, 9% were new patients to our practice, a six percent decrease from the prior year. The majority of our clients are commuters to the University, with only 996 patient encounters being those who lived on campus. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 2865 international students and 121 veterans for the 2013-2014 period. International student encounters increased 25% over the prior year after increasing another 25% the year prior. Veteran visits showed a 50% increase, likely due to better reporting with our software.

Of those total encounters, 5853 visits were to our health care provider staff, representing a 3% decrease. 5153 of the visits were for illness related concerns. The remainder of the visits was for well care. Travel clinic appointments increased from 137 to 197, a 43% increase, owing to the improving economy.

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, 1530 PPD’s were placed for screening - the majority for our international students - a decrease of 23% - after an increase of 15.3%, 13%, 16%, and 27% increases the years prior. This is due to the University’s a slight decrease in international student enrollment and changes in tuberculosis prevalence in certain countries which results in students from those countries not needing to be screened. Also, an additional 1059 MMR’s (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, unchanged from the year prior. Approximately 168 titers were performed for the diseases that make up the MMR. Finally, we gave a total of 1047 influenza vaccinations, also unchanged from the prior year.

Not counting well visit encounters, the most common diagnoses at our center were:

- Upper Respiratory Infections
- Fatigue
- Cough
- Pain, Knee
- Pharyngitis
- Skin Disease
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 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. A welcome letter containing the “proof of immunity” card is mailed once the student registers for classes explaining the immunization requirement. Then six weeks after the beginning of each semester, those students who have not complied with the immunization requirement are sent an email that notifies them that unless their vaccine records are received within ten days, a hold will be placed on future registration. 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 (See Key Activity #1 for numbers of tests/immunizations performed).

Students have a registration hold placed for noncompliance. Thus noncompliant students are unable to attend school the following semester without complying. While we currently do not track holds placed
per semester, it typically is approximately 700 – 800 students for fall semester. The vast majority of these students comply within 2 weeks of the hold being placed.

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 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).

Beginning fall 2012, the Student Health Center began tracking the immunizations for the School of Medicine 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); polio (IPV); and 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. For continuing students they are unable to proceed with clinical rotations until compliant. These students have 100% compliance.

We are presently in the process of moving all immunization/TB data from PeopleSoft into our new electronic medical record system. The Immunization Compliance Module (ICM) of Medcat will allow us to totally manage all compliance. Subsets of students can easily be emailed within the system re: their status. All vaccines/TB testing that occurs in our office will automatically link to the ICM. This will allow them to become compliant automatically and their holds removed electronically each evening facilitating prompt removal of holds. This will be a vast improvement over our current paper method.

In late Fall 2014, we will have a patient portal that will interact 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 can then verify their vaccinations and the software will mark them as compliant. We hope this will replace the current paper vaccine cards that need to be completed and mailed by the student.

Additionally, we are working with our EMR vendor on an interface with the State of Utah’s Vaccine Registry, WebKids. Immunizations given in our clinic will automatically update the registry. Unfortunately, Utah’s registry is not bi-directional. If it were, students who have existing vaccines in that system would automatically have that data sent to our system and their compliance updated. However, we still can manually search the database if a particular student thinks they may have had a vaccination.

**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; the plan consists of a subsidized graduate student plan for teaching assistants and research assistants, a mandatory plan for international students admitted after Fall 2012, 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. A small student fee subsidizes 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. The insurance cost for the 2013-2014 plan year was $1740.

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. Typically approximately 1200 graduate students are on this plan.

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. Typically approximately 400 students are on this plan.

New, Transfer, and Readmitted International Health Insurance Requirements:

All International students that are here on a J-1 or F-1 Visa who are new, transfer or readmitted to the University, after fall 2012, are automatically enrolled 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 $500,000 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/price 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
- Policy must be purchased for the entire school year

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. Approximately 1500 international students were submitted for enrollment in Fall 2013.

The University plans to grandfather all international students into the automatic enrollment policy the beginning of the 2014-2015 school year. The following describes requirements for that population:

**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)
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 70% of those we see for sick and well visits have insurance (see Key Activity #1). While the number of insured students is encouraging, students still remained uninsured representing a significant hardship if an illness were to befall a student in these difficult economic times. The impact of the Affordable Care Act and the new Healthcare Exchanges is not well known. Students who would choose such a plan typically would have a narrow provider network and would not be seen in our center.

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:

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

**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 and 1-2 medical residents per month.

**Outcome:**

- Tracking students

**Assessment:**

- Student evaluations, SHC faculty evaluations
Narrative/Utilization Data (if applicable):

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 during the 2013-2014 academic year. Three to four Pediatric, Medicine/Pediatric, and/or Triple Board (child psychiatry, adult psychiatry, and pediatrics) residents typically rotate monthly thru the SHC during their adolescent medicine rotation and work with either Dr. Pfitzner or Dr. Lamb. 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.” Due to the implementation of the EMR, Drs. Pfitzner/Lamb did not precept medical residents during the past academic year. It is anticipated this will resume once EMR implementation is complete.

Suzanne Martin FNP DNP teaches Scholarly Projects I and II for the doctorate of nursing practice’s capstone class.

Amy Cutting FNP continues in the role of coordinator of the Study Abroad in Ghana summer program for the College of Nursing (CON), traveling with 7-10 nursing students as they work with local health workers in that country.

Sue Kirby FNP continues to co-teach “Advanced Pharmacology” at the CON while working toward her doctorate.

Tek Kilgore FNP DNP teaches “Advance Adult Assessment”, “Episodic Problems of Adults”, and “Complex Pediatric Problems” in the DNP program as well as Scholarly Projects I and II for the doctorate of nursing practice’s capstone class.

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.

Plans for the Future

Anticipated Challenges:

- Continued insurance changes due to the Affordable Care Act – while gradual changes in coverage that have occurred every year since its inception are now in place, the insurance market place will continue to evolve over the next 5-10 years. SHIP plans will continue to change and morph depending upon loss ratios and numbers of insured.
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.

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.

ICD-10 – the main diagnostic coding system, ICD-9, will be replaced by ICD-10. This was to have occurred this past October, but was delayed by an act of Congress. This will impact all areas of patient care and billing. However, our new EMR vendor is well prepared for the change.

Data conversion to the ICM – Converting immunization data from PeopleSoft will likely be imperfect and thus we may have issues with compliance holds. We assume more risk by having all the data within the SHC system, but this is where it should’ve resided in the first place.

Anticipated Opportunities:

- SHIP stability -The expansion of the hard waiver for international students has strengthened the overall insurance plan by increased enrollment.
- Wellness Clinic – University Healthcare is investigating a wellness clinic for faculty and staff. If this clinic becomes a reality, their administrator proposed the possibility of sharing a building and/or certain facilities (lab, xray, etc).
- Student Life Center – The CFSW will be moving into the new center in late 2014. This will provide a more ideal location for outreach and education.
- Medicat – the new EMR system will also us to be much more efficient, improve quality of care, and be more mobile- as long as we have a laptop and Wi-Fi, we can access our system. Improved access to data will help our QI process. Previously shelved ideas, like “house calls”, could be feasible.

Grants/Contracts:

- We have no grants or contract income.

Gifts/New Revenue:

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

Staff Excellence

No awards this year.
# STUDENT HEALTH CENTER STAFF COMMITTEE MEMBERSHIPS

## University of Utah Involvement:

<table>
<thead>
<tr>
<th>STAFF</th>
<th>COMMITTEE</th>
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<tbody>
<tr>
<td>Pfitzner, Mark</td>
<td>Applicant Interview Group, Admissions Committee, School of Medicine</td>
</tr>
<tr>
<td>Martin, Suzanne</td>
<td>Faculty Governance Task Force, College of Nursing, University of Utah</td>
</tr>
<tr>
<td></td>
<td>Faculty Practice Committee, College of Nursing, University of Utah</td>
</tr>
<tr>
<td>Kilgore, Tek</td>
<td>Athletic Advisory Committee, University of Utah</td>
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<td>Library Policy Advisory Committee, University of Utah</td>
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<tr>
<td>Powell, Cynthia</td>
<td>Student Affairs Diversity Council, University of Utah</td>
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<tr>
<td>Cutting, Amy</td>
<td>Global Health Initiative Committee within Health Sciences, College of Nursing, University of Utah</td>
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<td></td>
<td>International Exchange Committee, College of Nursing, University of Utah</td>
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<td>Outreach &amp; inclusion Committee, College of Nursing, University of Utah</td>
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## Non-University Committee Involvement:

<table>
<thead>
<tr>
<th>STAFF</th>
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<tbody>
<tr>
<td>Pfitzner, Mark</td>
<td>College Health Special Interest Group, Society for Adolescent Health and Medicine (Co-Chair)</td>
</tr>
<tr>
<td>Martin, Suzanne</td>
<td>Peer reviewer for the <em>Journal of the American Association of Nurse Practitioners</em></td>
</tr>
<tr>
<td></td>
<td>Executive Committee of the Advance Practice Clinician (APC), American College Health Association (Secretary)</td>
</tr>
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</table>
STUDENT HEALTH CENTER STAFF PRESENTATIONS AND PUBLICATIONS

Presentation


Publication


STUDENT AFFAIRS FACULTY APPOINTMENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>SA Department</th>
<th>Position</th>
<th>Academic Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfitzner, Mark</td>
<td>Student Health Center</td>
<td>Associate Professor, School of Medicine</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Lamb, Sara</td>
<td>Student Health Center</td>
<td>Associate Dean Education, Curriculum Program Director, Internal Medicine and Pediatrics Residency Training Program, Assistant Professor, School of Medicine</td>
<td>Pediatrics Internal Medicine</td>
</tr>
<tr>
<td>Cutting, Amy</td>
<td>Student Health Center</td>
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<td>Berkel, Heather</td>
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<td>Adjunct Instructor</td>
<td>College of Nursing</td>
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