Director's Statement

I am happy to share our annual report with you. For many of the past years we have experienced much change and uncertainty. This year, while continuing to have change, much has been less uncertain. The Affordable Care Act (ACA) was upheld by the Supreme Court and the vast majority of its requirements are now in effect. While the health plan we offer our students is largely unchanged, our state continues to dither regarding the expansion of Medicaid to the chagrin of many in the healthcare industry. Young adults without children and little to no income don’t qualify 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 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. Prescription drug benefits significantly increase the cost of insurance; the ACA required that we add a benefit which was done in the past year. We chose a 50% reimbursement model for our students instead of a much more expensive traditional prescription benefit card.

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 instituted this hard waiver for ALL international students in Fall 2014.

After investigating various electronic medical records and practice management systems, 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. After successful implementation of the practice management portion of the software (scheduling and billing) in November 2013, we went live with the electronic medical record in July 2014. While my staff feels “over the hump” with most of the changes, every day is a new learning experience. We began using check-in kiosks for student appointments; we continued to work on setting up a new patient portal for students to better interact with their provider and electronic record; and we transferred all immunization compliance records into our system from the prior program for an improved experience for both students and university staff.

Finally, we remain committed to quality care and are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). We are due for a reaccreditation site visit this coming year – our first post EMR implementation – and are busy preparing for the visit by updating our policies and procedure manual to our new electronic reality.

Regardless of what the future brings, we will continue to provide reasonably priced quality health care for our students, their spouses, and their children as well as health education through the Center for Student Wellness. As a health care provider I realize that providing care to college age young adults differs significantly from other populations. All are taking on more responsibility for their own self care,
venturing out of their own comfort zone, experiencing the new freedoms of young adulthood at every turn, and likely making both good and bad choices in the interim. My own view of health is beyond that of simply providing medical care, but should involve all aspects of a young person’s life. Medical health does not improve without attention being paid to the social and cultural context in which the patient resides. My overriding goal at the Student Health Center is to provide that type of care to our students.

When applying for this position, I ran across this quote from the Carnegie Foundation that described college health as “the caring intersection between health and education . . . college health is developmentally appropriate, educationally effective, medically expert, accessible, and convenient.” During my tenure as director, my hope is that the SHC staff and I can continually work to make that definition true for our Center.

Dr. Mark Pfitzner

**Key Activity #1:**

Healthcare provision to students, spouses, and dependents (Learning Domain: Health and Wellness)

**Goal:**

- Provide timely and professional high quality healthcare to eligible students and dependents

**Outcome:**

- Continued clinic accreditation through AAAHC

**Assessment:**

- Patient satisfaction surveys
- Robust quality improvement programs
- Review of Health education/promotion activities
- Evaluation of Travel Medicine, Lab Service, Procedures, and Teaching/Research/Publication activities

**Narrative:**

**Accreditation:**

The Student Health Center is accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and remains the ONLY accredited student health center in the State of Utah. We were accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) after our initial onsite survey in April 2013. Prior to that time the SHC was accredited by the Joint Commission. This switch was done as we had noticed that fewer and fewer college health centers were Joint Commission accredited; most were accredited AAAHC. The AAAHC accredits all the other school health centers in the PAC-12 and is a much better fit with college health, having additional standards encompassing health promotion and travel medicine in addition to the traditional areas. The organization is more collaborative and consultative than the Joint Commission and places a larger emphasis on quality improvement.

The AAAHC was established in 1979 to advance and promote patient safety, quality of care, and measurement of performance. The American College Health Association was a charter member of the
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:

In June, 2014 we transitioned from a biannual paper-based survey (average number of respondents 70) 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 receives a survey 48 hours after their visit. To date we’ve had 1,257 respondents (response rate 18%). Based on our most recent responses, 96% of students either agreed or strongly agreed that our front desk staff was “professional, courteous, and attentive,” and 98% say the same of our care providers. Over 90% of students either agreed or strongly agreed that they had an overall positive experience at our center, and 87% either agreed or strongly agreed that they would recommend us to a friend. In the past, we only surveyed those who came to see a provider. With the new survey method, we are also able to survey those who also came in for a nurse visit for vaccine, laboratory, or a tuberculosis skin test. We look at this data three times a year during fall, spring, and summer semesters and summarize findings in the form of a summary report. The data is shared with staff and the data is used to improve our services and as a framework for future quality improvement projects.

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:

- Reducing visit length by modifying approach to scheduling outside tests
- Adherence to ADD/ADHD follow-up policy before and after EMR
- Median registration time before and after Epic training
- Staff satisfaction levels before and after EMR

With the advent of our electronic medical record system we are planning a QI study aimed at increasing Gardasil vaccine uptake among males via an EMR global alert. We have also used EMR to identify candidates for specific vaccinations, i.e., offering the hepatitis B vaccination series to students with diabetes, offering the Pneumovax (pneumonia) vaccine for students with asthma. In the future, 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 care
- Sexually transmitted infection diagnosis, treatment, and education
- Confidential HIV testing and education
- Sports medicine
- Travel medicine
- Health education

All of these services are complemented by laboratory, radiology, and pharmacy services. The clinic also offers a prescription assistance program for those who cannot afford the cost of medications utilizing existing programs within the pharmaceutical industry. The number of students utilizing this service has decreased to almost zero due to the Affordable Care Act as many no longer qualify as they have insurance with a prescription benefit or the pharmaceutical company has discontinued the program. Only 7 utilized the program of which 4 had insurance. Those who had insurance qualified due to the excessive cost of the medication.

The Travel Clinic provides pre-travel consultation for students, staff, and the community on a fee-for-service basis. The clinic is staffed by three nurse practitioners, 2 of whom hold specialty certification from the International Society of Travel Medicine. The clinic specializes in the provision of comprehensive destination-specific risk assessment, education in the risk and risk reduction for international travelers, and provides appropriate evidence based medication prescriptions and immunizations for prevention and treatment of problems encountered abroad. Travel clinic appointments decreased from 197 to 141, with 75% 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 15,678 total encounters; 11633 (75%) were for adult patients. Approximately 46% of those visits were to see a provider with remainder being students seeing a nurse for immunization or laboratory. 69% of visits were with students who had their charges billed to health care insurance. This figure likely underrepresents the number of students with insurance. For example, students who have a non-SHIP insurance and need an immunization would pay for this encounter as immunizations are typically not covered by a non-network provider.
Overall, there was a 17% increase in encounters from 13,062 in the prior fiscal year to 15,678. This is likely due to a larger population on the student health insurance. Of all patients seen, 16% were new patients to our practice, a 7 percent increase from the prior year. The majority of our clients are commuters to the University, with only 2125 patient encounters being those who lived on campus. This is increased from 996 the year prior, but largely due to better accounting with our new software as we previously relied on self-report. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 3912 international students and 113 veterans for the 2014-2015 period. International student encounters increased 27% over the prior year following two consecutive 25% increases the years prior. This is largely due to the hard insurance waiver.

Of those total encounters, 5667 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.

The remainders 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, 1583 PPD’s were placed for screening - the majority for our international students - a increase of 3% - after a large 23 % decrease following 4 consecutive years of increases (15.3%, 13%, 16%, and 27%). This is due to the changes in the University’s international student enrollment, changes in tuberculosis prevalence in certain countries which results in students from those countries not needing to be screened, and our new software. Also, an additional 984 MMR’s (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, a 7.5% decrease from the year prior. Approximately 195 titters were performed for the diseases that make up the MMR which is an alternative route to MMR compliance. Finally, we gave a total of 1324 influenza vaccinations, up 21% from the prior year. Much of the credit goes to the Center for Student Wellness Staff who increased participation at our annual flu shot clinics on campus.

Not counting well visit encounters, the most common diagnoses in order of total numbers at our center were:
### Top 10 Acute Care Visit Reasons

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>• Anxiety</td>
<td>• Upper Respiratory Infections</td>
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<tr>
<td>• Upper Respiratory Infections</td>
<td>• Fatigue</td>
</tr>
<tr>
<td>• Depression</td>
<td>• Cough</td>
</tr>
<tr>
<td>• ADHD</td>
<td>• Pain, Knee</td>
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<tr>
<td>• Pharyngitis</td>
<td>• Pharyngitis</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Skin Disease</td>
</tr>
<tr>
<td>• Acne</td>
<td>• Urinary Tract Infection</td>
</tr>
<tr>
<td>• Cough</td>
<td>• Pain, Lower Back</td>
</tr>
<tr>
<td>• Pain Foot</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>• Pain Knee</td>
<td>• Sinusitis</td>
</tr>
<tr>
<td></td>
<td>• Depression</td>
</tr>
</tbody>
</table>

Of note is the change in numbers seen for anxiety and depression. Counseling Centers nationwide reported more students seeking help this past year and our counseling center did as well. I think our numbers are reflective of that trend and likely represent those who either couldn’t be seen at the counseling center or were experiencing somatization of their anxiety or depression and sought medical care.

**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 in the past we did not have a mechanism to track total holds placed per semester, typically it is approximately 700 – 800 students for fall semester. However, our new compliance software will allow us to better track those numbers. The vast majority of these students comply within 2 weeks of the hold being placed. As of the end of Summer semester 2015, of accepted students for Fall and current students, 114 were partially compliant and 4422 had not submitted any data to our office for the MMR requirement.

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).

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); polio (IPV); and Hepatitis B - along with an annual TB Skin Test and influenza vaccine in the fall. Medical students who fail to comply with this requirement have a registration hold placed on their enrollment until the requirements are met. For continuing students they are unable to proceed with clinical rotations until compliant. These students have 100% compliance. We began assessing compliance for the Dental School this past fall with similar requirements to the SOM. While other health professions students have their immunizations tracked by their home department, many come to our office to meet their requirements.

The Immunization Compliance Module (ICM) of Medicat 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 thru a system interface, facilitating prompt removal of holds. This will be a vast improvement over our current paper method. Existing records from PeopleSoft were transferred to our system in March 2014 and we have been inputting data.
in the system since that time. We intend to go live with the system this fall for compliance and are currently testing the automatic removal of holds.

The Medicat system has a patient portal. We are currently setting up the portal and hope to have it available in the next 3 months. The portal will interact with the immunization compliance module. 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 eventually 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 instead of manually inputting all vaccines, lot numbers and expiration dates. 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 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 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 provider. The insurance cost for the 2014-2015 plan year was $1901.
**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.

**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 are responsible to apply for a waiver online if they have a health insurance policy that meets the following requirements:

- Plan must comply with all applicable ACA requirements (e.g., preventative health care covered at 100%, unlimited lifetime maximum)
- The plan must cover prescription drugs as required by the ACA
- Unlimited benefit for Medical Evacuation and repatriation
- An annual deductible less than $250/individual and $500 /family for in-network providers
- The plan must cover all sports-related injuries, with the exception of intercollegiate or professional participation
- The plan must cover non-emergency physical and mental health
- The plan must have a United States billing address, phone number and contact person
- The plan must be free of any day or visit limits.
- The Plan must have in-network hospitals, physicians and mental health care providers in Salt Lake City, UT
- The policy must remain in force for the entire 2014/2015 academic year

At this time, 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 2014.

**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 69% 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. Anecdotally, we have seen a few students who have an exchange plan, but no in network provider within the State of Utah and one student who has 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:

<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</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</td>
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<tr>
<td></td>
<td>Disaster medicine</td>
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<tr>
<td></td>
<td>Point of Distribution plan (POD) in the event of bioterrorism (e.g., antibiotics for anthrax)</td>
</tr>
<tr>
<td>Facilities</td>
<td>Disaster medicine planning</td>
</tr>
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<td>----------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Resource Management &amp; Logistics</td>
<td>EOC Logistics Section</td>
</tr>
<tr>
<td>Mutual Aid</td>
<td>County Health POD plan (see above)</td>
</tr>
<tr>
<td>Hazard Mitigation</td>
<td>ASUU sponsored Immunization clinics</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>
</tr>
<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>

As an example of this key activity, last August, we discussed with EHS concerns related to the Ebola crisis in Africa as we knew we had students who reported countries of origin in the outbreak area. We then convened a larger meeting with the health sciences campus to develop a unified response plan and public information plan, which provided a unified weblink among different offices which lead to an Ebola information page. In our office we screened every visit for travel, and discussed with care providers our plan if we had possible case.

**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):

Four of our nurse practitioner staff are College of Nursing faculty, two of whom hold Doctorates of Nursing Practice (DNP). Dr. Pfifzer is an associate professor in the pediatrics department. As such, in addition to providing patient care, the SHC also functions as a site for clinical rotations for both medical residents and nurse practitioner students. Six nurse practitioner students worked with our faculty nurse practitioners for clinical experience during the 2014-2015 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. Pfifzer or Dr. Lamb, but were deferred from our clinic due to EMR implementation. Additionally, Dr. Pfifzer, Dr. Lamb, and the faculty nurse practitioners lecture regularly to both medical, nursing, and nurse practitioner students, as well as medical residents during their training.

Suzanne Martin FNP DNP teaches Scholarly Projects II and III of the 3 part series for the doctorate of nursing practice’s capstone class.

Amy Cutting FNP taught Physical Assessment for MSN students: NURS 6025 and discontinued her role in the Study Abroad in Ghana summer program for the College of Nursing (CON) after the program was placed on hiatus by the College.

Sue Kirby FNP continues to co-teach “Advanced Pharmacology” at the CON while working toward her doctorate, and lectured on “Contraceptives” and “Anxiety and Depression Medications”.

Tek Kilgore FNP DNP teaches Physical Assessment and Diagnosis: NURS 7020 (2 semesters); Episodic problems NURS: 6601; and Procedures: NURS 7901. He is also the supervisor of a Nurse Residency student (an intense semester in which the student functions as a provider in a clinic).

Melissa Wanserski FNP DNP joined our clinic in March. She is not presently part of the College of Nursing faculty, but has that option after 2-3 years in our 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.

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. While our SHIP prices held steady for the next academic year (and spouse premiums decreased approximately 43%), there is no guarantee that will continue.

• 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. The CFSW did move to the new Student Life Center which allowed us to convert one office into an additional exam room and convert the other room to a provider office.

• ICD-10 – the main diagnostic coding system, ICD-9, will be replaced by ICD-10 on October 1, 2015. This was to have occurred in 2013, but was delayed by an act of Congress. This will impact all areas of patient care and billing. Our EMR already has the codes in our system, and our associated vendor for billing has tested their system with the codes. However, even with the best planning unanticipated difficulties will occur.

• ICM – As discussed in the Immunization area, we will be using the new software this fall. Data conversion was imperfect – especially for the older data earlier than 2002, owing to the prior practice of using social security numbers as the unique identifier. However, it is unlikely that a majority of those students will be returning to the University and we should be able to handle inadvertent holds on a case by case basis.

Anticipated Opportunities:

• SHIP stability -The expansion of the hard waiver for international students has continued to strengthen the overall insurance plan by increased enrollment.

• Medicat – the new EMR system has allowed us to be much more efficient thus far. We hope to use it to improve quality of care through its robust data reporting of which we’ve only started to use. Already it has allowed us to be more mobile- as long as we have a laptop and Wi-Fi, we can access our system – and our annual flu shot clinics were the most efficient we’ve ever had.

• We have added an additional nurse practitioner and have a largely new nursing staff due to turnover and retirements. Each has thus far brought new energy and insight into our care and process.

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.

Transitions

Cynthia Powell, RN retired at the end of February after 20 years at the University, 11 of which were at our center.

Eleanor Mikich, Nurse Assistant, retired at the end of September after 30 years at the University, all of which was at our center. She started at a student health center that was truly another place and time - centrally located on campus and more of a true infirmary with cots for overnight stays.

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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 (no participation due to EMR implementation)</td>
</tr>
<tr>
<td>Martin, Suzanne</td>
<td>Faculty Practice Committee, College of Nursing, University of Utah</td>
</tr>
<tr>
<td>Kilgore, Tek</td>
<td>Chair, Scholarship Committee, College of Nursing, University of Utah</td>
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<td></td>
<td>Athletic Advisory Committee, University of Utah</td>
</tr>
<tr>
<td>Kirby, Susan</td>
<td>Faculty Governance Committee, College of Nursing, University of Utah</td>
</tr>
<tr>
<td>Cutting, Amy</td>
<td>Outreach &amp; inclusion Committee, College of Nursing, University of Utah</td>
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<td>Student and Community Engagement Committee, College of Nursing, University of Utah</td>
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**Non-University Committee Involvement:**

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

**STUDENT HEALTH CENTER STAFF PRESENTATIONS AND PUBLICATIONS**

**Presentation**
None.

**Publication**
None.

**STUDENT AFFAIRS FACULTY APPOINTMENTS**

<table>
<thead>
<tr>
<th>Name</th>
<th>SA Department</th>
<th>Position</th>
<th>Academic Department</th>
</tr>
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<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>
<td>Assistant Professor, Clinical</td>
<td>College of Nursing</td>
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<tr>
<td>Kilgore, Tek</td>
<td>Student Health Center</td>
<td>Assistant Professor, Clinical</td>
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<tr>
<td>Name</td>
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