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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 remains one of only 25 U.S. college health centers that are accredited by the Joint Commission according to data from the American College Health Association (ACHA).

The Joint Commission is an independent, not for profit, national body that oversees the safety and quality of health care and other services provided by accredited organizations. The Joint Commission is the same body that accredits University Healthcare and Intermountain Healthcare, both extremely larger peer organizations.

After initial accreditation, the organization must perform yearly self audits to assure compliance with over 1100 varied standards and is subject to an unannounced site visit approximately every 3 years.

The Student Health Center had an unannounced site visit in January 2010 and was successfully reaccredited and has been so 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 write this letter, the University has just officially joined the PAC-12. In the months leading up to this event, the directors of the other PAC-12 student health centers have reached out to learn more about their new colleagues, as have we. I am looking forward to learning even more about our new PAC-12 providers and collaborating whenever possible.

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 a different animal. 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 over-riding 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

- Cold: 387
- Skin Lesion: 271
- Fatigue: 242
- Sore Throat: 226
- Rash: 174
- Cough: 172
- Abdominal Pain: 164
- Bladder Infection: 161
- Sinusitis: 146
- Back Pain: 116
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 – 134 students took advantage of this 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 pg 16) required of all new students as well as the tuberculosis screening requirement for all international students.
Overall, there was a 9% decrease in encounters from 9786 in the prior fiscal year to 8890, after experiencing a 16% increase the year prior due to the H1N1 influenza pandemic. Of all patients seen, 23% were new patients to our practice, unchanged from the prior year. The majority of our clients are commuters to the University, with only 18.5% living on campus, a 12% increase over the prior year. Beginning in October of 2010, we began tracking encounters with both international students and U.S. Veterans. During the 9 months we collected data, we saw 847 international students and 53 veterans.

Of those total encounters, 5694 visits were to our health care provider staff, representing a continued 3% annual growth rate. 5258 of the visits were for illness related concerns. The remainder of the visits were for well care – 64% were for students and their spouses and the remainder were for dependent children. Travel clinic appointments decreased from 191 to 162, a 15% decrease. Although we had experienced an increase in appointments in the last quarter of the 2009-2010 fiscal year, this trend did not continue and is likely due to the continued stagnant economy decreasing travel abroad.

The remainder of the encounters were nursing visits for blood work, immunizations, or tuberculosis screening (PPD). Our nursing staff had an incredibly busy year. During this fiscal year, 1528 PPD’s were placed for screening our international students, an increase of 16% after a 27% increase the year prior. This is due to the University’s steadily increasing international student enrollment. Also an additional 876 MMR’s (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, up 22% from the year prior. Finally, we gave a total of 1061 influenza vaccinations, a 60% decrease after having a huge increase the year prior due to the H1N1 pandemic in which students typically received 2 separate influenza vaccinations – one from H1N1 and the other for seasonal flu. This past year, H1N1 was added to the seasonal flu vaccine thus accounting for the decrease in numbers. However, we are reassured that students are taking influenza seriously as our total number of influenza vaccinations are still up 20% from the year prior to H1N1.

The contracted insurer for the University of Utah Student Insurance plan is GM Southwest; the plan consists 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 utilize their parents plan or are uninsured. A small student fee subsidizes clinic operations allowing charges to be 20-30% less than typical charges for similar services which represent a sizeable savings to those that are uninsured. During this fiscal year, 82% of our encounters were to students with insurance. While the number of insured students is encouraging, 18% of our students still remained uninsured representing a significant hardship if an illness were to befall a student in these difficult economic times. We are hopeful that health insurance reform will alleviate this problem for our students.
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, 100% either agreed or strongly agreed that our nursing staff was “professional, courteous, and attentive,” and a similar number say the same of our care providers. Ninety-five 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 Joint Commission accredited and was successfully reaccredited with an unannounced tri-yearly detailed site visit in January 2010. We continue to perform the required yearly self evaluation for compliance with Joint Commission standards. We constantly strive to improve our care process. In the past year we have routinely audited our charts for compliance with our clinical standards, worked to improve our patient assistance medication dispensing procedures, continued to collect data on our hand washing efficacy, and re-evaluated and then restructured our new international student check in process.

All new international students must come to our center to show that they meet the University’s immunization requirement and have health insurance. Additionally, the must complete a tuberculosis (TB) screening questionnaire, and if indicated, undergo TB testing. In the past, these visits did not require an appointment. Students, both by themselves or in groups of 10-15, would arrive and begin the process. Typically our clinic could handle the volume of a few hundred new international students per year, but as international student enrollment increased every year, inefficiencies in care resulted with longer wait times and increased staff stress. To handle the estimated 600-700 new international students this coming fall, we knew we needed to rework the process. Thus, we are going to require an appointment for international check in and we will convert existing Saturday clinics in the latter part of August to see only new international students.

To improve the actual TB screening process, we are adding a newer blood testing method, which has significantly fewer false positive results. Traditionally, students had a TB skin test (PPD) placed. If it were positive, they then had a chest x-ray looking for active TB. If the chest x-ray were negative, they were considered to have latent TB and were counseled by a health educator and given the option to take a medication to lower the risk of developing active TB.

The medication, INH, must be taken for a period of 6 months; very few students accepted this option. Thus, after reviewing the literature and other college health TB screening processes, we have modified our testing to include the new blood test. We are not replacing the skin test due to cost issues. The blood test is approximately 7 times more expensive than the skin test. Our new process will begin with a skin test, and if positive, have a secondary screening with the blood test. Only those with a positive blood test will have a chest x-ray done. As the blood test is much more accurate – studies indicate only approximately 20% of those with a positive skin test will also have a positive blood test – the number of students needing a chest x-ray and then post test INH counseling should decrease. As these numbers will be lower, we will have those students follow up with a provider for their chest x-ray and counseling. We are hopeful that this process will help with acceptance of INH preventative therapy in this population.
All of our nurse practitioner staff are College of Nursing faculty, two of which hold Doctorates of Nursing Practice (DNP). Dr. Pfizner 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. Ten nurse practitioner students worked with our faculty nurse practitioners. One to two 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. Pfizner or Dr. Lamb. Dr. Pfizner is the course master of the adolescent medicine rotation for the pediatric residency program, a position he has held since 1998. Additionally, Dr. Pfizner, 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 this past year included such topics as “Acute and Chronic Illnesses in Adults”, “Chronic Problems of Adults and Elders”, and “Chronic GI Problems.”

Suzanne Martin FNP DNP was faculty preceptor for Women’s Health and Family nurse practitioner students; she also submitted a manuscript to The Journal of Midwifery and Women’s Health entitled, “Clinical Rounds: Rosacea.”

Amy Cutting FNP completed a Global Health Certificate program offered thru the University’s public health program and assumed the role of co-coordinator of the Study Abroad in Ghana summer program for the College of Nursing.

Sue Kirby FNP continued to expand her knowledge of travel related medicine by attending the International Society of Travel Medicine meeting, Boston, Massachusetts, and is returning to school this fall, entering the DNP program.

Tek Kilgore FNP DNP teaches “Advance Adult Assessment” and “Episodic Problems of Adults” in the DNP program each year.

Dr. Sara Lamb was the University’s School of Medicine nominee for the Arnold P. Gold Humanism in Medicine Award. In addition to her 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.

“The International Student” was the topic at this past spring’s annual retreat, with guest lecturers that provided an update on tuberculosis screening and management, a Middle Eastern student forum, and additional information regarding the Global Pathways program.

In addition to providing education to our health sciences students, our office staff continues to work on their own personal education that benefits our clinic. Kerry Hill, manager of both the immunization and student insurance office, is working toward a degree in Community Leadership from Westminster College. Administrative and front office staff took human resource offered classes that included: Excel 2, Grant Writing, NP Networking, and Medical Terminology. Additionally, one staff member, JoDee Shaw, completed Community Emergency Response Training.
Clinical Staff

Clinical staff consists of 1 physician (Dr. Mark Pfitzner), 4 family nurse practitioners (Amy Cutting, Tek Kilgore, Sue Kirby, and Suzanne Martin), 2 registered nurses (Cynthia Powell and Keri Wright), 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. Two family nurse practitioners, Aymi Bennhoff and Missy Berkel, work in our clinic during times in which our existing nurse practitioners are away teaching in their roles as College of Nursing faculty.

In addition to their clinical duties at the SHC and roles in the college of nursing, our nurse practitioners have additional activities. Sue Kirby completed her term as the Chair of the State Board of Nursing on January 1, 2011. She was accepted into the University’s Doctorate of Nursing Practice (DNP) program and will begin this fall. Amy Cutting, is part of a University Neighborhood Partnership at the Hartland Community Center, providing screening, education, and consulting services to a largely immigrant patient population. Suzanne Martin presented a poster at the College of Nursing BS-DNP Poster Session Spring 2011 on “Celiac Disease: An Active Case-Finding Initiative in a College Health Setting”.
The University of Utah requires all students to show proof of immunity to measles, mumps and rubella. The requirement applies to all students entering the University who were born after 1956 and do not have a medical or religious contradictions from the requirement. Students must provide the dates when they had 2 doses of measles vaccine, 2 doses of mumps vaccine and 1 dose of rubella vaccine. They may also provide 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) for measles, mumps and rubella can be drawn to show immunity.

An exemption from the requirement can 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 from the Student Health Center and/or have blood tests (titers) drawn to show they have immunity to the diseases.
Total number of MMR's given. 876
Cost of MMR vaccination. Our closest competitor is the Salt Lake Valley Health Department who charged $65 per vaccination.

Measles Antibody Titers drawn 179
Mumps Antibody Titers drawn 182
Rubella Antibody Titers drawn 164
Subsidized Graduate Student Health Insurance

The Graduate School has implemented an 80% subsidy (up to $1000) for 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 2009 the average enrollment of the subsidized plan was 1068, with a loss ratio* of 42%. The average cost per-student claim was $628.

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 2009 the average enrollment of the voluntary plan was 927, with a loss ratio* of 77%. The average cost per-student claim was $1167.

*Total dollars paid out for claims deducted from total dollars collected in premiums.

International Student Health Insurance Requirement

All international students are required to have a health insurance policy that covers them in the United States. F1 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 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 is an affiliate office of the University Counseling Center and the Student Health Center and co-reports to both directors.

The efforts of the CFSW are administered by Megan DuBois, Program Manager. Katie Stiel joined the staff in October as the Prevention Coordinator. Elizabeth Craig left the center in April and a search committee was conducted this summer to fill the health education position.

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 and emotional.

The Center for Student Wellness is committed to student engagement and advised or co-advised the following student groups this year: student leaders for the Alternative Spring Break Program, Student Athlete Mentors, and the Student Health Advisory Council. The CFSW also sponsored or co-sponsored numerous student events such as the Student Athlete Conference, Wellness Fair, Sexual Responsibility Week, Alternative Spring Break, and Run Like Health 5K. Student groups helped plan and implement each of these events.

In terms of prevention activities, the CFSW conducted 48 outreach presentations. These presentations and other related events involved over 300 hours of staff time and the Center for Student Wellness made contact with approximately 4000 individuals.

In addition, the CFSW develops and maintains strong collaborative relationships with campus and community prevention groups. This past year the CFSW coordinated, chaired, or co-chaired the following groups: the Alcohol and Drug Advisory Panel, the Campus Wellness Network, the Student Affairs Action Coalition Health and Wellness Subcommittee, and the Utah State Substance Abuse Prevention Panel.

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 Biennial Reviews. This year, the CFSW offered 9 Prime for Life classes, an Alcohol Education Course for students who violate campus alcohol or drug policy. This fiscal year 144 students completed this course.

During Spring Semester, the CFSW assisted in the administration of the American College Health Association/National College Health Assessment on campus. The University of Utah previously participated in 2002, 2004, 2006, & 2009. Students answer questions about their habits, behaviors, and perceptions on prevalent health topics. Results provide information on health concerns that are impacting students and these results are utilized by the Center for Student Wellness to inform current and future office priorities and practices.
**SHAC + CFSW EVENTS**

**UNIVERSITY OF UTAH FARMER’S MARKET**
- AUG 19
- OCT 7

**WELLNESS FAIR**
- OCT 27

**SEXUAL RESPONSIBILITY WEEK**
- FEB 7 - 11

**ALTERNATIVE SPRING BREAK**
- MARCH 19-26

**RUN LIKE HEALTH 5K**
- APRIL 9

**AMERICAN COLLEGE HEALTH ASSOCIATION CONFERENCE**
- JUNE 1 - 4

**SHAC + CFSW EVENTS EVENTS**

- Registered participants for the Wellness Fair: 60
- Registered participants for the Run Like Health 5K: 31
- Alternative Spring Break Trips: 10
- Alternative Spring Break Participants (Staff & Students): 129
- Patients seen in HIV peer testing and counseling Clinic: 130
After a retreat devoted to strategic planning in Spring 2010, we formalized our mission, vision, and values, and came up with strategic objectives which are 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.

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. 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 have begun looking at the various EHR providers to see which one will be a best fit for our office space and clinical needs. Last fall a group of MBA students was given objective #5 above as part of a class project. Through focus groups they developed a plan to increase our visibility on campus and suggested a thorough redesign of our website which we are contemplating. Our re-evaluation of our international student check in was one way in which objective #4 will be implemented in our clinic to improve utilization. The objective most difficult to work with and anticipate change is health care reform. While the law is passed, the regulations are only now being written and implementation will occur over the next 8 years. Court challenges continue. We anticipate many changes – both known and unforeseen, and plan to work closely with our insurance consultants to help us respond to these changes appropriately.
Appendix