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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 20 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. This past year was marked by change and uncertainty. The recent Supreme Court ruling which upheld the majority of the Affordable Care Act helped to make our future a bit more certain. Prior to that, we needed to quickly renegotiate our contract with the provider of our student health insurance plan as the Federal Government’s Health and Human Services office released final rules regarding these plans this past March that would be in effect this coming fall. In addition, to improve and standardize healthcare for our international students we elected to require all incoming international students to buy our insurance plan rather than the plans offered with varied and often subpar benefits despite meeting our overall insurance dollar limits for policies. Each of these changes required a large amount of work and collaboration in our office as well as many other University partners – the International Center, Income Accounting, and the Graduate School. To this mix of change, we also began looking at various electronic medical records providers to further improve our clinical care.

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 wholly true for our Center.

Sincerely,

Mark Pfitzner, MD
Director
TOP TEN DIAGNOSES

COLD 362
SKIN LESION 259
SORE THROAT 238
FATIGUE 216
COUGH 200
ABDOMINAL PAIN 178
SINUSITIS 169
BLADDER INFECTION 168
RASH 167
ANXIETY 149
Clinical Services

The SHC provides both acute and preventative care to students, their spouses, and children. Services include those typical of a large general care practice combined with some specialty services:

- Adult and child well care
- Acute care visits for illness
- Women’s health visits
- Contraceptive counseling
- Sexually transmitted infection diagnosis, treatment, and education
- Confidential HIV testing and education
- Sports medicine
- Travel medicine
- Health education

All of these services are complemented by laboratory, radiology, and pharmacy services. The clinic also offers a prescription assistance program for those who cannot afford the cost of medications utilizing existing programs within the pharmaceutical industry.

The Travel Clinic provides pre-travel consultation for students, staff, and the community on a fee-for-service basis. The clinic is staffed by three nurse practitioners, 2 of whom hold specialty certification from the International Society of Travel Medicine. The clinic specializes in the provision of comprehensive destination-specific risk assessment, education in the risk and risk reduction for international travelers, and provides appropriate evidence based medication prescriptions and immunizations for prevention and treatment of problems encountered abroad.

In addition to these types of visits, students also interact with our nursing staff as they work to meet the Proof of Immunity Requirement (see pg 16) required of all new students as well as the tuberculosis screening requirement for all international students.
Overall, there was a 3.7% decrease in encounters from 8890 in the prior fiscal year to 8557, likely due to a very mild winter virus season. Of all patients seen, 17% were new patients to our practice, unchanged from the prior year. The majority of our clients are commuters to the University, with only 18.1% living on campus, unchanged from the prior year. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 1840 international students and 56 veterans for the 2011-2012 period – the first year with a full year of data.

Of those total encounters, 5611 visits were to our health care provider staff, representing a 1.4% decrease. 5135 of the visits were for illness related concerns. The remainder of the visits were for well care – 67% were for students and their spouses and the remainders were for dependent children. Travel clinic appointments decreased from 162 to 117, a 27% decrease, largely due to a decrease in non-student travel clinic appointments. In the year prior, 41% of the visits were nonstudents compared to 20% this past fiscal year. This is likely due to the economic downturn and less leisure international travel.

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, 1727 PPD’s were placed for screening our international students, an increase of 13% after a 16% and 27% increase the years prior. This is due to the University’s steadily increasing international student enrollment. Also, an additional 904 MMR’s (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, up 3% from the year prior. Finally, we gave a total of 1051 influenza vaccinations, basically unchanged from the prior year and despite a new venue for our annual wellness fair, held in the fall, where we provide free flu shots funded by ASUU.

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 25-35% less than typical charges for similar services which represent a sizeable savings to those that are uninsured. During this fiscal year, 86% of our encounters were to students with insurance up from 82% the year prior. While the number of insured students is encouraging, 14% of our students still remained uninsured representing a significant hardship if an illness were to befall a student in these difficult economic times. This number is anticipated to drop with the full implementation of health care reform in the upcoming years.
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, 99% 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-eight percent either agreed or strongly agreed that they would recommend us to a friend, and 100% 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. In the past years, we have noticed that fewer and fewer college health centers are Joint Commission accredited; many were accredited by another accrediting body, the Accreditation Association for Ambulatory Health Care (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. We are currently in the process of preparing an application for AAAHC accreditation and hope to have the process completed prior to the expiration of our Joint Commission Accreditation at the end of January 2013. Suzanne Martin has agreed to become our Quality Improvement Director and will work with our staff on potential projects each year. Quality improvement is not new to us. 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 with great success.

All new international students must come to our center to show that they meet the University’s immunization requirement and have health insurance. Additionally, they 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 800 - 1000 new international students coming every fall, we knew we needed to rework the process. Last year we required an appointment for international check in and we converted existing Saturday clinics in the latter part of August to see only new international students for their check in appointments. In the first 3 months of the fall semester, we placed nearly 790 PPD’s, gave nearly 400 MMR vaccinations, and drew measles titer’s on 60 patients. Yet, the process change was a success as measured by employee satisfaction and the steady, constant flow of patients being seen instead of long lines of waiting students. Many commented that they thought we saw less students than the year prior when he had a 25% increase in PPD’s placed in the first 3 months of the semester!

We improved the actual TB screening process by 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 modified our testing to include the new blood test. We continued the skin test as the initial screening test for TB due to cost. The blood test, Quantiferon Gold, is approximately 7 times more expensive than the skin test. The new process began with a skin test, and if positive, had a secondary screening with the blood test. Then those with a positive blood test had 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 was expected to decrease, allowing those students to follow up with a provider for their chest x-ray and counseling. Between August 1 and September 30th, our nursing staff placed 700 PPD’s, drew nearly 60 Quantiferon Gold tests, resulting in only 10 chest x-rays ordered by the provider. We had hoped that the provider visit might increase the likelihood of taking INH therapy and purposely only scheduled them with one provider to improve consistency. However we did not see any improvement. We are presently investigating reasons for this and hope to make changes for the upcoming fall semester.
All of our nurse practitioner staff are College of Nursing faculty, two of whom hold Doctorates of Nursing Practice (DNP). Dr. Pfitzner is an associate professor in the pediatrics department. As such, in addition to providing patient care, the SHC also functions as a site for clinical rotations for both medical residents and nurse practitioner students. Eight nurse practitioner students worked with our faculty nurse practitioners. Three to four Pediatric, Medicine/Pediatric, and/or Triple Board (child psychiatry, adult psychiatry, and pediatrics) residents rotate monthly thru the SHC during their adolescent medicine rotation work with either Dr. Pfitzner or Dr. Lamb. Dr. Pfitzner resigned as the course master of the adolescent medicine rotation for the pediatric residency program in the summer of 2011, a position he has held since 1998. Additionally, Dr. Pfitzner, Dr. Lamb, and the faculty nurse practitioners lecture regularly to both medical, nursing, and nurse practitioner students, as well as medical residents during their training. Lectures included topics such as “Acute and Chronic Illnesses in Adults”, “Chronic Problems of Adults and Elders”, and “Chronic GI Problems.”

Suzanne Martin FNP DNP submitted a manuscript to The Journal of Midwifery and Women’s Health entitled, “Clinical Rounds: Rosacea,” which was accepted for publication in July 2012.

Amy Cutting FNP continues in the role of co-coordinator of the Study Abroad in Ghana summer program for the College of Nursing. She was part of a panel presentation on the Lancet Commission’s Report on Health Professionals for a New Century at the University of Utah’s Global Health Conference in April 2012.

Sue Kirby FNP continued to expand her knowledge, completing the first year in the DNP program.

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

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

“Conflict Resolution in the Workplace” was the topic at this past spring’s annual retreat, with guest lecturer, Mary Anne Berzins from Human Resources leading the workshop.

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, completed her degree in Community Leadership from Westminster College. Administrative and front office staff took human resource offered classes to advance their professional skills.
Clinical Staff

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

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

In addition to their clinical duties at the SHC and roles in the college of nursing, our nurse practitioners have additional activities. Sue Kirby continues in the University’s Doctorate of Nursing Practice (DNP) program as well as continuing her tenure on the Utah State Board of Nursing. Suzanne Martin coached a “Girls on the Run” team at Uintah Elementary with Missy Berkel as her assistant coach. Additionally, our nurse manager, Cynthia Powell, serves on the Student Affairs Diversity Council.
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.
904
Total number of MMR’s given.

$62
Cost of MMR vaccination.

151
Measles Antibody Titers drawn

148
Mumps Antibody Titers drawn

135
Rubella Antibody Titers drawn
Student Health Insurance

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 2011 the average enrollment of the subsidized plan was 1108, with a loss ratio* of 60%. The average cost per-student claim was $996.

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 2011 the average enrollment of the voluntary plan was 1002, with a loss ratio* of 95%. The average cost per-student claim was $1807.

*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 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)
- Beginning with 2012-2013 school year, all new, re-admitted, and transfer international students will be required to purchase the University Student Health Insurance plan.

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.
Center for Student Wellness

The Center for Student Wellness (CFSW) is an affiliate office of the University Counseling Center and the Student Health Center and co-reports to both directors.

This year, the efforts of the CFSW were administered by three full-time staff members: Megan DuBois, Program Manager; Katie Stiel, Prevention Coordinator; and Martin Liccardo, Health Educator. In addition, this year the office was fortunate to have a tobacco intern, Eduardo Galindo; and a student graphic artist, Nicolas Ridruejo.

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

The Center for Student Wellness is committed to student engagement and advised or co-advised the following student groups this year: Alternative Spring Break Program, Student Athlete Mentors, and the Student Health Advisory Committee (SHAC). 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 the SHAC Field Day. Student groups helped plan and implement each of these events.

The Wellness Fair was held in a new venue this year, the Field House, and was a collaborative effort between CFSW, SHAC, and Campus Recreation. The CFSW is excited about this new partnership with Campus Recreation and the Wellness Fair will again be a collaborative effort this upcoming year. Many exciting changes will be made based on lessons learned from previous years and assessment data on the needs of our student body.

In terms of prevention activities, the CFSW conducted approximately 59 outreach presentations. These presentations and other related events involved over 216 hours of staff time and approx 11,000 students were involved or participated in these events. In addition, 59 students were seen in our SHAC peer clinic. This year, the CFSW offered 10 Prime for Life classes, an Alcohol Education Course for students who violate campus alcohol or drug policy. This fiscal year 123 students completed this course.

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

In addition, the CFSW develops and maintains strong collaborative relationships with campus and community prevention groups. This past year the CFSW coordinated, chaired, co-chaired, or participated in the following groups: Student Affairs Action Coalition, Professional Development Committee, University of Utah Pride Committee, University of Utah Dialogue Training Group, Utah State Substance Abuse Prevention Panel, Utah Prevention Advisory Council, University of Utah Health & Safety Committee, Men’s Anti-violence Network of Utah, Healthy Relationships Taskforce of Utah, and the Mayor’s Office of Diversity—Hispanic Males Training.
SHAC + CFSW EVENTS

UNIVERSITY OF UTAH FARMER’S MARKET

AUG 18 - OCT 6

WELLNESS FAIR

OCT 26

HEALTHY RELATIONSHIPS WEEK

FEB 13 - 17

ALTERNATIVE SPRING BREAK

MARCH 12-16

FIELD DAY

APRIL 8

AMERICAN COLLEGE HEALTH ASSOCIATION CONFERENCE

MAY 28 - JUNE 1

34

24

11

123

111

Registered participants for the Wellness Fair.

Field Day Participants

Alternative Spring Break Trips

Alternative Spring Break Participants (Staff & Students)

Patients seen in HIV peer testing and counseling Clinic and Campus Outreach Clinics
In the Spring of 2010, we formalized our mission, vision, and values, as follows:

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

VALUES:
Quality, Advocacy, Empowerment, Community

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

From these values we developed the following strategic objectives.

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

Since the development of the strategic objectives, we continue to work toward implementation but also realize that they must evolve.

We have spent the last year having presentations from various EHR providers to see which one will be a best fit for our office space and clinical needs. We have narrowed our search down to 2 potential suppliers and hope to have the new product in place in the next year. Additional challenges to this objective include billing issues surrounding third party insurers since we are typically out of network with these insurers. Many EHR providers offer the ability to credential clinics as in network, decreasing the cost to the students being seen here, but with additional costs from the actual credentialing process.

Our successful re-evaluation of our international student check in was one way in which objective #4 was implemented in our clinic to improve utilization. This coming fall’s implementation of a hard insurance waiver for new international students will provide them with standardized insurance instead of the various policies many currently have and likely increase utilization in our clinic for that population. We are hopeful that over time with the same insurance, other students can assist new students in understanding the complexities of the US healthcare system and insurances that many have never experienced.

The objective most difficult to work with and anticipate change is health care reform. While the law was passed and successfully upheld by the Supreme Court, the regulations and implementation are ongoing with phased implementation. As an example, we had successfully negotiated our contract with our insurer, GM Southwest, for the 2012-13 school year by January 2012. Health and Human Services released final regulations regarding student health insurance plans the middle of March 2012 which necessitated reworking the entire contract. Despite these problems and setbacks, we ended up with a very good plan for our students. We anticipate these changes to continue – both known and unforeseen ones, and plan to work closely with our insurance consultants to help us respond appropriately.
Appendix