2020-2021 University of Utah

Student Health Center Annual Report

Director's Statement

Last year, I began this annual report this way:

> Normally, I begin by saying, "I am happy to share our annual report with you." After what we've all been through these past few months (both the pandemic and an earthquake), "happy" might not be the correct word. It might be better to say I am glad I survived to share our annual report with you. I have made it through accreditation site visits, an EMR implementation, a full clinic remodel, and then repairs 3 months after due to the clinic being flooded, but I can say what transpired at the end of this fiscal year exceeded all that and more. Perhaps it is because it's largely uncharted and has no discrete end that is visible.

And now as I write this report and reflect upon the last year, I remember we weren't yet done with natural disasters (the September 2020 windstorm that closed our office for a day due to both a gas leak and power failure) and we are still seeking to find a visible end to the pandemic.

Through all of this, our center continues to evolve in new ways. A year ago, the idea of doing virtual visits seemed far too difficult to consider and not needed. Yet in less than a month we transitioned to Zoom for Healthcare. My staff remained in office the entire pandemic and had no COVID related infections from healthcare interactions with our patients. We adjusted daily to the continual flood of new information and guidance regarding COVID, working with campus partners on student testing plans as well as vaccination plans once the vaccine was available to our center. We were amazed at the paucity of colds and flu this winter – a forgotten benefit of our social distancing and masking.

We have many accomplishments this year which are detailed in this narrative. We remain committed to quality care and are accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). We continue to partner with various areas across campus, assisting the medical school with preparations for their LCME visit, or serving as a site for nurse practitioner students' clinical training and research projects.

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 - now over 10 years ago - 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

Executive Summary

Accomplishments:

- Continued to operate through the campus closure due to COVID19 and had no workplace related COVID19 illness among staff.
- Added a business intelligence module to our EMR to provide better data analytics as we plan for the future.
- Incorporated virtual visits via Zoom for Healthcare to our clinical practice.
- Received funding for a mental health integration in primary care rotation allowing a psychiatry resident to rotate in our center.

One University:

- Due to COVID19, our health center worked with U Health, to develop a campus testing program and vaccination plan for campus.
- A combined emergency incident command structure was put in place for the pandemic (previously U Health and main campus maintained separate emergency management systems)

Equity, Diversity and Inclusion:

- SHC plans to develop and implement an educational curriculum for staff over this upcoming year using available toolkits for healthcare providers.

COVID-19 Impacts:

- COVID19 impacted all aspects of our operation and are detailed in the narrative below and in the accomplishments above.

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[1]. 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. The AAAHC accredits all the other school health centers in the PAC-12 and is a much better fit with college health, having additional standards encompassing health promotion and travel medicine in addition to the traditional areas. The organization is more collaborative and consultative than the Joint Commission and places a larger emphasis on quality improvement.

The AAAHC was established in 1979 to advance and promote patient safety, quality of care, and measurement of performance. The American College Health Association was a charter member of the organization. AAAHC accreditation demonstrates a clinic's commitment to safe, high quality services to patients and promotes a culture of continuous improvement.

Initial accreditation involves a 2 day on site visit by a surveyor who examines all policies, procedures, and care provided by a clinic to make sure it meets all of their standards in areas such as governance, administration, rights of patients, quality of care, clinical records, infection control and safety, and facilities and environment. After initial accreditation, the organization is subject to a site visit approximately every 3 years to demonstrate continued compliance with the organization's standards.

The Student Health Center had an initial site visit in April 2013 for their first AAAHC accreditation. The center was reaccredited in April 2016 and most recently in late March of this year. Our next site visit will occur in spring 2022.

Patient Satisfaction & Quality Improvement

The SHC Quality Management Program is ongoing, data-driven, and integrates professional peer review and risk management in an organized, systematic way. For example, a professional peer review among SHC providers in March 2021 identified partial nonadherence to the Centers for Disease Control (CDC) Guide to Taking a Sexual History. A repeat professional peer review among SHC providers is scheduled for November 2021 to measure if adherence to this guide improves following this peer review feedback, coupled with an electric health record (EHR) template that cues questions and simplified documentation when students come in for visits related to testing for sexually-transmitted infections.

Despite the pandemic, two formal quality improvement (QI) projects were completed in 2020-2021. First, we identified partial nonadherence to the CDC recommendations on providing HIV pre-exposure prophylaxis (PrEP) among students requesting PrEP. Through staff education and an EMR tool we moved the overall adherence rate to these recommendations at *initial* PrEP visits from 43% to 100%, and overall adherence rate at *follow-up* PrEP visits from 51% to 94%. Second, we identified missed opportunities to offer human papillomavirus (HPV) vaccination to adults ages 27 to 45 years. Following

[1] http://www.acha.org/ACHA/Resources/Topics/accredited_schools.aspx

staff education and the adoption of exam room and EMR reminders the rate at which providers discussed HPV vaccination at well visit among adults ages 27 to 45 years increased from 13% to 57%.

The SHC has collected patient satisfaction data using a rolling online survey since 2014 to ensure that we meet student expectations of care and support their return to normal activities following illness or injury. These results are summarized and shared with staff at the end of each semester. With the onset of the pandemic and the change to telehealth, telehealth specific satisfaction survey questions were added. In 2020-2021 survey response rate averaged 18%. An average of 95% of respondents agreed or strongly agreed on survey questions relating to staff communication, clinic efficiency, and adherence to careful handwashing practices. Any average of 93% of respondents agreed or strongly agreed on survey items relating to overall satisfaction, ability to return to normal activities as a result of their visit to the SHC, and their desire to recommend the SHC to family and friends. There was no difference between in person and telehealth visits in terms of patient satisfaction.

Healthcare Services, Utilization, and Demographics:

Clinical Services

The SHC provides both acute and preventative care to students, their spouses, and children both in person and via telehealth. 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

All of these services are complemented by laboratory, radiology, and pharmacy services.

Obviously, the pandemic played a huge role in everything we did in the past year. The University, like the rest of the country, went all online for instruction and all employees began working from home in March of 2020. The Student Health Center was considered an essential service and remained in our office on campus to provide care. Initially, we saw a large drop off in provider appointments from March onward over prior years as evidenced in the chart below which shows number of appointments scheduled for the prior fiscal years by month. As noted, previously appointment numbers were quite consistent.

	Appointment Date												
	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
FY 2016	362	420	523	539	423	392	490	526	571	539	460	391	5,636
FY 2017	328	477	545	483	488	404	519	491	537	491	433	445	5,641
FY 2018	379	496	478	557	482	328	530	505	587	546	518	284	5,690
FY 2019	292	449	446	545	520	380	572	565	540	626	498	403	5,836
FY 2020	415	518	575	613	478	433	570	527	325	194	283	318	5,249
FY 2021	319	345	451	483	380	295	423	367	492	415	369	405	4,744
Grand Total	2,095	2,705	3,018	3,220	2,771	2,232	3,104	2,981	3,052	2,811	2,561	2,246	32,796

As the pandemic began, we initially did visits ONLY by phone for no charge to simply handle our patient's acute needs. Following University Healthcare guidelines, we began vigorously screening patients for symptoms and allowed those without symptoms to be seen in clinic, but numbers remained down. We provided students information on various virtual visits available via U Health, Intermountain, or as part of the student health insurance plan. You can see in the chart above how appointments in-person and via telehealth gradually increased by the end of the fiscal year. Due to the need for social distancing in our small clinical space, we discontinued walk-ins for immunizations, TB testing and blood work and had all of those scheduled by appointment. The volume previously handled in a day is now seen over 3-4 days.

Like many other facilities, we did not do COVID19 testing in our clinic but referred students to community drive thru providers and eventually through campus-based test sites by the time fall semester began that U Health maintained. This helped us preserve our limited supply of personal protective equipment (PPE) and provided additional safety to other patients seeking care in our office as well as our building (both a geriatric clinic and obstetric clinic are co-located in our building). Testing also included all HRE students at fall move in. Testing was initially done in a small out building in the parking lot of our building and then transitioned to the Officer's Club. As we transitioned to all online at Thanksgiving, testing was expanded to allow any student who wanted a test prior to going home for the holiday the opportunity to be tested. For spring semester, testing was required weekly for HRE students and strongly suggested for any student attending in person classes. We have continued to defer those with symptoms to our campus test site prior to allowing them to be seen once we know their COVID status.

As seen above we had ~10% decline in patient visits as compared to last fiscal year – though when compared to a more normal year it was closer to a 23% decline. The majority of the visits were students, with 9% of the visits being spouses or dependents. Of those total encounters, the majority were for illness related concerns (89%) with the remainder of the visits being well care. 95% of visits with providers were with students who had their charges billed to some type of health care insurance. Thus only 5% who presented to see a provider had no insurance provider listed. Of those with insurance, 94% had the student health insurance plan. These numbers may be misrepresentative of the entire University population. Many students with private insurance, will be covered better elsewhere (SHC is only in network with the student health insurance plan), and are directed to another University clinic in our building or another provider (e.g., if they have SelectHealth, Intermountain is there preferred provider). We do bill other insurances as an out of network provider. Additionally, those who only need an immunization will have those covered 100% at an in-network provider as mandated

by the Affordable Care Act. Thus, we will direct those students to local clinics and or pharmacies to receive those vaccinations.

COVID vaccine were made available to our center at the end of April

Of all patients seen by a provider, 24% were new patients to our practice. The majority of our clients are commuters to the University, with 1551 provider patient encounters being those who lived on campus. Beginning in 2010, we began tracking encounters with both international students and U.S. Veterans. We saw 1087 international students and 48 veterans for the 2020-2021 period for provider visits (nursing visits for immunizations only are not included in this total). International student encounters decreased 38% over the prior year as international students largely remained in their home country due to the pandemic.

In addition to provider visits, students also interact with our nursing staff as they work to meet the Proof of Immunity Requirement (see Key Activity #2) through immunizations and antibody titers as well as the tuberculosis screening requirement for new international students. Nursing staff also play a role in triaging of ill students both in person and via the phone as well as drawing routine labs students need either by their student health provider or by a subspecialist they see elsewhere.

Our nursing staff continues to have incredibly busy years. As mentioned above, nursing visits which where typically not by appointment became scheduled to allow adequate social distancing. The chart below shows nursing visits (immunizations, TB tests, lab draws) by fiscal year with a similar drop-off as provider appointments:

	Appointment Date												
	July	August	September	October	November	December	January	February	March	April	May	June	Grand Total
FY 2016	175	884	650	500	633	345	345	278	291	361	344	353	5,159
FY 2017	282	977	715	490	448	267	382	258	350	371	294	262	5,096
FY 2018	245	766	505	574	446	229	535	265	316	336	307	194	4,718
FY 2019	262	876	597	596	423	256	451	320	265	298	327	269	4,940
FY 2020	349	823	1,030	729	446	337	489	296	181	68	114	130	4,992
FY 2021	173	300	370	443	330	173	156	156	185	168	150	160	2,764
Grand Total	1,486	4,626	3,867	3,332	2,726	1,607	2,358	1,573	1,588	1,602	1,536	1,368	27,669

Anecdotally, many students told us they preferred having scheduled nursing visits rather than the ability to walk in as service was quicker. Thus, we will see if this continues when on campus student numbers are up and we regain a full contingent of international students (many remained in their own country and attended remotely this past year).

Due to COVID, we largely discontinued PPD's for tuberculosis screening and transitioned to the IGRA blood test for screening, as the latter only requires 1 patient visit versus the two for PPD's to be read. 131 PPD's (88% decrease) and 1132 IGRA (34% increase) were done - the majority for our domestic students which is a major change from the prior year when we did 707 PPD's for international students. (IGRA testing does not require the student to come back to have the test read, but is more expensive). We had previously piloted IGRA testing for international students as an option, but had increased rates of syncope after blood draws, probably owing to a number of factors: summer heat, elevation change,

and jet lag for the new students, and thus elected to predominately use the PPD and reserving the IGRA testing for specific circumstances. However, given the pandemic, this modality worked better, probably owing to less international students tested than to other reasons. We also began this past year to allow our international students to have their IGRA testing done in their home country since this is a standardized test. We never accepted PPD's done in home countries due to a high level of variability in results. Only international students from certain countries with high incidence of tuberculosis are required to be screened. For the past 3 years, we allowed students to do their TB risk questionnaire online through our patient portal rather than coming into our office to complete the paperwork. If it is positive, they are instructed to come in for testing. Of the 148 selecting this online option, 127 were positive via screening and told to come in for further testing. An additional 247 MMR's (measles, mumps, and rubella vaccine) were given to those students who lacked immunity, a 66% decrease – again another item affected by COVID as students elected to get the vaccine closer to home if attending remotely or in their home country if international. Only 56 titers were performed for the diseases that make up the MMR which is an alternative route to MMR compliance – an 85% decrease, again owing to the abnormal pandemic year. Finally, we gave only 245 flu vaccines vs 1800 the prior year, either in clinic or for a special clinic done for HRE students. Typically, ASUU will fund flu shots and work with the Center for Student Wellness for up to 3 student flu shot clinics throughout the fall semester. Prior to the pandemic ASUU wished to get away from funding these clinics. Our office had preliminary discussions with CNS (Community Nursing Services) about providing some campus clinics; CNS can bill most all insurances for the vaccine and has funding for those without an ability to pay. With the pandemic and limited students on campus, we only pursued University wide drive thru clinics as part of our COVID response. CNS then assisted with large scale COVID vaccine clinics starting in May 2021 and will continue into the fall. We are currently trying to plan how to incorporate using them for flu shot clinics coupled with continued COVID vaccination outreach.

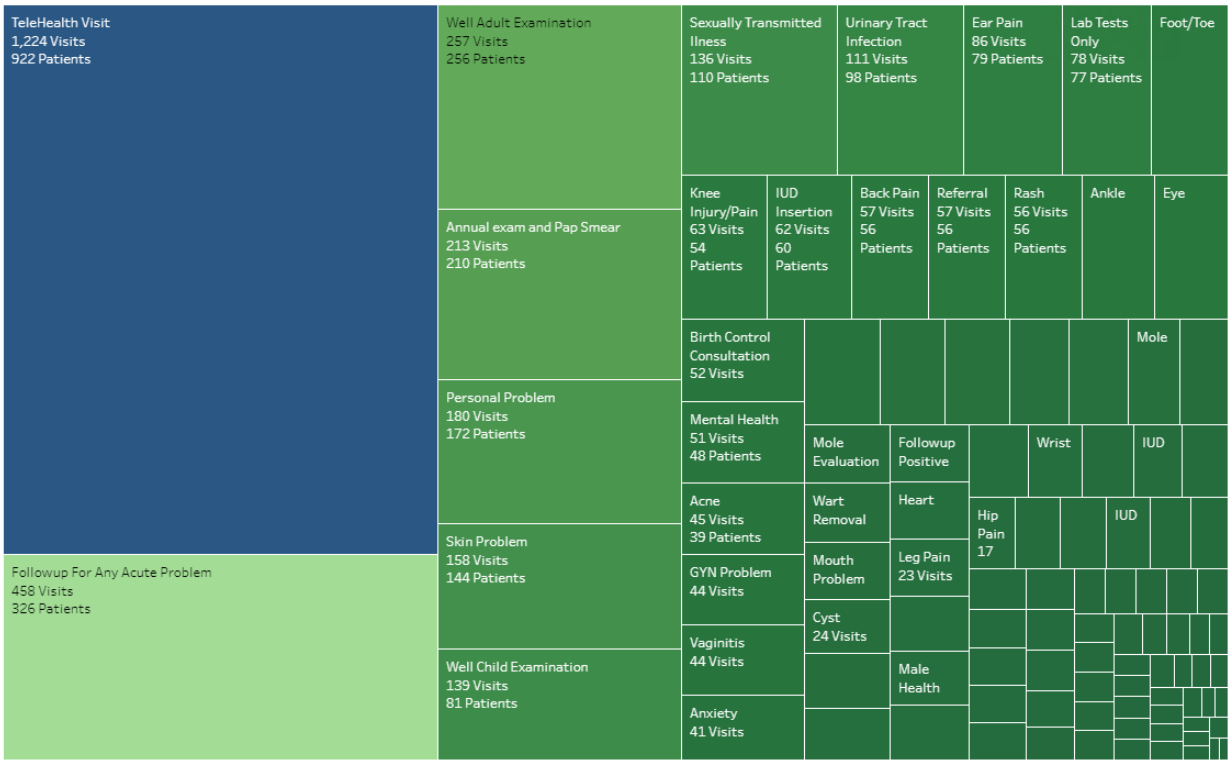
The clinic did receive COVID19 from the state at the end of April 2021. Vaccine was delayed to clinics as the state wanted to prioritize their mass vaccination clinics until that time. Thus, we received the vaccine over a month after vaccine was largely available to our patient population. Despite frequent messaging about vaccine availability, it took us until the end of July to use up the initial 100 doses (and not all were given as once a 10 dose vial is punctured it must be used within 12 hours). As summer semester was largely online, we are hopeful we will have more uptake in our clinic for the vaccine hesitant once fall semester begins. Larger campus wide vaccine events are planned for the fall as well.

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.

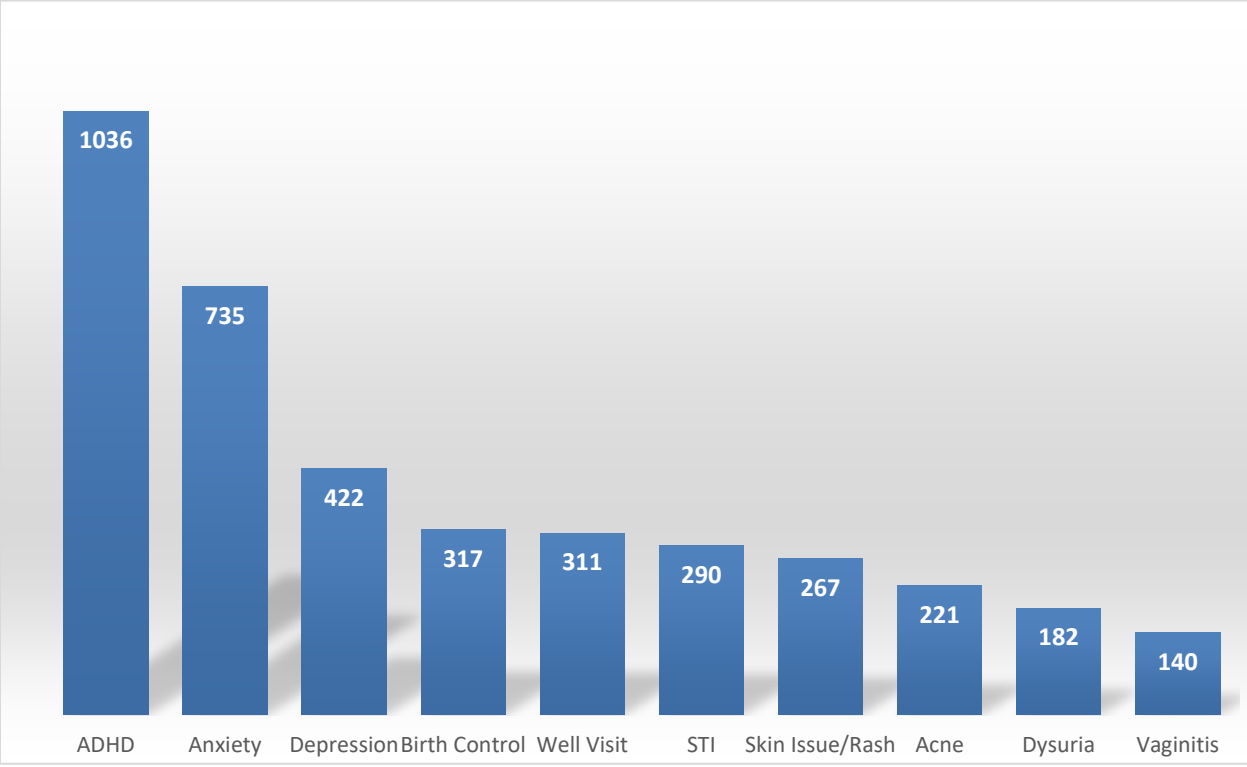
The Travel Clinic provides pre-travel consultation for students, staff, and the community on a fee-for-service basis. The clinic is staffed by two nurse practitioners, 1 of whom hold specialty certification from the International Society of Travel Medicine. The clinic specializes in the provision of 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. Due to COVID19, our travel clinic appointments were nonexistent; typically, we do between 130-150 of those visits each year. We would anticipate little need for travel clinic appointments until the pandemic wanes.

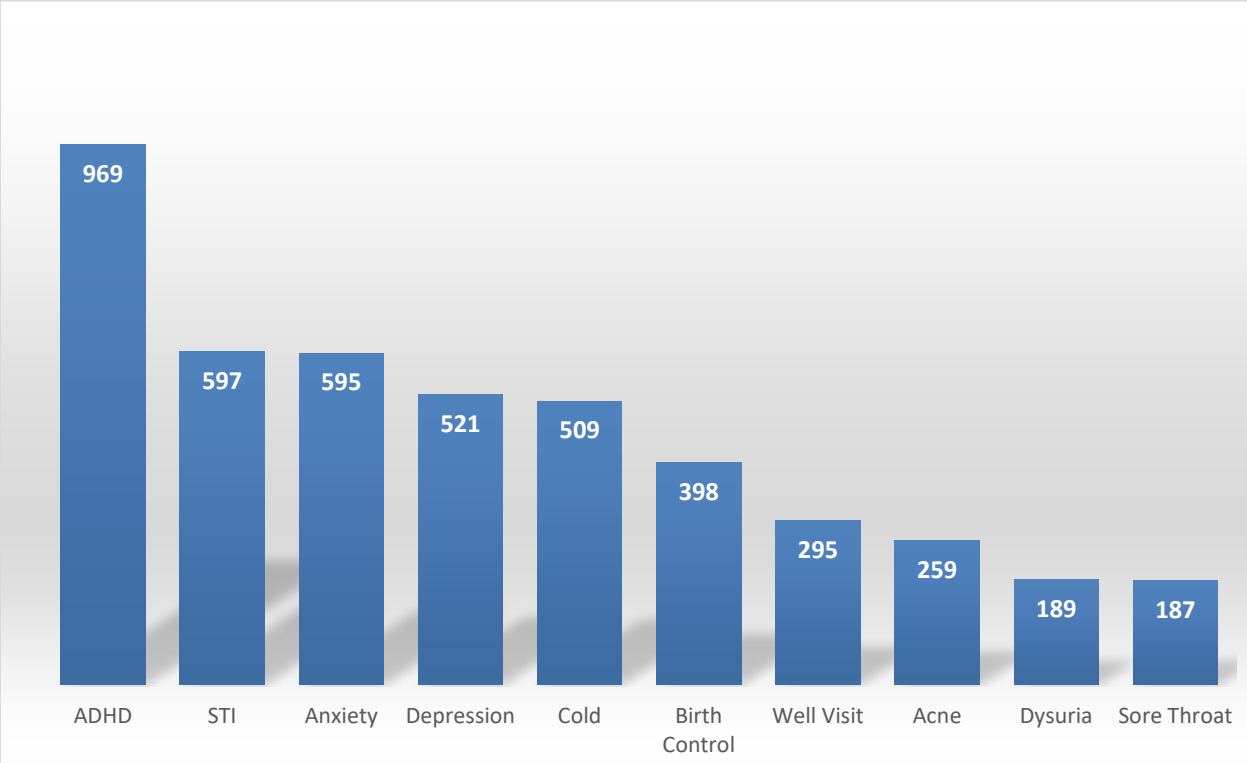
Below is a graphical representation of Appointment Reason for the 2019-20 fiscal year (nursing visits not included), followed by the Top 10 Visits by Diagnostic Code (ICD10). Note the paucity of upper respiratory infections as they were deferred to testing rather than an appointment.



Top 10 Visits by Diagnostic Code



For comparison, the following is the prior fiscal year's (2019-2020) Top 10 visit by diagnostic code:



As can be seen, following national trends, we are seeing more mental health related concerns in our primary care practice in our center which has only been exacerbated by COVID19. Illness visits vary by year, mostly driven by how severe the influenza season is. However, due to masking and social distancing, influenza was non-existent, and sending those with any cold symptoms for COVID testing, we hardly saw any of the normal colds/sore throats. This past year is also possibly skewed due to the drop off in appointments and patients delaying care due to the pandemic.

Diagnostic coding uses ICD10 which has nearly 70,000 distinct codes. Thus, providers may code similar illnesses differently. The above represents a consolidation of some codes; however, it may be underrepresenting certain conditions and/or visit reasons.

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. The Utah State Legislature passed a law in the Spring of 2021 requiring higher education to also accept personal exemptions. The law took effect in May 2021 and we have not seen a noticeable increase in exemptions overall. Anecdotally, most students who had a personal exemption would convert it to a religious one such that we may not see marked difference with this change.

Students can meet this requirement by providing documented vaccines for two doses 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 documented blood test (titer) to show immunity to measles, mumps and rubella. An exemption from the requirement may be given for medical, religious, or personal reasons. (See Key Activity #1 for numbers of tests/immunizations performed).

The Immunization Compliance Module (ICM) of Medicat allows us to totally manage all compliance. Subsets of students can easily be emailed within the system regarding their status. All vaccines/TB testing that occurs in our office automatically link to the ICM. This allows them to become

compliant automatically and their holds removed electronically twice daily thru a system interface, facilitating prompt removal of holds. This has been a vast improvement over our prior paper method.

The Medicat system has a patient portal which interacts with the ICM. Students can go online, login to our system, provide dates of immunization, and scan their existing records into our system. Our compliance officer verifies their vaccinations and the software marks them as compliant. We phased out the prior paper immunization compliance cards in May 2016. Previously we had no storage for vaccine records when student submitted their dates. The ICM allows online storage. Thus, our providers can readily access the records and the students can log in to the portal and print a copy if needed. As of August 2016, we require records from all students.

For new students a welcome letter is emailed via our ICM once the student has paid their enrollment deposit explaining the immunization requirement with steps explaining how to submit their immunization records via an online student portal. Students receive frequent updates of their status after submission until compliant. Four weeks after the beginning of each semester, those students who are not compliant with the immunization requirement are sent an email that notifies them a hold will be placed on future registration (e.g., a registration hold) until they have complied with both dates and provided records of their vaccines for verification.

Thus, noncompliant students are unable to register for classes the following semester without complying. Our current system allows us to monitor compliance daily and in real time. Typically, 700 – 5000 holds are placed per semester, with the majority in Fall semester and less in Spring and Summer semesters. In November 2018, the Utah State vaccine database, USIIS, began interfacing with our Medicat system. Any student with records in the database had their immunization records automatically imported in to our system and were immediately complied if they had the required immunizations. The number of registration holds for noncompliance placed in the first semester after its implementation were down by 2/3 of the normal (~1500 holds down to ~500). Our overall compliance rate has been over 99% since this interface began. Vaccination rates >90-95% are typically needed for herd immunity to measles to prevent its spread.

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). For Fall 2016 we began using an online tuberculosis screening questionnaire on our student portal. It links to ICM for our international students. Those with negative responses are automatically compliant. Those with a positive questionnaire received instructions to come to the SHC for additional testing. This greatly reduced the need for international students to physically appear in our office to comply with this and the immunization policy.

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; and Hepatitis B - along with an annual TB screening 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 fall 2015 with the same requirements as the School of Medicine. Other health professions students have their immunizations tracked by their home department, but many come to our office to meet their requirements through immunization and/or titer.

The Utah State Legislature also passed another law in Spring 2021 preventing any state entity from requiring the COVID19 vaccination while the vaccine is under Emergency Use Authorization (EUA). Thus, we are not requiring the vaccine at this time. The FDA may formally approve the vaccines this fall which means we could require the vaccine when this occurs. As of the time of this report, 68% of summer semester students were fully vaccinated for COVID19. This is based upon USIIS data and may be higher as this only represents immunizations given in Utah. We have also modified the patient portal to allow students to upload their COVID19 vaccination card and dates to our system.

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 (UHCSR); 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. Eligible students can also enroll a spouse and/or dependent(s) on the plan; some graduate departments subsidize this cost as well. Those students who graduate and had been previously on SHIP can elect to pay for a continuation plan for up to 6 months as a bridge until they start a new plan. The 2020-2021 plan also included a Special COVID19 enrollment for those students who were unable to enroll for fall semester.

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 provide. Coverage for transgender care/sexual reassignment surgery was added to the 2016-2017 policy. For the plan year (2020-2021) the cost was $2161. Due to a higher than normal loss ratio, the yearly insurance premium will increase by approximately 5%. United initially proposed an 8.5% increase; however, by

raising the Student Health Center co-payment from $10 to $15 and by raising the annual deductible for Preferred Providers from $250 to $350, we were successfully able to negotiate a lower increase. This is an increase of $108 per student, per school year resulting in an annual cost of $2269 for the 2021-2022 plan year. The increase will also apply to each additional insured in each household.

Additionally, we reviewed possible enhancements to the current prescription coverage (e.g. a more traditional prescription benefit card rather than a 50% reimbursement method). Those changes would add an additional $250-$360/year to the plan premium. Given that over 1/3 of the insured are graduate students, who have a portion of the premium paid by their department and the financial difficulties brought upon the University by the pandemic, we were unable to enhance the prescription benefit this year. We will continue to look at enhancements in future plan years.

Our current contract allows yearly renegotiation and allowances for plan changes. We added a Tele-Doc function to the policy 2 years ago which allows insured to call for medical advice after hours. Last policy year, we added a virtual counseling component, allowing students to receive counseling via text, chat, or phone. Both of these services are available at no charge for those on the insurance. Students have viewed this virtual counseling option favorably. Students without the student insurance plan can access these services for a minimal fee (e.g., $45 for Tele-Doc).

Federal law passed soon after the pandemic was declared that required evaluation and testing for COVID19 be covered at 100% through the end of the national emergency (currently set to expired on 10/22/20, but can be extended).

Due the timing of this report, we do not have current policy year end data for loss ratio or average cost per-student claim.

Subsidized Graduate Student Health Insurance

The Graduate School provides 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.

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.

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 can waive the insurance only if they have a health insurance policy that meets or exceeds SHIP's requirements. They are as follows:

- Plan must comply with all applicable ACA requirements (e.g., preventative health care covered at 100%, unlimited lifetime maximum)
- Plan must cover prescription drugs as required by the ACA
- Unlimited benefit for Medical Evacuation and repatriation
- Annual deductible less than $250/individual and $500 /family for in-network providers
- Plan must cover all sports-related injuries, with the exception of intercollegiate or professional participation

- Plan must cover non-emergency physical and mental health
- Plan must have a United States billing address, phone number and contact person
- Plan must be free of any day or visit limits.
- Plan must have in-network hospitals, physicians and mental health care providers in Salt Lake City, UT
- Policy must remain in force for the entire 2020-2021 academic year

2020-2021 Enrollment numbers by Plan Type and Period

ANNUAL
COVID19 Special Policy: 163
Continuation policy: 125
Annual Special Graduates Fall: 101
Annual voluntary: 559
Annual spouse and children: 71
FALL
International fall: 841
Subsidized Graduates fall: 799
Subsidized International Graduates fall: 594
Voluntary fall: 505
Fall spouse and children:159
FALL/SPRING
Voluntary Fall/spring: 102
SPRING
International spring: 13
Voluntary spring: 179
Spouse and children spring: 43
SPRING/SUMMER

International spring/summer: 786
Subsidized domestic spring/summer: 803
Subsidized international spring/summer: 610
Special spring/summer: 81
Spouse and children spring/summer: 122
SUMMER
Voluntary summer: 218
Mandatory International summer: 138
Spouse summer: 1

Uninsured Students

We currently do not have data regarding the total number of students we see who are uninsured. We do know that at 95% of those we see for sick and well visits have insurance of some type (see Key Activity #1). Medicaid coverage in Utah expanded in January 2020, so those without have an additional option. While the number of insured students is encouraging, students uninsured represent a significant hardship if an illness were to befall them. The impact of potential changes such as repeal/replace or doing nothing to the Affordable Care Act, the Healthcare Exchanges, and insurance subsidies is unknown. 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 or students who have out of state Medicaid and thus no coverage in Utah. Thus, we remain the best choice for those students due to our lower costs.

Starting with the new fiscal year, we will have a Student Insurance Advisory Committee composed of ASUU representatives as well as an undergraduate, graduate, and international student representative. We can have feedback from the students regarding the plan, discuss plan changes with the renewal and associated costs for any additional services students might wish the plan contain.

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:

Emergency Management Elements	**Student Health Involvement**
Communication and Warning	Campus Alert participation
Incident Management & Response	Emergency Operation Center (EOC) Operations Section
Planning	Pandemic: influenza, Ebola, coronavirus Disaster medicine Point of Distribution plan (POD) in the event of bioterrorism (e.g., antibiotics for anthrax)
Facilities	Disaster medicine planning
Resource Management & Logistics	EOC Logistics Section
Mutual Aid	County Health POD plan (see above)
Hazard Mitigation	ASUU sponsored Immunization clinics

Crisis Communications, Public Education and Information	Hospital/Campus communications GermWatch (Intermountain Healthcare infectious disease monitor) Utah Department of Health (UDOH) Epidemiology Listserv
Training and Exercises	Shakeout: Drop, Cover, Hold, Evacuate
Laws and Authorities	Incident Command System (ICS) training (online courses ICS 100 and ICS 200) *not completed by student health*
Program Administration	Staff emergency prep professional development

In prior years, this key activity would include emerging disease outbreaks: H1N1, Ebola preparedness, MERS in South Korea, and more recently the Zika virus outbreak, pandemic planning, and earthquake preparedness.

As expected, with the advent of COVID19, this area grew exponentially and took an increasing amount of the Student Health Center's Director's time. Main campus Incident Command commenced at the end of January when the first case was reported in the US, and continued to meet weekly thru mid-March when it became more structured. Initially, the Student Health Director reported virtually to the Health and Safety Committee daily, and then once the campus was largely empty on a as needed basis. Toward the end of May and into June the Director met with a taskforce to look at plans for fall testing on campus. By the end of June, Incident Command structures for both the hospital and main campus were combined to facilitate communication between both University entities (they previously had a separate, but common structure with internal communication between the two groups). Under the new structure the Director was put in the Viral Testing Domain with Dr. Richard Orlandi of University Health under the Health and Safety Branch to further the plans for testing on campus. As vaccines became available, the Director was also tasked with helping with the campus planning for vaccination and a possible vaccine requirement (if allowed).

In addition to the pandemic, we also had an earthquake in March, and an unprecedented wind event in September. Given that the Incident Command System was already in place for the pandemic, and most all employees were home due to it as well, campus emerged largely unscathed with the exemption of large trees on campus that came down in the winds.

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.

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, three 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. A sports medicine fellow rotates with our sports medicine provider. Nineteen nurse practitioner students worked with our College of Nursing (CON) faculty nurse practitioners for clinical experience during the 2020-2021 academic year. With the onset of COVID19, clinical rotations became virtual. Summer semester allowed a return to some in person clinical interactions in addition to virtual patient visits. By Spring semester, clinical rotations largely returned to normal.

Additionally, Dr. Pfitzner, Dr. Lamb, and the faculty nurse practitioners lecture to medical, nursing, or nurse practitioner students, as well as medical residents during their training.

Susan Kirby DNP taught PCNP Residency (NURS 7604), Practicum I (NURS 7601), Practicum II (NURS 7602), and Practicum V (NURS 7605) .

Suzanne Martin FNP DNP taught DNP Scholarly Project I (NURS 7701-001) during Fall and Spring semester.

Tek Kilgore FNP DNP taught Advanced Clinical Simulation (NURS 7930), Management of Episodic Problems (NURS 6601), and Advanced Health Assessment and Health Promotion (NURS 7028). He is also the FNP Specialty Track Director.

Katherine Heller FNP DNP taught PCNP Practicum II (NURS 7602) during Spring semester.

Plans for the Future

Anticipated Challenges:

- COVID19 will be with us for the foreseeable future even with the vaccine as more variants arise and the possible need for vaccine boosters. It will continue to impact everything we do from now on -from provision of care in the office (both actual care of this novel virus and how we provide that care thru telehealth options) to how we do outreach events like flu shots at a wellness fair. I would foresee reimagining how SHC fits within the campus and University Healthcare framework to allow us to be nimbler for future pandemics and other health crises. A vaccine requirement will require additional help thru temporary employees to review vaccine dates/records for compliance.
- Medicaid was expanded in Utah, but we don't know as yet how many college students will enroll. The SHC is not a Medicaid provider, but University Healthcare is; thus, this might potentially decrease utilization rates at our center. As evidenced by an abrupt increase in premiums this coming year, SHIP plans will continue to change and morph depending upon loss ratios, numbers of insured, and coverage mandates, etc. Our SHIP premiums have remained very stable until this past year and it's not known the impact COVID19 will have on future premiums. Mandatory student insurance continues to come up in conversations with various consultants as a way to bridge issues relating to mental health care.
- 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.
- Insurance prescription benefit – Prescription drug costs are the predominate reason for rising insurance premiums. The 50% reimbursement model is not popular with students, especially those on very expensive medications. However, the cost of adding a traditional prescription benefit plan as detailed in the insurance section is a large cost increase to our policy premium (and increases yearly when we ask about it during renewals – jumping from $360 to $630 in one year), and the majority of our students are not on routine prescription medications. We will continue to work with our insurance consultant and insurance provider to find a reasonably priced prescription benefit.
- Space Issues – our current location is less than ideal with no room for expansion. In my tenure, 2 separate Student Affairs evaluations by outside consultants indicated that our center is too small for a campus this size. Plans are in development for a new Student Union with possibly a health and wellness wing to consolidate all health-related services in one area. Will the campus's COVID19 response suggest a different approach? With tele-commuting, telehealth, and all the remote processes, could employees be added that didn't need a physical space in our existing building foot print?
- Student Health Fee – our student health fee has remained unchanged since 2011 with $3 now going to the CSW. Previously using a 3-year estimate of provider encounter fees, the health fee could be increased by $3.50/semester and we could no longer charge for provider visits. This would not cover potential increases in visitation if something like this were implemented but it would broaden the patient base in our clinic. We would still need to charge/bill insurance for any radiology or laboratory specimens sent to our lab provider (ARUP). Ideally, a fee could be crafted to allow everything done within the confines of the SHC to be provided at no cost and the student's insurance to cover health concerns above and beyond what is provided at SHC.

Anticipated Opportunities:

- Medicat – our EMR system has allowed us to be much more efficient, allowing us serve more students will no changes in personnel numbers. 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. E-prescribing became even more useful during the shutdown. Medicat has done many upgrades since the pandemic began to improve our response to COVID19. Zoom for Healthcare will be integrated in our system by the end of August. Our patient portal has additional functionality which we have slowly implemented. We now have an interface with the state's vaccine registry, have added texting notifications, and more recently e-prescribing. As we become more familiar with each of these additions, we hope to utilize them more. For instance, the notification module can be set up to automatically text reminders regarding future immunizations, or annual health care visits. Medicat's BI module was added this past year and access was granted to the Student Affairs' Office of Assessment and Analytics to allow them access to our data.
- AAAHC – a software program exists that will allow us to digitize our paper policy and procedure manual. Once in place, the manual can be reviewed by our accreditors prior to a site visit, improving the experience for all involved. It will also allow us to document electronically periodic updates as well as staff compliance in reviewing new policies. We are currently working with purchasing regarding this purchase as it would be nice to have this up and running prior to our next site visit in Spring 2022.

Grants/Contracts:

- None

Center Gifts/New Revenue:

- No new revenue is anticipated. Our current student health fee has been unchanged since 2011 at $20.48. $3 of the fee goes to fund the CSW.

<u>Staff Excellence</u>

None.

<u>Transitions</u>

None.

STUDENT HEALTH CENTER STAFF COMMITTEE MEMBERSHIPS

University of Utah Involvement:

STAFF	COMMITTEE
Martin, Suzanne	Career-line Faculty Review and Reappointment (CL-FRA), College of Nursing, University of Utah Graduate Scholarship Committee, College of Nursing, University of Utah Assessment Liaison, Student Affairs, University of Utah
Kilgore, Tek	Chair, Graduate Scholarship Committee, College of Nursing, University of Utah Chair, Athletic Advisory Committee, University of Utah
Kirby, Susan	Scholarship Committee, College of Nursing, University of Utah

Non-University Committee Involvement:

STAFF	COMMITTEE
Pfitzner, Mark	College Health Special Interest Group, Society for Adolescent Health and Medicine (Co-Chair)
Martin, Suzanne	Peer reviewer for the *Journal of the American Association of Nurse Practitioners*

STUDENT HEALTH CENTER STAFF PRESENTATIONS AND PUBLICATIONS

Presentations

None.

Publications

None.

STUDENT AFFAIRS FACULTY APPOINTMENTS

Name	SA Department	Position	Academic Department
Pfitzner, Mark	Student Health Center	Associate Professor, School of Medicine	Pediatrics
Lamb, Sara	Student Health Center	Vice Dean of Education, Associate Dean of Education, Curriculum, Associate Professor, School of Medicine	Pediatrics Internal Medicine
Cutting, Amy	Student Health Center	Assistant Professor, Clinical	College of Nursing
Kilgore, Tek	Student Health Center	Assistant Professor, Clinical	College of Nursing
Kirby, Susan	Student Health Center	Assistant Professor, Clinical	College of Nursing
Martin, Suzanne	Student Health Center	Associate Professor, Clinical	College of Nursing
Heller, Katherine	Student Health Center	Adjunct Professor, Clinical	College of Nursing