

Consultation Report for
Indiana State University
Student Health Center

Prepared by:
American College Health Association Consultants
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Introduction

On December 15th and 16th, 2005, two consultants representing the American College Health Association's (ACHA) Consultation Services Program conducted an on-site evaluation of Indiana State University's Student Health Center (SHC). The survey was performed at the request of Frances M. Drake, R.N., Student Health Center Director and C. Reed Kidder, Asst. Vice-President for Student Affairs. The focus of the consultation was threefold:

- * Assess scope and quality of ISU health program; specifically the Student Health Center
- * Assess SHC staffing, leadership, and funding issues
- * Provide support for long term recommendations related to dedicated fees, fees for service, and mandatory health insurance

Prior to the site-visit, the consultants received and reviewed background materials, including:

- * Comprehensive notebook of SHC materials, including: SHC annual utilization reports, sample immunization and medical forms, immunization policies and procedures, information available on SHC website, and Vigo County Health Dept. Information
- * The ACHA Pre-Assessment questionnaire, which included background information about the ISU Student Health Center
- * SHC Budget Summary, FY 2004 & 2005
- * SHC Organizational Chart
- * Brochure describing the Student Health Insurance Plan for students
- * 2004 RFP for Management of the SHC

Interviews with ISU upper administration, student leaders, and the Health and Counseling Center staffs were conducted during an on-site campus visit by Barbara H. Bloomer, PHN, RN, Director of Health Services, St. Norbert College, and Richard Chapman, MBA, MHA, Director of Health Services, Middle Tennessee State University. The consultants also spoke with Fran Drake prior to site visit to provide further insight into the SHC and relevant current issues.

Institutional Demographics*

- * Public Research University in downtown Terre Haute, IN
- * 10,095 students; (~82% are undergrads)
- * Total FTE enrollment decreased by 3.4% in 2005
- * 52% of 2005 freshmen were women
- * 84% are Indiana residents
- * 59% of 2004 freshman are first in family to attend college
- * 4% are international students from 64 countries
- * Approximately 3,800 students reside in ISU housing

*taken from the ISU Office of Strategic Planning, Institutional Research and Effectiveness 7/18/2005

Imperatives for Strategic Change

- * Reduction in ISU enrolment with increasing demands on institutional budget
- * Potential consideration for outsourcing health services
- * Future development of comprehensive Recreational Center with designated student fees
- * Recent shifts in upper administration and pending retirement in key leadership positions

The report that follows focuses on the findings of the site-review and concentrates on observations, recommendations, and consultative comments, which Indiana State University can consider as it charts new directions for the delivery of comprehensive health services for all students at the university.

ISU is to be commended for its willingness to review its SHC. The consultants thank Fran Drake, SHC Director and Reed Kidder, Asst. Vice President for Student Affairs, for coordinating the consultation process and for their hospitality. The consultants also wish to thank the staff of the SHC, and all those willing to share their views with us during the site-visit.

Interviews with Leadership

The site visit included interview sessions with the ISU President, Vice-President for Student Affairs, and HR Benefits Manager. From these interviews the consultants were asked to evaluate overall awareness and support for the SHC among ISU's executive leadership team. Specifically, the consultants were asked to appraise any plans to outsource the SHC or implement a dedicated student health fee.

ISU leaders expressed unqualified support for both the role of the SHC and their desire to see the services and programming grow even stronger. There was a lack of knowledge of some of the SHC's key programs such as women's health and STD testing services. This lack of knowledge about the wealth of services available to students at the SHC was commonplace in many of the consultants' interviews and will be addressed in recommendations concerning health promotions programming and staffing.

Below is a listing of other information learned from the interviews that should be considered by the SHC management team:

- * SHC should participate in ISU's President's community outreach initiatives. The Lansburg Institute was one center mentioned specifically as a possible point of contact. Other options might include opening up x-ray and lab services to other local colleges.

- * Consider offering limited services to staff (i.e., blood pressure checks, injections) to provide an employee wellness benefit and to help raise awareness of SHC

- * SHC Medical Director is the main visible representative of the SHC for many on ISU campus. Consider options to get other SCH employees visible to ISU campus community

- * At the present time there are no plans to outsource neither the SHC nor are there interested parties seeking to contract with the university

- * Despite requests made from several areas for extended SHC hours on nights and weekends, the consultants feel it would be cost prohibitive for the SHC considering the low utilization of services experienced by similar university health centers for these same periods

- * Current immunization policies create environment for adversarial confrontations with students. Consider revising policies to make entrance to ISU less cumbersome while still meeting state mandates. Investigate whether Indiana high school diploma can qualify as proof of MMR immunizations. For International Students, consider making immunization and proof of health insurance a condition of admittance to university instead of permission to register for classes

* Implementation of a mandatory health fee will depend on showing SHC value to students, parents, and administration. There was not opposition to considering a health fee provided SHC can show how services to students will be enhanced.

Health Center Scope and Quality of Services

Current assessment of services provided by the ISU Health Center includes, but may not be limited to:

- * Acute injuries
- * Allergy injections
- * Communicable disease outbreak control
- * General illness, procedures and treatment modalities
- * Health Education within the context of patient visit
- * Immunizations and state law compliance tracking of MMR and Td
- * IV therapy
- * Laboratory services (moderate complexity lab)
- * Pharmaceuticals
- * Preceptor site for Athletic Training
- * Pregnancy Testing
- * Sexually transmitted disease testing/treatment
- * Triage services for urgent care/walk-in patients
- * TB surveillance and documentation for international students
- * Sports injuries
- * Women's Health Services
- * Worker's Compensation assessments
- * X-ray diagnostics

Observations

- * No needs assessment has been undertaken to determine health needs of ISU students
- * No outcomes data to assess quality of services
- * Many students and University staff are unaware of services offered by the Health Center
- * Limited ability for referral to community agencies as nearly 50% of ISU students are uninsured
- * The Moderate Complexity Lab and the X-ray diagnostic capability complement the Health Center's ability to provide valuable medical services to the ISU students

Recommendations

- * Conduct a needs assessment survey to determine health needs of ISU students (NCHA)*
- * Conduct outcome assessments for services and programs; adjust scope of service to successful outcomes (see references)+
- * Design and implement a marketing campaign to inform ISU students and staff about services and programs offered by SHC
- * Integrate Health Education Programs into proposed Recreation Center
- * Initiate a Student Health Advisory Council
- * Consider implementing a mandatory insurance, hard waiver policy
- * Consider partnering with smaller local institutions of higher education to provide lab and x-ray services for their students

NCHA National College Health Assessment Survey

The ACHA-NCHA Survey is recognized as a leading data source for assessing the health of college students. www.acha.org/ncha

American College Health Association Standards of Practice for Health Promotion in Higher Education: establishes minimum standards for College Health Programs.

Healthy Campus 2010: Provides guidelines for outcomes development and goal development

US Public Health Service: Department of Health and Human Services: Healthy People 2010: national outcomes data relevant to the US population

Health Center Utilization

Current Assessment: ISU Health Center patient visits (see annual reports)

* FY2002-03 – 8,702

* FY2003-04 – 9,386

* FY2004-05 – 9,543*

*does not include immunization compliance assessment and reporting

Health Center Full-time Equivalent (FTE) Health Care Providers

FTE

Health Center Director, RN (admin only)

MD, Medical Director

Nurse Practitioners

Staff Nurses

TOTAL FTE Professional Staff

0

1

2

6.75

9.75

Utilization Benchmark

Current Assessment regarding the number of patient visits per all FTE Health Care Providers*

* 979 patient visits per FTE provider

(Calculated from benchmark; total visits 9,543/9.75 FTE providers)

*Physician, APNP, RN

Benchmark*

o Overall benchmark – 1,627

- o Enrollment of 5000 – 11,999 – 1,710
- o 25 – 49% on campus residents – 1,595

Number of patient visits per eligible ISU student

* .95 (number of visits/total enrollment)

Benchmark * number of patient visits per eligible ISU student

* Overall – 1.7

* Enrollment 5,000 – 11,999 – 1.6

* 25 – 49% on campus residents – 1.7

ISU Health Center sees .95 visits per eligible student

ISU Health Center had 9,543 patient visits in 2004-05

Observations

* ISU Health Center could expect to see nearly 2 times the number of visits per eligible student

* (range 1.6 – 1.8)

* The annual visit could be 16,000 – 18,000 visits per year based on benchmark visits per eligible student

* Staffing at present time is adequate to accommodate increase in utilization (see staffing)

* ACHA DataShare II Benchmark Survey 1999 – 2000

Recommendations

Collaborate with Residence Life and other Student Affairs offices to encourage utilization.

Implement scheduling and staffing changes to accommodate increased utilization (see staffing recommendations)

Partner with Ambucare Urgent Care and Union Hospital to provide after hours services for ISU students at a discount rate+

Long Term

Consider expanding acute care services to employees as a fee for service

Administration and Staffing

Current Assessment indicates that ISU Health Center provides daily walk-in clinic, triage and scheduled appointments for health assessments. It also supports a Moderate Complexity Lab and X-ray capabilities, resulting in a very comprehensive health service. The MD is providing services for other departments on campus, which is increasing visibility and value of the SHC, but decreasing the availability for medical needs of ISU students.

A. Health Center Operations Staff Full Time Equivalent

Health Center Director, RN

MD, Medical Director

Nurse Practitioners

Staff Nurses

Lab Tech

X-Ray Tech

Office Staff/Coders

Nurses Aids

Total Staff

1

1

2

6.75

1

1

4

1

17.75

+supports consideration for mandatory insurance, hard waiver

B. Health Care Assessments by Specified Providers

Registered nurses triage and treatment services

Nurse Practitioners health assessments

Medical Doctor health Assessments

Pharmacy

Lab (moderate complexity)

X-Ray

Total health assessments at the Health Center

2,645

4,429

1,231

606

561*

86*

C. Staffing

The number of ISU students enrolled FTE health care provider (Enrolled students 10,095/9.75 FTE) = 1,035

Actual assessments by total healthcare providers at ISU (total visits 9,543/9.75 providers) = 979

*Benchmark: 1154

The number of enrolled students per FTE Registered Nurse at ISU (10,095/6.75 FTE) = 1,496

Actual Registered Nurse assessments (2645 nurse assessments/6.75 FTE RN) = 392

* Benchmark: 5,003

The number of enrolled students per mid-level APNP providers at ISU (10,095/2 FTE) = 5048

Actual APNP assessments (4,429 APNP assessments/2 FTE APNP) = 2,215

* Benchmark: 5,003

The number of ISU students enrolled per FTE Physician at ISU (10,095/1 FTE) = 10,095

Actual Physician assessments (1,231 Physician assessments/1 FTE) = 1,231

* Benchmark: 7,421

D. Support Staff

* The number of ISU enrolled students per FTE support staff (10,095/5) = 2,019

Benchmark *: 2,796

Ratio of support staff to provider staff at ISU (17.75/5) = 3.5
Benchmark*: 2.6

Observations

- * The staffing levels for all of the health care providers are over benchmark, however, the providers most notably underutilized are the Registered Nurses and Physician
 - * Confusion exists about the actual clinic time vs. preceptor/supervisory/occupational health time designated for the physician; Health Center Director indicates a 90/10 split, but physician functions on a nearly 50/50 split. This needs to be addressed to assure that appropriate time is allocated for medical services.
 - * Support staff levels are over benchmark
- *(ACHA DataShare II Benchmark Survey, 1999-2000)

Recommendations

Short Term:

- * Increase MD clinical time to accommodate medical needs of students at peak times of year
- * MD currently provides OSHA compliance, Hepatitis B, and Worker's Compensation services for ISU; delegate and train RN to accommodate these services (see Federal Register below)
- * Increase standing order protocols for RNs within parameters of Indiana Nurse Practice Act and under MD supervision
- * Streamline nurse triage function within appointment system
- * Consider scheduling appointments all day 8 AM – 4 PM and providing same day accommodations for the most urgent needs (see EMR recommendations)
- * Reduce appointments to 15 min. routine needs, and 30 min. comprehensive needs
- * Streamline Women's Health Services to 1-2 days per week; schedule at off-peak times
- * Streamline immunizations to specific days and times and coincide with allergy injections
- * Commence systematic cross training and skill development for all nurses in treatment room, triage, lab specimen collection, and MD-NP interface
- * Batch lab testing procedures and encourage RN specimen collection (cultures, blood, etc.)
- * Cross train RN to cover CLIA waived testing when lab tech is not available
- * Provide competency upgrade for nursing skill development; partner with School of Nursing
- * Re-assess health education support (see EMR recommendation)
- * Transfer immunization record assessment and TB surveillance to support staff with specific parameters for RN intervention
- * Consider staggered start and end times of staff to accommodate increased utilization
- * Realign position function for support staff, coding, filing, x-ray, to provide broader/administrative/IT/health education support

Federal Register Department of Labor
Occupational Safety and Health Administration 29 CFR Part 1910.1030.
Occupational Exposure to Bloodborne Pathogens; Final Rule Dec. 6, 1991

Long Term:

- * As attrition in positions occur, consider reclassifying to Health Education designation
- * Work closely with Counseling Center to provide comprehensive Health Education Program

- * Develop a Peer Education program; train the trainers for healthy lifestyles
- * Web based health assessments and electronic communication with students and SHC staff

Financing and Insurance

Mandatory Health Fee

The SHC is currently funded from a combination of student fee dollars and self-generated revenues for supplies and services. This funding model subjects the SHC to fluctuations in university finances and limits the extent to which long term goals can be developed.

The predictable funding that comes from a mandatory health fee is much preferred to the current system. Mandatory health fee is the preferred model nationwide at 85% of university health centers and two thirds of the Missouri Valley Conference schools. A mandatory health fee plus the current charges for services would provide a stable revenue stream and allow the SHC to focus solely on providing cost effective acute and preventative medicine to ISU students.

The consultants would strongly endorse the mandatory health proposal (\$50/semester) previously submitted by the SHC Director. The SHC's current complement of services (lab, radiology, primary care visits) presents a real value for the fees being paid. The benefits to be derived from this proposal are:

- * Stable funding source for SHC
- * Funds for health education and promotion
- * Funds for screening labs (STD testing)
- * Fee raises awareness of SHC
- * Easy sell to parents because they perceive fee as real value (unlimited access to primary care for \$50/semester)

Outsourcing

The consultants were asked if outsourcing is a viable option for the SHC. An RFP to outsource the SHC was drafted in 2004 by never put out for bid. Interviews with senior leadership did not reveal that outsourcing was being considered at the present time.

In the consultants' opinion, outsourcing should only be considered as a last resort. Interviews with SHC staff and ISU students revealed that a high percentage of ISU students (as many as 50%) do not have health insurance. This fact alone would not make the SHC a viable profitable option for a private clinic contractor.

University Health Centers which file insurance often see on par a decreased number of student visits due to the high number of confidential visits which students do not want their parents to know about (i.e., pregnancy testing, STD testing, family planning). These "confidential issues" provide excellent teaching opportunities for SHC clinicians to help educate students as they mature from adolescence into adulthood.

Another reason outsourcing is not preferred is the loss of control the university has over clinic operations. Private contractors will be focused on the profitability of the clinic not how the SHC

supports the overall University and Division of Student Affairs' Mission. A prime example would be the case of meningitis that was diagnosed in the Fall of 2005 semester. The swift reactions by the SHC to inform, educate, and provide prophylaxis to any student who feared exposure most likely would not have been replicated by a contract operator. The SHC has too many positive elements in its favor to build upon than having to resort to outsourcing at the present time.

Health Insurance

Health insurance for all students is a goal worth achieving, meeting health care needs that cannot be handled within Health Services. Currently only international students are required to have health insurance under a mandatory hard waiver program. The international students are currently posing the greatest problem for ISU because they may have policies domiciled outside the US and they often let the policies lapse after a month or two. Without health insurance, students may have to withdraw from their studies when illness or injury occurs, and they often forego needed services that will maximize their educational experience or pose a public health risk to the campus community.

As a start, consideration should be given to streamlining the international students' insurance program to better protect these students. The consultants recommend that a defined list of acceptable insurance companies (and in some cases countries) be developed, with emphasis on the ISU sponsored Student Health Insurance Plan (SHIP), which has been specifically developed for ISU students. The criteria for non ISU plans should include such items as: benefits are adequate for management of illness and injury that is beyond the scope of the Health Services, the insurance company must be domiciled in the United States, and no monthly policies should be accepted. Another alternative to consider is to require all international students purchase the university's sponsored SHIP. Mandatory health insurance for all ISU students does not seem like a realistic goal at the present time. However, ISU should continue to strive toward this goal to minimize health risks to their student body, to encourage their students to be fiscally responsible adults, and to support the institution's overall risk management plan.

ACHA Standards for Student Health Insurance/Benefits Programs recommends that universities require students to provide evidence that they have health insurance coverage as a condition of enrollment.

Administrative and Information Systems

Modern university health centers are converting to medical management information systems with electronic records (EMR's) designed specifically for college health. College students are the perfect patient base for this software because they are highly computer literate. The software is designed for importing large student demographic files at the start of each semester. The systems are designed to work with college SIS systems to determine patient eligibility based on immunization holds, payment of the health fee, number of credit hours taken, or payment holds on patient's accounts. These modern EMR's have their own built-in insurance billing systems and can interface with the university's bursar's office to transfer charges to students' accounts. Students' ID photos can also be imported into the software to decrease medical errors and improve patient/clinician recognition. The current SHC uses an outdated physician practice software package that was not designed for college health. The current system is not integrated with campus information systems and offers limited practice management information. The health Center Director has proposed converting over to a new EMR product which would offer vast tools for transformational improvements within the health center. The consultants believe that a modern college health focused EMR software package can be just the spark needed to transform the SHC into a modern university health center. The applications can be

implemented as needed so the SHC can prioritize implantation of the systems that would benefit the SHC most. Below are listed features of a modern medical management information system:

- * Electronic medical record. Replaces paper charts and allows approved staff to have access to all charts from any secure computer. Eliminates the search for missing charts. Improves legibility of medical chart.
- * Template driven medical charts allow for less free text entry by staff and standardized placement of patient information.
- * Prescription writing software with built-in safeguards for drug interactions and patient allergies.
- * Wireless laptops allow providers to have access to all medical records from any SHC location. Student perceptions of SHC and providers are enhanced when students see the SHC using current technology. Patient signature capture can be obtained by today's touch screen laptops.
- * Interfaces with reference labs, outpatient radiology centers, can create a truly paperless medical chart.
- * Secure email allows a provider to email a student lab or other test results thus eliminating a clinic visit for normal test results. Email messages can be automatically generated for appointment reminders.
- * Web access applications allow students to schedule or cancel their own appointment 24 hours a day online, submit pre-matriculation health history and immunization forms, and fill out diagnosis-based patient templates prior to health center visit.
- * Self check in kiosks can be used to allow students to check in for both scheduled appointments and walk-in visits. Privacy notices and other disclaimers can be listed for electronic signature.
- * Immunization tracking applications can efficiently organize student's immunization records and also find patient records should there be problems with an infectious disease breakout, a specific lot# of vaccine, or a case of active tuberculosis on campus.
- * EMR packages also offer extensive management reports to track utilization of services, staff productivity, and patient wait times. Supervising physicians can quickly review mid-level practitioner charts for quality assurance.

A successful implementation depends on a number of factors which are listed below:

- * Develop staff acceptance to new software from the earliest stages. Have staff participate in software vendor presentations and site visits to other universities using the chosen software. Honestly answer staff questions regarding how their duties will change after implementation. Keep emphasizing how the new software will positively improve SHC functions and benefit students.
- * Before vendor is selected, check references with other university health centers using software and if possible go on site visit to validate successful installation at a like institution.
- * Leadership from ISU IT department will be critical for vendor negotiations, campus interfaces, and outside interfaces (Lab, radiology). Ongoing IT support also crucial for PC, printer, and server reliability.
- * Leadership from SHC Medical Director and Director will be key to overcome staff resistance at each step of implementation.
- * Implement during slower time of year such as summer term.

The consultants strongly recommend that the SHC pursue implementation of an EMR package both from the operational benefits as well as the transformational benefits. Going through this process will make the SHC evaluate virtually all of its administrative and patient care processes. It is the consultants' hope that change in a supportive environment will be contagious and the end result will be a more modern health center with an enhanced image. The consultants would also like to recommend that employees whose duties are reduced in scope be reassigned to support the expanded health promotions function discussed in another section.

Conclusion

Scope of Service

The ISU Health Center has the infrastructure to become a very important part of the development of the ISU student of the future. Expanding the health service to include a formal health education component

is essential in the health development of the ISU student while at the University, and in future healthy life choices.

In addition, an ever-increasing need for population and environmental health (influenza, meningitis, SARS, TB, etc.) justifies the existence of the Health Center as an integral part of the ISU campus. This type of community health care would not exist if this were an outsourced medical facility; the focus would be on profitability and not accountability to the University. Many of the labor-intensive services provided by the SHC have evolved as a result of Indiana state law requiring immunizations and compliance with record keeping. This has become a cumbersome process and takes valuable health care time that could be directed to the students' needs.

Quality of Service

The quality of service is gauged by how well it meets the standard and best practice benchmarks for that service. Outcome based assessments in the clinical, as well as the educational components of the Health Center will assure that the health program is current in its practice and is a vital contributor to the overall academic success of the ISU student. Health assessments that define the health needs of the ISU student are critical to providing appropriate health care services. Programs should be designed to meet those needs, defining the intended outcomes and making adjustments through a systematic approach. The need for an electronic means of record keeping is essential in improving efficiencies, providing up-to-date methodologies, and meeting the clinical, educational, and legal documentation needs.

Leadership and Funding

Critical decisions regarding the direction of the ISU Health Center are eminent. Providing a stable source of funding to assure that students have direct access to quality health care at a low cost is crucial, especially with the knowledge that nearly 50% of ISU students do not have health insurance. The consultants have found great support for the Health Center and the overall philosophy of health services on the ISU campus. It is with great enthusiasm that we recommend the continuation of the Health Center as a University supported department. The need for adequate funding for this program is absolute. The segregated health fee of \$50.00 per student per semester will provide the necessary fiscal resources to improve some of the recommendations in this report and will provide a means to develop a comprehensive strategic plan.

Thank you for the opportunity to work with the staff and leadership of Indiana State University.

Barbara H. Bloomer
Richard L. Chapman

The Committee for the review of the American College Health Association Consultation Report met on April 26, 2006 in the conference room of the Student Health Center @ 3:30 p.m. Committee members were Randy Stevens, M.D., community member, Paul Plummer, Athletic Training, Nathaniel Hopkins, Phd., Student Counseling Department, Deb Barnhart, R.N., M.S. School of Nursing, Cassandra Davis, Graduate Student, Charlie Potts, Assistant Vice President, Student Auxiliary Services, Bridget Gaddis, R.N., Student Health Center and Frances M. Drake, Director Student Health Center.

The committee has been sent the report in advance in order to keep focused on the issues and to allow more time for discussion. The committee was in agreement that most of the recommendations by the ACHA Consultation Group were excellent ideas and noteworthy to consider in the future but presently issues related to a fee for service and updated computer system was a priority before any other suggestions could be addressed.

Individuals with medical backgrounds were amazed that the Student Health Center was able to function with services provided in light of lack of funding and staffing. It was noted that nursing salaries were not competitive within the community. In order to attract experienced professionals Human Resources should look at community offices and account for experience.

The committee supports a dedicated fee and recommends it be initiated quickly in order to keep up with rising health costs. The committee unanimously supports the Student Health Center as an important factor in keeping students in school and with out such a program the University would suffer further enrollment declines.,

A discussion on health insurance brought support from the committee for mandatory health insurance for all students. There was a suggestion that perhaps all of the state schools in Indiana might participate in contracting with the same insurance company in order to get a better rate for students. There was discussion regarding outsourcing insurance billing as a way of drawing on any insurance parents might have on their student.

In response to a recommendation by the ACHA consultants and due to personnel changes at the Student Health Center, clerical and other professionals will be trained to enter immunization information into banner after the final check by Registered Nurses in the department. This will assist clinical personnel with their duty assignments. .

The committee discussed the possibility of continuing this group in order to develop a Strategic Plan for the Student Health Center as a means to move this program forward in the years to come. We all know Healthcare costs will continue to rise and we must keep abreast with the community in providing excellent medical services.

Several members of the committee stated they were willing to participate in follow up meetings to work on a strategic plan for the Student Health Center.

Indiana State University
Student Health Center
Response to the American College Health Association
Consultation Report
April 2006

About the Response Document

At the request of Indiana State University, the American College Health Association sent two consultants to ISU in December 2005 to review the operations of the ISU Student Health Center. In March 2006, ISU received the final report of their findings. This document is the response by the Indiana State University Student Health Center to that report. The response takes each section of the consultants' report and may reply to it by elaborating on the issue, and outlining an action plan to address the recommendation.

The report and the response have been submitted to a group of campus and community professionals who interact regularly with the Student Health Center. The suggestions of the committee have been incorporated throughout the response document.

Section II: Interviews with ISU Leadership

SHC should participate in ISU's President's community outreach initiatives. The Landsbaum Center was one center mentioned specifically as a possible point of contact. Other options might include opening up x-ray and lab services to other local colleges.

The Student Health Center has extensive professional affiliations within the community, and interacts with the following organizations in the city, county and state:

Vigo County Health Department – TB surveillance; meningitis exposure; STD exposure

Indiana State Department of Health- Hepatitis outbreaks on campus, Laboratory Compliance Improvement Amendments; Radiological Compliance

Terre Haute Medical Laboratory- Supervises SHC Laboratory and send tests not performed in SHC

Center for Occupational Health – referral source for workers compensation cases
Landsbaum Educational Offering – participate in educational programs

ISU School of Nursing -providing specialized Immunization requirements; providing clinicals for nursing students in the SHC

Task Force 7: Pandemic Flu planning and Weapons of Mass Destruction Training-personnel trained in Weapons of Mass Destruction and staff sent to Pandemic Flue planning sessions.

Interlink Health reviews – provide immunization review to groups of students every 9 weeks

St. Ann's Clinic-work with clinic to provide services to students that cannot be done at the Student Health Center.

Clara Fairbanks – referrals for Women’s Health testing unavailable to the SHC

Union Hospital- referrals to the Emergency Room, Outpatient Surgery, educational programming

Terre Haute Regional Hospital- Student Insurance has special hospital rates negotiated with THRH, ACLS

Training for Staff

Hamilton Center-referrals for Emergency Assessments

Planned Parenthood- refer students for procedures not performed in the Student Health Center

Healthy Connections- refer students for free services and procedure not available in the SHC

Maple Center – referrals for women’s health procedures not available at the SHC

Associated Physicians & Surgeons Clinic –referral to specialists

Indigent Care –refer students who need services and meet poverty level guidelines

Wabash Valley Susan Komen Breast Cancer Foundation – we have had several grants for our students to receive free services.

Wabash Valley Radiology – provides reduced fee radiological services to students.

Opening up X-ray and Lab services to other colleges within the area presents the following issues:

Skilled Personnel: Requires a physician to order the testing and to review the report for the individual.

Physicians are not immediately available, in all cases, to other schools.

Billing Issues:

Any business done with students from other universities would have to be cash in advance, because the Student Health Center does not bill insurance, other than the ISU carrier’s plan, and ISU students have the opportunity to bill to the bursar account. Collecting in advance is difficult because lab test results, can lead to additional tests being needed. ISU receives extraordinarily favorable rates for laboratory and X-ray services. To extend our reach beyond our own community could jeopardize that favorable status.

As a result, we do not feel that it is in the best interest of our students for the Student Health Center to provide medical services to students from other colleges at this time. This issue has legal implications that would have to be addressed such as malpractice insurance, assessment, medical responsibility, and staffing.

Consider offering limited services to staff (i.e., blood pressure checks, injections) to provide an employee wellness benefit and to help raise awareness of the SHC.

There are issues with providing these services to employees on an ongoing basis. The discovery of a condition requiring treatment obligates the Student Health Center to follow-up and document. More

staff would be needed, insurance would be an issue, and the family physician might not appreciate us being involved in their doctor/patient relationship. Employees have many chronic problems which we do not address in the Student Health Center Clinic.

The ISU Student Health Center already provides an annual flu clinic, and is willing to partner with the EAP program or other campus and community based entities (such as the Vigo County Board of Health) to provide additional screening clinics as resources allow. The Vigo County Board of Health has the responsibility to follow TB or any health issue which could be contagious.

The SHC Medical Director is the main visible representative of the SHC for many on ISU campus.

Consider options to get other SHC employees visible to ISU campus community.

It is difficult for clinical staff that sees clients from 8 a.m. until 5 p.m. to interact on a regular basis with the general university population. However, in the past, we have provided after hours programs to residence hall students, and other campus groups. The main focus of these contacts came from Student Health Promotions, an area that is presently housed in the Student Counseling Center. We will attempt to work with this program to become more visible. Additionally, we will attempt to participate on divisional and university committees that could use the expertise of our personnel. Further, we will continue to be a high profile presence at NSARP by screening immunization forms, and assisting students in meeting their requirements.

At the present time there are no plans to outsource the SHC, nor are there interested parties seeking to contract with the university.

Subsequent to the publication of this report, Landsbaum Center personnel met with university officials to explore a venture to provide a Student Health Center Clinic to our students at their 8th Avenue location. Landsbaum has built a small clinic into their training facility and it is underutilized. The clinic is located about 1 ½ miles north of campus, and is not particularly convenient for ISU students. Additionally, it is smaller than the ISU Student Health Center.

Talks will likely continue regarding this matter. If ISU decides that it is to its advantage to outsource the Student Health Center, that process would likely be bid. Cost and convenience of services will be primary factors in the outsourcing decision and selection process.

Despite requests made from several areas for extended SHC hours on nights and weekends, the consultants feel it would be cost prohibitive for the SHC, considering the low utilization of services experienced by similar university health centers for these same time periods.

In this time of budgetary restraint, we agree it would not be cost effective to extend hours unless the student body identifies this as a need they are willing to finance. In an environment where a student health fee or other funding enhancement prevails, this may be possible. The consultants tell us that schools that have expanded hours into evenings and Saturdays have had little additional traffic and that some have reversed the decision to expand service hours.

Current immunization policies create environment for adversarial confrontations with students. Consider revising policies to make entrance to ISU less cumbersome while still meeting state mandates. Investigate whether an Indiana high school diploma can qualify as proof of MMR immunizations. For international students, consider making immunization and proof of health insurance a condition of admittance to university instead of condition of permission to register for classes.

In speaking with Megan Stigar from the Indiana Department of Health, she reports it is not an option to accept graduation from an Indiana High School as proof of MMR immunization. She reports the law states we must have documentation. See appendix A for information relating to this suggestion.

As a first step, we are pursuing making immunizations for international students as a condition of admittance to the University instead of a condition of permission to register for classes. This needs to be followed-up with a similar policy for the general on-campus domestic population. This was attempted last year, and was only marginally successful. There is currently no interest on the part of Enrollment Management in adding additional admissions conditions. We think that conditions have to be politically favorable for such a policy, and that will require the university to first achieve better financial health.

Implementation of a mandatory health fee will depend on showing SHC value to students, parents, and administration. There was not opposition to considering a health fee, provided the SHC can show how services to students will be enhanced.

In order to show Student Health Center value to students, parents and administration, ISU must install an Electronic Medical Records system which will capture the real activity of all in the Student Health Center. After that is functioning, the SHC can show how services to students can be enhanced.

The mandatory health fee concept can only be implemented at a time when other "higher profile" dedicated fees are not on the table. We estimate that it would take between \$55 and \$95 per semester for an enrollment of almost 10,000 eligible students (no distance education students) to make a health fee practical. Obviously, the higher the enrollment, the smaller the fee can be. Conversely, if enrollments decline, either fees must increase or services decrease because there are not enough students paying fees to support a full-sized program.

Because tuition and fees are already set for 2006-07, it is highly unlikely that a mandatory health services fee will be established before the fall of 2007.

Section III: Health Center Scope and Quality of Services

Recommendations regarding scope of services:

Conduct a needs assessment survey to determine health needs of ISU students (ACHA-NCHA)*

This has been done in the past and would make a good project for Nursing Students. We will approach the College of Nursing to see if there is interest in such an undertaking. Additionally, the best possible data about our student's needs is obtained from the records kept by the Student Health Center. The acquisition of an electronic medical records system will greatly enhance our knowledge of the facility's use and needs.

Conduct outcome assessments for services and programs; adjust scope of service to successful outcomes

The Student Health Center has more than 10 years of satisfaction surveys of students using the facility. They were very useful and, in 2004, the Student Affairs research coordinator, Tom Rios, suggested we allow the Graduate Students to conduct a study. We will explore administering the American College

Health Survey to our clients. This might be accomplished through the School Of Nursing, a Graduate Student Project, or the Student Affairs Assessment Office.

Design and implement a marketing campaign to inform ISU students and staff about services and programs provided by the SHC

This was done in Fall 2004 by a group of Graduate Students on campus and is available for review in the Director, Student Health Center's Office.

We will develop a marketing plan for the Student Health Center one semester and implement the next. This could be done as a student marketing class project.

Integrate Health Education Programs into proposed Recreation Center

We will attempt to partner with the Student Health Promotion Department that is currently housed in the Student Counseling Center. The Student Health Center lacks personnel to present educational information other than in one on one consultation at the time of a patient visit to the SHC. The Health Center may be able to work with the Recreational Sports department to do health education programs if revenues can support such a venture.

Initiate a Student Health Advisory Council

This has been attempted on several occasions but the students lack interest in functioning as an advisory council. Student advisory councils have a poor track record on the ISU campus. However, an approach that has been successful involves doing focus groups with different populations. We will conduct focus groups (minimum of one per semester) with segments of the population that might include some of the following: student athletes, residence hall students, Greek organizations, and student government.

Consider implementing a mandatory insurance, hard-waiver policy

We will meet with insurance company representatives, the International Affairs Center , the Student Affairs administrative leadership, Intercollegiate Athletics, Athletic Training and other stakeholders to put together an insurance plan that will work for the university. We continue to support the implementation of hard-waiver policy for international and domestic students. The advantages of this are obvious. Students will be able to afford the care that they need, and the cost of the program to each student will be substantially reduced if we have 3,000 rather than 200 students on insurance. We will seek a plan that can be managed by the insurance company so that the overhead involved in administering the plan does not dilute the student's health care.

Recommendations regarding utilization of services:

Short term Recommendations:

Collaborate with Residence Life and other student affairs offices to encourage utilization.

It would be good to be able to participate in Fall Orientation of RA and other supervisors so we could make them aware of our services. We will contact Residential Life and Student Organizations and Activities to offer our services.

We will continue to consult with other departments as requested.

Implement scheduling and staffing changes to accommodate increased utilization (see staffing recommendations)

This can only be done after the collection of good data requiring an electronic medical records system. We currently do flexible work schedule adjustments in order to cover our 9 hour day (Staff only works 37.5 hours per week).

Partner with Ambucare Urgent Care and Union Hospital to provide after hours services for ISU students at a discount rate+

Union Hospital is approached by our Student Health Insurance every year regarding discounts. They refuse. Terre Haute Regional gives discounts on hospitalization but no other services. We can suggest to Academic Health Plans about speaking to Ambucare regarding discounts for our students.

Long term Recommendation:

Consider expanding acute care services to employees as fee for service

The Student Health Center is stretched just serving the worker's compensation needs of the employee cohort. To expand into acute care for employees would require several alterations to the program, which currently is designed to serve ISU students. The SHC would require different staffing and malpractice coverage, as well as more space and funding sources.

Section IV: Administration and Staffing Recommendations

Short Term Recommendations:

Increase MD clinical time to accommodate medical needs of students at peak times of year.

There is a philosophical discussion that needs to take place about whether the SHC physician is the Student Health Center's medical director, or the campus medical director. If the former is the case, then the position should require about 90% of the physician's time to be spent treating patients in the health center. If, on the other hand, the position is that of campus medical director, as is currently the perception of the SHC incumbent, approximately 50% of the individual's time would be spent working with campus departments such as Athletic Training, School of Nursing, Risk Management etc. and with community health providers. The prevailing attitude that this position is a campus medical director severely limits the physician's ability to see patients in the Student Health Center.

It seems that if the job is for the campus, then additional resources, including an additional medical provider may be necessary. At present, we are asking that the physician be all things to all people, and that shorts the SHC and the students who frequent the clinic.

MD currently provides OSHA compliance, Hepatitis B, and Worker's Comp services for ISU; delegate and train RN to accommodate these services

Hepatitis B, worker's comp and Blood Borne Pathogen training is all provided within the Student Health Center by registered nurses with minimal direct supervision by the physician.

Increase standing order protocols for RNs within parameters of Indiana Nurse Practice Act and under MD supervision

We all agree this is happening to the extent that it can. R.N.'s cannot prescribe medications, only nurse practitioners and the physician may prescribe medications.

Streamline nurse triage function within appointment system

The addition of an electronics medical records (EMR) system will assist us in this triage function.

Consider scheduling appointments all day 8 AM – 4 PM and providing same day accommodations for the most urgent needs (see Electronic Medical Records [EMR] recommendations)

Based on experience with several different scenarios, we feel the morning walk-in and afternoon appointments scheduling system works best for the students at Indiana State University. Many of our students do not plan ahead and still demand service on a walk-in basis. In order to reach the number of clients we have and provide the service that they expect we must be as flexible as possible.

Adjust appointments to 15-minute routine, 30-minute comprehensive to increase utilization of NP and MD

We were doing 15 minute appointments but it made it very difficult to do an emergency walk in during the appointments. We feel we are more efficient, and students receive better service when we treat walk-ins in the a.m. and appointments in the p.m. Emergencies are worked in between patients in the afternoon.

Streamline Women's Health Services to 1-2 days per week; schedule at off-peak times

We feel students need more opportunity to receive services all week for their GYN problems. We have traditionally been sensitive to women's health needs.

Our students receive women's health when they need it, and are not put on the back burner.

Streamline immunizations to specific days and times and coincide with allergy injections

We feel it is difficult enough to get students to the Student Health Center for immunizations. We do not want to turn them away due to specific clinic times.

Allergies are a lot more complicated than immunizations and require more intensive review. We scheduled the administration of allergy extracts in the past. Presently we do not have the skilled staff to provide allergy extract nor do we have enough personnel to consider providing the AE clinic. Because of issues with hiring skilled nursing staff at the current wage level, we are examining whether this is a service that can be continued in the SHC.

Commence systematic cross training and skill development for all nurses in treatment room, triage, lab specimen collection, and MD-NP interface

Batch lab-testing procedures and encourage RN specimen collection (cultures, blood, etc.)

We are in the process of cross-training nursing staff and developing nursing skills. As with all employees, nurses come into their jobs at different levels, and require training that is customized to their needs. The lab already batches testing procedures when appropriate.

Cross train RN to cover CLIA waived testing when lab tech is not available

We have difficulty covering all areas of the clinic at present. We don't know how we would be able to get an RN trained, tested, and have assigned time in lab to meet the CLIA regulations. It costs about \$2,000 per year to perform proficiency testing for each individual.

Provide competency upgrade for nursing skill development; partner with School of Nursing

While we do make competency upgrade training available as time, patient load, and funding permit we need to use outside resources for most of this training.

The ISU School of Nursing does not provide education for upgrading nursing skills. We have contacted them requesting these workshops. As the nursing landscape changes during the next few months, we will again approach them for skill development.

Re-assess health education support (see EMR recommendations)

See comments under long-term recommendations

Transfer immunization record assessment and TB surveillance to support staff with specific parameters for RN intervention

We previously assigned support staff to perform this duty. The medical director was unhappy with this staff member's way of handling this task so she requested we not have the individual continue. At that time we delegated a registered nurse to handle immunization records. Since then we have eliminated clerical positions because of budget retrenchment. Currently, I do not believe we have support staff capable of performing this function. We are, however, willing to attempt this with one of our office staff. We will assess the process as it unfolds.

Consider staggered start and end times of staff to accommodate increased utilization

We already do this.

Realign position function for support staff, coding, filing, x-ray, to provide broader/administrative/IT/health education support

The x-ray tech already is cross trained in other areas. She can work the front desk and switch board. She does not have access to the computer as the auditor restricts who has access to those functions. She takes dictation for x-ray reports, the Medical Director's records, and will be picking up autoclaving and laundry duties.

Long Term Recommendations:

As attrition in positions occur, consider reclassifying to health education designation.

The Student Health Center requires skilled, professional individuals to perform duties in the clinic. The level of the pathology that we are witnessing in today's students requires significant personnel

dedication to treatment of student's medical issues. Each professional provides comprehensive personalized health education to students one on one. At one time, Student Health Promotion was a department of six professional staff plus clerical support under the auspices of the Student Health Center. These two organizations complimented each other, and Student Health Promotion was the face of the SHC in the campus community, and the healthy lifestyle advocate for the campus from the Student Health Center. As budgets were reduced and priorities changed, the department was reduced to one individual and eventually transferred to the Student Counseling Center where the apparent need was greater. If a greater emphasis is to be placed on health education, the Health Center needs to be assigned that role by the administration, and given the resources to fulfill that mission.

Work closely with Counseling Center to provide comprehensive health education program
We are currently available for consultation on programming and assist in some programs. As indicated previously, we provide comprehensive health education by interacting with students on a one on one basis.

Develop a peer education program; train the trainers for healthy lifestyles

In prior years, the Student Health Promotions staff supervised a very thorough cadre of student peer educators. To reinstitute this program, staff would need to be added to Student Health Promotion for this task. At present, the SHC is a hands-on, direct care facility which has no opportunities for meeting to work on this program. Present organization and funding is probably not available at this time. However, when enrollments increase, and alternative funding sources become available, this program is definitely worth reviving.

Web based health assessments and electronic communication with students and SHC staff
This is a must for interacting with students in the future. We hope to be able to contract with a medical insurance company that offers on-line or telephone health consultations. We find it desirable to communicate with individual students through the myisu portal. However, HIPAA regulations would dictate that these types of communications be very selective, and non-specific.

IV. Financing and Insurance Recommendations:

Mandatory Health Fee Recommendation

"The consultants would strongly endorse the mandatory health proposal (\$50/semester) previously submitted by the SHC Director. The benefits from this plan include:

Stable funding source for SHC

Funds for health education and promotion

Funds for screening labs (STD testing)

Fee raises awareness of SHC

Easy sell to parents because they perceive fee as real value (unlimited access to primary care for \$50 to \$95 per semester.)

Outsourcing Recommendations

"In the consultants' opinion, outsourcing should only be considered as a last resort. Interviews with SHC staff and ISU students revealed that a high percentage of ISU students (as many as 50%) do not have

health insurance. This fact alone would not make the SHC a viable profitable option for a private clinic contractor.”

Health Insurance Recommendations

“As a start, consideration should be given to streamlining the international students’ insurance program to better protect these students. The consultants recommend that a defined list of acceptable insurance companies (and in some cases, countries) be developed, with emphasis on the ISU-sponsored Student Health Insurance Plan (SHIP), which has been specifically developed for ISU students. The criteria for non-ISU plans should include such items as: benefits that are adequate for management of illness and injury that is beyond the scope of the health services, the insurance company must be domiciled in the United States; and no monthly policies should be accepted. Another alternative to consider is to require all international students to purchase the university’s sponsored SHIP.”

“Mandatory health insurance for all ISU students does not seem like a realistic goal at the present time. However, ISU should continue to strive toward this goal to minimize health risks to their student body, to encourage their students to be fiscally responsible adults, and to support the institution’s overall risk management plan.”

Administrative and Information Systems (EMR) Recommendations

“The consultants strongly recommend that the SHC pursue implementation of an EMR (electronic medical records) package both from the operational benefits as well as the transformational benefits. Going through this process will make the SHC evaluate virtually all of its administrative and patient care processes. It is the consultant’s hope that change in a supportive environment will be contagious and the end result will be a more modern health center with an enhanced image. The consultants would also like to recommend that employees whose duties are reduced in scope be reassigned to support the expanded health promotion function discussed in another section.”

The Student Health Center strongly supports the consultant’s recommendations for mandatory health services fees to include psychological services, mandatory health insurance for international students (eventually all on-campus students), and an electronic medical records system.

We agree with the consultant and do not support the concept of outsourcing the Student Health Center at this time. This action would likely cost the students more, and the services would not be conveniently located on the campus.

From: Steiger, Megan
Sent: Friday, March 17, 2006 10:45 AM
To: 'fdrake@isugw.indstate.edu'
Subject: Information on Immunization Requirements at the Postsecondary Level

Hi Fran.

Per our conversation this morning, here is the Indiana Code information related to immunization requirements at the postsecondary level. In Indiana, we do not accept graduation from high school as the factor of a student being fully immunized for college-level education.

As IC 20-12-71-11 states:

A postsecondary institution may not permit a student to matriculate in a residential campus of a postsecondary institution unless the student provides the documentation required by section 12 of this chapter for the following diseases:

- (1) Diphtheria
- (2) Tetanus
- (3) Measles
- (4) Mumps
- (5) Rubella

Also, it is important to note IC 20-12-71-17 which deals with Postsecondary institution records of student immunization status (especially in outbreak situations):

(a) The designated recordkeeping office shall maintain records obtained under section 15 of this chapter containing the required elements of the immunization status of each enrolled student. The information required on the certificates of immunity and the documentation of exemption, whichever applies, constitutes the required elements of each enrolled student's immunization status. The information on the certificates of immunity and the documentation of exemption, whichever applies, is sufficient for accurate compliance with section 19 of this chapter and must be accepted by each postsecondary institution for purposes of this chapter.

(c) The records referred to in subsection (a) are sufficient to enable the postsecondary institution to generate a listing of the students who have filed documentation of exemption forms. The postsecondary institution shall develop sufficient plans for excluding these students from the institution for their protection if an outbreak of any of the vaccine preventable diseases listed in section 11 of this chapter occurs at or near the campus of the postsecondary institution.

For full access to IC information, you can go to:

<http://www.in.gov/legislative/ic/code/title20/ar12/ch71.html>

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American College Health Association 2003-2004 Salary and Staffing Survey
Mean Salaries based on 1950 hours/year

Mid-American College Health Association (Region III)

Registered Nurses \$38,979 = \$19.99/hour

ISU R.N. = \$32,546 = \$16.69/hour

ISU RN's under \$ 6,433 = \$3.3/hour

Institutional Control

Public

Registered Nurse \$43,008

Campus Location

Urban under 100,000

Registered Nurse \$39,456

Reporting Line for SHS

Student Affairs

Registered Nurse \$42,291

SHS Accreditation

No Accreditation

Registered Nurse \$40,364

Number of Full-time Undergraduate Students

5,000 +

Registered Nurse \$42,018

Mean for Registered Nurses as above \$41,019 = \$21.05