

**Director: Dana M. Mills, MPH, FACHA**  
**Location: Clinical Services and Administration**  
**Schroeder Health Science Complex, Lower Level**

**Center for Health Education and Promotion**  
**Business Management Center**  
**707 Building, first floor, Suite 130**

## **I. MISSION**

### **Student Health Service Mission Statement**

The Marquette University Student Health Service is committed to quality care and preventive health education for the university community, and providing it in the most accessible, efficient, sensitive, confidential and affordable manner possible.

Within that context, the Center for Health Education and Promotion is committed to providing programs, services and resources that create a campus culture in which Marquette students make informed and proactive decisions about personal and community health.

### **Service Philosophy**

Within the context of a Catholic, Jesuit institution, Student Health Service is committed to excellence, service, and leadership in the provision of primary health care and health education at Marquette University and in becoming the campus provider of choice. Student Health Service is designed to meet individual clinical and preventive health needs in a compassionate, culturally-sensitive, and economical manner. Student Health Service offers individual support so students have the opportunity to achieve their full potential as integral and valued members of the university community. Student Health Service has interest in the health, safety, and academic success of all students and contributes to the quality of their lives on and off-campus, and encourages positive health choices. Student Health Service provides preventive health education and wellness programs to help students reduce or avoid personal health risks and maintain or improve their health status.

### **Values**

SHS supports the academic mission, not only in keeping students in class by limiting the duration of illness, but we educate for positive health values and behaviors and provide role models for professional behavior, problem-solving, stress management, adjustment to changing environments, and taking responsibility for personal health choices.

In applying a preventive “public health” focus to the campus community, the SHS advocates for campus policies which contribute to the health and safety of the broader academic community and minimizes, if not eliminates, the occurrence of contagious diseases and unsafe practices which can compromise the good health of the population being served.

## **II. GOALS FOR 2008- 2009**

1. Make appropriate short-term adjustments in sports medicine services to student-athletes in lieu of permanent long-term resource support strategies.

**Result:** The clinical schedules for both of our sports medicine physicians were revised to reduce the amount of time spent in the training room, some game coverage, and travel with the teams. Care and services for the students was not reduced but an emphasis was placed on seeing more student-athletes at SHS as opposed to the training rooms to more efficiently use medical services and not reduce appointment times for the general student population.

2. Finish planning and development of the new Physical Therapy Rehabilitation Clinic on campus in cooperation with the School of Physical Therapy and Exercise Science. (This project will include the acquisition of a C-arm X-ray unit, financing through the collection of fees-for-service, and a third-party billing system.  
**Result:** The proposal for the Physical Therapy Rehabilitation Clinic submitted in the early fall of 2008 has been revised according to the changes requested by institutional Finance. It has been reviewed and supported at the level of the appropriate Dean and Vice President and forwarded to the Provost and Senior Vice President for final approval.
3. Update research on general student health status and behaviors, survey opinions of SHS users and non-users, and share with stakeholder leadership.  
**Result:** The National College Health Assessment (NCHA) Survey, sponsored by the American College Health Association (ACHA) was implemented again during spring semester of this year. We are awaiting the results. We also continue to gather patient satisfaction data from users during the academic year (see Attachments). The results, measured on a Likert-type scale of 1-5 indicate student user satisfaction at a level of 4+ for all responses to the eleven (11)-point questionnaire for each semester.
4. Update strategic plan and engage stakeholders in the concept of a “university health service” with supplemental and/or alternative financing as appropriate, and a proposal for adequate space.  
**Result:** We hired a consultant for this year to assist in our strategic planning efforts. An all-staff meeting was conducted during the spring semester to perform a SWOT analysis and identify strategic goals and objectives for the future. The draft document will be used to guide service development and budget planning. It will be shared with our student leadership advisors and other external stakeholders as appropriate for feedback and advice on moving forward before submitting to our Vice President.
5. Develop and propose a health insurance requirement to close the loop on the “package of care” offered to students.  
**Result:** A white paper was developed and shared with the Risk Manager, the Dean of the Graduate School, and the Office of the Vice President for Student Affairs. The purpose was to convey the current health status of students with respect to health insurance and provide recommendations consistent with the Standards of the American College Health Association to require some form of adequate health insurance as a condition of enrollment. The Dean of the Graduate School successfully used the document to acquire health insurance for those students that have teaching assignments for the university.

### III. PERSONEL

#### *Staff Accomplishments Highlights*

##### Administrative Staff

##### **Tracy Betz, MS, RD, CD**

- Attendee, American Dietetic Association Nutrition Conference, Chicago, IL, October 2008

##### **Robin Brown, MD**

- Attendee, Family Practice Review, University of Minnesota, October 2008
- Member, DSA Sexual Health Committee
- Member, DSA Eating Disorder Treatment Team

##### **Colleen Erdmann, PA-C**

- New Hire, Part-time Physician Assistant, March 2009

##### **Pam Farrell, RN, BSN**

- Attendee, Clinical Vaccinology, San Diego, CA, March 2009
- BLS Recertification, November 2008

##### **Mary Ganz, DO**

- Attendee, Annual Women’s Health Conference, Medical College of Wisconsin, May 2009
- BLS Recertification, August 2008

**Andrew Grove, MD**

- American Board of Pediatrics Recertification, October 2008
- BLS Recertification, December 2008

**Samantha Marshall, BS**

- Business & Applications Specialist, June 2009
- Awarded Student Employee of the Year

**Amy Melichar, M.Ed., CHES**

- ACHA –Presenter, San Francisco, CA
- BACCHUS Network - Facilitator and Presenter, General Assembly Meeting, Columbus, OH
- Advisor, Peer Health Education Programs

**Rebecca Michelsen, M.Ed., CHES**

- Gatekeeper and Trainer, QPR
- Advisor, LYBW
- Co-Advisor, SVAW 2009

**Dana M. Mills, MPH, FACHA**

- ACHA Board of Directors (2009-2011)
- North Central College Health Association Exec Committee (2005-2011)
- Authored: Article in *Spectrum* on ACHA Health Insurance Survey (May 2009)

**Jim Schabla, PA-C**

- Attendee, Annual Review of Family Medicine, University of California, San Francisco, April 2009
- Attendee, Women’s Health Conference, Chicago, IL, May, 2009
- Occupation Health Consultant, Marquette Animal Research Lab

**Carolyn Smith, MD**

- Attendee, Psychiatry for the Primary Care Physician, St. Mary’s Annual Fall Clinic, September 2008
- Attendee, American College Health Association Annual Meeting, May 2009
- BLS Recertification, December 2008
- Lead Team Physician, Intercollegiate Athletics
- Clinical Preceptor, Medical College of Wisconsin, Department of Family Medicine

**Barb Troy, MS, RD, CD**

- Attendee, 6th Annual Nutrition and Health Conference, U of Arizona School of Medicine, May 2009
- Attendee, ADA Advanced Practiced Training in Adult Weight Management, Chicago, IL, June 2009

**Jane M. Vega, BA**

- Attendee, Media-Highway Annual User Group Conference, Arizona, October 2008
- Attendee, WAICU Spring and Fall Conference, 2009
- Member, Task-Force committee, WWHEL, Marquette University
- Member, Finance Partners, Marquette University

**Turquoise Welch**

- BLS Recertification, December 2008
- Member, Marquette University Committee on Administration

**Keli Wollmer, MPAS, PA-C**

- Attendee, Acute Care Psychiatry Clinical Review, Mayo Clinic, October 2008
- Attendee, Dermatology for the Non-Dermatologist, Medical Education Resources, February 2009
- BLS Recertification, December 2008
- Adjunct Clinical Faculty, Physician Assistant Program, College of Health Sciences

Support Staff**Lynda Connor, RN, BSN**

- Attendee, American College Health Association, Annual Meeting, San Francisco, CA, May 2009
- BLS Recertification, November 2008

**Jennifer Dietrich**

- Attendee, Record Retention and Destruction, April 2009
- Attendee, How to Deliver Exceptional Customer Service, June 2009

**Jean Dorlack, MLT (ASCP)**

- American Society of Clinical Pathologists Online Continuing Education
- BLS Recertification, December 2008

**Kenya Gaines-Brown, CMA**

- OSHA Training March 2009

**Adrienne Kosinski, MLT**

- Attendee, Annual State Conference, ASCLS, Milwaukee, WI, April 2008
- BLS Recertification, December 2008

**Lori Lepak, CMA**

- Phlebotomy Course, AAMA, June 2008
- IV Therapy and Insertion, Waukesha County Technical College, April 2009
- OSHA Training March 2009

**Jessica May, BA**

- OSHA Training; Sexual Harassment Training (*continued*)
- Completed 2<sup>nd</sup> year of the College Student Personnel Master's degree program

**Amy Simons, RN, BSN**

- BLS Recertification, November 2008
- OSHA Training March 2009

Student Staff**Hollie Lippert, Junior, 08-09**

- Inducted into Alpha Sigma Nu & Beta Gamma Sigma honor societies
- Marquette Burke Scholarship recipient
- Student Conduct Board Chairperson
- **Featured in the Centennial Celebration of Women at Marquette**

**Peer Health Educators**

- Committee Members: LateNight MU, Women's Leadership Conference Planning Committee, Health & Wellness Challenge, Stress Free Zones, Awareness Week & Large Event Participation (SVAW, BCAW, GAS, World AIDS Day, LYBW, NNM, AIDS Awareness Week, Spring Break Blitz, Schroeder All Hall Crawl), HIV/AIDS Retreat, SHS Focus Groups, MU INNERchange, Tobacco Coalition, DSA Interview Panel (Alcohol Coordinator), HAVEN Focus Groups

**IV. BUDGET ANALYSIS**

FY09 was the seventh year in a row that SHS generated a surplus in revenues over expenses with full accounting of all ancillary support expenses including indirect, occupancy, capital, and staff fringe benefits.

Although the balance of our remaining revenue accounts did not exceed our revenue plan we were able to exceed last year's total revenue figure by about 1%.

Attrition in 2009 provided us with a savings in payroll. We had short-term openings in every area of the clinic; providers to nurses, Health Educators, front desk representatives and in our business /I.T. areas. Yet, we still were able to provide what

we believe to be excellent services to our students, according to our patient satisfaction survey and as noted in our “accomplishments” section of this report.

Also in 2009, we were able to offer our students who purchased the Marquette sponsored United-Student resources insurance an alternative billing system. Our business office developed a billing system that processed the claims for all four Marquette plans and collected more than \$50,000 from the insurance provider. Claims were submitted monthly, and payments were collected within two weeks of sending the bills to the insurance provider. We are hoping to increase the amount in the coming year.

Budget projections for FY2010 suggest that we will exhaust our prior years’ operating surplus in order to meet general operating expenses. It is hoped that with the presentation of our service goals and various funding scenarios for FY2011 and beyond, a clearer picture of our contribution to the campus and financial situation can be achieved, and our plan for longer-term financial viability (which will contain a distributed revenue stream) can be considered

## V. PROGRAMMING

Our programming function is the responsibility of our professionally certified health educators and student peer health educators in our Center for Health Education and Promotion (CHE&P). Programming topics, content, and methods are identified in a variety of ways, including NCHA and special survey data; input from peer health educators, the Student Health Advisory Board, campus partners, and SHS staff; and are benchmarked according to evidence-based research and comparisons with peer institutions. For FY2009, programming initiated by CHE&P was provided for the following topics:

1. Nutrition
2. Relaxation/Stress Management
3. Healthy Relationships/HIV/AIDS
4. Self Esteem/Body Image/Disordered Eating
5. Women’s Health/Men’s Health
6. ATODA
7. Preparing for Winter
8. General Health and Wellness
9. SHS and CHE&P Overview (Services, Resources, Programs)

Other initiative involvement includes but is not limited to:

1. BASICS training
2. National College Health Assessment Survey implementation
3. QPR Training Groups
4. Tobacco Coalition
5. Campus-wide Wellness Committee
6. DSA Sexual Health Work Group

## VI. DEPARTMENTAL ACCOMPLISHMENTS

### *Operations/Administration*

#### Clinical Operations

##### **Utilization:**

Our total clinical provider visits for FY 2009 totaled 11,101 (not including sports medicine visits external to the SHS). Similarly the number of unique patient visits were 4,506 (multiple visits made by the same patient are not included in this total). These totals are essentially the same as last year. About 44% of the total undergraduate student population came to the Student Health Service for a patient visit with a physician or physician assistant (or registered nurse in the case of allergy shots or immunizations) at least once in FY2009. These statistics demonstrate the continuing needs of students, our ability to address those needs, and our support for the academic mission of the institution.

**Campus outreach activities included:**

- TB skin testing clinics; Marquette Dental School; School of Education, Spring and Fall semesters
- Pre-participation physical exams, Department of Intercollegiate Athletics
- Influenza vaccination clinic, Department of Intercollegiate Athletics

**Immunization Policy:**

With this fall semester, we will have ensured that four full cohorts of students are adequately immunized and appropriately screened for Tuberculosis (TB) according to the standards of the American College Health Association. While infectious disease will always be a threat to a college campus, our policy has minimized the effects.

**Sports Medicine:**

Our clinical sports medicine program continues to experience rapid growth with an additional 3% of Student Health Service visits this past year attributable to musculoskeletal complaints. To offset the impact on our budget and services, a formal request to the Department of Intercollegiate Athletics will again be submitted this year in hopes of acquiring some shared responsibility and funding for the provision of care provided to our student athletes.

**H1N1:**

In late April a novel strain of Influenza (H1N1) was identified that posed a threat across the United States. The Student Health Service activated the University's Critical Incident Management Team (CIMT) and with guidance from the Centers for Disease Control and the City of Milwaukee Health Department began immediate preparations for the possibility of cases among the Marquette community. Advisory meetings were held with university officials regarding immediate and future operations. Dedicated web pages, email blasts and an "HINI hotline" number were established. Our strong relationship with the City Laboratory ensured we had adequate specimen collection supplies and access to rapid testing. As testing and treatment guidelines were rapidly evolving, daily meetings with Student Health Service staff were held.

With the anticipation that H1N1 will reemerge in the fall, Student Health Service is preparing accordingly. We continue to work with campus units on their pandemic plans to assure they are well prepared. Increased resources have been allocated to a massive seasonal influenza vaccination campaign/clinic and planning is underway with the Milwaukee Health Department and other local Public Health agencies to access and distribute H1N1 vaccine and anti-viral medication from the strategic federal stockpile. The acquisition of a limited supply of Tamiflu at SHS is underway and we are closely monitoring the development and availability of H1N1 vaccine.

**Clinical Staffing:**

Despite the competitive local market, after a prolonged and extensive search we were able to finally fill our part-time Physician Assistant position this past March. Our Nursing Supervisor position was filled in July of 2008. We also hired two new patient service representatives in the past year. A new position, Clinical Office Manager, was created and filled in December.

Administration

With the increasing number of services provided in our one-person business area, we have filled an open position. This position will help us in both our business and information technology areas. In the past year, we have become current with our existing vendors' upgrades, and have updated all our medical coding information (which had not been updated since 2000).

This has also been a good year for upgrading our management reports. We have improved capabilities for generating financial reports (e.g. internal summary budget revenue and expense, revenue sources, and projections) and utilization reports (e.g. patient categories, diagnoses, service codes, lab tests, prescription medications, and procedures (CPT codes)).

***Special Projects***

1. During the spring semester of this fiscal year, we participated in a (national) grass-roots exercise to evaluate the field of college health and consider strategies that would benefit college students, consistent with President Obama's goal to reform the system and provide health insurance protection for all Americans. The participants referred to themselves as the "Lookout Mountain Group" and their white paper can be viewed at:

<http://lookoutmountaingroup.net/cgi/proartistwebsites.paw?148>.

After considerable self-evaluation and environmental analysis, the LMG's final objectives and advice to system reformers are:

- a. Colleges should (a) continue to have legal authority to require health insurance as a condition of enrollment, (b) determine the minimum acceptable levels of personal insurance coverage that may be used to waive enrollment in the campus insurance plan, and (c) contract with an insurance carrier or create a self-funded program to provide the default plan for students who need coverage.
- b. Colleges should continue to have the authority to collect captivated funds (i.e. health fees and/or general tuition/fee funds) to subsidize the operation of on-campus health services, counseling centers, and health promotion programs.
2. We continue to look at additional revenue streams that have the potential to limit the need for a health fee increase. The leading alternative is to establish some new fees-for-service charges or raise existing charges and implement a formal third-party billing system.
3. Over the late spring semester and into the summer, we have worked with several other campus entities, including Neighborhood Health Center and other campus entities that are interested in providing services to the campus community on a fees-for-service basis, to look at clinical software systems that include electronic health records and that also may have the capacity to do third-party billing. Our objectives are to provide some consistency in campus systems if possible, build on what we already have as appropriate, avoid earlier campus problems in implementing billings systems, and give the emerging clinics the advantage of the experience of the clinics already in existence.
4. We are continuing to work with the Office of Risk Management to gather information on the student health insurance plans for this fiscal year. Since we are both a provider of care and a representative of the university, we need to be knowledgeable about features and changes to the plans so our patients know generally what to expect as significant changes may have an impact on their health care choices.
5. Our Center for Health Education & Promotion administered (with our campus partners) the National College Health Assessment (NCHA) Survey during the spring semester of this fiscal year. This survey is sponsored by the American College Health Association (ACHA) and provides for aggregate data and comparison with approximately 575,000 students at over 450 colleges and universities across the nation.
6. In order to gather more objective information on the quality of care provided by the SHS medical providers, we invited two experienced, independent primary care physicians to perform an external professional evaluation of our patient charts. Their critical evaluation was designed to provide evidence of the level of health care practices and decision-making skills of our providers subject to the prevailing standards of primary care. In the final analysis, the physician consultants determined that our providers all practiced at a level consistent with the prevailing standards and in fact, provided "high quality care" to the students

## VII. GOALS FOR FY2010

### 1. Continue to Build Relationships with the Campus Community in Health-Related Services and resolve outstanding issues.

With the institutional interest in developing campus clinics with some coordination of efforts, systems, resources and "smartware" we have the opportunity to further avenues of communications and build relationships with both the campus academic and service communities. We hope to contribute to a group-plan for establishing the framework and function for health-related service entities on campus to successfully utilize best practices and financial economies, as available, to address the needs of the Marquette community.

### 2. Continue Formal Clinical Quality Improvement/Quality Assurance Program.

Providing the best possible service to our students is a constant goal. This will be accomplished by chart review or problem assessment and followed through an organized tracking system. Outside peer review will be part of this process. The structure will be designed to quickly and appropriately address problems if and when they occur so that rapid resolution can be achieved.

3. **Continually Update Immunization Policy to Remain Consistent with ACIP Guidelines**  
As immunization recommendations evolve, it will be important that our policy is consistent with these practices. By 2010 we will need to add additional requirements to our policy that reflect these changes.
4. **Upgrade our Clinical Management System**  
The current internal clinical management system is scheduled for upgrade to a new version during the winter break or over next summer. This new version will include, for example, more efficient and effective electronic health record management, enhanced third-party billing capabilities, and improved user efficiencies.
5. **Identify Additional Revenue Streams**  
With the requirement that the SHS continue to be self-sustaining, identifying additional revenue streams will be important. Future strategies may include a formal third party billing capability and a health insurance requirement for students (pending federal or state reform initiatives).
6. **Coordinate Influenza Clinics**  
**Seasonal Influenza**  
Due to the increased focus on influenza as a result of the recent H1N1 pandemic, Student Health's desire to hold a campus wide flu clinic is now more imperative than ever. We plan to make ourselves easily accessible to students by holding flu clinics in Student Health Service, the residence halls, Alumni Memorial Union, and various colleges within the universities that desire flu shots. We plan to continue marketing the flu clinic campus wide through numerous amounts of media, including fliers, posters, news briefs, freshman orientation, Preview sessions, newspaper ads, tenant guide, church announcements, student handbook, sidewalk chalk, table tents, Marquette housing mailboxes, and any other resource that becomes available. There will be a large number of donated prizes that will be awarded via raffle to those who received the flu vaccination during our flu clinic.  
  
**H1N1**  
Vaccine for inoculating the target populations against the probable return of the pandemic influenza, H1N1, will generally be obtained through our local health departments. Over the summer we will work with the local Public Health Consortium to determine and implement the plan for vaccinating our target population (principally students aged 18-24), which will probably be done via a mass vaccination clinic run by the Milwaukee Health Department on our campus or within the local metropolitan area.
7. **Internal Computer Training**  
The business office will be establishing internal computer training programs for all SHS staff members. The goal of this project is to establish consistent best practices in a variety of computer programs. The training will also be used to overview any upgrades or additional functionality that has been added to our software programs. These programs include, but are not limited to, Vista, Microsoft Excel, Microsoft Word, Microsoft One-Note, and PyraMED.
8. **Celebrate our 85th Anniversary**  
We have quietly entered our 85th year of service to the student community. We plan to have a modest celebration with students at-large and other interested stakeholders during the fall semester.