Presentation to the Board of Trustees
Academic and Student Affairs Committee
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“Responding to OSU Students’ Changing Health Needs”
Mission Statement

Student Health Services at The Ohio State University supports and enhances the ability of students to pursue the successful, healthful completion of their academic goals by providing accessible and optimal primary health care, as well as a unique learning environment, for a diverse campus population.
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Statistics

- Serve the largest U.S. student population with 81.4 FTE staff
- Around 400 visits/day and 400 prescriptions filled/day
- Average 100,000 visits per year, with about 60% to medical providers and 40% to ancillary services
- Average 50% of student body using the health center per year and over 80% by graduation
- Forty percent of all SHS visits are by Graduate & Professional students (41,834 visits/year)
- Some two-thirds of students using the student health center are enrolled in the Student Health Insurance Plan
Credentials

- Continuously accredited by the Joint Commission on Accreditation of Healthcare Organizations since 1979
- Laboratory undergoes a separate JCAHO accreditation process and CLIA certification
- Facility is fully OSHA and HIPAA compliant
- Physicians are board-certified
- Majority of physicians have adjunct OSU faculty appointments
- Undergo periodic external programmatic reviews
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Services

- Primary Care
- Women’s Services
- Dental Services
- Specialty Services
  - Allergy Clinic
  - Internal Medicine
  - Optometry
  - Preventive Medicine
  - Sports Medicine
  - Travel Medicine
- Ancillary Services
  - Pharmacy
  - Laboratory
  - Radiology
  - Physical Therapy/Athletic Training
Changing Student Demographics

The demographic composition of college campuses is changing rapidly, and we have a responsibility to adjust all of our systems (including medical) to accommodate a new set of needs.

• Older (average age 26)
• More financially independent
  ▪ Have jobs
  ▪ Attend classes part-time
  ▪ Have families
  ▪ Commute
• More racially diverse
• More female
• More international
• More uninsured or under-insured
Increasing Student Health Needs

• Student Health Services is used most heavily by the increasing numbers of diverse, residence hall, international, and graduate student populations.
• In the next 10 years, the majority increase in Ohio college students will occur in minority students.
• A diverse student population has the least access to alternative medical resources in the community:
  —parents have jobs that do not provide health benefits, or else are in employer-sponsored health plans that are reducing or eliminating dependent medical coverage, so more are either uninsured or under-insured
  —fewer can afford to pay the co-pays or deductibles on the outside
Health Problem Trends

• Past
  — Acute Health Problems: respiratory and genitourinary infections, mild trauma, and musculoskeletal injuries

• Present
  — Chronic Health Problems: asthma, diabetes, headaches, seizures, heart disease, cancer, etc.
  — Mental Health Problems: acute anxiety/social phobias/panic attacks, stress and situational reactions, depression, eating disorders, etc.
Health Risk Behaviors

• It’s not the medical problems that are unique to this age group as much as their unhealthy behaviors
  — alcohol & other drug use
  — smoking
  — sexual behaviors
  — injuries and violence
  — poor nutrition & sedentary lifestyles

• The community expects institutions of higher education to solve this problem by putting a greater emphasis on screening, intervention, mental health, social well-being, and altering unhealthy behaviors
Public Health Functions

- Screening Programs for Health Professional Students
- Bloodborne Pathogen Program
- Public health (campus epidemics, foodborne illnesses, etc.)
- Parental concerns
- Collecting health information forms
- Verifying mandated immunizations
- Providing class excuses and clearance exams
- Forgiveness of loans for permanent medical disabilities
- Wellness and health education
- Medical care for the indigent/disabled
- Disability parking
- Medical withdrawals from the University
- Contribute medical expertise to committees/student development
- Mental/physical health emergencies (Case Consultations)
- Worker's compensation/occupational medicine
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Campus Collaborative Relationships

• Teaching Activities:
  — Sports Medicine Fellows
  — Family Medicine Residents
  — Medical Students
  — Optometry Students
  — Pharmacy Students
  — Nursing Students
  — Allied Medical Students: Radiology and Laboratory Techs, Physical Therapy/Athletic Training, Medical Records, etc.
  — Graduate Students: Public Health/SPA/Health Ed./etc.

• Built the Student Health Insurance Plan around the OSU Medical Center and its providers as the Preferred Provider Organization

• Partnered with University Health Connection (UHC) to share pharmacy services and staffing

• Pediatric Clinical Trials International (PCTI) has a formal research agreement with OSU Family Medicine and SHS

• Student employees work throughout SHS
Continuous Assessment Activities

- Patient Advocacy Office addresses patient concerns presented:
  - In person
  - Telephone
  - Letters
  - E-mail
  - Comment box
- Periodic campus-wide surveys and focus groups
- Quarterly user satisfaction surveys
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Student Feedback

• Positive Comments
  — Quality of Care
  — Customer Service

• Concerns
  — Parking
  — After-hours Care
  — Appointments
    ▶ Availability
    ▶ Telephone System
    ▶ Web-based Access
  — Cost
  — Facility/Construction
Facility Hours

- Professional and graduate students, student dependents, and students taking evening classes have had difficulties accessing Wilce SHC in the past because it traditionally closed at 5:00 pm and locked its doors at 4:30 pm.

- The SHC Pharmacy is now open Monday-Thursday during the quarter until 6:00 pm.

- Spring quarter the health center will pilot having a physician and laboratory services available during the same hours.
Appointment Model

- **Traditional Model**: schedule is completely booked in advance, and the same-day care is either deflected or piled on top of existing appointments.
- **Carve-out Model**: appointments are either booked in advance or sent to an urgent care; same-day non-urgent problems are deflected into the future.
- **Advanced Access Model**: “Do today's work today,” so there is true capacity; majority of appointments are open for patients who call that day for routine, urgent, or preventive care.
New Technology

- Installed new Rockwell Telephone System that monitors, records, and helps manage facility calls.

- Implemented the Phone Results Network (PRN) for students to confidentially access lab results after hours.

- PyraMed Software System is progressing towards a web-based portal that will allow students to make web-based appointments, access their lab results on-line, and review their financial accts. electronically.
Cost

• Traditional College Health Funding Model:
  — Based on pre-paid, health fee spreading the cost evenly among all students.

• Ohio State’s Health Funding Model:
  — Based on fee-for-service model that does not rely on the non-users subsidizing the health care of the users

• Few health centers generate 2/3 of revenues from FFS:
  • Ohio State University  • University of Cincinnati
  • University of Toledo  • University of Minnesota
  • New York University  • University of Colorado
  • Michigan State University  • Western Michigan University

• Students and parents are not used to paying at campus health centers, but all fees are covered by the Student Health Insurance Plan, and we have not experienced a decrease in office visits.
Facility

- Are in the 36th year of an outdated “50-year building.”
- The facility is approximately 8,500 sq. ft. (25 percent) under the recommended University space guidelines.
- Space/structure inefficiencies make it difficult to increase productivity, services, and teaching programs.
- But soon SHS will have access to a major campus thoroughfare with thousands of students passing by the facility each day.
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Phase III of Facility Master Plan

Addresses the inefficiencies of the large combination office/exam rooms in our primary care area to increase patient care space by one-third.
Summary

• Student Health Services is funding the final phase of our Facility Master Plan through carry-over funds from student user fees, university loans, and development sources.

• This project supports the Academic Plan by:
  – increasing space and patient capacity
  – improving patient privacy and confidentiality
  – addressing access and exterior envelope issues
  – enhancing the facility appearance and cleanliness