For over 100 years, University Health Services (UHs) has supported the educational and research mission of UW–Madison as the comprehensive campus health organization, offering students primary outpatient medical care, brief mental health counseling and psychiatry, select occupational medicine services to UW–Madison faculty and staff, and a range of prevention services. UHs strives to improve the health of campus through direct service, population health measures, and support for a healthy environment.

UHS MISSION

TO ENHANCE LEARNING AND STUDENT SUCCESS BY PROMOTING, PROTECTING, AND RESTORING HEALTH AND WELL-BEING.
TABLE OF CONTENTS

UHS OVERVIEW
Notes from the Director ................................................................. 7
Strategic Framework 2009–2014 .................................................. 11
UHS Priority Goals ....................................................................... 13
Organizational Chart ................................................................. 14
Funding Model ............................................................................. 16
2012–2013 Agency Accomplishments ........................................ 18
Future Challenges ....................................................................... 24
Quality Improvement ................................................................... 28

UNIT REPORTS
Student Relations ........................................................................ 35
Medical Services .......................................................................... 37
Mental Health Services .............................................................. 50
Wellness Services ....................................................................... 64
Youth Camps ............................................................................... 66
Occupational Medicine Services ............................................... 68
Campus Health Initiatives ........................................................... 70
Environmental Health ................................................................. 84
WI Clearinghouse for Prevention Resources ................................ 86
Administrative Support Services ................................................. 88
Student Health Insurance Plan (SHIP) ....................................... 99

Appendix A: Strategic Initiatives Framework ............................ 104
Appendix B: VCFA Strategic Priorities:
  Engagement, Inclusion, and Diversity ......................................... 106
Appendix C: UHS Performance Indicators .................................. 107
Appendix D: UHS 2012–2013 Utilization Reports ....................... 108
Appendix E: Demographics ......................................................... 110
ON BEHALF OF THE OVER 200 EMPLOYEES OF UHS,
I AM PLEASED TO PRESENT THE UHS 2012–2013 ANNUAL
REPORT. DURING THE PAST YEAR, UHS HAS ADVANCED
ITS MISSION THROUGH THE PROVISION OF THE HIGHEST
QUALITY OF DIRECT MEDICAL AND MENTAL HEALTH
SERVICES, POPULATION-LEVEL INITIATIVES TO ADVANCE
HEALTH AND WELLNESS ON THE UW–MADISON CAMPUS
AND ACROSS THE STATE OF WISCONSIN, AND LEADERSHIP
IN DEVELOPING CAMPUS HEALTH POLICY. AS THE CAMPUS
HEALTH AGENCY, UHS IS GUIDED BY BOTH THE CHANGING
NEEDS OF THE UW–MADISON CAMPUS COMMUNITY AS
WELL AS EXTERNAL CHANGES IN HEALTH CARE AND
HIGHER EDUCATION.
The full implementation of the Patient Protection and Affordable Care Act (ACA) continues to impact UHS and the broader health care field. THE STUDENT HEALTH INSURANCE PLAN (SHIP) IS FULLY COMPLIANT WITH THE REQUIREMENTS FOR STUDENT HEALTH INSURANCE OUTLINED IN THE ACA.

In the fall of 2012, UHS OPENED THE SATELLITE CLINIC AT DEJOPE HALL. Providing medical care for common medical problems, influenza vaccinations, and a second hub for UHS prevention activities, the location expands access to students on the west side of campus.

UHS OCCUPATIONAL MEDICINE SERVICES ARE NOW FULLY OPERATIONAL. This year UHS provided leadership to help create a campus process for determining the suitability and reliability of individuals engaged in work with Tier 1 select agents. The funding model was moved away from campus billing to a central funds structure, thereby providing streamlined capitalization of preventive and screening services.

I look forward to the coming year as we realize the UHS mission of creating the healthy and safe campus environment that makes possible the learning, research, and teaching for which UW–Madison is renowned.

Sarah Van Orman, MD, MMM
Executive Director

“UHS is dedicated to creating a healthy and safe environment for all campus community members.”
VISION

UHS WILL BE A NATIONAL STUDENT HEALTH LEADER IN THE 21ST CENTURY, PROVIDING THE HIGHEST QUALITY CARE IN A FULLY INTEGRATED MEDICAL, MENTAL HEALTH, AND PREVENTION SERVICE MODEL THAT PROMOTES THE HEALTH AND WELL-BEING OF THE CAMPUS COMMUNITY. UHS will pursue resources and maximize their use in an accountable, sustainable, and fiscally responsible manner to achieve optimal outcomes for the university community while adapting to the demands of evolving healthcare, societal, and economic conditions.

FUNDAMENTAL PRINCIPLES

UHS PLAYS A SIGNIFICANT ROLE IN PROMOTING ACADEMIC SUCCESS ON CAMPUS. Using an integrative approach, UHS addresses students’ physical, emotional, and psychosocial needs throughout this important transition in their lives. UHS is dedicated to creating a healthy and safe environment for all campus community members.

- A commitment to excellence.
- A commitment to student-focused services.
- A commitment to providing culturally competent and respectful services to all students.
- A commitment to creativity and innovation.
- A commitment to employee health and wellness.
- A commitment to maintaining a supportive and respectful workplace.
- A commitment to professional development.
- A commitment to responsible stewardship of our resources.

STAFF FACTS & FIGURES

- Professional medical and mental health care staff
  - 40 licensed medical care providers
  - 34 licensed mental health and wellness providers
  - 4 pre-doctoral interns and 2 post-doctoral counselors
  - 19 professional prevention staff
  - 14 Wisconsin Clearinghouse staff
  - 22 medical and mental health support staff members
  - 34 administrative services staff members
  - Over 100 student employees hired annually

A. Achieve a sustainable financial model that ensures a continuation of needed services and access for all students.
   - Responsibly manage limited resources.
   - Harness new and appropriate sources of revenue.
   - Optimize and develop staff skill sets to encourage flexible responses to changing demands.
   - Promote access to adequate health insurance for all students.

B. Integrate clinical, counseling, and prevention services to promote optimum student outcomes and student development of personal and social responsibility.

C. Provide leadership to create a healthier campus.
   - Support the development of a campus-wide public health plan.
   - Build capacity to manage current and emerging public health issues that affect the campus community.
   - Collaborate within UHS program areas and with university and community partners to enhance our unique array of services and profile.
   - Promote healthy norms and behaviors within the campus student community in collaboration with campus and community partners.

D. Enhance diversity within the UHS workforce and provide culturally appropriate services to a diverse student community.
   - Promote a healthy work environment that encourages multidisciplinary interaction, fully utilizes all human resources, and supports professional development.
   - Build an open, dynamic, and respectful learning and working environment for staff and students.
   - Provide culturally competent services with an awareness of global issues that have a local impact.

E. Provide the highest quality of care and services in a cost-effective and accountable manner.
   - Provide compassionate care delivered in an exemplary manner.
   - Continue to monitor and assess student needs and preferences to provide the optimal combination of services, hours of operation, and additional services for the resources available.
   - Identify, track, and communicate appropriate outcome measures or other indicators of performance in all UHS program areas.
   - Utilize technology where appropriate to improve patient care, efficiency, and safety while enhancing the patient/client/provider relationship.
UHS will pursue resources and maximize their use in an accountable, sustainable, and fiscally responsible manner to achieve optimal outcomes for the university community while adapting to the demands of evolving healthcare, societal, and economic conditions.
UHS IS FUNDED THROUGH STUDENT SEGREGATED FEES, GENERAL PROGRAM REVENUE, FEE-FOR-SERVICE BILLING, AND GRANT SUPPORT. The student segregated health fee for 2012–2013 was $173.12 per semester; for 2013–2014 it will remain unchanged at $173.12 per semester. Because almost all UHS services are prepaid through segregated fees, students access a wide range of medical and mental health services at no additional cost. Additional fees are charged for select services such as prescriptions, most immunizations, and physical therapy. The student health fee for 2012–2013 included a funding increase for three additional mental health providers added at the request of UW–Madison students to meet the growing need for mental health services. The Student Health Insurance Plan (SHIP) is funded entirely by premiums collected from insured policyholders. Excluding medical claims paid by SHIP, over 75% of UHS expenses are personnel costs. The remaining expenses are largely made up of supplies, services, and medications. Despite increased utilization and health care inflation pressures, UHS has been able to maintain services with modest increases in the segregated fee averaging less than 4% annually over the past five years, well below overall campus tuition increases.

HISTORICAL HEALTH FEE INCREASES

SOURCE OF UHS FUNDING

Despite increased utilization and health care inflation pressures, UHS has been able to maintain services with modest increases in the segregated fee averaging less than 4% annually over the past five years, well below overall campus tuition increases.
VCFA STRATEGIC INITIATIVES

1. Become a campus model for the engagement of our workforces, in the diversity of our employees, and the inclusiveness of our unit.
   In the spring of 2013, UHS completed a comprehensive plan for engagement, inclusion, and diversity within the unit. Initial phases of the plan have been implemented including formation of employee workgroups and manager training.

2. Evaluate and increase the role student employment at UHS contributes to the achievement of the essential student learning outcomes.
   UHS is a full participant in the VCFA student employee initiative. During 2012–2013, a UHS student employee committee was created and completed initial projects including the development of an electronic job application and tracking system for prospective student employees. During the coming year, UHS will participate in the VCFA WiGrow program.

3. Practice resource stewardship through participation in administrative excellence and administrative process redesign.
   UHS has continued participation in a joint APR project with Environment, Health, and Safety to realign services between the two units. UHS staff members continue as team members for several administrative excellence projects. UHS continues to maintain an active quality and process improvement program.

Currently planned administrative excellence projects with significant UHS impact include:

- Consolidation of email and calendaring system.
- Consolidations of server and other information technology assets and resources.

ONGOING UHS STRATEGIC INITIATIVES

1. Strengthen and clarify the internal and external UHS identity, including website redesign to enhance communication with media, faculty, students, UHS staff and other UHS stakeholders.
   UHS continues to build the health communications department with an increasing emphasis on web and social media presence to communicate UHS services and promote campus health. In The Princeton Review 2014 edition of its annual college guide, “The Best 378 Colleges,” UW–Madison received 1st place for best health services. The Badger Herald student newspaper awarded UHS 1st place for student services and 2nd for use of social media in their annual student choice awards. Student Health 101, an online magazine covering health issues such as stress, sleep, and nutrition was launched in fall 2012 and was accessed more than 35,000 times with an average reach of 4,000 students per month. The UHS Facebook account saw a 123% increase in followers and Twitter, 65%. Additionally, digital signage was implemented throughout the medical and counseling waiting areas, allowing for the display of variety of health and wellness messages.

2. Create a five-year comprehensive prevention plan to address the key campus high-risk factors of alcohol use, sexual behavior, violence, mental and emotional wellbeing, and communicable disease. Support the development of campus-wide five-year alcohol strategic plan.
   a. The comprehensive prevention plan has been completed.
   b. “Tonight,” a custom web-based curriculum to teach incoming students about sexual assault, dating, and interpersonal violence was successfully launched in the fall of 2012 with modest participation. Support has been obtained to require mandatory participation for all incoming students in the fall of 2013.
   c. The BASICS program providing mandatory education for students involved in alcohol-related disciplinary actions on campus continues. Mandatory alcohol education for all incoming undergraduates will begin in the fall of 2013.
d. “Badger’s Lead” curriculum was developed to provide alcohol leadership education for leaders of student organizations. The curriculum will be initiated during the 2013–2014 academic year.

e. UHS successfully competed for a three-year SAMSHA suicide prevention grant, launched a suicide prevention council, and during the 2013–2014 year will begin the “At-Risk” training program for faculty and staff.

f. The Health Care Advisory Committee endorsed the creation of a new position at UHS to focus on student wellness.

g. UHS will provide leadership for a summer 2013 review and update of the Chancellor’s Alcohol Policy Group work plan.

3. Provide campus-wide leadership in collaboration with campus partners for the UWell Initiative to promote health and wellness for students and employees.
   The UWell website was launched in April 2012 with positive campus-wide reception. UHS continues to be an active participant in the partnership council as the project progresses. UHS received support to add an additional staff member in 2013–2014 to support wellness within Prevention Services.

4. Continue UHS “Green Initiative” to improve UHS use of environmentally friendly practices, products, and services.
   UHS building services continue to advance green practices throughout the 333 East Campus Mall and 702 W. Johnson Street complexes. This year’s transition to green cleaning supplies was accomplished without raising costs and was highlighted during the UW–Madison annual Spring Showcase.

5. Maximize utilization of the Point and Click electronic health record to enhance patient/client care and service to campus through evaluation of the model of care, identification of new opportunities for public health intervention, and enhanced reporting capabilities.
   UHS continues to implement new disease management programs, this year completing the process for occupational medicine surveillance. In the fall of 2013, UHS mental health services will transition from use of the BHM instrument to the CCAPS instrument. CCAPS will allow outcome measures to be nationally benchmarked.

6. Implement new employee orientation in all program areas, focusing on appropriate on-boarding of new staff, communication of work rules, and improving employee engagement.
   The goal is to ensure that new employees have the training and other tools to be successful in their positions. This program establishes certain requirements for orientation and training that all staff receive as well as orientation and training specific to each position. It also requires that there be follow-up and tracking of hires during the critical early stages of their employment at UHS. UHS is participating actively in the VCFA Engagement, Inclusion, and Diversity Initiative.

7. Participate in a joint Administrative Process Redesign (APR) project between UHS Environmental Health (EH) and Environment Health and Safety (EHS) to evaluate provision of environmental health, occupational health, and safety programs.
   During year two of this project, teams from UHS and EHS agreed upon a realignment of roles, responsibilities, resources, and staffing. The reorganization will result in the relocation of biosafety functions to EHS and Occupational Health to UHS. Pending final resource approval from the VCFA, the reorganization is slated for completion by January, 2014. A RFP has been developed for a new information management system for campus safety information.

8. Develop a Strategic Approach to Quality Improvement
   Long recognized for its innovation and comprehensive quality improvement program, UHS focused efforts during 2012–2013 on enhancing the quality improvement program. A Director of Quality was hired and training was completed for key staff members. UHS selected the National College Depression Partnership and the American College Health Association Clinical Benchmarking project as specific agency-wide projects with relevant metrics for the college age population with available national benchmarks. Both projects will begin in the fall of 2013.

9. Measure and report appropriate quantitative service and/or program benchmarks for each UHS team. Utilize metrics to determine resource allocation and drive decision making.
   Year-end report of unit specific metrics is ongoing.
10. ICD-10/DSM-V

UHs continues to prepare for these changes. UHS mental health staff underwent training this year in the use of the DSM-V and are prepared for a transition in coding during 2013–2014. The UHS Informatics and Health Information Technology staff members continue to monitor developments in ICD-10 in collaboration with our EHR vendor. Current implementation appears likely during the fall of 2014. Because of these major changes in medical diagnosis coding, implementation will require significant training of staff and modifications within the UHS medical record.

11. Fully Engage UW–Madison students

UHS remains committed to full accountability and transparency to its student customers. UHS will explore additional ways to enhance communications with students regarding evaluation of UHS services and communication regarding the value of all UHS services including direct medical and mental health care as well as population level initiatives. This year, student members of the UHS Health Care Advisory Committee attended the national meeting of the American College Health Association to build campus-leadership capacity.

12. Understand and respond to the implementation of the Patient Protection and Affordable Care Act (ACA) and other external factors impacting the funding of Student Health Care including evaluating the role of third-party insurance billing.

Although not required to follow the ACA mandates, the Student Health Insurance Plan (SHIP) is fully compliant with the requirements for student health insurance outlined in the ACA, significantly enhancing the benefits offered under the plan. UHS continues to monitor the significant changes in how all Americans, including students, receive health insurance coverage under the ACA. As UHS continues to evaluate the role that billing of student’s private health insurance could have in funding campus health care services, UHS must be prepared to participate in and meet the requirements of such new payment structures.

COMPLETED STRATEGIC INITIATIVES

1. Lakeshore Satellite

In the fall of 2012, UHS opened the satellite clinic at Dejope Hall. Providing medical care for common problems, influenza vaccinations, and serving as a hub for UHS prevention activities, this location expanded access to students on the west part of campus with 1,589 patient visits in its first year.

2. Develop an Occupational Medicine Program for the Research Enterprise

The UHS Occupational Medicine Services is now fully operational. This year, UHS provided leadership to help create a campus process for determining the suitability and reliability of individuals engaged in work with Tier 1 select agents. The funding model was changed to provide for the capitvation of preventive and screening services through central funds rather than through campus billing.
FUTURE CHALLENGES

AS UHS PLANS FOR THE NEXT SEVERAL YEARS, THE SERVICE FACES NEW CHALLENGES AND OPPORTUNITIES WITH CHANGING CONDITIONS IN BOTH HIGHER EDUCATION AND THE BROADER HEALTH CARE FIELD. Important issues for UHS include:

STUDENT HEALTH INSURANCE AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The ACA has already had a direct impact on the UW–Madison Student Health Insurance Plan (SHIP). Fundamental rulings over the past year have clarified that self-insured student health insurance plans such as SHIP will meet the requirements of the individual mandate, thus ensuring viability of SHIP for domestic students. SHIP has successfully been able to enhance benefits over the past two years to maintain full ACA compliance. Still uncertain is the ultimate impact of the ACA on student health insurance coverage, which under some scenarios may actually decline.

The full implementation of the Patient Protection and Affordable Care Act (ACA) in 2014 will bring significant changes to how students obtain health insurance. Following full implementation, student options for health insurance will include:

Family Health Insurance Policy: The majority of students are currently covered under their parents’ programs. The number increased slightly in 2013 with early ACA provisions allowing students to be covered through age 26 under parental plans. Emerging issues with this coverage mechanism include a) a predicted growth in high deductibles plans with impact on student access, b) possible loss of employer coverage for parents due to increasing cost of health insurance, especially for small employers, c) increasing cost to families to insure young adults through family plans leading to discontinuation of coverage and d) continued growth in value-based purchasing programs (similar to Accountable Care Organizations). These will increase incentives for use of in-network services and substantially reduced plans for out of network services. Students could face 60/40 coinsurance penalties and high deductibles if they seek treatment outside of their parents’ network, including essentially eliminating affordable coverage in the area in which they attend school.

Student Health Plan: Quality student health insurance plans such as SHIP will remain a viable and potentially increasingly attractive option for many students with annual premiums between $1,500–$2,500. The creation of a health insurance requirement at UW–Madison would reduce these costs even further. Over the past 12 months, SHIP has experienced a small increase in domestic student enrollments suggestive of this trend.

Individual Plans through the Marketplace Exchange: Some students may be eligible to purchase health insurance through the state/federal market exchange. Early cost estimates are that individual premiums for young adults will be in the range of $4,000–$5,000. These higher costs are associated with ACA provisions for community rating. It is predicted that the marketplace exchange plans may be so costly that many students may choose to go without health insurance rather than pay for these plans.

Be Uninsured: Current penalties for failure to have health insurance will have minimal impact for student populations, and it is predicted that many young adults will choose not to have health insurance. Students without health insurance have been found to often drop out of school to pay their medical bills. An American College Health Association task force found that uninsured or underinsured students with mental health issues may not be able to get the counseling or prescription drugs they need, which may reduce their productivity in school, and in extreme cases, put them at risk for harming themselves and/or disrupting the university community.

Medicaid: The State of Wisconsin has opted not to participate in Medicaid expansion; therefore many lower income students who may have been eligible will not have access to this option.
STUDENT HEALTH CENTER FUNDING AND SERVICE PROVISION

ACCESS TO COMPREHENSIVE MEDICAL AND MENTAL HEALTH CARE AND AN ENVIRONMENT WHICH SUPPORTS WELLNESS AND HEALTH IS A CRITICAL ELEMENT TO THE SUCCESS OF STUDENTS ATTENDING UW–MADISON. Comprehensive emergency response capability to medical and mental health events such as communicable diseases and suicide, as well as ongoing efforts regarding high-risk alcohol use, mental health issues, sexual violence, occupational health and safety, and overall wellness, are needed by UW–Madison to maximize institutional function and to reduce liability and risk.

In order to maintain and increase availability of affordable, quality healthcare, make needed investments in new programs and technology, and reduce the reliance on fees, campuses nationally have begun to explore third-party insurance billing. Third-party insurance billing can provide incremental revenue to support some component of medical services. In the absence of a health insurance requirement, however, billing will either unfairly shift costs to better insured students or will disqualify uninsured students from receiving care at UHS. Billing will be most viable with uniform comprehensive health insurance coverage for all students. Services provided at UHS are conveniently located on campus; UHS preserves student confidentiality. If sensitive services are funded through billing health insurance, students may be reluctant to access them. Increasing administrative barriers may also deter young adults from receiving care. This may have a particular impact on mental health and reproductive health services. Available revenue through third-party billing is limited. Neither primary care nor mental health services such as those at UHS are typically able to completely cover costs services through billing revenue. Prevention, wellness, and public health improve the short and long-term health of students as well as contributing to institutional priorities such as retention, academic performance, risk and liability reduction, and improved community safety. Undoubtedly, with third-party billing, significant supplemental revenue through student health fees and additional campus support will be required to support these services.

HIGHER EDUCATION AND UW–MADISON

CHANGES AT UW–MADISON AND WITHIN HIGHER EDUCATION GENERALLY WILL IMPACT THE NEEDS OF UW–MADISON STUDENTS AND THE CAMPUS COMMUNITY.

The student population is predicted to become older, more international, and more culturally diverse over the coming years. Potential growth of online education and collaborative programs with two-year and other four-year campuses will change the demographics and needs of the students served both on and off campus. Nationally, the health of young adults continues to decline with the rise of adolescent obesity and increasing levels of severe and persistent mental illness. Students are increasingly tech-saavy, including in their communications with health care providers. As the student population evolves, UHS must deliver appropriate health care services for this changing demographic. A diversification of the work force, significant and ongoing investments in technology, and expansion and integration of medical and mental health services are just some of the ways in which UHS must go forward.

UHS has significant responsibilities addressing campus climate and safety issues such as sexual violence, alcohol and drug abuse, and managing threats to campus from students, faculty, and staff. In addition to rising community expectations, UW–Madison must meet state and federal statutory requirements in these areas. Recent legislation such as the extension of the Violence Against Women Act and the April 2011 “Dear Colleague” letter regarding Title IX, have created new mandates and requirements for campus. Meeting these will require continued engagement of campus partners as well as new resources to support programs and services.

Along with national conversations about the costs and value of higher education, reductions in funding from the State of Wisconsin will pose future challenges, but also new opportunities at UW–Madison. Efforts to enhance administrative efficiency while improving services have been underway for the past two years through the Administrative Excellence Project. HR Design, while currently delayed, promises new opportunities to develop and maintain the outstanding faculty and staff of our campus. These external factors require that UHS continues to provide outstanding services in the most cost effective, transparent, and accountable manner while clearly demonstrating value and positive contributions to the overall university mission.
QUALITY IMPROVEMENT

**UHS IS COMMITTED TO ENSURING EXCELLENCE IN THE PROVISION OF ALL PREVENTIVE, CLINICAL, MENTAL HEALTH, ADMINISTRATIVE, AND ENVIRONMENTAL SERVICES.**

Quality and process improvement activities across the organization are reviewed monthly by the Quality Management and Improvement Committee (QMIC) for rigor, relevance, and alignment with quality guidelines, professional standards, and regulatory requirements. These data-driven studies highlight opportunities for improving services, quality, safety, outcomes, and cost-effectiveness.

The UHS quality improvement program maintains compliance with the Accreditation Association for Ambulatory Health Care (AAAHC) standards.

**ACHIEVEMENTS**

- In response to a 2012–2013 strategic initiative to develop a more strategic approach to quality improvement, UHS took steps to identify national benchmarks and metrics to align with those that are relevant to the college-age population and began a program of leadership and staff education on quality and process improvement employing A3 process and Plan-Do-Check-Act (PDCA) cycles.
- Designated a Director of Quality and Informatics charged with advancing this strategic initiative and supporting the development, planning, implementation, and evaluation of quality improvement and process improvement activities.
- Educational programming was provided to the QMIC on quality improvement terminology, planning and benchmarking resources, and quality and continuous improvement processes.
- Initiated partnership with UW Health and UW Medical Foundation Quality, Safety, and Innovation program to share resources and training tools.
- Ongoing department-based chart reviews and data analysis designed to identify UHS performance related to established guidelines and internal and external metrics, and to highlight opportunities for improvement in areas of staff education, decision support, cost containment, and process/workflow redesign. Studies reported in 2013 included:
  - Diagnosis and treatment of sinusitis.
  - Utilization of spirometry in asthma management.
- Review of reasons for repeat visits to triage by students who had previous appointments for scheduled consultation in counseling.
- Documentation and billing of post-exposure rabies vaccination.
- Use and efficacy of back-up cultures in suspected strep pharyngitis.
- Re-study of mental status exams and BHM assessment tool.
- Obesity assessment, intervention, and screening at UHS.
- Received funding to participate in the Bedsider Contraception project to promote contraception education targeted to the college-age population, access to contraception appointments, and awareness of all options. Outcomes included increased access to WH appointments for contraception and streamlining of IUD consults via electronic education provided pre-insertion.
- QMIC reviewed and analyzed results from the Employee Engagement, Inclusion, and Diversity survey results supplied by the office of the Vice Chancellor for Administration (VCFA). The committee made recommendations for further analysis and action and helped to facilitate focus groups and discussions at the all staff retreat in January. Goals and action steps were identified that addressed key areas of concern relative to engagement, inclusion, and diversity at UHS. QMIC in conjunction with Human Resources reviewed the final plan that was presented by the executive leadership to the VCFA.
- Two projects were highlighted at the UW Quality Showcase:
  - UHS Green Cleaning Initiative and Cost Reduction.
  - Red Folder Program aimed at raising awareness of campus resources for promoting, protecting, and restoring student health and well-being.
FUTURE DIRECTION AND GOALS

- Full-day retreat planned for August 1, 2013 for QMIC members and Team Managers across UHS to enhance their ability to identify opportunities for quality and process improvement in their respective departments and to develop skills in team leading using A3 and Focus-PDCA methodology.

- Half-day of quality programing planned for the August 27th UHS all-staff retreat aimed at educating and engaging all staff in A3 processes and Focus-PDCA to address and improve work flows, delivery of services, and patient/client/population outcomes at the local unit level. Challenge all areas of UHS to propose Process Targets, include ongoing specified process improvement projects across all areas of UHS, and formulate work plan for 2013-2014 with identified benchmarks and process improvement goals.

- QI reporting forms are being updated to support alignment with relevant benchmarks and to conform to updated AAAHC requirements.

- QI study tracking forms are being revised to promote application of PCDA cycles.

- Accepted to participate in the American College Health Association-National College Depression Partnership, a quality improvement collaborative focused on supporting college health systems and clinicians in providing optimal depression care through the use of outcomes measurements and collaborative learning. Five individuals will attend intensive training in the methodology.

- Elected to participate in a college health service appointment wait-time benchmarking study sponsored by University of Texas at Arlington.

Without continual growth and progress, such words as improvement, achievement, and success have no meaning.

Benjamin Franklin
“The Badger Herald student newspaper awarded UHS 1st place for student services and 2nd for use of social media in their annual student choice awards.”

UHS is divided into several units. Student relations provides student advocacy services and works to improve satisfaction with UHS services. Clinical services, counseling and consultation services, and prevention and campus health initiatives are each charged with providing direct service to the campus community which furthers the UHS mission. Administrative services supports the work of these three areas through the provision of professional support for their activities. The student health insurance plan (SHIP) provides affordable, accessible health insurance to students. Student relations works throughout UHS and reports directly to the executive director.
As good stewards of the students’ financial resources, it is imperative that UHS solicit feedback regarding programming and services on a regular basis. Data is collected and analyzed with an eye toward continually improving processes and providing the best services to patients and clients by improving their experience of care.

UHS surveys students about the quality of care they receive during medical and mental health visits through the Patient Satisfaction Survey (PSS) process. For the third year, UHS used the American College Health Association/Patient Satisfaction Assessment Service in order to more closely compare satisfaction with medical services to those of comparable college health agencies. Results were compared internally to those from last year to help identify process improvements. We surveyed 2,719 students after their medical visits, yielding a 14% response rate. This yield is slightly lower than last year, but satisfaction results were quite comparable.

For the second year, satisfaction surveys were sent to randomly chosen mental health clients seen for counseling and psychiatry visits during the 2012–2013 academic year. Students received an email linking them to a confidential web survey. This year, 1,100 students were surveyed in counseling services alone, yielding a 29% response rate.

In addition, UHS receives ongoing feedback via paper Tell Us How We’re Doing (TUHWD) forms, emails to the external UHS site through the TUHWD box, the Comments box, and the general UHS box. Finally, calls from concerned parents and students are frequently forwarded to the student relations manager.

Highlights from a dozen items are listed on the following page and indicate ongoing high levels of satisfaction with the services received and are similar to previous surveys. Constructive comments were used to improve systems, the flow of check-in, and referral processes. When providers were named and noteworthy comments related to them, supervisors were notified and discussed these with the providers.
GOALS AND METRICS

- Resurvey in fall 2013 and spring 2014 medical services patients with the American College Health Association/Patient Satisfaction Assessment, allowing UHS to benchmark results against peer institutions and internally compare next year’s results with the same tool.
- Repeat the UW Qualtrics system for a client satisfaction survey within mental health services for medical students in fall 2013 and spring 2014.
- Resurvey, using our broader version with UW Qualtrics, within mental health services for general clients in fall 2013 and spring 2014.

MEDICAL SERVICES KEY QUESTIONS

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<th>ITEMS</th>
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<th>Not Satisfied</th>
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<tr>
<td>Recommend UHS to another student</td>
<td>65%</td>
<td>18%</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

MENTAL HEALTH SERVICES KEY QUESTIONS

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessed initial services in a reasonable time</td>
<td>49%</td>
<td>43%</td>
<td>6%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Reception staff helpful and courteous</td>
<td>63%</td>
<td>35%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Provider listened carefully to concerns</td>
<td>68%</td>
<td>29%</td>
<td>2%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Paperwork and e-surveys clear and easy to complete</td>
<td>43%</td>
<td>51%</td>
<td>4%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Overall satisfaction with C&amp;CS</td>
<td>51%</td>
<td>44%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Recommend C&amp;CS to a friend</td>
<td>56%</td>
<td>39%</td>
<td>1%</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>

This “OK” category combines two midrange options on the 6-point rating scale. Invalid responses include no response and multiple responses to an item. Rounding errors were accounted for in this midrange area.

MEDICAL SERVICES PROVIDES HIGH-QUALITY, READILY ACCESSIBLE MEDICAL CARE FOR THE STUDENT POPULATION. Over half of UW students received medical services at UHS in 2012–2013; a significant increase overall in medical visits with nearly 23,000 students served. Medical Services strives to provide the best care through a continuous improvement process. Quality improvement audits are performed by pediatric and internal medicine residents monthly to compare UHS clinical practice with best practice benchmarks. Improvements in processes or enhanced educational activities are implemented as needed as a result of these audits. Follow-up audits are performed when indicated to assess the effectiveness of the interventions. Additionally, clinicians attend monthly presentations addressing relevant medical topics and participate in weekly journal reviews and patient care reviews. Visit templates are reviewed on a regular basis to enhance compliance with national guidelines. Patient education materials are available electronically from the extensive library resources on campus.

Medical Services continues to provide medical supervision of the UW-sponsored summer youth camps. Coverage this summer expanded to include overnight athletic camp supervision. Medical Services opened the Lakeshore Clinic at Dejope Hall in August of 2012. This satellite clinic has improved accessibility for students on the west side of campus for treatment of the most common minor illnesses. This clinic serves as a site for outreach activities such as annual large-scale influenza vaccination clinics.

MEDICAL SERVICES

Total Visits: 62,935
Unique Students: 22,874

Most Frequent Diagnoses

- Immunization
- Tuberculosis Screening
- Sexually Transmissible Infection Screening
- Sore Throat
- Contraception
- Upper Respiratory Infection
- Allergy Injection
- GYN exam
- Viral Respiratory Infection
- Sinus Infection
PRIMARY CARE PROVIDES TIMELY MEDICAL CARE TO MINIMIZE THE IMPACT OF ILLNESS ON THE STUDENTS’ ACADEMIC PURSUITS. Primary care scheduling is optimized to promote ready access to medical services. The rapid access system provides access within 24 hours for all acute illnesses. For students with ongoing medical needs, primary care provides continuity of care within UHS and coordinates specialist care within the community.

For many patients, this is their first experience making independent health care decisions. The primary care staff educates students regarding health care decision making and encourages them to be better stewards of their current and future health care needs. In addition, primary care remains vigilant for health care trends on campus that may affect the university community. Primary care providers are in the forefront of developing early response plans to minimize the impact these trends may have in the future.

ACHIEVEMENTS

- Behavioral Health (BH) expanded hours of coverage in 2012–2013. Utilization increased dramatically with over 500 visits in the first full year of implementation, serving 396 students. This program provides immediate access for students who might not otherwise seek traditional mental health services.

- A walk-in clinic for evaluation and treatment of pharyngitis by RNs working under protocol was opened at the start of the 2012–2013 academic year. Student satisfaction with this treatment option was very high and hours for the clinic will be expanded in the 2013–2014 academic year.

- Primary care assumed responsibility for overnight health care services at UW-licensed summer camps in addition to athletic camps in summer 2013.

- Primary care expanded coverage for the west side of campus with the opening of Lakeshore clinic at Dejope Hall in August 2012.

- A nurse telephone triage service launched in fall 2012 provides 24/7 medical advice to students.

FUTURE DIRECTIONS AND GOALS

- Enhance screening and prevention services offered to students based upon the latest recommendations of the United States Preventive Services Task Force.

- Expand the availability of web-based appointments for a larger spectrum of services and times.

- Explore the use of electronic resources to further enhance the ease by which students obtain care and services.

- Explore the expansion of self-service options for screening services such as sexually transmitted infections.

- Expand the use of disease management to other disease states including asthma and depression.
**SEXUAL HEALTH**

The UHS Sexual Health Clinic provides screening, diagnosis, and treatment services for sexually transmitted infections (STIs). Unique within UHS, the clinic serves UW–Madison students and the larger Dane County community. Student services are paid for by the student segregated fee and services for non-students are paid for at the time of service. The clinic is widely recognized as the primary referral clinic for STIs in south central Wisconsin and is a designated state Human Immunodeficiency Virus (HIV) counseling, testing, and referral site. Some costs for non-student patients are covered by state and local health department funding.

The Sexual Health Clinic provides full service visits for patients with symptoms potentially related to STIs as well as more limited screening visits for asymptomatic patients. The screening visits can be scheduled by the patient utilizing MyUHS, the electronic patient portal, and are usually available within 24 hours.

**ACHIEVEMENTS**

- The clinic experienced an increase in the number of visits and students served this year.

- The clinic serves as a clinical site for physicians in training, and provides important learning experiences. In 2012–2013, the clinic accommodated 14 residents and fellows in the specialties of infectious disease, medicine, and pediatrics.

**FUTURE DIRECTIONS AND GOALS**

- A reduction in state funding for most STI laboratory tests will shift these costs to the UHS budget within the next few years. This may limit our ability to provide services to non-students in the future. It is expected that the fee charged for non-student patients will need to increase to cover the cost of those services.

- Sexual health will explore options to make services more readily available to students including a self-service option for routine testing of asymptomatic patients.

**WOMEN’S HEALTH**

Women’s Health provides preventative and problem-focused care including routine well-woman examinations, advice about healthy lifestyles, contraceptive education, sexually transmitted infection (STI) counseling, testing, and treatment, cervical cancer screening and management, evaluation and management of menstrual problems, pelvic and vulvar pain, and varied perimenopausal concerns. Additionally, Women’s Health provides office gynecologic procedures including intrauterine device (IUD) and Implanon® insertion and removal, colposcopy, loop electrocervical excision procedure (LEEP) and cryotherapy, vulvar and endometrial biopsies, vulvar abscess management, and pelvic ultrasound, all covered under the student health fee. Contraceptive devices and biopsy specimens generate additional charges that are priced below market cost to minimize the financial impact on students without adequate health insurance coverage. Women’s Health provides educational training to 35 residents and medical students throughout the year.

**ACHIEVEMENTS**

- In collaboration with Sexual Health and Communications, improved patient education resources by changing website design and content to be consistent with patient education web links in Point and Click electronic health record (PnC) and by using national organization web resources to replace UHS-created resources.

- Increased access to contraceptive services by separating the need for a physical exam from the need for contraceptive prescriptions and by increasing the availability of web-booked, same-day appointments for all appointment types. Comparing appointments during the fall semester of 2011 to the fall semester of 2012, Women’s Health successfully increased available contraceptive appointments from 557 to 846, while overall appointment numbers were stable, remaining above 3,500 for the comparable four months.

- Implemented online contraceptive and IUD consults through a six month “bedsider” project, grant funded by the American Congress of Obstetricians and Gynecologists
(ACOG). The project incorporated the website www.bedsider.org into patient education both pre- and post-appointments and during visit review of the website information on Android tablets while patients wait to speak with a provider. A detailed patient survey was completed revealing high patient satisfaction with “bedsider” use in patient care. The program is continuing post grant completion.

- Due to patient demand for long acting reversible contraception methods, increased access to procedure appointments doubled the number of IUD insertions from 23 to more than 46 from fall 2011 to fall 2012 and Implanon® insertions from 1 to 6.
- Ensured adherence with changing guidelines for abnormal pap and cervical histology management through use of the health information technology.
  - In March 2013, the American Society for Colposcopy and Cervical Pathology (ASCCP) management recommendations for abnormal pap and cervical histology were revised. Women’s Health clinicians were involved in educating both UHS providers and patients of these changes. With the aid of last year’s abnormal pap tracking template and electronic health record reminder system, providers are able to identify patients who have been affected by new guidelines and inform them of guidelines by secure messaging as reminders come due, thereby eliminating unnecessary premature visits.
  - Android tablets contain the ASCCP mobile device application of the new 2012 management guidelines for providers at UHS.
  - Women’s Clinic nurses receive and review the list of patients with pap abnormalities from the Wisconsin State Lab of Hygiene (WSLH) to ensure follow-up occurs with a provider.
  - In response to the new ASCCP recommendations for human papillomavirus (HPV) reflex and co-testing, clinicians implemented a practice change to liquid-based pap smears for all women 25 and older and continue to use traditional pap smears for 21–24 year olds. A chart review revealed that of the 1,406 pap tests done in 2012–2013, only 53 tests (3.8%) were done in women under age 21. Of the 53 women, all were age 20 at the time of their test; most were within a few weeks or months of their 21st birthday.
- Reviewed access points into care for students with concerns of unwanted sexual contact, including sexual assault, to ensure campus awareness of confidential and collaborative care available to students at UHS.
- As a green initiative, discussed and budgeted for the purchase of re-useable metal speculums and halogen exam lights for exam rooms. Reducing disposable plastic speculum waste from the clinic was weighed against the increased use of energy and cleaning products needed to sterilize re-useable speculums and a collaborative decision was made to make the transition in 2013–2014.

**FUTURE DIRECTIONS AND GOALS**

- Assist the UHS communications team to ensure working links to the women’s health website resources with an annual summer review.
- Implement annual review of visit templates and provider schedule templates.
- Through continued use of www.bedsider.org resources, improve patient access and compliance with contraceptive selection.
- Maintain compliance with rapidly changing pap screening guidelines through American Cancer Society, American Congress of Obstetricians and Gynecologists (ACOG) and US Preventive Services Task Force and management of abnormal cytology and histology guidelines through ASCCP and ACOG with use of mobile Android application and provider collaboration.
- Improve access to long acting reversible contraception by increasing the number of providers who are able to perform insertions following proctored training with a physician.
- Implement on-site urine dipstick testing within Women’s Health for urinary complaints, to improve efficiency for providers and patients by reducing wait time for results.
- Reduce the number of pap smears done in women younger than 21. Goal is less than 53 total and fewer than 1% of Pap smear done at UHS.
- Improve clinical processes at UHS to improve awareness and access for patients with concerns regarding unwanted sexual encounters in collaboration with prevention teams addressing alcohol and other drug addiction and sexual assault and relationship violence issues on campus.
INTERNATIONAL EDUCATIONAL EXPERIENCES ARE A CRITICAL AND INCREASING PART OF THE WISCONSIN EXPERIENCE. IN ADDITION TO STUDENTS PARTICIPATING IN FORMAL STUDY ABROAD PROGRAMS, MANY STUDENTS TRAVEL FOR SERVICE-LEARNING AND LEISURE ACTIVITIES. The Travel Clinic provides health services to students planning and returning from foreign travel. Pre-travel consultations provide needed immunizations, prophylactic medications, and extensive education to reduce the risk of illness and injury while traveling. Post-travel consultations are available to screen and treat travel-related illness. UHS has enhanced the travel services offered to students and increase campus-wide awareness of the importance of pre- and post-travel care.

ACHIEVEMENTS

- Students can request appointments to see a travel provider electronically via MyUHS.
- The travel nurses review online travel questionnaires, update charts, and schedule all travel appointments.
- Nursing protocol for traveler’s diarrhea was approved.
- Increased appointment availability during peak demand times with an additional provider.

FUTURE DIRECTIONS AND GOALS

- Improved access to the Travel clinic by offering travel appointments at least two half-days per week during non-peak times and three half-days during peak times. Travel visits have increased by 23% this year.
- Expand the use of the electronic health record to develop an option for students to obtain necessary travel information through the use of electronic messaging and obtain needed medications and immunizations without requiring a visit with a travel clinician.
- Update the travel protocol to allow RNs to see travel patients and administer all vaccines according to protocol.
- Improve access to the Travel Clinic by increasing the number of students seen by RNs who will practice by defined protocols.
- Expand use of group visits to deliver travel services with a goal of 25% of all visits delivered in group settings.
- Improve the visibility of travel services on campus, strengthening the partnership with the international programs on campus and expanding the travel staff’s knowledge base for both pre and post travel information.
- Collaborate with other university-based travel clinics to explore new ideas to improve the delivery of services to students at UHS.
COMMUNITY HEALTH

Community Health is committed to keeping the student population healthy and safe through prevention and control of communicable disease. This is accomplished through outreach and clinical services. Community Health clinical services include immunizations, allergy injections, TB skin testing, and support for the campus respiratory protection program through clearance and respirator fit testing. The UHS epidemiologist coordinates the investigation and management of communicable disease outbreaks with local public health authorities. Community Health coordinates UHS employee health services ensuring a safe working environment as well as compliance with Accreditation Association for Ambulatory Health Care (AAAHC) accreditation standards, infection control standards, and state and federal law. Community Health follows up-to-date recommendations of the Advisory Committee on Immunization Practices (ACIP), the Centers for Disease Control and Prevention (CDC), and the State of Wisconsin. Community Health allergy practice follows the guidelines of the American Academy of Allergy, Asthma, and Immunology (AAAAI) to provide students with skilled care in the safest possible environment.

ACHIEVEMENTS

- Offered seasonal flu vaccines at large scale clinics, resident halls, commons area and on a walk-in basis at UHS. Over 14,000 vaccinations were given during FY13.
- Conducted TB skin testing and provided other occupational immunizations over 15 outreach clinics at various locations throughout campus for students in health occupations which included pharmacy, nursing, medical, physician assistant, physical therapy, athletic trainer, and veterinary students.
- Increased the number of students receiving allergy immunotherapy to over 100 students. Implemented guidelines of the American Academy of Allergy, Asthma and Immunology (AAAAI) to provide skilled care and safe practice. Implemented a disease management program for Allergy patients.
- Reviewed and revised all immunization protocols to reflect up-to-date recommendations of the advisory Committee on Immunizations Practices (ACIP) and the Centers for Disease Control and Prevention (CDC).
- Employee Health revised policies and procedures to reflect OSHA and state law updates. A disease management program was implemented within the electronic medical record to manage surveillance and monitor compliance with Accreditation Association for Ambulatory Health Care (AAAHC) standards.
- Implemented a new requirement for pertussis vaccination for health care workers at UHS.
- Expanded walk-in TB skin testing clinic hours.
- Completed a Memorandum of Understanding with Public Health Madison Dane County to delineate mutual responsibilities for control of communicable disease within the UW–Madison community.

FUTURE DIRECTIONS AND GOALS

- Implement a walk-in program for lab titer testing allowing better flexibility and increased access for students.
- Implement the new employee health policy to achieve 100% compliance with CDC guidelines by use of the disease management component of the electronic health record.
- Expand outreach programs to health occupations students on campus.
- Promote seasonal flu vaccines to a wider range of students to maintain current vaccination levels.
PRINCIPAL CARE TRAINING PROGRAM

UHS TRAINS HEALTH PROFESSIONAL STUDENTS, INCLUDING MEDICAL, NURSING, PHYSICIAN ASSISTANT, AND NURSE PRACTITIONER STUDENTS, AS WELL AS RESIDENTS IN PEDIATRICS AND INTERNAL MEDICINE IN THE CARE OF COLLEGE-AGE PATIENTS. OVER 50 RESIDENTS COMPLETED ROTATIONS IN PRIMARY CARE IN FY 2012–2013. UHS TRAINEES PROVIDE EVIDENCE-BASED CARE CONSISTENT WITH CURRENT GUIDELINES WHILE BEING SUPERVISED BY UHS STAFF.

ACHIEVEMENTS

- The training program completed quality improvement studies during the 2012–2013 year and presented these results to clinical services staff members. The training program provides structured opportunities for Continuing Medical Education for the entire staff. These activities enhance the care provided to patients by regularly exposing staff and learners to the most up-to-date literature and guidelines for treatment. It affords the providers the opportunity to collaborate on the most interesting and challenging cases. The quality improvement studies improve the ability to manage common clinical complaints consistent with current evidence, affording the most cost efficient and cost effective care for students.

- The Grand Rounds program provided the most up-to-date, state-of-the-art presentations on primary care medical issues.

- The didactic teaching program involving lectures by UHS staff to trainees provides one to two hours of additional training each week.

FUTURE DIRECTIONS AND GOALS

- Encourage and facilitate the participation of newer staff members in the didactic lecture program. Anticipate expansion of this component of the training program during 2013–2014.

- Coordinate residents’ chart reviews with the quality improvement process to better align resident activities with the organization’s quality improvement needs.

- Continue regular staff education series
  - Case Conferences (once weekly)
  - Journal Club (once monthly)
  - Didactic teaching conferences (twice weekly)
  - Grand Rounds (once monthly)
  - Quality Improvement Studies (once monthly)
MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES ARE COMPRISED OF INDIVIDUAL AND COUPLES SERVICES, GROUP COUNSELING SERVICES, PSYCHIATRY SERVICES, CASE MANAGEMENT SERVICES, BEHAVIORAL HEALTH SERVICES, CRISIS SERVICES, CAMPUS-BASED SERVICES, CONSULTATION SERVICES, AND TRAINING PROGRAMS FOR PREDOCTORAL INTERNS, POSTDOCTORAL RESIDENTS, AND PRACTICUM STUDENTS FROM UW–MADISON DEPARTMENTAL PROGRAMS. Mental Health Services provides a critical link to faculty, staff, students, and parents when mental health expertise is required. Internally, mental health providers regularly consult with UHS medical staff regarding shared cases and through the Behavioral Health Program. On campus, the most significant consultation work occurs within on-going Health Ambassador relationships and through daytime and after-hours crisis services. Through each of these channels, Mental Health Services provides relevant, timely mental health information that indirectly supports the needs of the campus community. The daytime Access Consultation and after-hours crisis service counselors routinely speak with parents, faculty, and staff about how to effectively connect students with mental health services. UHS staff serve as members of the Student Intervention, Threat Assessment, and Student Crisis Response Teams.

INDIVIDUAL AND COUPLES COUNSELING SERVICES

Individual and couples counseling are offered within a brief treatment format that includes a maximum of 20 visits per academic career (e.g., 20 visits during undergraduate studies and 20 visits during graduate studies). Up to 10 individual or couples counseling sessions may be used in any one-year period. The multidisciplinary professional counseling providers and counseling trainees deliver multiculturally-competent services from a variety of commonly recognized theoretical approaches that are integrated to respond to each student’s needs. Students requiring additional or alternate counseling services are provided with referrals to community service providers.

ACHIEVEMENTS

- The implementation of a drop-in model that was launched in 2011 for initiating counseling and daytime crisis services continued to provide immediate access for students needing support.
- Individual counseling visits were stable over last year.
- The establishment of a multidisciplinary research team in 2012 in collaboration with the UW–Madison Counseling Psychology Department received approval for IRB for two independent research studies that measure treatment effectiveness.
- Quality improvement studies to enhance services were conducted in each area of Mental Health Services.
- Two additional mental health providers were secured through support from ASM.
- Monthly professional development to increase multicultural awareness, knowledge, and skills were offered to staff.

<table>
<thead>
<tr>
<th>Most Frequent Diagnoses</th>
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<tbody>
<tr>
<td>Anxiety and Anxiety Disorders</td>
</tr>
<tr>
<td>Depression and Depressive Disorders</td>
</tr>
<tr>
<td>Academic Problem</td>
</tr>
<tr>
<td>Relational Problem</td>
</tr>
<tr>
<td>Partner Relational Problem</td>
</tr>
<tr>
<td>Social Phobia</td>
</tr>
<tr>
<td>Phase of Life Problem</td>
</tr>
<tr>
<td>Parent-Child Relational Problem</td>
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Total Visits: 18,986       Unique Students: 3,997

Most Frequent Diagnoses

- Anxiety and Anxiety Disorders
- Depression and Depressive Disorders
- Academic Problem
- Relational Problem

- Partner Relational Problem
- Social Phobia
- Phase of Life Problem
- Parent-Child Relational Problem
FUTURE DIRECTIONS AND GOALS

- An additional mental health services provider will be hired with an expertise in disordered eating.
- Continued collaboration with UW System to assess college student needs and more specifically identify groups that are seeking services on UW System campuses.
- Behavioral Health measures will continue to be used to monitor client progress and to evaluate treatment effect sizes.
- Mental Health Services will transition to the use of the CCAPS, a psychological symptom checklist that has been normed on college students and included in a national research consortium to provide benchmarking opportunities.
- Mental Health Services will transition from the DSM-IV-TR to the newly released DSM-5.
- Ease of entry into Mental Health Services will be facilitated by the transfer from clipboards and paperwork to electronic tablets for ease of information collection and an enhanced ability to identify students who may be at risk.
- Mental Health Services will overhaul its intranet to enhance ease of use by providers.

GROUP COUNSELING SERVICES

Group services offer an effective treatment format that is developmentally appropriate for addressing the primary concerns of students presenting to UHS Mental Health Services. Group services are unlimited and are offered in a variety of topics and formats.

ACHIEVEMENTS

- Group services increased by another 17% after a 39% increase during the 2011–2012 academic year and 81% increase during the 2010–2011 academic year.
- During 2012-2013 UHS offered 31 interpersonal process groups, 15 support/theme groups, 10 psychoeducational groups, and 16 wellness groups; keeping status as one of largest group programs in the nation.
- Groups associated with the Primary Care Behavioral Health Program (i.e., Smoking Cessation and Self-Care for Health) were offered to students in Primary Care. Groups that serve the needs of underserved and underrepresented students, especially LGBTQ students and students of color were a focus.
- A self-care and safety group was made available as a resource for students to maintain safety during the case management process of referral to external mental health resources.
- A resilience group was created to serve the needs of those waiting for an initial or follow-up appointment with UHS mental health providers.
- The intake process for group services addressed procedural barriers by adding an extended group screening consultation visit.
- Internet content was enhanced through the addition of informational videos.
- Professional development trainings on group services were provided to other UW-System schools as well as regular consultation to enhance utilization rates across the state.

Understanding is the first step toward acceptance, and only with acceptance can there be recovery.

J.K. Rowling
Psychiatry Services provide psychotropic medication management in an interdisciplinary mental health outpatient setting. The primary responsibility of the Psychiatry Service is to provide routine and urgent psychiatric evaluation and treatment of UW–Madison students; consult with and refer to other UHS mental health staff and trainees, and UHS Medical Services staff; and collaborate with select community providers.

**Achievements**

- The Psychiatry Consultation service provided daily direct consultations with students, mental health providers, and medical providers on an immediate basis, increasing access to psychiatric services. Created streamlined process for the transfer of medications to UHS, notably increasing the transparency for the prescription of ADHD medications.
- UHS remains as a core training site for the Department of Veterans Affairs Hospital addiction fellowship and continued high demand for UHS as a psychiatry training site for UW Department of Psychiatry residents remains.
- Quality improvement study to metabolically monitor students prescribed antipsychotic medications.

**Future Directions and Goals**

- Continued expansion of services into UHS Medical Services in conjunction with Behavioral Health Services.
- Achieve compliance by revising psychiatric templates to reflect CPT code changes.
- Prepare for DSM-V implementation.
- Created community partnerships and workflows to accommodate a split-care model of treatment that allows community mental health providers to refer students to UHS psychiatry staff.
- Behavioral Health measures will be used to monitor patient progress and evaluate treatment effect sizes.

Evaluations completed by group members indicated that involvement in group had an impact on academic performance and recommendation of group to others:

- 75% agreed “My participation in group counseling had a positive impact on my academic performance.”
- Of those for whom this item was noted as applicable, 38% agreed “Group counseling helped me stay enrolled as a student.”
- Over 90% of group participants endorsed “I would recommend group counseling to a friend.”
- Quality improvement study conducted to assess group referral follow through

**FUTURE DIRECTIONS AND GOALS**

- Development of training videos for UHS staff to enhance the delivery of information pertaining to group services.
- Conduct research on the effectiveness of group therapy in a college mental health setting.
- Additional professional development will be provided to UHS mental health staff on group interventions. Establishment of coping skills groups to serve students who have been referred to the community for intensive individual services. The aim of these groups is to maintain a connection to campus for students who may require the most support.
CASE MANAGEMENT SERVICES

The case management program is structured to serve students with complex, chronic mental health needs which represent a growing challenge to student service providers on campus. Resources on campus are not adequate to provide all of these needs. With a short-term mental health treatment model at UHS, many of these students are referred to community providers, while others leave treatment voluntarily. Many require specialized care not available on campus. At times, students have difficulty connecting with and staying connected to appropriate community mental health services and other resources, presenting to UHS, the Division of Student Life (DoSL), the McBurney Disability Resource Center, and other campus offices in need of assistance. At other times, these students can experience significant academic disruption, as well as be disruptive to the campus community. They may require a range of community resources, in addition to mental health services, such as support obtaining financial assistance, housing, and transportation in order to be successful. These resources may be identified locally, nationally, and internationally.

ACHIEVEMENTS

- Hired second Case Manager to meet the overwhelming demand for additional providers to serve students referred for community mental health services.
- Member of the multidisciplinary DoSL Behavior Intervention Team to provide a range of University services to students who have reached the level of institutional support.
- Member of the multidisciplinary DoSL Threat Assessment Team to provide assessment for those who pose potential risk to the campus.
- Identified as a key partner in the creation of a Release of Information tracking system for students sent to UHS Mental Health Services by the Dean of Students Office for a self-harm assessment.
- Case Management services worked with 406 students during the 2012–2013 academic year.
- As a result of a tracking system implemented this academic year, Case Management Services provided 173 in-person follow-up appointments with students and engaged in follow-up tracking 458 times over the course of the year.
- Case Management Consultation hours established January 2013 for immediate service to students referred to case managers. These consultations resulted in a 0% no-show rate for initial appointments with case managers, facilitated immediate scheduling with mental health providers in the community, and eliminated wait times to meet with case managers. Ninety-seven percent of students agreed on a satisfaction survey that they were able to access case management services in a reasonable time.
- On satisfaction survey items, “Connecting with mental health resources in the community helped me stay in school” and “Connecting with mental health resources in the community helped me perform better in school,” 72% of those who noted applicability of these items noted agreement.
- On a satisfaction survey, 91% of students agreed that, “The case manager helped me access mental health resources in the community.”
- In a satisfaction survey, 85% of students agreed with the statement, “My culture and identity were respected by the case manager.”

FUTURE DIRECTIONS AND GOALS

- Measure the extent to which Case Management Services increases the retention and academic success of students who participate in this service.
- Hire Case Manager to fill a recent vacancy.
- Creation of an interactive resource guide for community referrals to facilitate ease of transition for students.
- Create a post-masters Case Manager position at University Health Services.
BEHAVIORAL HEALTH SERVICES

Established in January 2012, Behavioral Health Services is staffed by psychologists, social workers, and other mental health professionals who function as members of the medical team at UHS. Behavioral Health Providers (BHPs) are typically available for immediate consultation when medical providers and/or patients identify psycho social and lifestyle factors that impede health. Together, BHPs, medical providers, and patients consider the physical, emotional, and behavioral aspects of health to determine therapeutic courses of action. BHPs may also provide support and care management services for patients with severe and ongoing health needs. Some of the concerns that can be addressed by behavioral health providers include: stress/anxiety, insomnia, depression, substance abuse, weight management, pain, stomach upset, fatigue, sexual dysfunction, and treatment non-adherence.

ACHIEVEMENTS

- From July 1, 2012 to June 30, 2013, over 20 different medical providers representing Primary Care, Sexual Health, Travel, and Women’s Health, successfully referred 396 patients for behavioral health consultation. The total number of BH visits during this time was 510 (BH Initial, BH Follow-Up, BH Group).
- As compared to the 2012 spring semester, Behavioral Health provided services to an average of 30% more patients in the fall 2012 and spring 2013 semesters.
- Integrated seven permanent staff members into Behavioral Health Services, for a total of trained and operationally-ready permanent staff of 11.
- Integrated three predoctoral psychology interns and one post-doctoral psychology resident into Behavioral Health Services.
- Created a 20-hour Behavioral Health Seminar to train UHS predoctoral psychology interns and postdoctoral psychology residents in behavioral health service delivery.
- Certified additional behavioral health providers through the University of Massachusetts Medical School, raising the total number of certified UHS mental health providers to 20.
- Offered drop-in groups for tobacco cessation and management of chronic disease.
- Identified a tobacco cessation protocol for UHS.
- Developed and revised patient education materials to enhance service delivery.
- Completed a quality improvement study to establish metrics for ongoing evaluation of Behavioral Health Services.
- Obtained IRB approval to conduct research on the extent to which behavioral health services reach traditionally underserved populations (e.g., international students).
- Implemented a Patient Satisfaction Survey for Behavioral Health Services.
- Submitted final report for the American College Health Foundation/United Health-care Student Resources Grant.

FUTURE DIRECTIONS AND GOALS

- Implement new protocols as a member of National College Depression Partnership (NCDP).
- Co-create and implement protocols as part of UHS healthy weight/ lifestyle initiative.
- Provide training to medical providers in an effort to increase the number of referrals to Behavioral Health Services for alcohol-related concerns.
- Integrate additional staff members into Behavioral Health Services.
- Evaluate and report on whether a proportionally higher number of traditionally underserved college students (e.g., students of color) are accessing mental health services through Behavioral Health Services as compared to Counseling and Consultation Services. Submit findings for possible publication in a peer-reviewed journal.
- Establish a home for Behavioral Health on UHS external website.
CRISIS SERVICES
Suicide prevention and timely access to crisis intervention services are major priorities for University Health Services. UHS provides 24-hour crisis intervention services focused on suicide prevention, access to appropriate mental health resources, and consultation for faculty/staff, parents, and students who may be concerned about a student. During business hours, open access to drop-in services allow any student to see a professional without scheduling an appointment, often a factor that creates a barrier to service engagement. Students may access after-hours crisis intervention services on evenings, weekends, and holidays by calling the UHS mental health crisis line.

ACHIEVEMENTS
- After-hours crisis calls totaled 252 for the 2012–2013 academic year.
- Creation of a Self-Care and Safety group designed to provide stabilization to students who are being referred to community services and are currently at risk for self- or other-harm or are functioning poorly.
- Addition of Resilience Group, a new type of crisis service that is available to students who are waiting for an initial or follow-up appointment at Counseling & Consultation Services.
- In partnership with UHS Health Information Management, created a referral and tracking system to facilitate communication between UHS Mental Health Services and local emergency rooms.

FUTURE DIRECTIONS AND GOALS
- Partner with UHS Campus Health Initiatives and Prevention Services, as a part of the Garrett Lee Smith Suicide Prevention Grant, to increase knowledge of mental health crisis services on campus.

CAMPUS-BASED SERVICES
Campus-Based Services are a group of programs—the Health Ambassador Program, Let’s Talk, and Red Folder Program—that expand UHS’ ability to reach and serve students in the campus community. Through the provision of consultation, support, and information, mental health staff is able to increase accessibility and linkage to necessary services at UHS. The Let’s Talk Program aims to reach students who may be less likely to come in for traditional mental health services (i.e., international students, males, and students of color), but who could benefit from the perspective of a mental health provider. This year, UHS implemented the Health Ambassadors Program and the Red Folder Program. Building upon a long-standing tradition of connecting with others on campus, these additional resource tools improved efforts to build campus relationships, provide mental health information, and increase the campus community’s ability to address mental health concerns.

The Red Folder Program provides information on recognizing, responding, and referring students in distress.

ACHIEVEMENTS
- 1,300 faculty and staff have participated in the Red Folder Program.
- Twenty-three staff members provided over 115 campus contacts.
- Let’s Talk contacts grew by 54% for the fourth semester in a row with the addition of a location within the Health Sciences Learning Center.
- Provided response to three campus crises.
- Trained all Mental Health staff members in Critical Incident Stress Response and Bias Incident Response.
- Certified all Mental Health staff members in Disaster Mental Health and Psychological First Aid from the Red Cross of Dane County.
- Consulted with 774 students, faculty, staff, and parents during daytime Access Services.
ACHIEVEMENTS

- In our commitment to student-focused services, UHS trainees provided mental health services to over 1,000 clients/patients and had over 4,000 direct clinical contacts with students over the course of the year.
- Contributed to the focus on integrated health care by creating and implementing a Behavioral Health seminar and the opportunity for trainees to provide this service under supervision.
- Set a record for predoctoral intern applications and successfully matched with top choices.
- All trainees successfully obtained employment after experience at UHS.
- Current trainees represent the focus on hiring staff who represent a broad range of diverse backgrounds and commitment to providing multiculturally-competent services to students.
- Integrated masters and doctoral practicum students into the delivery of Campus-Based Services.
- Predoctoral interns contributed to the approval of two IRB proposals as part of a Research seminar.

FUTURE DIRECTIONS AND GOALS

- Increase information about Campus-Based Services on the UHS website.
- Increase the number of faculty and staff who receive the Red Folder presentation annually.
- In partnership with UHS Campus Health Initiatives and Prevention Services, as a part of the Garrett Lee Smith Suicide Prevention Grant, implement the At-Risk interactive suicide prevention tool on campus for gatekeeper training.
- Conduct student and faculty/staff focus groups to identify additional services to meet the needs of underserved and underrepresented students on campus.

FUTURE DIRECTIONS AND GOALS

- Develop training specific manual to enhance the consistency of training and expectations of agency trainees.
- As part of the Research seminar, publish and present findings related to outcome measures.
- Develop Campus-Based Services seminar focused on reaching students who are less likely to present for traditional mental health services.
- Provide training and supervision related to the implementation of the DSM-5.
- Create a postdoctoral residency position focused on the delivery of behavioral health services.

TRAINING PROGRAM

Five components comprise the training program: master’s level Counseling Psychology and Social Work trainees, doctoral trainees at foundational and advanced practice levels, predoctoral interns in psychology, postdoctoral residents, and psychiatry residents. Predoctoral interns and postdoctoral residents provide direct services over the course of the year with nearly 3,000 direct contact hours. All students in training in Mental Health Services are from UW-Madison, therefore supports the educational mission of the institution. All UHS mental health services trainees participate in extensive training under direct supervision.
UHS OFFERS AN INTERDISCIPLINARY PROGRAM PROVIDING A RANGE OF VALUABLE SERVICES DESIGNED TO ASSIST STUDENTS PURSUE THE OPTIMAL HEALTH OF THEIR MIND, BODY, AND SPIRIT. The wide range of programs and services includes healthy living consultation, nutritional counseling, meditation training, mindfulness training, authentic happiness and positive psychology programs, exercise consultation, acupuncture, yoga, massage, stress management, sleep management, headache treatment, and smoking cessation.

UHS has offered low cost massage therapy services to students since 1995. Wellness sessions with a health education specialist are offered for students to review their personal habits and to develop a personal wellness plan to improve their health or to address specific concerns about exercise, low energy, basic nutrition, minor sleep problems, or stress concerns. Yoga groups at UHS are designed to offer adjuvant therapy as part of a comprehensive treatment plan for students with medical or mental health illnesses such as depression, eating disorders, chronic fatigue, or headaches. Nutrition services are offered by registered dieticians. Students receive expert nutrition guidance to address health concerns such as eating disorders, chronic medical conditions such as diabetes, and for assistance with weight management. Acupuncture offers an effective alternative way to address conditions such as chronic pain, headaches, and stress.

ACHIEVEMENTS

■ Obtained endorsement of the Health Care Advisory Committee and student government to expand Wellness services through the addition of a Wellness staff member to the Prevention Team and expansion of Nutrition Services.

■ Offered drop-in meditation once per week to faculty, staff, and students at campus unions serving an average of 15 people per week.

FUTURE DIRECTIONS AND GOALS

■ Increase utilization of individual wellness consultation appointments through screening of medical services patients for weight, exercise, and nutrition concerns, and provision of immediate access to consultation.

■ Expand available nutrition services from 20 hours to 40 hours per week.

■ Expand drop-in meditation services to twice weekly.

■ Implement wellness promotion activities within Prevention Services.
UHS PROVIDES COMPREHENSIVE HEALTH SERVICES TO SUMMER RESIDENTIAL YOUTH PROGRAMS OPERATING ON THE UW–MADISON CAMPUS AS REQUIRED BY THE STATE OF WISCONSIN ADMINISTRATIVE CODE 175, REDUCING UNIVERSITY RISK AND IMPROVING CAMPUS HEALTH AND SAFETY. UHS provided health services including pre-camp review of health history forms, health screening of each participant upon arrival, 24-hour access to a staffed infirmary with qualified health staff for care of minor illness and injuries, control and distribution of all medications by a registered nurse, daytime access to UHS medical services, on-call physician access, consultation and emergency triage of mental health concerns, investigation and control of communicable disease, and maintenance of all health and treatment records.

ACHIEVEMENTS

- Implemented a youth program for the first time during the summer of 2012.
- Developed program elements including a service and funding model, facilities, and all supporting policies and procedures.
- Served 2,474 youth participants attending 13 different residential camps.
- Operated four infirmary sites located across campus for over eight weeks.
- Hired a dedicated staff member to coordinate youth programs.

FUTURE DIRECTIONS AND GOALS

- Continue to develop expertise in camp health under National Camp Association guidelines.
- Expand coverage to 24/7 registered nurse coverage while camps are in session.
- Provide CPR training for camp counselors.
- Continue active participation in Pre-College Council.
- Provide overnight nursing and physician coverage for additional programs including athletic youth camps.
- Develop an online site for camp programs, policies, procedures, and electronic forms to be available on UHS website.
- Update camp forms and collaborate with Pre-College Council to develop an electronic health history form.
The University Health Services—Occupational Medicine for the Research Enterprise (UHS-OMRE) is an occupational health program designed to serve the unique needs of the UW–Madison research and academic environment, including medical oversight, monitoring, pre-exposure preventive services, and post-exposure treatment of animal, biological and chemical exposures.

ACHIEVEMENTS

- Reviewed over 1,800 Animal Contact Risk Questionnaires.
- Facilitated the influenza vaccination clinics which served over 3,300 UW–Madison faculty and staff.
- Played an active role in the campus community by participating in numerous interdisciplinary campus committees and presented the UHS-OMRE program to several accreditation bodies, the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC) and the Accreditation Association for Ambulatory Health Care (AAAHC).
- Performed TB outreach testing for all the shop facilities: electrical, plumbing, HVAC, and carpentry.
- Collaborated with campus Biosafety and UW Police Department to design and implement the Select Agent Suitability and Reliability Assessment (SASRA) program to evaluate employees with unescorted access to Tier 1 select agents.

FUTURE DIRECTIONS AND GOALS

- Continue to develop expertise in the unique occupational hazards of the campus researchers with focus on pregnancy consultation, animal allergies, and reliability assessments.
- Optimize the electronic health record Point and Click for tracking of occupational health tasks via disease management module.
- Grow capacity of the UHS-OMRE team with additional clinical support members.
Grounded in the values behind the Wisconsin Idea, UHS embraces a broad definition of health for the campus community through service learning, leadership, engagement, and direct service. The mission of the Campus Health Initiatives and Prevention Program is to assure a campus-community environment that optimizes the opportunity for students to be healthy by promoting positive health behaviors and by applying evidence-based prevention and early intervention strategies to target risk factors and underlying causes of illness and injury. The Campus Health Initiatives Program consists of Academic, Campus and Community Partnerships, and Health Communications.

Members of this program collaborated to design a comprehensive Prevention Plan which articulates the focus of the UHS Prevention Teams’ efforts through the year 2016. It explains how Prevention Services will integrate with UHS medical and mental health colleagues—as well as campus and community partners—to promote good health and thereby enhance student learning and success. One of the major objectives for the upcoming 2013–2014 academic year will be to convene discussions with campus and community partners to build consensus on the plan objectives and encourage collaboration and action around those critical health issues, such as violence prevention, healthy sexual behavior, tobacco-free living, and responsible alcohol use.

The Vision of UHS is to be a National Campus Leader in the 21st Century, Providing the Highest Quality of Care in a Fully Integrated Medical, Mental Health, and Prevention Service Model.

Academic and Community Partnerships

Academic Partnerships promotes a healthy learning environment on campus by connecting key health and community development issues to the academic work of the university through place-based learning, service learning, cultural tours, and community-based research and partnering with faculty development initiatives on campus to identify and promote educational practices that foster student learning, health, and well-being.

Achievements

- Linked students and instructors with the people, places, and cultural assets of South Madison to learn while contributing to the revitalization of the Park Street corridor (the gateway to campus): offered field trips introducing students, faculty and staff to the history, current context, and opportunities for contributing to collaborative initiatives in the areas of education, health, food systems, economic development, and cultural documentation; contributed to new developments in the Community University Exchange (CUE): South Madison program and mentored and advised student leaders to link projects with community-identified needs and existing initiatives (Wisconsin Idea Fellowship recipients, L&S Leadership Trust awardees, Slow Food UW student interns).
- Served as a member of the Executive Committee of the UW–Madison Teaching Academy and as a representative to the annual Teaching and Learning Symposium planning committee.
- Participated as a member of the Leadership Educators Council Planning Team to create a coordinated campus-wide leadership development framework grounded in the historical origins of UW–Madison’s Wisconsin Idea. The framework is designed to assess needs, foster alignment among multiple opportunities across campus for leadership development (students, faculty, and staff), identify research needs, and develop strategic action plans.
FUTURE DIRECTIONS AND GOALS

- Continue to work collaboratively with others to develop CUE: South Madison as an innovative model for organizing and integrating student research and service learning around community-identified priorities as part of a broad-based interdisciplinary place-based initiative.

- As a Faculty Associate in the Department of Interdisciplinary Studies in the School of Human Ecology, contribute to a review of the undergraduate major in Community and Nonprofit Leadership to attract and engage more students in high-impact immersion experiences in the South Madison community and beyond. Partnerships with other academic units to enhance capacity will be explored.

INCLUSIVE COMMUNITY BUILDING

The Inclusive Community Building Coordinator (ICBC) serves as a key campus resource for campus units/departments and student organizations committed to building more inclusive and healthy communities. Educational research over the past two decades has clearly established that issues of race/ethnicity, socioeconomic class, gender, and sexual identity are critical determinants of college campus climate and have a profound impact on the holistic health and wellness of students on a college campus. With respect to the UHS mission and priority goals, in the 2012–2013 academic year, the ICBC’s campus activities and work continued to take place under the umbrella of the following combined UHS Mission and Priority goals:

- Develop stronger academic connections and partnerships
- Develop stronger campus community connections and partnerships
- Fostering a healthy learning environment
- Fostering a climate for diversity

ACHIEVEMENTS

- Student SEED (Seeking Educational Equity and Diversity) seminars serve as the sole UW–Madison campus model for students on how to organize and sustain inclusive communities of dialogue within a social justice framework.
  - Three Student SEED seminars were offered with a total of 67 participants and 18 facilitators.
  - SEED facilitators were invited by the Jossey Bass editorial staff to co-author a chapter on Student SEED to be included in a source book on emerging diversity initiatives entitled “Creating Successful Multicultural Initiatives in Higher Education and Student Affairs.” Expected publication date is Dec. 2013.
  - Nine new facilitators were recruited and 14 facilitator professional development workshops were offered throughout the year. Total attendance at the facilitator workshops was 48 people.
Outreach as a diversity/social justice consultant-facilitator-mentor to units, academic departments, and student organizations.

- Strengthened emerging ties to student organizations in Health Sciences, the School of Business, and the School of Education.
- Forty-eight workshops and events were directly developed and facilitated that focused on inclusive community building and raising awareness on specific aspects of social identity.
- Served on numerous campus committees including the Ad Hoc Diversity Committee (AHDC) charged by the Provost to develop campus’ next diversity plan.

FUTURE DIRECTIONS AND GOALS

- Work to expand the network of collaborative Student SEED partners and thus increase the number of seminar offerings; work to expand the recruitment and training of Student SEED faculty-staff-student facilitators. Inquiries on the sponsorship of new Student SEED offerings have been made by Housing, the School of Nursing, the School of Pharmacy, and the Graduate School.
- Collaborate with campus partners to develop and implement a social marketing effort around critical aspects of the campus climate and the benefits to all when individuals and organizations work to build the capacity to live-work-learn in diverse and pluralistic contexts.
- Through direct and indirect services, increase the number of partnerships with campus units/departments and student organizations committed to building more inclusive and healthy communities. Collaborate with the LGBT Campus Center, the Center for Leadership and Involvement, the Office for Equity and Diversity, and University Housing to sponsor dialogue forums around gender and sexual identity for campus men.

VIOLENCE PREVENTION SERVICES

In 2012–2013, UHS provided violence prevention services designed to increase the capacity of UW–Madison to address sexual assault, dating violence, domestic violence, and stalking in five key areas. UHS violence prevention staff provides support and leadership to the End Violence on Campus (EVOC) initiative.

ACHIEVEMENTS

Advancing Primary Prevention

- The online Tonight program, developed in collaboration with students, campus, and community partners, was deployed as a mandatory prevention program for all incoming undergraduate students: www.uhs.wisc.edu/tonight.
- Provided advising and technical assistance to PAVE (Promoting Awareness, Victim Empowerment), UW–Madison’s student organization dedicated to preventing sexual assault, dating violence, and stalking through education and activism. UHS violence prevention staff provides coordination between the School of Social Work and PAVE to ensure that student peer educators are equipped with extensive training and support in leading workshops and campus awareness activities.
- Co-instructed Greek Men for Violence Prevention (Social Work 672-002), a two-credit course for fraternity men working to develop healthier expressions of masculinity and leadership skills in an effort to address violence against women.
- Provided ongoing training, professional development, and consultation to campus units to advance primary violence prevention practices.

Training and Professional Development

- Worked with the UW–Madison Police Department to provide department-wide training in victim centered and trauma-informed approaches to interviewing victims of sexual assault and the dynamics of dating and domestic violence.
Provided training to campus student and professional staff members about navigating the myriad of victim services, responding to victims, and furthering prevention efforts.

Hosted the 4th annual 2013 EVOC Summit for over 80 attendees featuring Dr. David Lisak, Jill Karofsky, JD, and nearly 20 campus and community members working to address sexual assault, dating violence, and stalking.

Working for Policy and Social Change

Using the 2010 campus needs assessment on barriers faced by UW–Madison student victims, continued to address the four priority areas identified by campus and community partners: alcohol, social norms, education, and navigating the university.

Collaboration

Continued to provide leadership to, and take direction from, the EVOC (End Violence on Campus) Coordinating Council, a university committee that addresses violence against women. In March 2013, the EVOC Coordinating Council was charged with assessing the implications of new changes to the Violence Against Women Act (VAWA) and Clery Act and developing recommendations for campus compliance.

Continued to provide leadership to the UHS Working Group on Sexual Assault and Dating Violence, bringing three UHS units together to address department response to sexual assault and dating violence.

Ensuring Continued Access to Services

Worked closely with victim service providers in the greater Madison area and on campus to help students access their services.

FUTURE DIRECTIONS AND GOALS

The EVOC initiative will address barriers that keep victims from seeking help.

UHS violence prevention staff will strengthen training services on sexual assault, dating violence, and stalking for UW–Madison employees.

UHS violence prevention staff will use the 2010 Needs Assessment findings to explore a broader, internal scope of services for serving victims of sexual assault, dating violence, and stalking on the UW–Madison campus.

UW–Madison will ensure that services for dating violence and stalking victims are provided on campus.

UHS and the Division of Student Life will continue to charge and support the EVOC Coordinating Council to advance campus policies on and in response to sexual assault, dating violence, and stalking.

CIVIC ENGAGEMENT

Civic and community engagement promotes health and healthy communities by connecting students to opportunities for engagement, building their leadership capacity and skills, promoting the development of civic values and attitudes, and providing them with experience and practice in democratic engagement.

ACHIEVEMENTS

Organized and co-hosted the reinstatement of the UW-Madison Community-University Partnership Awards Reception at Olin House, co-sponsored by the Office of Community Relations and the Community Partnerships and Outreach (CPO) Staff Network, with support from the Office of the Chancellor and the Morgridge Center for Public Service. Seven exemplary community-university partnerships were honored for exhibiting key elements of the Wisconsin Idea: community members and UW-Madison personnel working collaboratively to transform the campus and community for the public good.

Initiated a campus-wide effort to examine and improve application of evidence-based practices that lead to student civic engagement outcomes.

Hosted the second annual “Walk the Walk,” a walking tour for UW–Madison students of advocacy and social justice not-for-profit organizations near the UW–Madison campus, in partnership with Community Shares of Wisconsin and the Morgridge Center for Public Service.
Coordinated and led the Community Partnerships and Outreach (CPO) Staff Network, a professional development organization designed to support engagement professionals campus-wide and improve civic engagement outcomes for UW–Madison students, staff, faculty, and community partners. Disseminated the model nationally by creating an inter-campus community of practice for outreach and community engagement staff practitioners in conjunction with the Engagement Scholarship Consortium.

FUTURE DIRECTIONS AND GOALS

- Engage the campus community in strategic consideration of civic and democratic engagement and its definition at UW–Madison, and identify shared goals among campus units.
- Strengthen the practice of outreach and community engagement among university staff members who connect students and faculty with public issues.
- Collaborate with campus partners to examine institutional strategies for advancing engaged scholarship.

SUICIDE PREVENTION

In 2012–2013, UHS initiated a focused approach to addressing suicide through the creation of a new Suicide Prevention Coordinator position. This position implements and supports comprehensive suicide prevention efforts at UW–Madison.

ACHIEVEMENTS

- In August 2012, UHS was awarded a Garrett Lee Smith (GLS) Memorial Suicide Prevention Grant by the Substance Abuse and Mental Health Services Administration, an agency in the Federal Department of Health and Human Services. The GLS award provides funding to support a three-year grant period at UW–Madison.
- In January 2013, UHS successfully hired a Suicide Prevention Coordinator to help manage grant-funded suicide prevention efforts. This position is housed within the Campus and Community Partnerships office but also works closely with Mental Health staff members at UHS.
- The Suicide Prevention Council was established and continues to convene monthly. The purpose of the council is to serve in an advisory role for suicide prevention efforts within UHS. The council offers a multidisciplinary perspective for over 15 campus and community representatives to work collaboratively towards the common goal of suicide prevention.
- The Suicide Prevention Coordinator acts as a co-advisor to three registered student organizations that make up a collective of students promoting mental health on campus. These organizations include: ASK.LISTEN.SAVE, NAMI, and Active Minds.
- Evidence-based training programs for gatekeepers were researched and a program was selected based on the needs of the campus. A formal needs assessment was completed by the Suicide Prevention Council in March 2013.
- Participated in the planning committee for the Wisconsin Warrior Summit, a two-day conference to take place in November 2013. The summit provides information about the unique situations of veterans and the barriers they face in receiving mental health and other social services.

FUTURE DIRECTIONS AND GOALS

- Implement a faculty and staff training program that will teach how to identify students at risk for depression and suicidal ideation, respond appropriately to these students, and refer students to resources.
- Establish a sub-committee within the Suicide Prevention Council to identify and implement evidence-based practices to reach out to high-risk populations, such as American Indians/Alaskan Natives, LGBTQ students, and military service members and veterans to increase help seeking behaviors.
- Design and implement a social marketing campaign aimed at both reducing the stigma of mental health issues and promoting health-seeking behaviors among students.
- Create a comprehensive webpage for suicide prevention at UHS to include information about prevention, resources, and materials specific for students, faculty/staff, and parents.
ALCOHOL AND OTHER DRUG ABUSE PREVENTION

In 2012–2013, UHS expanded its commitment to promoting a healthy and safe campus by creating a full-time position for a community health specialist for alcohol and other drugs. This new staff person will work with campus and community partners to strengthen AoDA prevention efforts and address the efficacy of current programming in this area.

ACHIEVEMENTS

- Supported the hiring of an alcohol sanctions coordinator within the Division of Student Life for the Brief Alcohol Screening and Intervention for College Student (BASICS) Program to run BASICS on campus, analyze program data, serve as a liaison between the university and the community, and work with students sanctioned for alcohol and marijuana violations.
- Launched a campus alcohol website providing information on campus alcohol policies and procedures, how to lower risks and consequences of using alcohol, campus prevention efforts offered by UHS and other campus partners, and additional resources for students.
- Implemented a comprehensive community strategy to reduce alcohol related issues at public events.
- Worked with students and campus partners to create Revelry, a student-organized, alcohol-free outdoor music event that provided an alternative to the Mifflin Street event.
- Developed Badgers Step Up!, a leadership program modeled on BASICS, to train student leaders on how to address and recognize issues around high-risk drinking within their peer groups. The program incorporates bystander intervention, cognitive behavior skills training, and motivational enhancement.
- Selected a universal online alcohol education program, AlcoholEdu, designed to provide students with the information they need to make well-informed decisions about alcohol, link their choices about drinking to academic and personal success, help them better cope with the drinking behavior of peers, and respond effectively in situations where others are at risk of alcohol-related harm. All incoming undergraduate students (first-year and transfer) and students returning to live in University Residence Halls will be expected to complete the program in the fall.

FUTURE DIRECTIONS AND GOALS

- Continue to work with the Chancellor’s Alcohol Policy Group on implementation of the five-year work plan.
- Work with community partners on Alcohol License Density Ordinance (ALDO) and other local initiatives.
- Pilot and implement Badgers Step Up! across campus.
- Review policies and strengthen restrictions on alcohol advertising and sponsorship.
- Enhance marketing efforts to introduce new prevention programs to campus.
- Conduct diagnostic analysis of alcohol initiatives on UW-Madison campus.
- Organize and analyze all existing UW-Madison alcohol data.
- Prepare for first-year online education to be mandated in subsequent years.

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

World Health Organization
HEALTH COMMUNICATIONS

The communications team develops, delivers and evaluates health communication and social marketing campaigns and programs including: social media; print and electronic publication writing, editing and design; website design, development, and content management; media relations; photographic and video services; and identity and branding. The communications team provides broad support for UHs internal communications.

ACHIEVEMENTS

- Student Health 101—Increased the proportion of students receiving health information on stress, sleep, nutrition, alcohol, safe sex, and other college health issues through the implementation of our monthly online magazine, Student Health 101 (SH101). From September to May, SH101 was accessed almost 39,000 times with an average reach of 4,300 UW students per month.
- “Stick it to the Flu” flu shot campaign—11,711 students received flu shots in the 2012–2013 academic year. Communications led the promotional efforts with printed and electronic campaign materials including digital signage, student newspaper advertisements, student emails, social media, and web communications.
- Digital Signage—Implemented digital signage on television monitors in the clinic and counseling waiting rooms that display a variety of health and wellness messages. Worked with University Housing and Recreational Sports to display similar information within their departments.
- Tonight—Assisted in the implementation of the online violence prevention education program, Tonight. Designed and developed brand identity and print and electronic promotional materials.
- Social Media—Implemented the use of Pinterest to share creative health education on topics such as stress, healthy snacks, sexually transmitted diseases, fitness, health technology and more. Increased Facebook followers by 123 percent and Twitter followers by 65 percent. UHS efforts were recognized with a 2nd Place award for use of social media by the Badger Herald.
- Sexual Health Fair—Increased the proportion of students receiving sexually transmitted disease prevention information by participating in the annual sexual health fair. Communications distributed STI prevention pamphlets, information on sexual health services offered by UHS, and condoms.
- Lakeshore Clinic—In addition to planning the grand opening, communications increased awareness of and visits to the Lakeshore Clinic at Dejope Hall in spring 2013 through targeted campus communications.
- Student Organization Collaboration—Worked with and provided communications support, including logo and publication development, for UW-Madison student organizations including the Mental Health Coalition, Sex Out Loud, Kinesiology Club, Associated Students of Madison and the Athletic Training Students for Brain Safety.
- UHS Branding—Increased awareness of UHS and its services to first-year students by distributing Wisconsin Welcome Packets to more than 7,000 incoming new students.

FUTURE DIRECTION AND GOALS

- Increase the percentage of students reading Student Health 101 through a cover redesign, additional stories written by UW–Madison students, and increased collaboration with campus partners for added promotion opportunities.
- Increase the numbers of followers on Twitter, Facebook, and Pinterest by 10 percent.
- Develop an actionable and measurable strategic communications plan that will contribute to advancing the organization’s goals and mission.
- Increase the percentage of students living in residence halls who receive flu shots to 40 percent, up from 33 percent in the 2012/2013 academic year.
- Enhance and expand health messages through the creation of videos.
THE ENVIRONMENTAL HEALTH (EH) PROGRAM APPLIES PREVENTION TOOLS, SUCH AS INSPECTIONS, ENGINEERING AND RISK ASSESSMENTS, AND CORRECTIVE ACTIONS TO CONTROL ENVIRONMENTAL FACTORS WHICH AFFECT HEALTH BY ENSURING HEALTHY FOOD, RECREATIONAL, AND RESIDENTIAL FACILITIES AS WELL AS SAFE CLASSROOM AND RESEARCH FACILITIES. Staff members within the program found their services in significant demand over the past year.

ACHIEVEMENTS

- The realignment of the campus Occupational Health Office and the Environmental Health Program discussion and planning continued. The final reorganization will have the functions pertaining to public and occupational health co-located in UHS. The bio-containment functions will be relocated to Environment, Health and Safety biological safety area to complement research safety components on campus. The goal will be a unit that can work toward prevention of incidents on campus that may lead to adverse health effects to the campus community and streamlined communication to campus customers.

- In collaboration with the UW Pre-College Council, Environmental Health began a program to assure that campus youth day camps were in compliance with state regulations and UW System policies to assure the safety of youth on campus. This is a continuation of the program begun last year that was focused on residential youth camps.

- The Environmental Health sanitarians worked with campus food service partners to develop standard operating procedures for complex food processing operations such as reduced oxygen packaging. The sanitarians have also worked with food service operations to obtain the various state permits required for these new complex food service production methods.

- The Environmental Health Program performs a qualitative performance test on any new high performance chemical fume hoods and any chemical fume hoods that the campus chemical safety officer believes may be inadequate for the equipment or chemicals being used. This year, testing was performed on existing chemical fume hoods to verify that containment is achieved as the hoods are in use. This program found that about 6% of campus chemical fume hoods did not provide adequate protection as they were being used. Collaboration with chemical fume hood users and facilities maintenance has resolved these problems. The campus fume hood committee agreed to continue this program.

- The Environmental Health team certified over 1,400 biological safety cabinet bio-hazard containment systems on campus. This service protects laboratory and clinical employees as well as the entire campus community from potential contamination in laboratories across campus.

- This year, the sanitarians continued inspections of campus food service venues, recreational water facilities, and lodging facilities. Remodeling consultations, plan reviews, and construction inspections were conducted in Gordon Commons, Dejope Hall, Carson Gulley Commons, Terrace Brat Stand, The Gazebo, and the Camp Randall concession stands. Consultation and pre-inspection services were performed on 10 new therapy pools within Athletics.

- The Environmental Health Program staff continues to monitor campus for potential public health issues by testing campus cooling towers and indoor water features for microbiological safety. Environmental Health responds to drinking water concerns on campus and tests the drinking water at several of the off-campus research stations. A survey of all potential storm water pollution run-offs was conducted and recommendations were made to campus where potential pollution sources were identified.

FUTURE DIRECTIONS AND GOALS

- Develop a standard intake process for public health and occupational health concerns on campus with campus colleagues.

- Educate youth camp operators to ensure that all records and documentation are acquired and maintained as required by state and UW System regulations.

- Collaborate with food service colleagues to develop a standardized campus-wide appropriate training protocol for all food service workers.

- Repeat the campus-wide non-point pollution source survey of storm water systems to monitor remediation.
IN THE SPIRIT OF THE WISCONSIN IDEA, THE WISCONSIN CLEARINGHOUSE FOR PREVENTION RESOURCES EXISTS TO TRANSLATE PUBLIC HEALTH EVIDENCE INTO ACTIONABLE STRATEGIES THAT PROMOTE HEALTHY PEOPLE LIVING IN HEALTHY PLACES. Working with state and community partners, the Clearinghouse helps make healthy choices easy for individuals and organizations like K–12 schools. Spreading healthy options throughout Wisconsin communities is particularly important in promoting the health of our children who grow up to be healthy college students, prepared for a successful campus experience.

The Clearinghouse works on multiple projects funded by the Wisconsin Department of Health Services, the US Centers for Disease Control and Prevention, and the Wisconsin Partnership Program.

ACHIEVEMENTS

Transform Wisconsin
This project represents Wisconsin’s Community Transformation grant that will bring nearly $25 million to the state over five years for community-based projects to reduce tobacco use, improve nutrition and increase physical activity, particularly among children, and promote targeted interventions for patients at high risk for cancer, cardiovascular disease, and stroke.

Entering its third year, Transform Wisconsin has distributed more than $6.6 million through 30 grants to local communities. This is a powerful statewide effort that engages 2.6 million people—more than half the state’s population—in straightforward solutions that give everyone access to healthy food, safe places to play, and smoke-free air. These include opening school gyms and other low-cost options to increase physical activity, promoting fresh fruits and vegetables in school lunches through farm to school programs, and promoting smoke-free air in apartment complexes. A third of the grants are aimed at rural communities and those with high levels of poverty, emphasizing that healthy environment should not be out of reach for anyone in Wisconsin. For more information on individual projects, see transformwi.com.

Tobacco Control and Alcohol Prevention Support
The Clearinghouse provides technical assistance and training to support strong coalitions throughout the state and sustain community efforts by:

- Building capacity in strategic communication including tailored communications, framing, data visualization, storytelling, and presentation skills.
- Providing access to resources through design and management of online resource centers and web applications, including tobwis.org, healthinpractice.org, wibetter-smokefree.org, and wiwins.org.

State Prevention Conference
Since 2004, the Clearinghouse has hosted Wisconsin’s annual Prevention conference drawing over 400 attendees. The conference is designed to allow participants to:

- Network with colleagues who share their goal of creating and sustaining healthy communities.
- Gain tools and practical application ideas from across all fields of prevention, and leverage evidence-based and innovative practices.

FUTURE DIRECTIONS AND GOALS:

- Though a collective impact approach, lead the Transform Wisconsin project by engaging diverse partners in learning and working together to create lasting healthy change.
- Build capacity of prevention professionals to use story as a tool to create healthy change in their communities.
- Support Wisconsin’s prevention community through strategic communication efforts that help elevate, accelerate, and amplify progress toward making the places we live, work, and play the healthiest they can be.

For more information on the Wisconsin Clearinghouse visit wiclearinghouse.org.
ADMINISTRATIVE SUPPORT SERVICES

THE ADMINISTRATIVE UNITS OF UHS INCLUDE BUDGET AND FINANCE, BUILDING SERVICES, HEALTH INFORMATION MANAGEMENT, HUMAN RESOURCES, INFORMATION TECHNOLOGY, AND THE STUDENT HEALTH INSURANCE PLAN (SHIP). Administrative Services is also responsible for overseeing the risk management and accreditation activities at UHS.

ACHIEVEMENTS

- Continued analysis of alternate UHS funding models.
- Participated in several of the campus Human Resources Redesign work teams.
- Began preparation for the new Diagnosis Coding System ICD-10 which goes into effect October 1, 2014 and DSM-V to be implemented in fall 2013.
- Continued support of the new campus Human Resources System.
- Led the UHS Student Employment work group.
- Continued the process of adapting SHIP procedures and insurance offerings to the evolving requirements of the Affordable Care Act.
- Coordinated the UHS preparations for the successful reaccreditation review by the Accreditation Association for Ambulatory Health Care (AAAHC).
- Presented UHS Meaningful Use Benchmark Study results at the American College Health Association National Conference in May 2013.
- Lead the procurement for 24/7 call service.
- Conducted a comparative study of cost and effectiveness of “green” cleaning products and presented results at the spring 2013 Showcase.
- Began planning for the transfer of campus Occupational Medicine to UHS and the UHS Biosafety staff to the Safety Department.

FUTURE DIRECTIONS AND GOALS

- Continue efforts to enhance financial reporting to facilitate decision-making and budget evaluation and approval.
- Continue analysis of UHS funding models.
- Develop Student Employment Web Application.
- Automate Staff Request Form and Process.
- Evaluate software options for integrated campus-wide Occupational Health System.
- Continue adapting SHIP procedures and insurance offerings to the requirements of the Affordable Care Act.
- Continue implementation of new administrative software for SHIP.
- Begin preparation for the new Diagnosis Coding System ICD-10 which goes into effect October 1, 2014.
- Participate in various campus Administrative Excellence initiatives.
- Work with the software vendor to develop additional health information interfaces to other provider and public health information networks.
- Implement the transfer of campus Occupational Medicine to UHS and the UHS Biosafety staff to the Safety Department.
BUDGET AND FINANCE

The Budget and Finance department is responsible for the central business functions of UHS. These include student eligibility, billing and cashiering, purchasing services, travel administration, and grant administration support. Specific Budget and Finance initiatives in the past year include:

ACHIEVEMENTS

- Continued work on the billing and financial reporting for the occupational medicine program.
- Implemented UHS billing statement distribution to students via the MyUHS electronic health record patient portal.

FUTURE DIRECTIONS AND GOALS

- Implement online credit card payment capability for UHS billing statements.
- Improve availability and utility of financial data for UHS managers.

BUILDING SERVICES

UHS is responsible for Building Management and Custodial Services for the university tower. UHS’ four floors consist of 120,000 square feet of floor space. The remaining five floors in the tower, Admissions, and the McBurney Disability Resource Center consist of an additional 184,000 square feet of space serviced by UHS building staff.

Of the 120,000 square feet of space occupied by UHS, approximately 60,000 square feet on two floors is devoted to primary care clinics and supporting services such as Lab, Radiology and Pharmacy. Approximately 25,000 square feet is Counseling space, the Student Health Insurance Plan occupies 2,000 square feet, Health Information Management 2,000 square feet, Campus Community Partnerships 2,000 square feet, the Wisconsin Clearinghouse 4,000 square feet, and Environmental Health 2,000 square feet.

Specific building features include advanced security and environmental controls, the largest “green roof” in Dane County and building electric power backed up by a diesel powered generator. Additionally, the building has a unique ownership and governance structure which combines the university tower, private sector retail, and private sector residential rental property owners.

UHS has developed expertise in dealing with the advanced systems and unique ownership structure of the University Square complex. A high priority is placed on being good stewards of the facility, maintaining the aesthetics and condition of the space and providing proper management and maintenance of the building and its systems.

UHS continues to provide a high level of professional building management and custodial services to the university tower and maintains strong relationships with the other owners and tenants in the complex.

Since taking custodial responsibility for the university tower, UHS has used only green products and will continue to seek out opportunities to use products and services that are environmentally friendly.

ACHIEVEMENTS

- Began providing building and custodial services to Admissions and the McBurney Disability Resource Center.
- Additional work on building safety and security plans including enhanced training for building floor captains.
- The DoIT retail outlet opened in the lobby of 333 East Campus Mall on May 1, 2013.
- Provided English language classes to staff who do not speak English as a first language.
- As part of the Vice Chancellor’s Engagement, Inclusion, and Diversity (EID) initiative, UHS is mentoring staff of diverse backgrounds to transition to managerial positions.
**FUTURE DIRECTIONS AND GOALS**

- Currently investigating the Lotus cleaning system which would allow common areas of the building to be cleaned without chemicals.
- In collaboration with campus partners, UHS building services is participating in an initiative to lower costs of paper and cleaning products.
- A significant remodeling project will be undertaken in the next fiscal year to enhance space configuration in anticipation of the integration of the Environmental Health and Environmental Health and Safety departments.
- Develop and conduct a customer survey for UHS Building Services clients.

**ACHIEVEMENTS**

- UHS achieved full compliance and successful three-year reaccreditation by the Accreditation Association for Ambulatory Health Care (AAAHC).
- Provided Health Information Portability and Accountability Act (HIPAA) and confidentiality training to all new employees—a total of 125 staff members were trained. Re-education was also provided upon request.
- Processed over 10,800 requests and disclosures of health care records. This was a significant increase (60%) from the previous year.
- The HIM manager and release of information staff attended training and in-services regarding the American Recovery and Reinvestment Act (ARRA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and other state and federal laws that govern and protect health care records.
- Achieved additional electronic health record access to referring community providers through Epic Care Link. The HIM manager was designated site coordinator and audit trail reviewer.
- Reduced the number of HIM privacy-related incidents.
- Monitored compliance with the integrity, quality, completion, and access of the electronic health record. Provided assistance to several new programs and outreach clinics in the areas of record retention, forms management, electronic health record workflows, and state and federal laws.
- Developed a past, present, and future HIM planning document to guide the department with new skill sets, future directions, and training.
- Provided successful internships for UW–Madison, UW system, and Madison College students. These partnerships support UHS and UW–Madison goals to increase the number of staff members from underrepresented groups.
- Prepared a work plan for DSM-V and ICD-10 implementation.

**HEALTH INFORMATION MANAGEMENT (HIM)**

**THE HIM DEPARTMENT IS RESPONSIBLE FOR HEALTH INFORMATION PRIVACY AND SECURITY AT UHS.** As part of that effort, the department works to educate and raise awareness of good health information privacy and security practices by staff, patients, and clients. The HIM department is a service department within Administrative Services, managing the release of patient/client information, clinical record scanning, and retention of health records. HIM provides several other administrative support services such as mail and fax services, courier and copy services, and office supply ordering. Additionally, HIM provides privacy and security training, auditing, quality checks, and compliance reviews of electronic health records. The HIM compliance audits and reports assist each UHS provider with ensuring timely, complete, and accurate information within the electronic health record. HIM coordinates the UHS incident reporting system.
FUTURE DIRECTIONS AND GOALS

Prepare for impact and changes on HITECH and Meaningful Use regarding privacy and release of health care records.

- Provide data analysis and data entry support to medical and mental health services upon request.
- Complete final phase of the UHS paper medical record purge project and conversion to off-site storage.
- Continue to prepare and assist UHS with conversion to ICD-10 medical coding system implementation and quality checks.
- Prepare for the migration and use of Health Information Exchanges while ensuring compliance with state and federal laws.
- Maintain and ensure compliance with all new and revised AAAHC standards related to health information and health records. Provide administrative coordination and monitor agency wide compliance with all other AAAHC standards. Ensure perpetual compliance readiness.
- Support the enterprise-wide information and tracking of compliance for the Occupational Medicine program and UW Health Occupational health records.
- Continue to serve as internship site for HIM students and Madison College students.
- Develop an online annual Confidentiality, Privacy, and Security training module.

Management is doing things right; leadership is doing the right things.  

Peter Drucker

HUMAN RESOURCES

UHS RECOGNIZES THAT QUALITY HEALTH CARE SERVICES DEPEND ON A HIGH-QUALITY, DIVERSE, MOTIVATED, AND ENGAGED WORK FORCE.

ACHIEVEMENTS

Recruitment

Recruitment efforts are important to achieving staffing goals. The following metrics indicate the level of activity in recruitment and the time required to fill positions along with goals for improvement. It has been an especially challenging year due to the increased staffing needs for the Community Transformation Grant in the Wisconsin Clearinghouse and for the summer Youth Programs.

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Hired</th>
<th>Ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Staff</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Classified Project</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>LTE</td>
<td>33</td>
<td>27</td>
</tr>
<tr>
<td>Classified Permanent</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Limited</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Extern Training</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Student Assistant</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Student Help</td>
<td>103</td>
<td>43</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>184</strong></td>
<td><strong>114</strong></td>
</tr>
</tbody>
</table>

RECRUITMENT TIMES 2012/13

<table>
<thead>
<tr>
<th>Type</th>
<th>&lt;100 days</th>
<th>100-150 days</th>
<th>&gt;151 + days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS</td>
<td>72%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>CP</td>
<td>88%</td>
<td>0%</td>
<td>12%</td>
</tr>
</tbody>
</table>

RECRUITMENT TIMES 2013/2014 (GOAL)

<table>
<thead>
<tr>
<th>Type</th>
<th>&lt;100 days</th>
<th>100-150 days</th>
<th>&gt;151 + days</th>
</tr>
</thead>
<tbody>
<tr>
<td>AS</td>
<td>80%</td>
<td>20%</td>
<td>0%</td>
</tr>
<tr>
<td>CP</td>
<td>90%</td>
<td>10%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Student Employment Initiative

This committee develops opportunities to enhance student work experiences through education, collaboration with professional staff, and community. The emphasis is on hiring and training students within their areas of study. The committee developed an
online tool for student applications, partnered with the Recruitment Initiative for Student Employees (RISE) to increase UH’s visibility among underrepresented students, and exposed the broader student population to employment opportunities at UHS.

Engagement
Committees addressed the four targeted initiatives identified by the VCFA Engagement, Inclusion, and Diversity (EID) survey. The four areas are Recognition, Leadership and Communication, Conflict, and Professional Development. Further work will continue into the next fiscal year.

New Employee Onboarding
New employee orientation expanded to include a two-day initial orientation with the onboarding process expanding into the first 12 months of employment. Supervisors were asked to prepare specific onboarding schedules for their respective staff positions.

<table>
<thead>
<tr>
<th>ACADEMIC STAFF RATE ADJUSTMENTS 2012/2013*</th>
<th>CLASSIFIED ADJUSTMENTS 2012/2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason</td>
<td>Number</td>
</tr>
<tr>
<td>Change in Duties</td>
<td>8</td>
</tr>
<tr>
<td>Equity Adjustment</td>
<td>26</td>
</tr>
<tr>
<td>Market Factor</td>
<td>1</td>
</tr>
<tr>
<td>Temporary</td>
<td>3</td>
</tr>
<tr>
<td>Promotion</td>
<td>3</td>
</tr>
<tr>
<td>Raise to Minimum</td>
<td>2</td>
</tr>
</tbody>
</table>

Training
Annual trainings were developed and posted on the HR tab of the intranet. This accreditation requirement has been streamlined to ensure compliance by all employees. Training was developed for managers, employees, LTEs, and students for Human Resource System (HRS) self-service. The online training, handouts, reference guides, how to videos, training videos, and simulations are all available on the intranet.

Additionally, new staff received initial training and continuing support for HRS issues through weekly open labs conducted by HR staff.

HR Webpage(s)
Human Resources developed web pages specific to the needs of staff at UHS. Included in these pages are forms, policies and procedures, training sites and compliance requirements, HRS training and references, staff photo directory, contact information, and UHS staff resources.

FUTURE DIRECTIONS AND GOALS
Engagement
Continue to work on the engagement initiative with management and staff.

HRS Self-Service Training
Train all Academic Staff in HRS self-service while continuing open labs for all staff. This was planned for last fiscal year but is being carried over into the coming year.

Recognition
Develop a recognition program that meets the needs and expectations of staff focusing on communication, employee value, and informal recognition.

Cost-Per-Hire Metrics
Cost-per-hire metrics have been developed for implementation beginning with the 2013–2014 fiscal year.

HR Database
Revise database to be a role-based directory rather than position-based.

Electronic Resources
Streamline processes to online workflows, such as the vacancy request form, application processes for permanent and temporary staff, and other areas as needed.
INFORMATION TECHNOLOGY

UHS INFORMATION TECHNOLOGY (IT) DEPARTMENT PROVIDES REQUIRED ON-CALL AND AFTER-HOURS SUPPORT FOR UHS COMPUTER AND TELEPHONY SYSTEMS. IT focuses their efforts on operating and supporting an electronic medical record system which is unique to the provision of student health services and to securing sensitive health information. IT actively monitors the networks and systems for security threats and intrusions. Information Technology supports the Point and Click electronic health record (PnC) software by training its users, consulting on new or modified operational and workflow procedures, addressing software and hardware issues, and maintaining the software by testing and installing appropriate patches and upgrades. As UHS continues to fully utilize the capabilities of the electronic health record, IT staff will investigate and test software features and assist in implementation throughout UHS. IT leads efforts to develop interfaces to the electronic health record to incorporate information from outside systems. Current and future projects include interfaces to the Wisconsin State Lab of Hygiene for laboratory results.

IT is responsible for telephony management which is critical to effective patient and client care, and communication including student crisis response.

IT also works with central campus IT on campus-wide IT initiatives.

FUTURE DIRECTIONS AND GOALS

- Continue migration of most UHS users to the Virtual Desktop.
- Participate in various campus Administrative Excellence initiatives.
- Test and implement new releases of Point and Click electronic health record software.
- Continue development of external interfaces to Point and Click.

UW-MADISON STUDENT HEALTH INSURANCE PLAN (SHIP)

Plan Model

SHIP has continued to operate successfully as a partially self-funded health plan—a model that eliminates the need for a traditional insurance company. The plan is administered at UHS with support services from a Third-Party Administrator (TPA). The TPA processes claims and establishes reinsurance, which protects the plan in the event of high dollar claims. The TPA provides claims estimates which are used to set premium rates and establish claims reserves. Reserves are maintained at 125% of estimated claims and held for two years (a full claims cycle) to ensure that the plan is adequately funded. Any remaining uncommitted plan reserves are designated to subsidize premiums and improve benefits and services.

Claims Experience

Current projections indicate that the claims experience for 2012–2013 will be favorable, but actual claims could still vary significantly since we are only in the first year of the two year claims cycle. For 2011–2012, $622,000 of uncommitted plan reserves was allocated to subsidize plan premiums. However, total claims costs will be approximately 15% less than original estimates, resulting in a lower than anticipated medical loss ratio.

For every premium dollar received, the plan is projected to pay out 86 cents in claims related costs versus the original medical loss ratio goal of 98%. Under the partially self-funded plan model, the resulting claims excess will become part of SHIP’s uncommitted reserves and will be utilized to benefit plan recipients.

Premium Rates

For 2012–2013, $625,000 of uncommitted reserves was used to subsidize plan premiums and increase benefits to a level that mirrors the coverage requirements for student health insurance plans under the Affordable Care Act (ACA). The maximum drug benefit for domestic members was increased to $100,000 (from $1,750), the pre-existing condition waiting period was eliminated for domestic members under the age of 19, and the range of fully covered preventive services was expanded for all SHIP...
members. The plan reinsurance deductible for high dollar claims was also increased from $100,000 to $125,000 for 2012–2013. Incremental increases in the reinsurance deductible since 2009-10 have resulted in savings to the plan of approximately $500,000. Domestic SHIP premiums for 2012–2013 were increased by an average of 6%. Based on lower claims costs, SHIP was able to reduce international premiums by an average of 4.5%. Without the plan subsidy of $625,000 from uncommitted reserves, premiums would have increased by an average of 8.1%. By harnessing the advantages of the partially self-funded plan model, SHIP premium increases have been less than the average for typical health plans in each of the last nine years.

**SHIP COVERAGE CATEGORY**

<table>
<thead>
<tr>
<th>Total Enrollments 2012-2013</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Students (age 25 and under)</td>
<td>951</td>
</tr>
<tr>
<td>Domestic Students (age 26 and over)</td>
<td>587</td>
</tr>
<tr>
<td>International Students</td>
<td>3,052</td>
</tr>
<tr>
<td>International Scholars</td>
<td>614</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,224</strong></td>
</tr>
</tbody>
</table>

**Enrollment**

Overall enrollment in SHIP is projected to increase by 9.7% in 2012–2013. The total number of domestic enrollees is projected to increase slightly by 1%. Enrollment in the 25 and under domestic age category is projected to rise by 3.4%—the first increase in that group since the introduction of an ACA provision allowing students to remain on their parent’s health insurance up to age 26. Three-point-three percent of eligible UW–Madison domestic students were voluntarily enrolled in SHIP for the fall 2012 semester. The number of international enrollees is projected to increase by 17.1%. An all-time high of 55.4% of international students (subject to the UW–Madison mandatory insurance requirement) were enrolled in SHIP for the fall 2012 semester. International students and scholars currently account for 70% of total plan membership (up from 67.3% in 2011–2012).

**Administration**

Online credit card payments accounted for 52% of enrollments in 2012–2013 and the percentage of enrollments by check dropped to an all-time low of 5.8%. Despite the increase in enrollment, the SHIP office continues to operate effectively with two full-time staff and three to four student employees. Local SHIP administration charges for 2012–2013 are projected to total 4.7% of received premiums (down from a high of 9.1% in 2006–2007). Although 4.7% is the same as 2011–2012, it represents an improvement in real terms because of the decrease in international premium rates. Overall administration charges (including vendor charges for claims processing) are projected to be 10.3% of received premiums (down from a high of 15.9% in 2005–2006).

**FUTURE DIRECTIONS AND GOALS**

- Final claims continue to close out lower than initial projections. For 2013–2014, this has enabled SHIP to allocate another $492,000 of uncommitted plan reserves to make benefit changes and subsidize premiums.
  - For 2013–2014, the maximum drug benefit for domestic members will be increased to $500,000 (from $100,000) and the pre-existing condition waiting period will be reduced to three months on the voluntary domestic plan. SHIP benefits will equal or exceed the level of coverage for student health plans under the ACA.
  - Even with the benefit improvements detailed above, overall domestic premiums for 2013–2014 will increase by an average of just 2.1%. There will be no increase in international premiums which will remain at the same level as 2009–2010. Without the plan subsidy, the average premium would increase by 7.2%.
  - Claims costs for the voluntary domestic student membership remain significantly higher than international students and scholar claims. Serving the needs of domestic students while maintaining the viability of a voluntary plan will continue to represent the greatest challenge for SHIP moving forward—especially as benefits increase in line with the ACA.
UHS plays a significant role in promoting academic success on campus. Using an integrative approach, UHS addresses students’ physical, emotional, and psychosocial needs throughout this important transition in their lives.

UHS HAS BEEN PROVIDING QUALITY CARE AND SERVICE FOR MORE THAN 100 YEARS AND HAS BEEN FULLY ACCREDITED BY THE ACCREDITATION ASSOCIATION FOR AMBULATORY HEALTH CARE (AAAHC) SINCE 1983. OUR ONGOING ACCREDITATION ASSURES THAT OUR HIGH-QUALITY CARE MEETS NATIONALLY-RECOGNIZED STANDARDS.

Appendix A: Strategic Initiatives Framework ...................... 104
Appendix B: VCFA Strategic Priorities: Engagement, Inclusion, and Diversity ...................... 106
Appendix C: UHS Performance Indicators ............................ 107
Appendix D: UHS 2012–2013 Utilization Reports .................. 108
Appendix E: Demographics .................................................. 110
### Appendix B: VCFA Strategic Priorities

#### Engagement, Inclusion, and Diversity Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHS Diversity and Inclusion Index score on spring 2014 VCFA survey</td>
<td>High: 60% Medium: 28% Low: 12% (from June 2012)</td>
<td>Increase</td>
</tr>
<tr>
<td>Number of staff who complete training in workplace diversity per year</td>
<td>NA</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of UHS managers/supervisors who are members of underrepresented groups</td>
<td>&lt;1% March 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Percentage of UHS professional staff who are members of underrepresented groups</td>
<td>2.6% March 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Percentage of UHS employees who are members of underrepresented groups</td>
<td>7% March 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Percentage of UHS staff who gives unfavorable rating on VCFA survey item “seeing disturbing conflicts at work”</td>
<td>33% June 2012</td>
<td>Decrease</td>
</tr>
<tr>
<td>Percentage of UHS employees who complete goals of performance plan at the end of each fiscal year</td>
<td>NA</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage of UHS employees officially recognized through the employee recognition program</td>
<td>Program in development</td>
<td></td>
</tr>
<tr>
<td>Percentage of UHS employees who participate on a UHS committee or workgroup</td>
<td>28% March 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Percentage of UHS employees who report meaningful work relationships with someone from outside the unit (custom question VCFA survey)</td>
<td>63% June 2012</td>
<td>Increase</td>
</tr>
<tr>
<td>Percentage of UHS student employees completing WiGrow</td>
<td>Program in development</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Appendix C: UHS Performance Indicator Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>Data</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of primary care medical appts scheduled within 24 hours</td>
<td>77% Oct–Dec 2012 76.1% Jan–March 2013 73% Apr–Jun 2013</td>
<td>Up to 100%</td>
</tr>
<tr>
<td>Likelihood of student recommending UHS medical services</td>
<td>92% Fall semester 2012</td>
<td>Up to 100%</td>
</tr>
<tr>
<td>Compliance with core ACHA clinical benchmarks</td>
<td>Not available</td>
<td>Increase</td>
</tr>
<tr>
<td>Number of influenza vaccinations</td>
<td>11,720 FY 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Average rating of medical services trainees</td>
<td>Not available</td>
<td>Up to 100%</td>
</tr>
<tr>
<td>Percent of students completing “Tonight” on-line training</td>
<td>Not available—new program</td>
<td>Down to 0%</td>
</tr>
<tr>
<td>Re-inspection rate for food services units</td>
<td>Unit 1: 48%, Unit 2: 21%, Unit 3: 3.25% (FY 2013)</td>
<td></td>
</tr>
<tr>
<td>Student Health 101 readership</td>
<td>Unique sessions: 17,473 Jul–Dec 2012 21,132 Jan–May 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Likelihood of student recommending UHS mental health services</td>
<td>96% Fall semester 2012</td>
<td>Up to 100%</td>
</tr>
<tr>
<td>Number of faculty/staff attending Red Folder program</td>
<td>1,300 Aug 2012–Jun 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Percent of consultations in Mental Health scheduled in less than 14 days</td>
<td>47% Fall semester 52% Jan–March 2013 71% Apr–Jun 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Percent of students indicating that mental health services contributed to their academic success</td>
<td>Fall semester 2012: Retention:44%, Academic success:56% Spring semester 2013 Retention:42%, Academic success:50%</td>
<td>Up to 100%</td>
</tr>
<tr>
<td>Cost per hire</td>
<td>Not available annual calculation for FY 2014</td>
<td>Decrease</td>
</tr>
<tr>
<td>Percent AR over 90 days</td>
<td>50.5% for Jan–Jun 2013</td>
<td>Decrease</td>
</tr>
<tr>
<td>Student health insurance benefit plan</td>
<td>4.7% CY 2012 Remains stable</td>
<td>Decrease</td>
</tr>
<tr>
<td>Number of behavioral health appts</td>
<td>510 FY 2013</td>
<td>Increase</td>
</tr>
<tr>
<td>Number of faculty/staff completing a risk suicide prevention program</td>
<td>Not available—new programming</td>
<td></td>
</tr>
<tr>
<td>Percent of students using UHS services</td>
<td>52% AY 2011–2012</td>
<td>Increase</td>
</tr>
<tr>
<td>Number of delinquent records after second notice to providers</td>
<td>67 Jan–Mar 2013</td>
<td>Decrease</td>
</tr>
</tbody>
</table>
## FY13 UHS UTILIZATION—VISITS BY DEPARTMENT

<table>
<thead>
<tr>
<th>Department</th>
<th>cat</th>
<th>Visits</th>
<th>Unique Pts/ Clients*</th>
<th>Visits per Pt/ Client</th>
<th>FY12 Visits</th>
<th>FY13 YTD change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>w</td>
<td>369</td>
<td>159</td>
<td>2.3</td>
<td>272</td>
<td>26%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>mh</td>
<td>510</td>
<td>306</td>
<td>1.3</td>
<td>196</td>
<td>61%</td>
</tr>
<tr>
<td>Case Management</td>
<td>mh</td>
<td>321</td>
<td>226</td>
<td>1.4</td>
<td>0</td>
<td>n/a</td>
</tr>
<tr>
<td>Comm Hlth All/Imm</td>
<td>md</td>
<td>17,711</td>
<td>10,597</td>
<td>1.7</td>
<td>16,448</td>
<td>7%</td>
</tr>
<tr>
<td>Comm Health Out</td>
<td>md</td>
<td>2,935</td>
<td>2,930</td>
<td>1.0</td>
<td>2,726</td>
<td>7%</td>
</tr>
<tr>
<td>Counseling</td>
<td>mh</td>
<td>11,449</td>
<td>2,610</td>
<td>4.4</td>
<td>12,368</td>
<td>-8%</td>
</tr>
<tr>
<td>Employee Health</td>
<td>md</td>
<td>318</td>
<td>186</td>
<td>1.7</td>
<td>400</td>
<td>-26%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>w</td>
<td>516</td>
<td>296</td>
<td>1.7</td>
<td>496</td>
<td>3%</td>
</tr>
<tr>
<td>Occ Med</td>
<td>md</td>
<td>3,428</td>
<td>1,207</td>
<td>2.8</td>
<td>3,365</td>
<td>2%</td>
</tr>
<tr>
<td>Phy Therapy</td>
<td>md</td>
<td>716</td>
<td>171</td>
<td>4.2</td>
<td>680</td>
<td>5%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>md</td>
<td>29,275</td>
<td>14,078</td>
<td>2.1</td>
<td>27,025</td>
<td>9%</td>
</tr>
<tr>
<td>Psych</td>
<td>mh</td>
<td>3,335</td>
<td>960</td>
<td>3.5</td>
<td>3,251</td>
<td>3%</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>md</td>
<td>2,904</td>
<td>2,309</td>
<td>1.3</td>
<td>2,796</td>
<td>4%</td>
</tr>
<tr>
<td>Travel</td>
<td>md</td>
<td>920</td>
<td>903</td>
<td>1.0</td>
<td>705</td>
<td>23%</td>
</tr>
<tr>
<td>Triads</td>
<td>mh</td>
<td>3,371</td>
<td>3,112</td>
<td>1.1</td>
<td>3,575</td>
<td>0%</td>
</tr>
<tr>
<td>Wellness</td>
<td>w</td>
<td>1,583</td>
<td>1,108</td>
<td>1.4</td>
<td>1,834</td>
<td>-20%</td>
</tr>
<tr>
<td>Womens Health</td>
<td>md</td>
<td>8,156</td>
<td>5,175</td>
<td>1.6</td>
<td>8,390</td>
<td>-3%</td>
</tr>
<tr>
<td>Medical Visits</td>
<td>md</td>
<td>66,363</td>
<td>24,940</td>
<td>2.7</td>
<td>63,285</td>
<td>7%</td>
</tr>
<tr>
<td>Mental Health Visits</td>
<td>mh</td>
<td>18,866</td>
<td>4,116</td>
<td>4.6</td>
<td>21,086</td>
<td>-3%</td>
</tr>
<tr>
<td>Wellness Visits</td>
<td>w</td>
<td>2,997</td>
<td>1,561</td>
<td>1.9</td>
<td>3,481</td>
<td>19%</td>
</tr>
<tr>
<td>UHS Total Visits</td>
<td>w</td>
<td>68,348</td>
<td>26,103</td>
<td>3.4</td>
<td>64,371</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

*Totals do not sum; patients may be seen in more than one department

## UHS HISTORICAL UTILIZATION

<table>
<thead>
<tr>
<th></th>
<th>05–06</th>
<th>06–07</th>
<th>07–08</th>
<th>08–09*</th>
<th>09–10*</th>
<th>10–11*</th>
<th>11–12*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits</td>
<td>70,065</td>
<td>70,065</td>
<td>68,277</td>
<td>70,629</td>
<td>85,118</td>
<td>80,708</td>
<td>85,203</td>
</tr>
<tr>
<td>Medical Visits</td>
<td>52,761</td>
<td>52,652</td>
<td>51,694</td>
<td>53,916</td>
<td>66,952</td>
<td>60,157</td>
<td>64,033</td>
</tr>
<tr>
<td>Mental Health (MH) Visits</td>
<td>17,304</td>
<td>17,443</td>
<td>16,643</td>
<td>16,712</td>
<td>18,166</td>
<td>20,351</td>
<td>20,900</td>
</tr>
<tr>
<td>Total Users</td>
<td>21,085</td>
<td>20,565</td>
<td>20,641</td>
<td>22,066</td>
<td>25,237</td>
<td>24,504</td>
<td>25,476</td>
</tr>
<tr>
<td>Medical Users</td>
<td>19,804</td>
<td>19,644</td>
<td>19,414</td>
<td>21,091</td>
<td>25,237</td>
<td>23,365</td>
<td>24,352</td>
</tr>
<tr>
<td>MH Users</td>
<td>3,781</td>
<td>3,728</td>
<td>3,707</td>
<td>3,754</td>
<td>4,094</td>
<td>4,576</td>
<td>4,504</td>
</tr>
<tr>
<td>Total Visits/user</td>
<td>3.3</td>
<td>3.4</td>
<td>3.3</td>
<td>3.4</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>MH Visits/user</td>
<td>2.7</td>
<td>2.7</td>
<td>2.6</td>
<td>2.8</td>
<td>2.8</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>MH Utilization %</td>
<td>43.9%</td>
<td>43.9%</td>
<td>42.5%</td>
<td>46.6%</td>
<td>50.2%</td>
<td>47.8%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Medical Utilization %</td>
<td>46.8%</td>
<td>46.7%</td>
<td>46.1%</td>
<td>48.7%</td>
<td>52.3%</td>
<td>50.2%</td>
<td>52.0%</td>
</tr>
<tr>
<td>Medical Visits</td>
<td>3,811</td>
<td>3,767</td>
<td>3,707</td>
<td>3,754</td>
<td>4,094</td>
<td>4,576</td>
<td>4,504</td>
</tr>
<tr>
<td>Medical Utilization %</td>
<td>43.9%</td>
<td>43.9%</td>
<td>42.5%</td>
<td>46.6%</td>
<td>50.2%</td>
<td>47.8%</td>
<td>49.7%</td>
</tr>
</tbody>
</table>

Days Open | 249 | Visits/Day | 355 | 5th floor visits/day | 125 | 6th floor visits/day | 146 | 7th floor visits/day | 79 |
### FY13 VISIT DEMOGRAPHICS

#### PATIENT/CLIENT SUMMARY

<table>
<thead>
<tr>
<th>Report Division</th>
<th>Unique Patients</th>
<th>Unique Students</th>
<th>Unique Non-students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>4,116</td>
<td>3,097</td>
<td>119</td>
</tr>
<tr>
<td>Medical</td>
<td>23,921</td>
<td>22,874</td>
<td>1,047</td>
</tr>
<tr>
<td>Occ Med</td>
<td>1,207</td>
<td>254</td>
<td>953</td>
</tr>
<tr>
<td>Wellness</td>
<td>1,561</td>
<td>1,530</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26,103</strong></td>
<td><strong>24,030</strong></td>
<td><strong>2,073</strong></td>
</tr>
</tbody>
</table>

#### INTERNATIONAL STUDENTS

<table>
<thead>
<tr>
<th>Report Division</th>
<th>Total Visits</th>
<th>US Citizen</th>
<th>Non Citizen</th>
<th>Non-student/Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>18,086</td>
<td>17,015</td>
<td>1,047</td>
<td>324</td>
</tr>
<tr>
<td>Medical</td>
<td>62,935</td>
<td>54,185</td>
<td>6,899</td>
<td>1,881</td>
</tr>
<tr>
<td>Occ Med</td>
<td>3,428</td>
<td>602</td>
<td>38</td>
<td>2,788</td>
</tr>
<tr>
<td>Wellness</td>
<td>2,097</td>
<td>2,611</td>
<td>352</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,346</strong></td>
<td><strong>74,413</strong></td>
<td><strong>8,306</strong></td>
<td><strong>5,027</strong></td>
</tr>
</tbody>
</table>

#### ACADEMIC CAREER

<table>
<thead>
<tr>
<th>Report Division</th>
<th>Total Visits</th>
<th>Undergrad</th>
<th>Grad</th>
<th>Professional</th>
<th>Special</th>
<th>Non-student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>18,086</td>
<td>12,532</td>
<td>4,246</td>
<td>1,551</td>
<td>326</td>
<td>319</td>
</tr>
<tr>
<td>Medical</td>
<td>62,935</td>
<td>45,186</td>
<td>7,399</td>
<td>7,400</td>
<td>1,083</td>
<td>1,867</td>
</tr>
<tr>
<td>Occ Med</td>
<td>3,428</td>
<td>411</td>
<td>147</td>
<td>66</td>
<td>17</td>
<td>2,788</td>
</tr>
<tr>
<td>Wellness</td>
<td>2,097</td>
<td>1,856</td>
<td>166</td>
<td>77</td>
<td>77</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,346</strong></td>
<td><strong>59,984</strong></td>
<td><strong>12,657</strong></td>
<td><strong>9,182</strong></td>
<td><strong>1,515</strong></td>
<td><strong>5,008</strong></td>
</tr>
</tbody>
</table>

#### STUDENT STATUS

<table>
<thead>
<tr>
<th>Report Division</th>
<th>Total Visits</th>
<th>Non-student</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>18,086</td>
<td>13,627</td>
<td>4,459</td>
</tr>
<tr>
<td>Medical</td>
<td>62,935</td>
<td>45,552</td>
<td>17,383</td>
</tr>
<tr>
<td>Occ Med</td>
<td>3,428</td>
<td>2,833</td>
<td>595</td>
</tr>
<tr>
<td>Wellness</td>
<td>2,097</td>
<td>2,045</td>
<td>92</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,346</strong></td>
<td><strong>61,702</strong></td>
<td><strong>26,644</strong></td>
</tr>
</tbody>
</table>

#### SEX

<table>
<thead>
<tr>
<th>Report Division</th>
<th>Total Visits</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>18,086</td>
<td>12,181</td>
<td>6,805</td>
</tr>
<tr>
<td>Medical</td>
<td>62,935</td>
<td>41,100</td>
<td>21,835</td>
</tr>
<tr>
<td>Occ Med</td>
<td>3,428</td>
<td>1,552</td>
<td>1,876</td>
</tr>
<tr>
<td>Wellness</td>
<td>2,097</td>
<td>2,376</td>
<td>621</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,346</strong></td>
<td><strong>57,209</strong></td>
<td><strong>31,137</strong></td>
</tr>
</tbody>
</table>

#### ETHNICITY

<table>
<thead>
<tr>
<th>Report Division</th>
<th>Total Visits</th>
<th>American Indian/Alaskan Native</th>
<th>Asian</th>
<th>Black/African American</th>
<th>Hispanic/Latino</th>
<th>Hawaiian/Other Pac Island</th>
<th>White</th>
<th>Unknown/Unspecified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>18,086</td>
<td>246</td>
<td>1,007</td>
<td>743</td>
<td>1,076</td>
<td>48</td>
<td>13,627</td>
<td>2,149</td>
</tr>
<tr>
<td>Medical</td>
<td>62,935</td>
<td>556</td>
<td>3,330</td>
<td>1,843</td>
<td>2,595</td>
<td>192</td>
<td>45,552</td>
<td>8,867</td>
</tr>
<tr>
<td>Occ Med</td>
<td>3,428</td>
<td>5</td>
<td>39</td>
<td>11</td>
<td>54</td>
<td>8</td>
<td>478</td>
<td>2,833</td>
</tr>
<tr>
<td>Wellness</td>
<td>2,097</td>
<td>44</td>
<td>163</td>
<td>104</td>
<td>179</td>
<td>2</td>
<td>2,045</td>
<td>460</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,346</strong></td>
<td><strong>851</strong></td>
<td><strong>4,629</strong></td>
<td><strong>2,701</strong></td>
<td><strong>3,604</strong></td>
<td><strong>250</strong></td>
<td><strong>61,702</strong></td>
<td><strong>14,309</strong></td>
</tr>
</tbody>
</table>

**Note:**
- Unknown categories include primarily nonstudent patients/clients.
- “Student” includes any patient matching to a registrar enrollment record during the fiscal year in one or more of terms 1126, 1132, 1134, 1136. All other patients are labeled as nonstudents (fee for service, Occ Med, employees, SHIP scholar/dep/spouse, couples, not enrolled, etc).
- Most international students have unspecified ethnicity. Race/ethnicity is not collected for nonstudent patients.