UHS Mission: To enhance learning and student success by promoting, protecting and restoring health and well-being.

- University Health Services is committed to serving the needs of campus by providing the highest quality medical, counseling, and prevention services to the UW-Madison campus community.

- Using an integrated approach, University Health Services meets the changing needs of all university students in a culturally competent and respectful manner.

- University Health Services recognizes its public health role by partnering with federal, state, and local governments to respond to emerging health concerns and to improve the health of campus.

- University Health Services’ mission to promote academic success is evident in all aspects of its programming, including a commitment to training future professionals.
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UHS OVERVIEW
UHS STRATEGIC FRAMEWORK 09-14

The UHS Strategic Framework 09-14 was developed and adopted over the summer of 2009 to replace the UHS Mission and Vision for 2010. It provides guiding principles to achieve the UHS mission of enhancing learning and student success by promoting, protecting, and restoring health and well-being in a time of great change on the UW-Madison campus, in the State of Wisconsin, and throughout the world. UHS Priority Goals and Initiatives advance the UHS Mission and Vision as well as the UW-Madison Strategic Framework. As a unit of the Office of the Vice Chancellor for Administration (VCA), UHS partners with VCA colleagues to advance the VCA Strategic Plan 09-14 through VCA Strategic Initiatives.

Vision
UHS will be a national student health leader in the 21st century, providing the highest quality care in a fully integrated clinical, counseling, 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.
ORGANIZATIONAL CHART

Staff Facts & Figures

- Professional medical and mental health care staff
  - 46 licensed health care providers
  - 30 licensed counselors and wellness providers
  - 4 pre-doctoral interns and two post-doctoral counselors
- 35 professional prevention staff
- 23 clinical and counseling staff positions support clinical and counseling operations
- 54 Administrative Services staff members
- Over 50 student employees
UNIVERSITY HEALTH SERVICES FUNDING MODEL

UHS is funded largely by student segregated fees with some additional revenue generated by billed services. The Student Health Insurance Plan (SHIP) is funded entirely by premiums collected from insured policyholders. Over 75% of UHS expenses are personnel costs. The remaining expenses are made up largely of supplies, services and medications.

<table>
<thead>
<tr>
<th>Revenues</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>Percent Of Total Revenue</th>
<th>Five Year Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Health Service</td>
<td>$10,084,579</td>
<td>$10,450,555</td>
<td>$10,830,474</td>
<td>$11,321,270</td>
<td>$11,882,769</td>
<td>96.4%</td>
<td>17.83%</td>
</tr>
<tr>
<td>Segregated Fee</td>
<td>$314,912</td>
<td>$624,290</td>
<td>$601,331</td>
<td>$388,007</td>
<td>$438,934</td>
<td>3.6%</td>
<td>39.38%</td>
</tr>
<tr>
<td>Total</td>
<td>$10,399,491</td>
<td>$11,074,845</td>
<td>$11,431,805</td>
<td>$11,709,277</td>
<td>$12,321,703</td>
<td>100.0%</td>
<td>18.48%</td>
</tr>
</tbody>
</table>

| Student Health Plan | $4,382,039 | $6,054,007 | $6,085,438 | $6,268,338 | $6,725,688 | 53.48% |

**UHS Operating Expense Analysis**

<table>
<thead>
<tr>
<th>Expense</th>
<th>2009-10</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$7,780,977</td>
<td>58.1%</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$2,621,128</td>
<td>19.6%</td>
</tr>
<tr>
<td>Supplies</td>
<td>$997,817</td>
<td>7.4%</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>$1,685,175</td>
<td>12.6%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$311,765</td>
<td>2.3%</td>
</tr>
<tr>
<td>Tuition Remission</td>
<td>$1,778</td>
<td>0.0%</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$13,398,640</td>
<td>100.0%</td>
</tr>
<tr>
<td>Capital</td>
<td>$122,886</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$13,521,526</td>
<td></td>
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</table>

**UHS Expenses by Fund**

<table>
<thead>
<tr>
<th>Fund</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund 101</td>
<td>9.2%</td>
</tr>
<tr>
<td>Fund 128</td>
<td>88.5%</td>
</tr>
<tr>
<td>Fund 136</td>
<td>1.9%</td>
</tr>
<tr>
<td>Fund 178</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
09-10 AGENCY ACCOMPLISHMENTS

STRATEGIC INITIATIVES FOR 09-10

During the 2009-2010 fiscal year, UHS made significant progress on its strategic initiatives.

I. 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.
   • A new UHS Intranet was launched January, 2010. The new site has enhanced internal UHS communication.
   • UHS external website design is underway and scheduled for fall 2010 launch.
   • Marketing campaign and enhanced campus visibility has increased student utilization of UHS services 15% over FY2009.
   • Enhanced visibility and recognition from campus and community partners from H1N1 response leadership has increased UHS credibility and reputation. UHS received awards from Public Health Madison Dane County and the UW Police Department for these efforts.

II. Launch a UHS “Green Initiative” to improve UHS use of environmentally friendly practices, products and services.
    • UHS has fully implemented the use of environmentally-friendly green products throughout UHS and 333 East Campus Mall.
    • UHS Building and Environment Committee has been formed. Initiatives are underway to reduce power use to computers and track paper recycling.

III. Conduct a comprehensive evaluation and restructuring of UHS committees and workgroups to enhance effectiveness, efficiency, inclusiveness, and communication.
    • Restructuring of the Committee on Clinical Informatics, Quality Management and Improvement Committee, Alcohol and Other Drugs Abuse Taskforce, and Healthy Eating Services was completed. New committee, Point and Click Steering Committee, was created.

IV. Measure and report appropriate quantitative service and/or program benchmarks for each UHS team. Utilize metrics to determine resource allocation and drive decision making.
    • Measurement is ongoing in each unit.

V. Maximize utilization of Point and Click 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.
    • Clinical services have implemented disease management and health maintenance modules in all departments.
    • Counseling services is in pilot implementation phase of behavioral health measures which will permit a quantitative assessment student response to treatment.

VI. Complete a comprehensive review of the UHS funding model to include:
    1. Implementation of cost accounting in all units to increase manager cost awareness.
    2. Recommendations for additional sources of revenue including consideration of multiple billing options.
    3. Presentation of key findings to UHS stakeholders.
       Measured by:
       Successful creation of plan for future UHS funding model and endorsement by key campus stakeholders
    • Administrative document on 3rd party billing completed and presented to Health Care Advisory Committee December, 2009.
    • Pilot student billing survey was completed December, 2009.
    • Full student survey on health care finance and funding completed in May, 2010.
    • Administrative cost accounting structure completed and implemented.
VII. Implement new employee orientation in all program areas, focusing on appropriate on-boarding of new staff, communication of work-rules, and improving employee engagement.
- Work guidelines completed and implemented for all units in July, 2010.
- Performance Management System designed and implementation began for 10-11 academic year.
- Employee Orientation Manual completed.

VIII. Provide campus-wide leadership in collaboration with campus partners to launch the WiscFit initiative to promote health and wellness for students, faculty, and staff.
- UHS workgroup formed and completed inventory of current wellness services and programs.
- Campus Partnership Council began meeting in July, 2010 for Wisconsin Wellness Initiative.
With the emergence of the novel H1N1 influenza virus in the spring, 2009 and subsequent declaration of a pandemic by the World Health Organization, the UW-Madison campus was challenged to prepare and respond to pandemic influenza. As the campus health organization, UHS provided campus-wide leadership in these two key areas.

1) Planning and Preparedness
At the time the H1N1 influenza pandemic was recognized, UW-Madison was still completing the campus-wide pandemic plan. Departmental planning for both administrative continuity of operations and instructional continuity had not yet begun. As Chair of the Campus Health Issues Planning Committee, UHS provided leadership in assuring that planning was completed throughout campus over the summer of 2009.

2) Incident Response
In response to the emergence of the novel H1N1 virus, UW-Madison activated its emergency operations center in April, 2009. It remained active through January, 2010. Only a few days after classes began in September, 2009, a large outbreak of H1N1 related illnesses occurred within the student population. Academic and administrative departments worked tirelessly to respond to this challenge and support critical public health measures. The UHS Director served as the campus incident commander as UHS staff collaborated across campus in leading these efforts. While the impact was significant on campus departments, no student deaths or hospitalizations occurred. Final estimates are that UHS spent over $200,000 in its response to H1N1. For recognition of these efforts, UHS received awards from the Public Health Madison Dane County and the UW Police Department. UHS roles included:

a) Surveillance
UHS surveillance activity included monitoring of influenza activity among students especially critical populations such as students living in residence halls, conducting laboratory surveillance of students receiving care at UHS, monitoring faculty, staff and student absences, and keeping key campus officials informed of surveillance activities and findings.

b) Campus policy to support self-isolation and hygiene
Through the Campus Health Issues Planning Committee, UHS provided technical guidance and review to administrative and academic departments to support the development and implementation of appropriate campus-wide and unit policies to support self-isolation and hygiene. Important policies were developed on employee absences, student absences, management of ill students, faculty, and staff in residence halls and office settings, mask and respirator distribution, and provision of hand hygiene products.

c) Comprehensive Communications
In close collaboration with UW Communications, UHS Communications supported a comprehensive campus communication strategy to promote accurate influenza messages, support self-isolation and respiratory hygiene, and reduce community fear and anxiety. UHS produced communications materials were shared and adopted throughout the State of Wisconsin. UHS staff members made numerous television and radio appearances and gave dozens of print media interviews.

d) Health Care Delivery
With the first peak of student cases, UHS medical care facilities experienced a dramatic demand for services. During the week of August 31st-September 4th, UHS responded to over 3,000 telephone inquiries for influenza information and provided care for hundreds of patients with influenza-like symptoms. Large numbers of students with influenza-like illnesses continued through the month of September. In order to meet student need, UHS moved into COOP status immediately and implemented its pandemic influenza response plan. Nurse screening and phone triage of influenza patients was implemented, all non-urgent appointments such as physicals and follow-up appointments were suspended unless medically necessary, staff members were reassigned from other clinical areas, and temporary medical providers were contracted to provide additional care.
e) Vaccination
UHS coordinated provision of H1N1 vaccine to all students and faculty and staff with employment related vaccine needs. This involved both vaccine procurement and distribution along with development of campus vaccine policies which were consistent with state and national guidelines.

f) Coordination with Campus and Community Partners
The UHS Executive Director and epidemiologist maintained active liaisons for purposes of pandemic response coordination with community partners including the UW Hospital and Clinics, the greater Madison Hospital Pandemic Coordination Group, and Public Health Madison Dane County. UHS worked with multiple departments across the university to coordinate planning and provide technical assistance.
UNIT OVERVIEWS

UHS is divided into several units. Clinical Services, Counseling and Consultation Services, Wellness 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.

STUDENT RELATIONS

Student Relations connects to all of UHS. As good stewards of the students’ financial resources, it is imperative that UHS solicit feedback regarding programming and services on a regular basis. UHS surveys students about the quality of care they receive during clinical visits through the Patient Satisfaction Survey (PSS) process. 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 often forwarded to the student relations manager. 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.

As in previous years, patient satisfaction surveys were sent to randomly selected patients seen in clinical services during the spring and fall semester. Students received an e-mail linking them to a confidential web survey. In the fall of 2009, Clinical Services subscribed to the American College Health Association-Patient Satisfaction Assessment Survey in order to more closely compare satisfaction with our services to those of comparable college health agencies. UHS will use the ACHA-PSAS again during 2010-11. This year, 2,318 students were surveyed in clinical services alone. The overall response rate of 20% was reasonable and nationally comparable for online, non-incentive surveys.

Highlights of overall satisfaction results as listed below and indicate ongoing high levels of satisfaction with the services received and are similar to previous surveys. In addition, UHS compares favorably to a national reference group of 22 college and university health services. Constructive comments were used to improve systems, the flow of check-in, and clinical information system surveys. When providers were named and noteworthy comments related to them, supervisors were notified and discussed these with the providers.

<table>
<thead>
<tr>
<th>KEY QUESTIONS</th>
<th>Very [5] satisfied</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Very [0] Dissatisfied¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfied with ease of appointment scheduling</td>
<td>55%</td>
<td>30%</td>
<td>10%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>46%</td>
<td>30%</td>
<td>14%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Reception staff friendly, courteous and helpful</td>
<td>57%</td>
<td>31%</td>
<td>9%</td>
<td>3%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>50%</td>
<td>31%</td>
<td>12%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Provider listened carefully to concerns</td>
<td>66%</td>
<td>21%</td>
<td>8%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>64%</td>
<td>22%</td>
<td>8%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Quality of provider explanations</td>
<td>58%</td>
<td>22%</td>
<td>10%</td>
<td>5%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>57%</td>
<td>23%</td>
<td>10%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

¹ Invalid responses include no response or multiple responses, creating occasional totals different from 100%
<p>| | | | | | | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Health improvement information given</td>
<td>42%</td>
<td>27%</td>
<td>18%</td>
<td>6%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>40%</td>
<td>29%</td>
<td>18%</td>
<td>6%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Amount of time with provider</td>
<td>61%</td>
<td>23%</td>
<td>11%</td>
<td>3%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>56%</td>
<td>26%</td>
<td>11%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Overall satisfaction with the visit</td>
<td>49%</td>
<td>31%</td>
<td>10%</td>
<td>6%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>48%</td>
<td>30%</td>
<td>12%</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Recommend UHS to another student?</td>
<td>63%</td>
<td>17%</td>
<td>9%</td>
<td>6%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Reference Group</strong></td>
<td>52%</td>
<td>23%</td>
<td>12%</td>
<td>4%</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Goals for 10-11:**

- Resurvey Clinical Services patients in fall 2010 and spring 2011 with the American College Health Association-Patient Satisfaction Assessment; allowing UHS to benchmark results against peer institutions and internally compare last year’s results with the same tool.
- Introduce UW Qualtrics system for a client satisfaction survey within Counseling and Consultation Services for medical students in fall 2010.
- Pilot an adapted and broader version of that survey, also using UW Qualtrics, within Counseling and Consultations Services for other clients in spring 2011.
- Resurvey in spring 2011 Dermatology mole clinic patients for feedback on the process and the most constructive treatment elements.
CLINICAL SERVICES

<table>
<thead>
<tr>
<th>Total Visits 67,197</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Students 25,498</td>
</tr>
<tr>
<td>Influenza Vaccinations 17,575</td>
</tr>
</tbody>
</table>

**Most Frequent Diagnoses**
- Sexually Transmissible Disease Screening
- Annual Gynecologic Examination
- Contraception
- Upper Respiratory Infection
- Tuberculosis Screening
- Vaccination
- Sore Throat
- Flu-like Illness
- Acne

Clinical Services is comprised of primary care and seven subspecialty clinics. UHS offers immediate care for illness and injuries as well as specialty care in sports medicine and rehabilitation therapy, dermatology, travel medicine, community health, sexual health, and women’s health. UHS public health functions are primarily contained within Clinical Services. Additionally, UHS serves as a training site for students in health care fields and interns and residents from the departments of Family Medicine, Pediatrics, Internal Medicine, Gynecology, and Dermatology. Most services are funded through a portion of the student segregated fee.

Clinical Services continues to seek innovative ways to utilize the electronic health record to improve the quality of care delivered to students while improving access to the services offered at UHS. Web based appointments have been established in several clinical areas and have been well received by students. Nurse protocols have been expanded in all areas to provide additional flexibility in providing services to students both through nursing visits at UHS as well as additional telephone treatment of common conditions when appropriate. The electronic record has expanded the ability to audit and evaluate the medical care provided to patients at UHS and compare compliance with best practice patterns at comparable institutions. UHS has compared favorably in the vast majority of these quality measures but the ability to examine the practice patterns of all clinicians has led to process improvements that will further enhance the ability to serve students.

The H1N1 pandemic in 2009-2010 tested the limits of clinical services but demonstrated the ability of the staff to adapt to changing needs and priorities. Primary Care developed a rapid treatment model for acutely ill patients to increase access to acute care services. Clinicians from Women’s Health and Psychiatry worked with the Primary Care clinicians providing medical services during the peak demand experienced during the fall semester. Nursing provided expanded telephone directed care in accordance with the most current Center for Disease Control’s recommendation to decrease transmission while providing treatment and advice to the greatest number of patients.

In the coming year, Clinical Services will continue to explore new and innovative ways to meet the needs of the student population. The functions of the electronic record will be expanded to allow clinicians to monitor all students for general health concerns such as immunization status. It will improve care of students with ongoing chronic illnesses by alerting clinicians to the need for appropriate testing and monitoring. Clinical services will explore new ways to take advantage of the ability of MyUHS to provide secure communications. This will allow UHS to provide a broader array of services that may not require students to schedule an appointment at UHS; thus saving time and resources for the patient and provider. Improving access and quality of care for students will continue to be the primary focus of Clinical Services.
Community Health
Community Health is committed to keeping students healthy and safe through prevention of communicable disease. Community Health provides immunizations, allergy injections, TB skin testing, and fit testing for use of N-95 respirators. Programs include employee health, occupation health and travel medicine. The UHS epidemiologist and nursing staff conduct outbreak investigation and containment of communicable diseases on campus.

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. The goal of travel medicine is promoting healthy and safe travel, guided by recommendations from the Centers for Disease Control and Prevention (CDC), The International Society of Travel Medicine (ISTM), and the World Health Organization (WHO).

In 2009 – 2010 Community Health:
- Injected 10,366 doses of the seasonal flu vaccine, and 7,864 doses of the H1N1 vaccine between 9/10 and 4/10, utilizing walk-in clinics at UHS, 2 large scale clinics, dorm, cafeteria, and department clinics throughout campus.
- Conducted over 20 outreach clinics serving over 1,500 students in health occupations.
- In response to the H1N1 outbreak, developed a respiratory fit test program following all requirements of the OSHA Respiratory Protection Standard 29 CFR 1910.134. The clinic fit tests eligible UHS clinical staff and students in healthcare programs.
- Developed and reviewed protocols for immunizations given at UHS; preventative travel medications prescribed in the Travel Clinic, cold chain policy for vaccine storage and handling, allergy immunotherapy, employee health, and respiratory fit testing.
- Developed a protocol for improved TB testing and follow-up of patients with latent tuberculin bacillus infection (LTBI), based on the new 2010 guidelines from the CDC, thus improving communication between public health, community health, primary care, and students.
- Distributed copies of the Allergy Immunotherapy Consent Form, the UHS Allergy Immunotherapy Policy, and a letter outlining UHS patient expectations based on the AAAAI guidelines, to allergy patients and their local allergists. This was done to improve quality of care and communication between UHS staff, patients and local providers.

In 2010-2011 community health will begin delivering services for the new UW-Madison Occupational Medicine for the Research Enterprise Program which will be housed within the Community Health Program.

Sexual Health
The UHS Sexual Health Clinic provides screening, diagnosis and treatment services for sexually transmitted infections (STIs). Unique within UHS, the clinic serves both UW-Madison students and the larger Dane County community. It is widely recognized as the primary referral clinic for STIs in south central Wisconsin, and is a designated state HIV counseling, testing and referral site. A fee is charged for care provided to nonstudents.

Primary Care
The Primary Care Clinic provides diagnosis and treatment of minor acute illnesses and injuries. In addition to acute care, the clinic provides management of chronic illnesses and promotes healthy behaviors. The focus of the Primary Care staff is providing care based on the unique needs and demands of the college-aged population. The staff is dedicated to educating students on healthy lifestyle choices, self care during illnesses, and how to be wise consumers of health care. This year, Primary Care responded to the H1N1 influenza outbreak on campus. Primary Care has been involved in disease surveillance, communication, and prevention in addition to caring for ill students. The clinic developed an open access model for appointments using web-based and traditional appointments to meet the needs of the students.
Achievements:
- Primary Care has been successful in reaching its goal of 100% compliance with the targets of seeing acute care and problem visits in less than 24 hours. This far exceeds community standards.
- Patients requesting physical exam appointments were seen within a week. The exception occurred during Influenza season when priority was given to students who were acutely ill with influenza-like illness.
- Development of templates for nurse protocol visits, phone treatment, and self care advice;
- Increased numbers of web-based appointments;
- Interdisciplinary Healthy Eating Service;
- Participation in SOAR program;
- Support for several community based programs (PEOPLE program, College Access Program and American Collegiate Adventures);
- Refining of team-based care model for improved internal communication and continuity of care;
- Improved depression, alcohol and violence screening tools to identify at risk individuals;
- Improved continuity of care for patients as UHS providers access data through Epic-Link for follow-up visits from community providers;
- Assisting patients with specialty referrals to community resources, specialty care and follow up;
- Use of digital radiology system for continuity of care;
- Additional employee wellness programs such as pre-clinic morning Yoga.

In 2010-2011 Primary Care will:
- Address specific medical problems and provide health education to promote student wellness and academic success;
- Continually improve the open access model to provide efficient and excellent medical care by seeing all acutely ill students in less than 24 hours and all students for routine exams in less than one week;
- Explore expansion of Primary Care services to the lakeshore residence halls;
- Coordinate UHS services to provide comprehensive care for students with eating disorders

Women’s Health and Dermatology
Located on the 6th floor at 333 East Campus Mall, the Women’s Health and Dermatology clinics offers excellent, current, evidence-based care to UW students. Specialty clinic providers are acutely aware of the unique needs of student/patients in an academic setting. Training opportunities for medical students and residents in OB/GYN, Family Medicine and Dermatology are provided. Many staff members are active participants in UHS committees, work groups, and on UHS search and screen committees.

The health care providers and support staff of Women’s Health at UHS offer many services for women students. Services include well woman exams, contraceptive education, and a variety of contraceptive options including the intrauterine device and Implanon®. Students can receive emergency contraception, pregnancy testing, and help with eating concerns. Follow-up services and referrals are available for victims of sexual assault. The clinic performs STI testing, treatment and counseling. Clinicians provide sexual health education and manage reproductive health issues like menstrual irregularities and vaginitis. Specialized procedures such as diagnostic ultrasound, LEEP and cryotherapy are offered. Colposcopy is available to evaluate abnormal pap smears.

In 2009-2010, the Women’s Health providers and support staff continued to adapt its practice style to take full advantage of the electronic health record. As the availability of web-based appointments expanded, the number of appointments scheduled through the web increased. Appointment wait times were reduced significantly by restructuring schedules to best meet patient demand while maintaining the integrity of the patient-provider relationship. New cervical cancer screening guidelines from the American College of Obstetricians and Gynecologists (ACOG) were implemented in November 2009. Significant changes prompted ongoing dialogue with patients to educate them to the new standards. Women’s Clinic expanded its role in the Healthy Eating Service, a multidisciplinary service for patients with eating disorders.
Dermatology providers treat skin issues ranging from acne and wart treatment to chronic care of eczema and psoriasis. Specialized mole clinics assess, photograph and document moles that are of concern to patients. The dermatologist performs surgical procedures such as simple excisions and skin biopsies.

Dermatology clinicians did a quality improvement project in 2009 on the use and follow-up of Accutane treatment for acne. The number of laboratory tests was reduced, resulting in significant cost savings for UHS.

In 2010-2011, the team will continue to monitor appointment schedules and demand for services. Women’s Health will work to make continuous adjustments as needed to achieve the goals of making waits for scheduling well woman exams less than 2 weeks and problem visits less than 72 hours, with 50% or more of problems being handled on the same day, using a telephone nurse triage. The implementation of the new cervical cancer screening guidelines will be evaluated and expect to achieve >90% compliance with the guidelines. Dermatology providers will work to reduce waiting room times for patients by setting a goal that the time from check-in to being put in an exam room will be less than 20 minutes. The UHS Dermatology staff has begun collaborative work to launch a research project this year with the UW Dermatology Department.

During the H1N1 influenza outbreak, the Women’s Health and Dermatology team quickly cross-trained and assisted Primary Care colleagues in managing the health demands of the campus community. The flexibility of the staff as well as the experience gained during this critical time will serve UHS well in the future should a similar situation arise.

**Sports Medicine and Rehabilitation Services**
Dr. Greg Landry joined Dr. Kathleen Carr in the fall of 2009, expanding the number of Sports Medicine visits available to students. Sports Medicine continues to be a popular service at UHS and provides valuable learning experiences for the sports medicine fellow working with Drs. Carr and Landry.

The Athletic Trainer-Certified (ATC) services are offered to students in multiple settings. Andy Winterstein, PhD, ATC works with the physicians during the assessment and treatment of students in the sports medicine clinic. The evening walk-in clinic offers easy access for the evaluation and treatment of students with minor athletic injuries. The service was utilized by nearly 700 students last year, an increase of over 15% from 08-09. A pilot program to provide ATC service for summer band practice was highly successful in reducing the number of band members needing further evaluation and treatment at UHS. The band has renewed the ATC agreement with UHS this summer and expanded its coverage into the regular school year.

UHS contracts with the UW Physical Therapy department to provide PT services on a fee-for-service basis. PT has made good use of the expanded facilities. PT services are provided for patients under the direct care of UHS clinicians as well as for patients under the care of outside providers. Students can seek PT services without a referral.

**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. UHS trainees provide evidence-based care consistent with current guidelines while being supervised by UHS staff.

The training program completed eleven quality improvement studies during the 09-10 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.

Future goals include the continuation and enhancement of regularly scheduled conferences including:
- Case Conferences (once weekly)
- Journal Club (once monthly)
- Didactic teaching conferences (twice weekly)
- Grand Rounds (once monthly)
- Quality Improvement Studies (once monthly)

A new addition for 2010-2011 will be a continuity clinic arrangement for a second year resident from the Department of Medicine. This resident will be here on one afternoon per week for the next two years. This expansion of the training program will result in improved continuity of care experiences for the resident, and more extensive teaching opportunities.
COUNSELING AND CONSULTATION SERVICES

<table>
<thead>
<tr>
<th>Total Visits 15,995</th>
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<tbody>
<tr>
<td>Unique Clients 3,356</td>
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**Most Frequent Diagnoses**
- Anxiety and Anxiety Disorders
- Partner Relational Problem
- Depression or Depressive Disorder
- Academic Problem
- Parent Relational Problem
- Phase of Life Problem
- High-risk Drinking
- Bereavement

Counseling and Consultation Services (C&CS) is comprised of crisis services, individual and group counseling services, psychiatry services, liaison and outreach programs, mental health consultations and training programs for interns and post doctoral students.

**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, maintaining safety and linkage to appropriate mental health resources for enrolled students and others who may be concerned about a student. In 2009-2010:

- 582 face-to-face crisis appointments were provided to UW-Madison students; a marked increase of nearly 18% in crisis visits from the previous academic year
- 252 after-hours crisis calls were responded to during this past academic year (roughly the same number of after-hours calls as were received during the previous academic year)

During business hours, several crisis appointments are available each day for students requiring same-day crisis services. If needed, interim crisis appointments may also be provided between scheduled counseling visits or for students who have been referred to community services until linkage with external care has been established.

During evenings, weekends and holidays throughout the year, telephone-based crisis services are available. On-call crisis counselors have access to next-business-day crisis appointments so that it is possible for an at-risk student caller to have a scheduled crisis appointment in hand at the conclusion of their crisis call. This service eliminates the need for a potentially at-risk student to make an additional phone call to get an appointment and reduces barriers to help-seeking during a crisis situation. If needed, transportation to a hospital emergency room for evaluation for admission is facilitated by the on-call crisis counselor in tandem with campus or city police when an immediate safety risk has been identified.

In addition to literally serving as a lifeline for many students struggling with suicidal thoughts and urges, crisis services are often the first point of contact for many distressed students who are not engaged in mental health services and facilitate their engagement into care. This is an extremely important added benefit of crisis services since past surveys by the American College Health Association have consistently found that only a fraction of the large numbers of college students struggling with serious depression (a major risk factor for suicide) actually seek out mental health services.
Psychiatry Service
The Psychiatry Service provides psychotropic medication management in an interdisciplinary mental health outpatient setting. The primary responsibilities of the psychiatry service are to provide routine and urgent psychiatric evaluation and treatment of University of Wisconsin-Madison students, consult with and refer to Counseling and Consultation Service (CCS) therapists, trainees, and other University Health Services (UHS) staff; collaborate with select community providers, and provide after hours on-call service.

Achievements
The Psychiatry Team had 535 Initial appointments and 2,266 follow up appointments made during the 2009-2010 fiscal year. This was a 16.5 % increase from 2008-2009. Seventy five percent (75%) of students referred to Psychiatry for an Initial appointment between 9/1/09 and 5/31/10 were seen within two weeks. A Psychiatry Team Program Review was completed during the summer of 2009 and the following major changes were implemented:

- The Psychiatry team would practice a continuation of care treatment model where the length of follow-up is based on need, required level of care, and chronicity of illness; there would be no designated session limits.
- Collaborative psychiatric care was made available for students seen at the various University of Wisconsin Psychology Training Clinics
- The Psychiatry team developed a preferred provider list of community therapists for “split care” that allowed students to continue to see UHS psychiatry providers after they are referred by a CCS therapist to community therapists for ongoing care. This important change expanded access to psychiatry services to students which are often expensive and difficult to obtain resulting in an increased number of psychiatry visits.

Future Directions and Goals
The psychiatry team will complete an evaluation of split care practice and a potential quality study using American Psychiatric Association Treatment Guidelines for depression. Program metrics will include monitoring time to initial intake appointment and exploring the use of outcome measures (BMH) as a metric to assess service quality and effectiveness.

Counseling Services
Counseling services include individual, group and couples’ counseling. Individual counseling is 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 counseling sessions may be used in any one-year period. Group and wellness services do not have session limits, per se, and may be on-going based on continued appropriateness of those services to the service needs of the student. The multi-disciplinary professional counseling providers and counseling trainees deliver services from a variety of commonly recognized theoretical approaches that are integrated to respond to each student's service needs. Should additional or alternate counseling services be needed, students are provided with referrals to community service providers.

Achievements
- A comprehensive program review was conducted during the summer of 2009. Recommendations for demand management, clearer implementation of session limits, and implementation of outcome measures to evaluate client progress were successfully implemented during 2009-2010. Changes included:
  - An increase in providers clinical responsibilities to 65%
  - A firm annual 10-session limit
  - Flexible scheduling to maximize appointment utilization
  - Implementation of a staff development series
  - Identification of standardized behavioral assessment measures compatible with the electronic health information management system and implemented in summer ’10
- Student access
  - 4.5% increase in client counseling visits compared with the preceding academic year
  - 6.6% increase in intake appointments from the previous academic year
  - The missed appointment rate for intake appointments was reduced by 50% from fall
Future Directions and Goals

- Achieve successful implementation of the new behavioral health measures selected this past year. Early indications from the current pilot group are that these new measures will be very useful clinically in helping providers to more accurately monitor client response to treatment (both symptom levels and therapeutic alliance) and help to ensure timely, proactive response and intervention.

- The C&CS Program Review Committee has nearly completed its review of the strategies implemented this past academic year. Future goals and directions for next year will be determined in large part by the Committee’s findings and action recommendations.

Training Program

C&CS has four components to their training program. All trainees participate in extensive training under direct supervision.

- Masters level Counseling and Social Work trainees in the last year of their program
- doctoral trainees at foundational and advanced practice levels
- pre-doctoral interns in Psychology
- post-doctoral residents

Trainees provide direct services over the course of the year. Nearly 3,000 direct contact hours are provided by interns and post-doctoral students. This year, new procedures were instituted for charting supervisory notes in the electronic health record. Projects such as development of screening instruments for the website and presentation to national organizations by trainees on multicultural supervision have brought new skills to the staff. The training program will undergo reaccredidation in 2010, a process which occurs every seven years.

Outreach

Outreach/liaison work is a vital component of the services offered at C&CS, as it furthers the mission to enhance learning, ensure student success, and increase visibility and responsiveness on campus. Each member of the C&CS staff is responsible for establishing and maintaining a minimum of one liaison relationship with a campus department, and working directly with that office to create and provide outreach programming. This liaison model of outreach is designed as an on-going means of providing mental health information, referrals, consultation and developing campus connections. C&CS staff members are connected with over 45 campus units. Some of the strongest liaison relationships exist with the Division of University Housing, Division of Student Life (formerly Offices of the Dean of Students), and the Colleges of Engineering and Medicine.

Within these connections, C&CS has established both on-going consultation meetings with staff and direct service to students. Strong relationships with student services centers such as the Multicultural Student Center (MSC), International Student Services (ISS) and the Center for Educational Opportunity (CeO) are also common. Highlights include C&CS liaisons serving on the advisory board at the MSC and collaborating with CeO to provide a new workshop to address the needs of first year students adjusting to campus. This year, C&CS established new connections with the Departments of Art and Music where the liaisons have provided consultation services and programming.

C&CS is committed to assuring that its services are accessible and serve all students on campus. Last year’s data (AY 2009) indicated that American ethnic minority students were served at a greater percentage (16.2) than was represented on campus (13.3). Data from three years prior suggested that C&CS had seen 1% more American ethnic minority students than were represented on campus, and the representation of students of color has been rising steadily both on campus and at C&CS.

Future Directions and Goals

- Increasing training opportunities with faculty and staff, by implementing the At-Risk Program. This training program offers opportunities for faculty and staff to feel more knowledgeable
Implementing the Let’s Talk program, a drop-in consultation model for students who may be reluctant to seek traditional counseling but who could benefit from the perspective of a mental health professional. By increasing access points to service and recognizing that many cultural groups are hesitant to seek traditional mental health services, all students will have greater knowledge and comfort to utilize the many formats of service offered.

Consultation
C&CS provides a critical link to faculty, staff, students and parents when mental health expertise is required. Internally, C&CS staff attends weekly structured case conference meetings and regularly consults with UHS clinical medicine staff regarding shared cases. On campus, the most significant consultation work occurs within the on-going liaison relationships and through daytime and after-hours crisis services. Through each of these channels, C&CS is able to provide relevant, timely mental health information that indirectly supports the needs of the campus community. For example, this year C&CS collaborated with UWPD and the Division of Student Life (formerly Offices of the Dean of Students) to talk with women’s athletics about stalking and safety issues. The on-call staff routinely speaks with parents and teaching assistants about how to effectively connect students with mental health services. C&CS managers serve as members of the Campus Intervention team, Threat Assessment team, and participate in weekly meetings of the Student Assistance and Judicial Affairs section of the Division of Student life.

WELLNESS SERVICES

| Total Visits 2,183 | Unique Clients 1,328 |

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, 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 licensed nutritionists. Students receive expert nutrition guidance to address health concerns such as eating disorders, chronic medical conditions such as diabetes, and for assistance with weight loss.
CAMPUS HEALTH INITIATIVES AND PREVENTION SERVICES

A holistic student health program requires a comprehensive and robust prevention effort. The mission of the Campus Health Initiatives and Prevention Service is to assure a campus-community environment that optimizes opportunity for students to be healthy, promote positive health behaviors, and applies evidence-based prevention and early intervention strategies to target upstream risk factors and underlying causes of illness and injury. The Prevention and Campus Health Initiatives Program consists of five units including Academic Partnerships, Campus and Community Partnerships, Environmental Health, Health Communications, and the Wisconsin Clearinghouse for Prevention Resources. Members of this program lead interdisciplinary UHS initiatives addressing the prevention needs of the UW-Madison campus on issues such as high risk alcohol use, violence, wellness, and campus mental health through collaboration with campus and community partners. Specific reports on the five units within Prevention follow.

The Academic Partnerships Team 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.

Significant projects include:

- Linking 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:
  - Organized a half-day field trip for 32 educators as part of the 2010 Teaching & Learning Symposium on “Taking the Next Step in Placed-Based Education” in South Madison;
  - With the Chancellor’s office, helped create a new website for “Campus Community Partnerships in South Madison” http://www.ccp.wisc.edu/ featuring collaborative projects, community partners, and resources such as maps, plans, community-based research, stories and photographs, events, and opportunities to get involved;
  - Building on the success of our annual “Greenbush Day,” helped create a new tradition of two annual special events for the celebration, education and promotion of the multicultural richness of South Madison;
  - Showcased at these special events a variety of student-produced digital stories, performances, and an hour-long documentary film of a healthy community gathering place, “Style and Grace” Salon; and
  - With our community partners and Geography 575 students, helped create an interactive web-based map of the Park Street corridor of South Madison to promote it as a great place to live, work and visit as one of the city’s most multicultural areas.

- Developing new strategies for promoting instructional practices that create a healthy classroom learning environment, e.g., fostering a welcoming and inclusive classroom climate, engaging students in active learning, removing barriers to learning, and integrating in and out-of-classroom learning. With support and sponsorship of key faculty development leaders, led a project team to create three brief digital stories featuring instructors taking risks to overcome a teaching challenge. https://tle.wisc.edu/

The mission of the UHS Campus Community Partnerships team is to promote and support a healthy learning community through a variety of strategies and initiatives. Staff works primarily in the areas of civic engagement, community building for diverse populations, community health, and relationship violence/sexual assault prevention.

Community Health Education

- Community health education activities over the past year focused singularly on alcohol issues, including assuming responsibilities for acting as the campus coordinator for AODA (Alcohol & Other Drug Abuse) and representing UW-Madison on the UW System AODA Committee. A grant was secured from UW System/the Department of Transportation for the Red Watch Band training - part of a national campaign begun at Stony Brook University, teaching students CPR (cardiopulmonary resuscitation) and otherwise preparing them to respond to alcohol emergencies.
Leadership was provided to the UW-Madison’s Alcohol Task Force, to develop a map of people, places, and programs at the UW that are focused on high-risk alcohol issues. The map/catalog is a 44-page compilation of all of the known campus alcohol-related resources, including the work being done in eleven different UW units or departments, as well as faculty and staff who have some expertise on alcohol issues, related academic courses, research, current initiatives, and campus/community programs.

The second annual Symposium, titled Alcohol and Our Learning Environment, was held in September 2009, and drew approximately 100 people from across campus.

A class for students on alcohol issues was offered in Wischoices - CP 620, Alcohol in Campus Culture and Health.

**Violence Prevention**

- Institutionalized bi-annual professional development efforts with campus law enforcement and judicial affairs officers, contributing to improving their understanding of complex dynamics involved in sensitive cases and judicial affairs' role in considering evidence.

- Implemented “educational statement/pre-screen” to improve UHS screening for sexual assault and dating violence in its medical clinics and counseling service, and provided consultation on the new sexual assault reporting policy.

- Developed and created an identity for an umbrella violence-prevention initiative called End Violence on Campus (EVOC); identified best practices required for a campus Coordinated Community Response, and worked collaboratively to recommend a new charge, structure, and reportable outcomes for a collaborative campus body.

- Conducted an intensive needs assessment to identify the barriers victims experience in reporting sexual assault/dating violence committed against them; this information will be used to improve future training, service delivery, and prevention programs.

**Civic Engagement**

- Completed the final year of the Tech Shop, which was supported by a three-year grant from the Corporation for National and Community Service through Princeton University ($19,500) and the Morgridge Center for Public Service ($5,625). Under the leadership of Professor Randy Stoecker, the Tech Shop was dedicated to working with faculty and community partners to develop a model for designing and implementing a service-learning program informed by community-based participatory research. Through this project, a total of 34 students provided technology assistance to 45 local nonprofit organizations. A journal article is forthcoming and a book chapter is under review describing the program and its research findings.

- The Community Partnerships and Outreach Staff Network developed further this year by securing cross-unit sponsorship, including approximately $4,000 in external program funds, to improve systems and practices that support the work of outreach and engagement professionals across campus that develop and deliver programs for students and community partners.

**Community Building**

- UHS/CCP Team staff continues to co-serve as the overall lead Student SEED facilitator with respect to the expansion of the SEED seminars, curriculum design, and facilitator training and development. These efforts are co-facilitated by Dr. Will Clifton and Dr. Seema Kapani. Begun in the spring 2003 semester as a pilot seminar in the College of Letters & Science (L&S), the Student SEED seminars have been publicly recognized as an unprecedented example of a student-staff-faculty grassroots initiative becoming institutionalized and harboring the essential aspects of our campus’s diversity goals. In 2009-10, 5 student SEED seminars were offered serving 125 students.

- In spring 2010, a campus-wide Student SEED Advisory Board was established, co-chaired by Dr. Aaron Brower (Vice Provost for Teaching & Learning) and Professor Steven Quintana (Dept. of Counseling and Psychology, School of Education).
• A series of half-day social-justice workshops were collaboratively developed and offered to people who facilitate Student SEED and the Leadership Institute (30 people total) as a vehicle to train and develop new staff and student facilitators.

• In March 2010, UW-Madison’s Student SEED seminar was awarded the 2009-10 National Social Justice Collaboration award by the American College Personal Association (ACPA).

• CCP Community Building substantively increased campus reach by developing and/or facilitating approximately 50 workshops and events for students that focused on various aspects of diversity, including inclusive community-building within their own organizations.

The Communications Team provides assistance and support across the UHS organization in media relations, writing and editing, graphic design, Web design, online communication, health promotion and health communication messaging.

• The H1N1 influenza outbreak dominated the fall semester for the Communications team, which worked closely with other UHS units—particularly Clinical Services, Community Health and Epidemiology, and the Environmental Health Program—to create materials designed to help students lower their risk of contracting influenza and to know how to take care of themselves if they got sick. Extensive collaboration occurred with University Communications, Housing, and Facilities, Planning and Management to ensure that the campus community had the information and messages necessary to take the appropriate precautions and health actions related to H1N1 influenza.

• Also in the fall, UHS started a Facebook fan page and a Twitter feed, to make it easier for students to receive information about outreach events such as free HIV testing as well as updates on H1N1 vaccine availability.

• Communications provided technical input at the end of the spring semester to a Student Health Care Funding Survey, a questionnaire about such things as their health insurance coverage and their use of UHS services. Approximately 900 respondents demonstrated thoughtful engagement and strong support for the health service, and their input will be incorporated into UHS discussions about its funding options in the coming years.

The Environmental Health Unit applies prevention tools, such as inspections, engineering and risk assessments, and corrective actions, which seek to ensure healthy food, recreational and residential facilities as well as safe classroom and research facilities. Staff within the unit continued to be very busy during the past year.

• This year the sanitarians conducted 105 full food service inspections resulting in 77 re-inspections. Violation types are being tracked and unit staff will work with food service administration to try to limit the repeat violations in an effort to minimize the risk of food-borne illness in the future.

• There are approximately 2,200 chemical fume hoods on the UW-Madison campus in teaching and research laboratories. Each chemical fume hood consumes about $3,000.00 in energy costs per year. Because of this cost, the campus has embarked on an energy conservation initiative that involves replacing standard chemical fume hoods with high performance fume hoods that use one half of the energy. The high performance fume hoods are designed to exhaust fumes by exhausting minimal air. The Environmental Health Program performs a qualitative performance test on each of these new fume hoods to assure that users will still be protected when using high performance fume hoods. This year, Environmental Health performed this qualitative test on 113 fume hoods in nine different buildings.

• Over 1,300 biological safety cabinets, laminar clean hoods, and bio-hazardous containment systems were certified and/or repaired.

• The Environmental Health Program staff continues to monitor campus for potential public health issues by testing campus cooling towers, swimming pools, and indoor water features for microbiological safety. The staff has been swabbing athletic equipment to advise athletic and recreational sports staff when equipment seems to be inadequately cleaned.
The program staff conducted mold investigations on campus, collecting over 167 samples from campus facilities. This includes nine academic buildings, eight residence halls, and six university apartments.

The program staff worked with architects, engineers, building occupants and contractors to review plans and conduct construction walk through surveys for the Education Building Addition, WID, the Wisconsin Energy Institute, and Union South.

Wisconsin Clearinghouse for Prevention Resources (WCH) offers information and assistance to individuals, communities, organizations and agencies throughout Wisconsin. WCH is comprised of the State Prevention Resource Center (PRC) and the Tobacco Control Resource Center for Wisconsin (TCRCW). The PRC assists with alcohol and drug abuse prevention, child abuse and neglect, teen pregnancy prevention, youth development, community building, and underage drinking prevention. The TCRCW offers materials and online resources, plus training and technical assistance to support effective tobacco prevention and control in the state. In addition, the WCH has been involved in promoting and assisting with local and statewide advocacy and policy promotion efforts in various public health initiatives, including the recent Smoke-Free Air law. The most exciting new activities of the WCH involves training in and promotion of using the latest technologies, including online meetings, storytelling, social media tools, and other new resources for communicating, sharing work and outcomes, and collaboration.

The WCH is grant funded. Accomplishments for the WCH in the past year include:

- Planning, hosting, and presenting at the 2010 Wisconsin State Prevention Conference for the 7th year since its reintroduction, with nearly 350 participants. Highlights included ongoing technology workshops throughout the conference, 3 general sessions with 4 keynote addresses, and a total of 64 workshop sessions. The 2010 Conference also added 3 new major partners, including the Tobacco Prevention and Control Program, Nutrition, Physical Activity and Obesity Program, and the Healthy Wisconsin Leadership Institute.
- Conference planning leadership and presentations for the 2010 Wisconsin Tobacco Prevention & Control Conference.
- Continued partnership with the Marshfield Clinic Center for Community Outreach to support projects for the Wisconsin Afterschool Network with priorities on prevention of child abuse, substance use and tobacco use.
- Continued leadership in the statewide Parents Who Host Lose the Most campaign to reduce underage drinking.
- Ongoing collaboration with the Marshfield Clinic Tribal AmeriCorps project serving eleven tribes in the state. WCH provides technical assistance on this project which focuses on substance and child abuse, neglect prevention, and mental health promotion among Native Americans.
- Development of a Co-Occurring Disorders Toolkit for Native Americans addressing intervention and treatment of substance abuse and mental health disorders.
- Trainings offered at throughout the state on utilizing technology tools in prevention work.
- Created the new Wisconsin Wins campaign website, with interactive data access on compliance checks for preventing youth access to tobacco.
- Developed the new Wisconsin is Better Smoke-Free website for providing information and resources on the new Smoke-Free Air law and providing means for incorporating social media and sharing community stories and successes, providing tools to employers for improving the transition to the new law, and providing other educational information.
- Distributed free educational materials state wide.
- Obtained 2 new grants related to nutrition, physical activity, obesity, and tobacco prevention through the Department of Health Services, Division of Public Health.

Future directions:

- The Prevention and Campus Health Initiatives Program will complete a campus-wide public health plan to coordinate interdisciplinary evidence-based prevention and intervention efforts to be applied to address the most significant health risk factors affecting the campus community.
• The Academic Partnerships Team will promote evidence-based high impact educational practices by forging new partnerships to contribute to the broad-based long-term initiative to revitalize the Park Street corridor - the gateway to campus.

• The Academic Partnerships Team will collaborate with faculty development initiatives on campus to promote evidence-based high impact strategies instructors can use to create a healthy classroom learning environment, e.g. contribute to the Institute for Cross-College Biology Education’s new initiative “Foundations for Success in Biology” by helping instructors gain skills in creating a healthy classroom environment, integrating in-class and out-of-class experiences, and providing mentoring relationships.

• The Campus Community Partnerships Team, Community Health, will continue to focus on high risk drinking by staffing the work of the Chancellor’s Alcohol Policy Team, assisting with implementing the five year alcohol plan, including expanding the Red Watch Band Program to 50 UW-Madison first year students during fall semester 2010.

• The Campus Community Partnerships Team, Violence Prevention, will continue to work towards evidence-based policy changes focused on UW-Madison student needs, such as making the alcohol amnesty policy and disciplinary process more understandable and accessible to students.

• The Campus Community Partnerships Team, Violence Prevention, will complete the reapplication to the U.S. Department of Justice for another cycle of funding and collaborate on the establishment of a new campus-community coordinated body to address violence against women on campus.

• The Campus Community Partnerships Team, Civic Engagement will establish an ongoing relationship with the Office of the Vice Chancellor for University Relations as an administrative sponsor of efforts to improve the practice of civic and community engagement efforts.

• The Campus Community Partnerships Team, Civic Engagement will work collaboratively to develop sustainable solutions to campus-wide IT challenges that hinder outreach and engagement efforts to serve students and community partners.

• The Campus Community Partnerships Team, Community Building, will continue to develop current Student SEED expansion proposals by the offering of a School of Ed Student SEED pilot seminar for graduate students in supervisory roles (fall 2011 target); the offering of a UW-Housing Student SEED pilot seminar for housefellows (fall 2011 target); and the offering of a Law School Student SEED pilot (fall 2011 target)

• The Campus Community Partnerships Team, Community Building, in collaboration with the Office for Equity and Diversity, the Multicultural Student Center and the Diversity program office in UW-Housing, continue to improve and expand social justice facilitator development and training programs during the 2010-11 academic year.

• The Communications Team will complete a rebuild of the external UHS website. The new site will meet web accessibility standards and is organized to make it much easier for students to learn about additional services that may benefit them. It will have pages of new content and a much crisper, modern design, including many more images. It is scheduled to launch in 2010–11 as part of the UHS Centennial celebration year.

• In the 2010 – 11 academic year, the Environmental Health Unit will institute the use of computerized electronic inspections of food service facilities. This will allow improved tracking of performance and outcome metrics to help ensure the safety of campus food service.

• The Environmental Health Unit is collaborating with the campus Environment, Health and Safety program to undertake an Administrative Process Redesign (APR) project to more clearly define the roles, responsibilities and interfaces between these critical efforts. The goal will be to create a seamless resource for faculty, staff and students around environmental and occupational health and safety programs.

• The Wisconsin Clearinghouse for Prevention Resources will seek stable, sustainable external grant support to build additional capacity to serve as a prevention resource to promote the health, safety and academic success of future UW-Madison students and the Wisconsin population as a whole.

• The Wisconsin Clearinghouse for Prevention Resources will continue to build prevention capacity to address one of the most significant health risks for Wisconsin youth – childhood obesity.
UHS ADMINISTRATIVE 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 responsible for overseeing the risk management and accreditation activities at UHS.

BUDGET AND FINANCE
The budget & finance department is responsible for the central business functions of UHS. This includes student eligibility, billing & cashiering, purchasing services, travel administration and grant administration support.

Major Achievements:
- developed UHS service costing model
- implemented the new campus e-Reimbursement system
- analysis of alternate UHS funding models

Future Goals:
- continued analysis of UHS funding models
- gather additional student input related to alternate UHS funding models
- improve availability and usefulness of financial data for UHS managers

BUILDING SERVICES
UHS moved into its new facility in the Student Services Tower at 333 East Campus Mall in December 2008. The new facility provides state-of-the-art outpatient and counseling services space. The new location is more convenient and accessible to students due to its more central campus location. Being in the same building as the Student Activity Center, Bursar, Office of Student Financial Aid, and the Registrar increases student awareness of UHS and adds to the convenience for students.

With the move to the new facility, UHS has taken on responsibility for Building Management and Custodial Services for UHS’ four floors consisting of 120,000 square feet of floor space and remaining five floors consisting of an additional 150,000 square feet of space occupied by student services and the campus offices mentioned above.

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 structure which combines the university tower, private sector retail and private sector residential rental property owners.
Future Goals

During the second year of managing the complex, UHS has gained additional experience dealing with the advanced systems and unique ownership structure. 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 maintaining strong relationships with the various 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 use products and services that are environmentally friendly.

In January of 2011, 333 East Campus Mall will be welcoming the UW Admissions Office and the McBurney Disability Resource Center to currently unoccupied street level space in the building. With the addition of these two departments the complex, this facility will become even more of a focal point for student services on campus.

HEALTH INFORMATION AND RISK MANAGEMENT

The department continues to adjust to a changing workload resulting from the transition of UHS to the electronic health record. Transcription costs continue to decline. As electronic interfaces are developed for obtaining results, document scanning has decreased. This has further potential as interfaces for radiology and the Wisconsin State Lab of Hygiene are developed. These changes have allowed the number of staff members in this area to be reduced.

A new HIM secure message mailbox assisted students with requests for records and completion of the online health history form. HIM has increased the number of documentation compliance audits performed as part of the ongoing UHS quality management effort.

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 security practices by staff, patients and clients. As an example of these ongoing efforts, UHS celebrates Health Information Privacy and Security Week at UHS and provides educational tips on privacy and security and the need to actively protect the privacy, confidentiality and security of health information. UHS achieved 100% compliance with staff Privacy and Security training requirements.

Accreditation

One component in assuring patient safety and quality care is external agency accreditation. Accreditation is a voluntary process through which an organization is able to measure the quality of its services and performance against nationally recognized standards. Accreditation is a rigorous process which starts with self-assessment followed by thorough review by an on-site evaluation by surveyors with experience in the college health setting. UHS has been continually accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 1983. In the fall of 2009, UHS was awarded a full three year term of accreditation, the highest level offered. HIM monitors the changing accreditation standards and leads the agency efforts to update policies and procedures to comply with and maintain accreditation status.

Risk Management

UHS has increased the level of analysis of Incident Reports to look for patterns which might warrant changed procedures or other corrective action such as more extensive process analysis and improvement.

HUMAN RESOURCES

UHS recognizes that quality health care services depend upon a high quality, diverse, motivated and engaged work force. Following are some highlights of the activities lead by Human Resources.
Recruitment efforts are very important to achieving these staffing goals. The following metrics indicate the level of activity in the recruitment area and the time required to fill positions along with goals for improvement in this area.

### Numbers Hired/Ended 2009/10

<table>
<thead>
<tr>
<th>Appt Type</th>
<th>Hired</th>
<th>Ended</th>
</tr>
</thead>
<tbody>
<tr>
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<td>15</td>
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<tr>
<td>Project</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>LTE</td>
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<td>26</td>
</tr>
<tr>
<td>Classified</td>
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<td>11</td>
</tr>
<tr>
<td>Interns/PD</td>
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<td>13</td>
</tr>
<tr>
<td>LI</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>SA</td>
<td>2</td>
<td></td>
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<tr>
<td>Student</td>
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### Recruitment Times 2009/10 2010/11 Goals

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<tr>
<th>Type</th>
<th>&lt;100 days</th>
<th>100-150 days</th>
<th>151-200 days</th>
<th>201+ days</th>
<th>&lt;100 days</th>
<th>100-150 days</th>
<th>151+ days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>64%</td>
<td>10%</td>
<td>10%</td>
<td>16%</td>
<td>70%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Classified</td>
<td>45%</td>
<td>10%</td>
<td>45%</td>
<td>0%</td>
<td>70%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Employee Relations**

The HR manager works with supervisors and employees in the area of employee relations. In particular, efforts have focused on early intervention, improved communication, and improved documentation to proactively and positively address employee issues at an early stage.

**Work Rules**

At the request of the Executive and Administrative Directors, work guidelines were created for the agency; by units as well as by departments and positions. These work guidelines were developed in cooperation with campus Human Resources and were implemented on July 1, 2010. They will be included in the on-boarding handbook given to all new employees. They are also posted on the UHS intranet Human Resources page.

**Attendance Policy**

Human Resources, in cooperation with the Director’s office and Campus Human Resources, developed a UHS attendance policy that was implemented July 1, 2010.

**Performance Management System**

At the request of the Executive and Administrative Directors, Human Resources developed a new performance management system. The emphasis of this system is on UHS agency-wide as well as job specific competencies, employee and supervisor joint goal-setting and the monitoring of training, certification, and licensing requirements. The system is designed to encourage frequent employee-supervisor communication and engagement throughout the year, not only during the performance review time. Training on the new system was provided at the Team Manager Retreat in July 2010.

**Personnel Records and Database Development**

Human Resources has developed a new personnel records system to maintain paper records in conjunction with a computerized system currently in development that will facilitate audits for missing documents. This system, once fully implemented, will help automate compliance with federal and state laws, licensing requirements, AAAHC accreditation standards and university requirements.

**2010/2011 Project Goals**

Projects for 2010/2011 include improvements in new staff on-boarding. Other Human Resource projects include the development of an Employee Handbook and efforts to more effectively recognize and engage employees. Supervisor training is planned for FMLA, ADA, on-boarding, employee recognition and engagement, and other areas as needed.
INFORMATION TECHNOLOGY

UHS Information Technology focuses much of their effort on securing sensitive health information. They actively monitor our networks and systems for security intrusions. Information Technology also supports our Electronic Health Record software, training users, 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, Information Technology investigates and tests software features and assists in their implementation throughout UHS. Information Technology continues to lead efforts to develop interfaces to the electronic health record to incorporate information from outside systems. The laboratory results interface was implemented during the year. Current and future projects include interfaces for radiology ordering and results, scheduled for late in 2010 and an interface with the Wisconsin State Lab of Hygiene for laboratory results.

Information Technology is responsible for telephony management which is critical to effective patient and client care and communication.
UW-MADISON STUDENT HEALTH INSURANCE PLAN (SHIP)

Plan Model
SHIP has continued to operate successfully as a partially funded health plan. A partially funded plan model 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 2009-10 will be favorable, but actual claims could still vary significantly since the claims cycle is not complete. For 2008-09, $500,000 of uncommitted plan reserves was utilized to improve mental health and chemical dependency coverage and subsidize plan premiums. However, total claims costs are now projected to be 24% less than original estimates, which is reflected in a lower than anticipated loss ratio. For every premium dollar received, the plan is projected to pay out 78 cents in claims related costs.

Claims costs for domestic students continue to be significantly higher than those for international students and scholars. Prescription drug costs continue to represent the greatest coverage challenge for the plan. For the domestic population alone, prescription drug costs during 2008-09 are projected to account for over 16% of claims.

Premium Rates
For 2009-10, $715,000 of uncommitted reserves was used to subsidize plan premiums and provide coverage for smoking cessation prescriptions. The average SHIP premium was raised by 4.1%, but without the plan subsidy, premiums would have increased by 15.5%. 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 6 years.

<table>
<thead>
<tr>
<th>SHIP Coverage Type</th>
<th>Annual Premium 2009-10</th>
<th>Change from 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Student only (age 25 and under)</td>
<td>$1,476</td>
<td>+3.4%</td>
</tr>
<tr>
<td>Domestic Student only (age 26 and over)</td>
<td>$2,184</td>
<td>+5.8%</td>
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<tr>
<td>International Student only (age 25 and under)</td>
<td>$1,344</td>
<td>+3.7%</td>
</tr>
<tr>
<td>International Student only (age 26 and over)</td>
<td>$1,800</td>
<td>+4.9%</td>
</tr>
</tbody>
</table>

Enrollment
Enrollment in SHIP is projected to increase by 7% in 2009-10. The number of domestic enrollees aged 25 and over increased by 11% while domestic enrollments in the 24 and under category decreased by 1%. The percentage of eligible UW-Madison domestic students voluntarily enrolled in SHIP increased to 4.7% for the fall 2009 semester (up from 4.4% in fall 2008). 54% of international students, subject to the mandatory insurance requirement, were enrolled in SHIP for the same period (up from 46% in fall 2008).

<table>
<thead>
<tr>
<th>SHIP Coverage Category</th>
<th>2009-10 Enrollments</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Students</td>
<td>2,181</td>
<td>44%</td>
</tr>
<tr>
<td>International Students</td>
<td>2,283</td>
<td>46%</td>
</tr>
<tr>
<td>International Scholars</td>
<td>469</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>4,933</td>
<td>100%</td>
</tr>
</tbody>
</table>
Administration
Online credit card payments accounted for 61% of enrollments in 2009-10 and the percentage of enrollments by check dropped to an all-time low of 13%. The SHIP office continues to run effectively with three full-time staff. Local SHIP administration charges for 2009-10 totaled 5.7% of received premiums (down from 7.4% in 2008-09). Overall administration charges (including vendor charges for claims processing) totaled 11.4% of received premiums (compared with 13.4% in 2008-09).
FUTURE CHALLENGES AND NEW STRATEGIC INITIATIVES

- Implement a behavioral health program
  Many students coming to UHS have either a physical ailment that is affected by factors such as stress or have difficulties maintaining a healthy lifestyle such as consuming excess alcohol. Integration of medical and behavioral health services allows patients to more fully address the spectrum of problems that they may bring to primary medical care. Over the next year, a behavioral health program will be developed that teams medical and mental health providers together to address the needs of the whole student. Behavioral health programs are viewed as an emerging best practice and component of health care quality reforms such as the patient-centered medical home. Creation of such a program at UHS will improve care for students and place UHS at the forefront of this movement.

- Celebrate the UHS Centennial
  As UHS enters its centennial year, a centennial celebration campaign will be developed. The campaign goals include promotion of the services that UHS provides to campus, engaging and promoting employee pride in UHS, promotion of a healthier campus, and partnering with the UW Foundation on fundraising opportunities.

- Implement a case management program for students with complex and/or high-risk mental health needs
  University Health Services (UHS) has received support from the Madison Initiative for Undergraduates to create a case management program to serve a growing population of undergraduate students with complex mental health and social support needs. The primary goal of the program is to minimize the impact of chronic mental or physical illness on the academic and personal success of these students through effective case management, coordination of care between campus and community resources, and enhanced resources for student services staff. The secondary goal is to reduce the potential negative impacts to the university community and risk to the University from students with unmet needs. Case management of high risk students referred from campus counseling services has been adopted at many peer institutions and is considered to be an emerging best practice.

- Support the development of campus-wide 5-year alcohol strategic plan.
  UHS will provide support to the Chancellor’s Alcohol Policy Group to support the development, approval, and implementation of a comprehensive 5-year plan to address alcohol misuse in the campus community. The plan’s goal will be the creation of a campus environment where use of alcohol does not prevent students from realizing their highest potential of intellectual, physical and human development. The University will use evidence based alcohol policies, programs, and services and assess its progress through measurable goals and objectives.

- Participate in a joint APR project between UHS and EHS to evaluate provision of environmental health, occupational health, and safety programs

- Develop an Occupational Medicine Program for the Research Enterprise
  In March 2010, UHS received support from the Vice Chancellor for Administration and Provost to create an occupational medicine service for the research enterprise. As a premier research institution, the faculty, staff, and students of UW-Madison engage in research and academic activities which have intrinsic risks of exposure to biological, physical, and chemical agents, requiring highly specialized occupational medicine services customized to this setting. Working in close collaboration with the campus Occupational Health Officer, UHS will guide the development of campus policies and procedures provide screening, risk assessment and prophylaxis before workers are exposed, coordinate and assure appropriate treatment after an exposure, and engage in proactive surveillance of the worker population to detect and prevent illness and injury. Enhanced information management through this service will improve compliance with regulatory requirements and improve preventive activities. The creation of an occupational medicine program at University Health Services (UHS) will close important gaps in researcher protection and benefit campus through healthier and safer workers, reduction of liability, and cost control.
The UHS occupational medicine program will be funded through a mixed model, combining central campus support from general program revenue with fee for service revenue generated when direct services are provided. General program revenue support is appropriate for the centralized services such as medical oversight training, and surveillance provided within this program. Services provided directly to individual patients would be billed as a fee-for service charge. This model will provide adequate funding to support necessary staff and other administrative cost.

Implementation planning is underway with service delivery anticipated to begin in November, 2010.

- **Continue review of the UHS Finance and Funding**

UHS will continue to review its finance and funding model and make recommendations for additional sources of revenue including consideration of multiple billing options. UHS will present of key findings to UHS stakeholders.

Although many basic health care services are available without charge at UHS, students must still pay for prescription medications, many medical tests, and offsite specialty, urgent, and emergency care. College students are typically thought of as a healthy cohort; however, in an average year, 80% of UW–Madison students will have a need for health care services, and 50% of UW–Madison students will need to use health insurance to cover costs.

While most UW–Madison undergraduates report having health insurance, students still face financial barriers to accessing appropriate health care. Many students have plans that do not provide adequate coverage while the student is away at school. A rising number of plans feature high deductibles or limits on coverage. In spring 2010, UHS completed a student survey regarding health insurance and health services funding. On this survey, 22.5% of student reported not receiving needed care due to cost, 30% reported delaying needed health care due to lack of coverage in the Madison area, and 17% missed class in order to travel home to receive care.

When uninsured or underinsured students delay needed services, this affects their own health and academic success. Particularly worrisome are students who are unable to receive needed mental health support, leading to serious consequences including academic failure. On the survey discussed above, students also reported very low levels of knowledge about their health insurance and coverage levels.

The passage of the 2010 health care reform bill makes likely significant changes in how students receive health insurance coverage. Expansion of dependent coverage to age 26 may increase coverage for some students although the actual numbers are predicted to be small. For students without access to employer-based group plans through their families, access to coverage through campus-based plans will continue to be important. As the final implementation rules are written, the classification of campus plans as group versus individual plans will be critical to ensuring students continue to have access to affordable coverage. Finally, it can be anticipated that insurance plans with high-deductibles or other cost-saving measures will become more common. For these students, affordable primary care available on campus may become increasingly important. Consistent with this, the spring 2010 student survey showed strong student preference to maintain free or low-cost services at UHS.

The challenges from a rapidly changing health insurance landscape come at a time of significant economic pressures on the student health services fee. Health care inflation, estimated to be at least 7% annually, will continue to outstrip expected increases in the student segregated fee, thereby increasing the existing UHS structural budget deficit.

These pressures will continue to necessitate close analysis of the funding structure of student health services, including a review of the segregated fee structure, patient billable services, and adequate health insurance. Moving forward, UHS must grapple with issues such as how to educate students about the importance of coverage; whether to start accepting parents’ insurance for fee-based services; how best to and whether universities should require adequate health insurance as a condition of student status.
### UHS Monthly Census Report -- FY2010

#### UHS Visits by Month and Team, Fiscal Year 2010

<table>
<thead>
<tr>
<th>Department</th>
<th>Jul-09</th>
<th>Aug-09</th>
<th>Sep-09</th>
<th>Oct-09</th>
<th>Nov-09</th>
<th>Dec-09</th>
<th>Jan-10</th>
<th>Feb-10</th>
<th>Mar-10</th>
<th>Apr-10</th>
<th>May-10</th>
<th>Jun-10</th>
<th>FY10 Total</th>
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<tbody>
<tr>
<td>COMM HLTH AI</td>
<td>591</td>
<td>1219</td>
<td>1273</td>
<td>877</td>
<td>433</td>
<td>454</td>
<td>437</td>
<td>674</td>
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<td>-7.3%</td>
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UHSPRIORITY GOALS AND STRATEGIC INITIATIVES

UW–Madison Strategic Priorities

Provide an exemplary undergraduate education
Be responsible stewards of our resources

UHS Priority Goals

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

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

Provide leadership to create a healthier campus by:
• Supporting the development of a campus-wide public health plan
• Building capacity to manage current and emerging public health issues that affect the campus community.
• Collaborating within UHS program areas and with university and community partners to enhance our unique array of services and profiles.
• Promoting healthy norms and behaviors within the campus student community by collaboration with campus & community partners.

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 & respectful learning and working environment for staff and students.
• Provide culturally competent services with an awareness of global issues that have a local impact.

Provide the highest quality of care and services in an 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 Current Strategic Initiatives

Complete a comprehensive review of the UHS funding model to include:
• Implementation of cost accounting in all units to increase manager cost awareness.
• Recommendations for additional sources of revenue including consideration of multiple billing options.
• Presentation of key findings to UHS stakeholders.

Conduct a comprehensive evaluation and restructuring of UHS committees and workgroups to enhance effectiveness, efficiency, inclusiveness, and communication.

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.

Provide campus-wide leadership in collaboration with campus partners to launch the Wisconsin Wellness Initiative to promote health and wellness for students, faculty, and staff.

Conduct a comprehensive evaluation and restructuring of UHS committees and workgroups to enhance effectiveness, efficiency, inclusiveness, and communication.

Implement new employee orientation in all program areas, focusing on appropriate on-boarding of new staff, communication of work rules, and improving employee engagement.

Launch a UHS “Green Initiative” to improve UHS use of environmentally friendly practices, products and services.

Conduct a comprehensive evaluation and restructuring of UHS committees and workgroups to enhance effectiveness, efficiency, inclusiveness, and communication.

Maximize utilization of electronic health records to enhance patient care, efficiency and safety while enhancing the patient/client/provider relationship.

UHS New 2010–11 Strategic Initiatives

* Implement a behavioral health program to provide integrated care between clinical and counseling services.
** Implement a case management program for students with complex or high-risk mental health needs.

Develop and implement occupational medicine services for UW–Madison faculty and staff to support the unique needs of the research enterprise.

Celebrate the UHS Centennial Support the development of campus-wide 5-year alcohol strategic plan.

Participate in a joint APR project between UHS and EHS to evaluate provision of environmental health, occupational health, and safety programs.

VCA Strategic Initiatives

Student Employment Initiative to create a direct connection between student employment opportunities and the learning experience of UW-Madison students

VCA Diversity Initiative Implement employee engagement strategies

Improve services and use resources responsibly by using APR process improvement to improve process efficiencies and sharing services across VCA units