# UNIVERSITY of HOUSTON
## HEALTH CENTER

### *SFAC*
### *FY2018 Program Questionnaire*

**Presenters:**

**Vanessa Tilney, M.D. – Chief Physician/Executive Director of UHHC**

**Kim Barrow—Business Administrator**

1. **Please provide a one-page executive summary of your questionnaire responses. This summary should include, in brief terms: your unit's mission, how you accomplish your unit's mission, and a justification of your unit's student fee allocation in terms of benefits for students.**

The UH Health Center's mission is *to keep you healthy while you achieve your academic goals*. We exist to assist students in achieving their optimal mental and physical health and well-being for academic success. Along with the University of Houston Chancellor, the Division of Student Affairs and Enrollment Services (DSAES) has made improving student success a university priority. Key to the success of that initiative is to help students maintain good health via accessibility to early and effective treatment as well as preventative education. Timely access to on-campus health services has been shown to be of significant benefit to the university student in terms of helping to preserve grades and matriculate on time. By providing high quality and accessible healthcare to UH students, the UH Health Center plays a vital role in this respect and serves that critical function on this campus.

In an effort to contribute to student success, the Health Center has done many noteworthy things in recent years. Implementation of Point & Click Solutions, an Electronic Medical Record (EMR) program, has allowed for multiple positive changes for students. Documentation processes and work flow are streamlined, personal health information is secure and the check-in process is quicker. The decrease in wait times have allowed for patients to maximize their time spent with the provider in the exam room. *Healthy Coog*, the patient health web portal, is increasingly being utilized to schedule appointments online and communicate with their provider/s. This diminishes the need to call, hold, leave messages and wait longer to get results of those labs and/or imaging studies that were done after a visit to the doctor. It is a secure route to communicate with the health practitioners at the health center. The EMR also offers valuable applications called PNC Camera and PNC Consent. The former allows for any provider to record a concerning dermatologic or physical finding that would require follow up of that patient in order to determine next best step in management based on the finding's progression. The latter allows for direct uploading of signed consent forms into the patient's electronic medical record. This eliminates the excess use of paper and the extra time it takes to scan paper documents into the EMR.
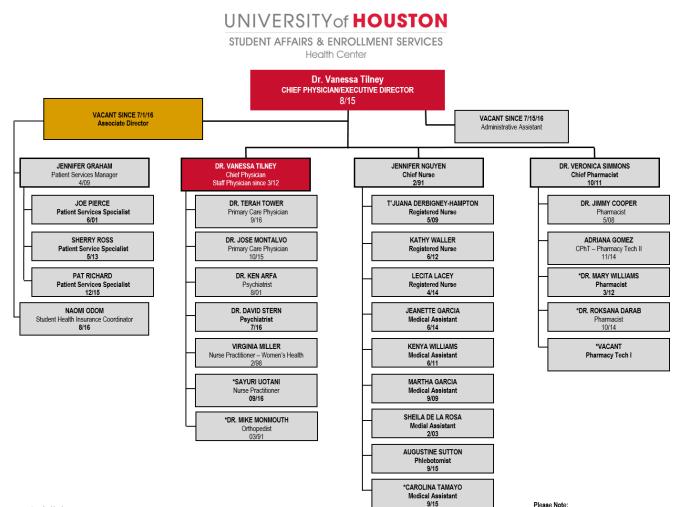
Our Health Center Pharmacy uses an integrated voice response (IVR) system which allows both patients and providers to leave messages for the pharmacy staff and submit refill requests via the available mobile app or UHHC website. This form of electronic transmission of medication orders allows for quicker utilization as it enables the pharmacists to maximize productivity, refill medications promptly and prepare for the day after review of overnight requests sent to the pharmacy's computer system. It reduces the number of phone calls during a busy day in which they are focused on servicing those customers at the window. The pharmacy's implementation of QS1 interface with the clinic's electronic medical records has made a difference in productivity as well. It shares patients' demographic data and allows the pharmacists to dispense those e-prescribed medications both from in-house and outside providers. Pharmacy is now accepting credit card payments at their window, streamlining the check in to check out process for our students. Pharmacy has been securing contracts with Leadernet, Caremark and Express Scripts. This should allow students, staff/faculty to use several (not all) outside insurances to pay for their drugs once pharmacy is situated in their new space.

The Affordable Care Act (ACA) has had an impact on campus health services. More young adults are now insured, either through their parents' plan or an individual plan outside of the UH-endorsed Student Health Insurance. Offering third-party insurance billing and coverage will be key to allowing students insured with ACA-approved plans to have access to quality care on campus. That being said, this is not easily handled by the current staff and requires a team of specialists who bill and code, have dedicated time to pursue the contracts, push through the credentialing packets for all providers, make sure we stay in compliance with all the requirements and ultimately collect reimbursements from the insurance companies. We have to have the appropriate infrastructure to make this enormous endeavor a success and current budget does not afford us this. As evidenced by the external review report from our February 2016 visit by outside leaders, we are short staffed both on the clinic and administrative side. Gradual but realistic changes are the goal.

The student fees received by the Health Center enable students to see a finite number of board-certified physicians who provide high quality primary care and specialty services. The student fee allows fees-for-service to be kept affordable to facilitate access to care by student community members. The continued availability of these revenues provides the ability to practice accessible health care concentrated on high quality and low cost on which to build the UH Health Center of the future.

A campus this size requires a facility that is able to support seeing around 50,000 client encounters a year. The current physical structure is at or near capacity with approximately 20,000 clinical encounters seen at present. Our need to expand space for the UH Health Center is imperative in order to be able to serve the patients seeking our services. We are looking to move into the new Biomedical Sciences Building 2 in late Fall of 2017 and although the square footage is less than present space, the architects have designed a smarter layout allowing for additional exam rooms. The extraction and placement of the pharmacy into its own space within the same building will help as well. These changes should allow for a modest increase in healthcare services should we be able to successfully hire and retain more health-related professionals to see and treat students. Budget management and the ability to offer competitive salaries will be fundamental in making progress. The UH students expect and deserve this Tier One service and we will strive to achieve and deliver.

2. **Provide an organization chart of your unit. Large units may need to have an overview chart and then more specific charts for each program. Where you have multiple staff in the same position (e.g. counselor, advisor, etc.), note this on your chart. Student employees should be cited on the chart and identified as students.**

UNIVERSITY of **HOUSTON**
STUDENT AFFAIRS & ENROLLMENT SERVICES
Health Center

**Dr. Vanessa Tilney**
**CHIEF PHYSICIAN/EXECUTIVE DIRECTOR**
**8/15**

**VACANT SINCE 7/1/16**
**Associate Director**

**VACANT SINCE 7/15/16**
Administrative Assistant

**JENNIFER GRAHAM**
Patient Services Manager
4/09

- **JOE PIERCE**
  **Patient Services Specialist**
  **6/01**
- **SHERRY ROSS**
  **Patient Service Specialist**
  **5/13**
- **PAT RICHARD**
  **Patient Services Specialist**
  **12/15**
- **NAOMI ODOM**
  Student Health Insurance Coordinator
  **8/16**

**DR. VANESSA TILNEY**
Chief Physician
Staff Physician since 3/12

- **DR. TERAH TOWER**
  Primary Care Physician
  9/16
- **DR. JOSE MONTALVO**
  Primary Care Physician
  10/15
- **DR. KEN ARFA**
  Psychiatrist
  8/01
- **DR. DAVID STERN**
  **Psychiatrist**
  **7/16**
- **VIRGINIA MILLER**
  Nurse Practitioner – Women's Health
  2/98
- **\*SAYURI UOTANI**
  Nurse Practitioner
  **09/16**
- **\*DR. MIKE MONMOUTH**
  Orthopedist
  03/91

**JENNIFER NGUYEN**
Chief Nurse
2/91

- **T'JUANA DERBIGNEY-HAMPTON**
  **Registered Nurse**
  **5/09**
- **KATHY WALLER**
  **Registered Nurse**
  **6/12**
- **LECITA LACEY**
  **Registered Nurse**
  **4/14**
- **JEANETTE GARCIA**
  **Medical Assistant**
  **6/14**
- **KENYA WILLIAMS**
  **Medical Assistant**
  **6/11**
- **MARTHA GARCIA**
  **Medical Assistant**
  **9/09**
- **SHEILA DE LA ROSA**
  **Medial Assistant**
  **2/03**
- **AUGUSTINE SUTTON**
  **Phlebotomist**
  **9/15**
- **\*CAROLINA TAMAYO**
  **Medical Assistant**
  **9/15**

**DR. VERONICA SIMMONS**
**Chief Pharmacist**
**10/11**

- **DR. JIMMY COOPER**
  Pharmacist
  5/08
- **ADRIANA GOMEZ**
  CPhT – Pharmacy Tech II
  11/14
- **\*DR. MARY WILLIAMS**
  **Pharmacist**
  **3/12**
- **\*DR. ROKSANA DARAB**
  Pharmacist
  10/14
- **\*VACANT**
  **Pharmacy Tech I**

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ACCREDITATION ASSOCIATION
*for* AMBULATORY HEALTH CARE, INC.

**Please Note:**
\* = Non-Benefits Eligible Part-Time Employees
6 part time employees
23 full time employees
11,789=Health Center Sq. Footage

3. **List your unit's strategic initiatives and action steps identified for the 2015-2016 academic year and cite the specific Division of Student Affairs and Enrollment Services (DSAES) Strategic Initiatives and University of Houston Strategic Goals to which they relate. Please comment on your success in achieving these strategic initiatives/action steps. If a strategic initiative/action step changed during the year, please note this and explain. Also, list any new strategic initiatives/action steps, the rationale for the addition, and comment on your success in achieving these items.**

**2015-2016 Strategic Initiatives:**

A. **To provide health promotion, disease prevention, early intervention of illness and injury.**
   *Links to DSAES Strategic Initiative 1F, 5A, 5C. This goal and the associated department actions are In progress and Ongoing.*
   - i. Began participation in Fall 2013 with Healthy Coogs 2020 along with other Division and campus participants to raise the visibility and potential impact of this important campus health initiative.
   - ii. Develop assessment plan to evaluate utilization and efficacy of free-screening event programs and services.
   - iii. Participate with Division of Student Affairs and Enrollment Services Marketing Manager regarding marketing of Health Center services.
   - iv. Participated in the Tobacco Task Force to provide a healthy, tobacco-free campus for students.
   - v. Promote and maintain the Health Center Facebook page in order to actively engage students in health promotion within the social media environment.
   - vi. Actively participate in contributing health promotion information to all Cougar related media sources (eg, contribution to a CoogNews article).
   - vii. Held first Project Semicolon event (International effort to promote suicide awareness and prevention) on UH campus in collaboration with other health and wellness entities. *Completed*.

B. **To provide health assessment and treatment in a timely fashion.**
   *Links to DSAES Strategic Initiative 2B, 4C, 6E. This goal is In Progress and Ongoing.*
   - i. Continue to analyze utilization of Health Center services to enhance student health and success. Specifically, utilization of the General Medicine Clinic was evaluated before and after implementation of an appointment system in Fall 2013. *Increased communication about same day availability as well, in order to allow students to access the health center at the most convenient time.*
   - ii. Re-evaluate the scheduling program to better fit the needs of our patients while allowing the medical staff time to deliver optimal care. *Completed*
   - iii. Optimize and customize use of Electronic Medical Records system to enhance documentation and allow for decreased documentation time for providers. *Ongoing*

C. **To insure that the Health Center is providing accessibility to patients with our 24/7 automated Pharmacy services.**
   *Links to DSAES Strategic Initiative 1D, 2E, 6E. This goal has been completed.*
   - i. Continue implementing more functionality of the new Pharmacy QS/1 Software. *Web and print marketing has been increased as well as pharmacy staff visibility at campus functions.*

      ii. Establish Pharmacy quality improvement indicators, reporting, resolutions and training. *Established a Pharmacy and Therapeutics Committee which meets annually.*

**D. To determine optimal methods of outreach to the University of Houston community so as to enhance student success.**

*Links to DSAES Strategic Initiative 1B, 4A, 5C. This goal is in Progress and Ongoing.*

      *i.* Continue providing and collecting patient satisfaction surveys so as to improve patient satisfaction. *Have purchased OpenSurvey to create and supply surveys to patients via OpenCommunicator web portal. Ongoing effort to obtain patient feedback in order to adjust and improve services, accordingly.*

      ii. Clarify assessment plan to evaluate programs and services.

      iii. Develop new and continued existing partnerships with division and academic departments to assist students with their individual and collective insurance/health center requirements

      iv. Collaborate with other departments on campus to assure that students are aware of the screening events, such as: CAPS, Wellness Center, Student Housing and Residential Life, Athletics. Early detection and intervention to manage these conditions has the potential to improve student retention and success.

**E. To provide high-quality health care services**

*Links to DSAES Strategic Initiative 1F, 2B, 4C, 6E. This goal is In Progress and Ongoing.*

      i. Obtained AAAHC accreditation in June 2015. Continue following AAAHC standards to be successful with re-accreditation process in 2018.

      ii. Maintain credentials and privileges of medical staff

      iii. Continue Quality Improvement and Quality Management Programs

      iv. Continue to update policies and procedures as needed.

      v. Enhance customer service and improve patient satisfaction by attending trainings and workshops in related fields. *Have initiated staff training through DSAES as well as within Health Center with in-services and regular staff meetings.*

      *vi.* Held first all day staff retreat in August 2016 for purpose of team building and professional development. *Ongoing and should be held annually, at minimum.*

4. **Please discuss the means that you are utilizing to evaluate both your success in achieving the aforementioned strategic initiatives and/or action steps and their importance as compared to others that you might pursue. Where data exist, discuss the number of persons served by each of your programs and any assessment measures and/or learning outcomes used to evaluate program success. Please provide the method for collecting these data.**

   a. **Client education to promote personal responsibility with their medical care.**

      i. An initiative was developed to promote the need for patients to keep their scheduled appointments in order to create a sense of ownership with their healthcare as well as decrease "no show" rates at the Health Center. The staff was trained to inform patients of their responsibility at the time the appointment was made. The "no show" rate was measured and compared to the previous year.

      ii. Results:

Table 1: No Show for Appointment Rates compared between years

| No Shows 9/1/2014 – 8/31/2015 | No Shows 9/1/2015 – 8/31/2016 |
|---|---|
| 541 | 577 |

    iii. Plan:  To continue with educating the patient regarding their personal health responsibilities.  The Health Center continues to utilize appointment reminders with the new Electronic Medical Record Program.  These emails, phone calls and in person reminders have proven ineffective in reducing the no show rate so a no show fee for the general medicine was enforced in August 2016.  No show fees were already implemented in the specialty clinics for years and have reduced this problem.  Such a policy parallels the real world medical setting and promotes practice of personal responsibility.

**b.  Pharmacy Services**
    i.  The UH Health Center Pharmacy increased their marketing and outreach to inform students of the 24/7 automated prescription refill system.  The pharmacy measured the volume of requests made with the system.
    ii.  Results:

| Pharmacy | FY15 | FY16 |
|---|---|---|
| Electronic Prescribing | 1200 | 2551 |

    iii.  The UHHC Pharmacy offers a mobile app with scanning capabilities to allow for patients to easily and quickly request refills.

**c.  Health Services Outreach**
    i.  The UH Health Center would like to understand the residential makeup of our patients in order to adequately form an outreach plan to increase patient volume.  The residential status of students is within the demographic data of their EMR.  This data is retrievable in the Point and Click Solutions database.
The Division of Student Affairs and Enrollment Services reports data in the DSAES Annual Reports and recent increase to approximately 8,000 students living on campus relates to what we are seeing in the health center.  This increase in on campus living correlates with the increase unique numbers in freshmen and sophomore seen this past fiscal year when compared to the prior year.

    ii.  Results: (see Table 2)

Table 2: Patient Residential status compared between years

| Unique Number of freshmen and sophomores seen at Health Center | |
|---|---|
| FY 14-15 | FY 15-16 |
| 554 combined | 955 combined |

   iii. Plan: The data shows that we are capturing a higher level of on-campus residents than off-campus. We will have to consider how to capture those students who live off campus via analysis of data from a survey (eg, which barriers keep students from utilizing our services) and subsequent marketing. Multiple factors are likely involved.

**d. Clinical Care**
   i. Peer chart reviews are performed bi-annually by the medical staff to evaluate the clinical care provided by each provider, according to AAAHC standards. Nursing chart reviews are also performed, quarterly, to evaluate the nursing care. Quality of Care Measures as well as documentation indicators are measured. The reviews are then submitted in a percentage rating according to the criteria.
   ii. Results:

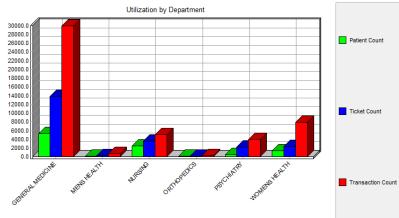Table 3: Average Percentage of Adequacy for Annual Physician Peer Chart Review

| Documentation Indicators | 99.8% |
|---|---|
| Quality of Care Indicators | 99.0% |

The nursing review results are also consistently positive at above 99 % performance goal satisfaction among the nursing staff.
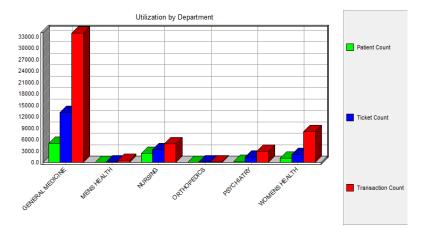
Plan: The reviews will be increased to be performed on a quarterly basis, versus bi-annually for physicians which is in accordance with AAAHC standards, to promote high level quality of care and clinical excellence. Turnover in staff influenced the intervals in the past two years.

**e. Clinical Services**
   i. With the ability to track numbers more easily via the EMR, we measure the utilization rates on an annual, monthly or daily basis. Fluctuations in number correlate with holidays and between semesters.

   ii. Results:



FY15  total patient count = 10,127

Utilization by Department

FY 16  total patient count = 9,356

iii. Plan:  After reviewing the data, we note a slight decrease in volume due to issues with physician staffing and schedule constraints.  We restructured the schedule to include a manageable work flow by using scheduled appointment times and same day appointment times (same day) to allow for adequate staff planning while not turning patients away and keeping wait times low.  The promotion of convenient scheduling for every student's schedule has increased.  We have also increased the communication to students regarding same day appointments.  We want students to be able to seek care at a time that is convenient for them and to know they can expect to receive care when needed.  The restructuring has evolved since the implementation of EMR.  We've shown a positive trend in patients served as well as a low patient wait time since September 2014.

5. **Please discuss any budget or organizational changes experienced since your last (FY2016) SFAC request, their impact on your programs, and your reason for implementing them. SFAC recognizes that some programs did not receive the funds that they requested, that some programs were impacted by additional expenses after the conclusion of the budget cycle, and that some programs may be ahead of or behind their self-generated income projections. In addition, if your unit concluded FY2015 with a Fund 3 addition to Fund Equity, please describe the conditions which caused the addition.**

The past year has been a very challenging and transitional year for the health center.  There was a void in psychiatry that took 10 months to fill due to the inability to attract applicants given the salary being offered.  The associate director was off for three months in Fall-Winter 2015 while the newly promoted (August 2015) chief physician/executive director had to run administration, see patients and have oversight over the clinical operations while preparing for both accreditation and external review processes.  The associate director position opened in July 2016 and has yet to be filled (actively interviewing and hope to fill void in November).  The student health insurance coordinator position was barely filled in August 2016 (position not filled since Fall 2015).  A full time phlebotomist (medical assistant) was hired in early Fall 2015 to run the lab as smoothly as possible and has proven successful.  The patient services manager was able to fully staff her front desk after filling a patient service representative position post few months vacancy.  Two staff physician openings were filled over the course of the past fiscal year.  Men's clinic had a pause due to the specialist falling ill (during the Fall and Spring semesters) but these visits have been integrated into the General Medicine clinic.  An effort to hire part time nurse practitioners has been launched in recent months to help accommodate more patients into the general medicine and women's clinics.  The Attendant Care Services program, although a noble service to specific disabled students, was finally closed after being deemed a non-viable program due to lack of eligible clients over the last several years.  All of this was managed within the confines of current budget and time constraints.

| STUDENT SERVICE FEE REQUEST FOR 2017-2018 | | | | | | |
|---|---|---|---|---|---|---|
| FISCAL YEAR 2018 | | | | | | |

| Name of Unit: | H0207 / Health Center | | | | | |
|---|---|---|---|---|---|---|
| | | **FY 2016** | **FY 2016** | **FY 2017** | **FY 2017** | **FY 2018** |
| **Funding Sources (All)** | **Cost Center -note where SFAC funds to be transferred** | **SFAC Approved Budget 2015-2016** | **Actuals 2015-2016** | **SFAC Approved Budget 2016-2017** | **Projected Actuals for 2016-2017** | **Budget Request for 2017-2018** |
| Student Service Fees-Base Budget Request (include any merit or mandated increases) | 3049-H0207-I0366-NA | 1,741,541 | 1,741,541 | 1,741,541 | 1,741,541 | 1,741,541 |
| SFAC Merit Increase | | | 26,122 | | 27,851 | 27,851 |
| SFAC Salary Mandate/Equity | | | | | 9,270 | 9,270 |
| Student Service Fees Base Augmentation Request-FY 2018 | | | | | | |
| Student Service Fees One-Time Request-FY 2018 | | | | | | |
| Student Service Fees One-Time New Request-FY2017 | | | | | | |
| Student Service Fees One-Time Allocation-FY2016 | | | | | | |
| Student Service Fees One-Time Allocation-FY2017 | | | | | | |
| Student Service Fees One Time Fund Equity Rollover FY2017 | | | 166,211 | | 116,728 | 116,728 |
| Dedicated Fees-Base Budget | | | | | | |
| Carryforward FY2016 | | | | | 10,493 | |
| Reduction for Moving Business Services Staff to H0021 | | | | | (63,294) | |
| **Income from all other sources/** | | | | | | |
| Faculty/Staff Visits | | 11,000 | | | | |
| Women's Clinic | | 51,000 | | 181,000 | | |
| Physician Visit | | 150,000 | | 490,000 | | |
| Orthopedics | | 15,000 | | 8,000 | | |
| Psychiatry Visit | | 46,000 | | 46,000 | | |
| Visitors | | 4,000 | | | | |
| Recovered Cost | | 0 | | | | |
| Health Insurance Administration Fees | | 19,000 | 18,155 | | 20,000 | 19,000 |
| Office Procedures/Medical Supplies | | 14,000 | 22,616 | 16,000 | 28,600 | 28,600 |
| Men's Clinic | | 11,000 | 0 | 16,000 | 0 | 0 |
| Nurse Visit | | 0 | 0 | 0 | 0 | 0 |
| X-Rays | | 0 | 0 | 0 | 0 | 0 |
| Lab Analysis/Tests | | 360,000 | 773,001 | 370,000 | 700,000 | 725,000 |
| Treatment Room/OR/ER | | 0 | 0 | 0 | 0 | 0 |
| Clinic RX/Medications-IV/IM/PO | | 170,000 | 0 | 0 | 9,500 | 9,500 |
| Miscellaneous/Medical Records Requests | | 8,000 | 4,032 | 7,600 | 4,000 | 4,000 |
| Student Financial Collections | | 11,000 | 6,260 | 8,500 | 6,500 | 6,500 |
| Over/Short-Change Fund | | 800 | 0 | 0 | 0 | 0 |
| Dental Clinic | | 17,000 | 20,220 | 15,000 | 21,000 | 21,000 |
| Prescription/Over-the-Counter Medicines | | 630,000 | 809,089 | 750,000 | 800,000 | 800,000 |
| Gifts/Donations | | | | 2,500 | | |
| Attendant Care Services | | 76,000 | 32,239 | 45,600 | 0 | 0 |
| Vaccinations | | | 167,192 | 0 | 165,000 | 165,000 |
| Office Visits (general and specialty clinics) | | | 237,863 | | 250,000 | 250,000 |
| | **Sub-total of Income** | 3,335,341 | 3,619,486 | 3,697,741 | 3,847,189 | 3,923,990 |
| | | | | | | |
| **Deductions from Income** | | | | | | |
| Student Fee Waivers | | 0 | | 0 | | |
| Bad Debt | | 139 | 139 | 0 | 0 | 0 |
| Funds moved to reserve cost center | | 0 | | 0 | | |
| Cash Over/Short | | 0 | | 0 | | |
| | **Sub-total of deductions from Income** | 139 | 139 | 0 | 0 | 0 |
| | | | | | | |
| | **TOTAL INCOME** | 3,335,202 | 3,619,347 | 3,697,741 | 3,847,189 | 3,923,990 |

| Expenses | Cost Center -note where SFAC funds to be transferred | FY 2016 SFAC Approved Budget 2015-2016 | FY 2016 Actuals 2015-2016 | FY 2017 SFAC Approved Budget 2016-2017 | FY 2017 Projected Actuals for 2016-2017 | FY 2018 Budget Request for 2017-2018 |
|---|---|---|---|---|---|---|
| **Salaries and Wages** | Select one | | | | | |
| Exempt Category Employee Salaries | SSF (3049) / Other / Both | 1,550,000 | 1,375,438 | 1,500,000 | 1,638,993 | 1,728,923 |
| Non-Exempt Employee Salaries | SSF (3049) / Other / Both | 525,000 | 426,091 | 531,323 | 296,254 | 296,254 |
| Lump Sum Wages (Itemize below) | SSF (3049) / Other / Both | 0 | | | | |
| Student Workers (NCWS) | SSF (3049) / Other / Both | 0 | | | | |
| Student Workers (Graduate Students) | SSF (3049) / Other / Both | 0 | | | | |
| Student Leader Stipends | SSF (3049) / Other / Both | 0 | | | | |
| Other Temporary Workers | SSF (3049) / Other / Both | 0 | | | | |
| Mandated/Merit Increments | SSF (3049) / Other / Both | 0 | | | 37,121 | 37,121 |
| Shift Differential | SSF (3049) / Other / Both | 0 | 2,103 | | | |
| Overtime | SSF (3049) / Other / Both | 0 | 34 | | | |
| Reduction for Moving Business Services Staff to H0021 | SSF (3049) / Other / Both | 0 | | | (44,230) | |
| **Total Salaries and Wages** | | 2,075,000 | 1,803,665 | 2,031,323 | 1,928,138 | 2,062,298 |
| | | | | | | |
| **Fringe Benefits** | Select one | | | | | |
| FICA | SSF (3049) / Other / Both | 145,000 | 131,955 | 145,000 | 110,774 | 116,354 |
| Insurance | SSF (3049) / Other / Both | 200,000 | 193,721 | 200,000 | 209,004 | 216,411 |
| Retirement | SSF (3049) / Other / Both | 125,000 | 137,157 | 125,000 | 121,494 | 121,494 |
| UC/WCI/Benefit Pool | SSF (3049) / Other / Both | 29,218 | 27,264 | 29,218 | 26,800 | 28,100 |
| Longevity | SSF (3049) / Other / Both | 21,000 | 20,220 | 21,000 | 19,000 | 19,000 |
| Reduction for Moving Business Services Staff to H0021 | SSF (3049) / Other / Both | | | | (15,481) | |
| **Total Fringe Benefits** | | 520,218 | 510,317 | 520,218 | 471,591 | 501,359 |
| | | | | | | |
| **Other Expenses** | Select one | | | | | |
| Information Technology Charge (formerly telecommunications) | SSF (3049) / Other / Both | 24,000 | 18,980 | 20,000 | 18,980 | 18,980 |
| Computer supplies | SSF (3049) / Other / Both | | 642 | 500 | 1,500 | 1,000 |
| Consulting-Other | SSF (3049) / Other / Both | | | 0 | 0 | 0 |
| Postage/Freight | SSF (3049) / Other / Both | 0 | 300 | 200 | 100 | 250 |
| Printing- On/Off Campus | SSF (3049) / Other / Both | 4,000 | 2,455 | 5,000 | 2,000 | 2,500 |
| Office Supplies | SSF (3049) / Other / Both | 15,000 | 16,623 | 17,000 | 15,000 | 16,000 |
| Clinic Supplies/Clinic Medicines | SSF (3049) / Other / Both | 30,000 | 171,676 | 30,000 | 171,000 | 172,000 |
| Lab Analysis/X-Rays | SSF (3049) / Other / Both | 120,000 | 241,414 | 160,000 | 200,000 | 240,000 |
| Late Payment-Interest | SSF (3049) / Other / Both | | 22 | 0 | 0 | 0 |
| Equipment/Maintenance/Software/Rental/EMR | SSF (3049) / Other / Both | 30,000 | 33,530 | 30,000 | 50,000 | 50,000 |
| Registration Fees | SSF (3049) / Other / Both | | 4,239 | 2,500 | 4,000 | 4,000 |
| Travel - Interviewees | SSF (3049) / Other / Both | 0 | | 0 | 0 | 0 |
| Travel - Airfare/Other | SSF (3049) / Other / Both | 5,000 | 5,346 | 7,500 | 5,000 | 5,000 |
| Business Meetings/Meals/UH Food Service | SSF (3049) / Other / Both | 1,000 | 761 | 1,000 | 900 | 1,200 |
| Credit Card Usage Fee | SSF (3049) / Other / Both | 7,000 | 5,800 | 7,500 | 6,000 | 6,000 |
| Utilities | SSF (3049) / Other / Both | 19,000 | 18,823 | 19,000 | 19,000 | 18,000 |
| Hazardous Waste Disposal/Gases | SSF (3049) / Other / Both | 1,000 | | 1,500 | 1,500 | 1,500 |
| Cost of Goods Sold | SSF (3049) / Other / Both | 200,000 | 369,937 | 500,000 | 450,000 | 450,000 |
| Temp Personnel Services | SSF (3049) / Other / Both | 70,000 | 137,589 | 70,000 | 130,000 | 130,000 |
| Laundry & Cleaning Services | SSF (3049) / Other / Both | 800 | 1,427 | 1,000 | 1,400 | 1,400 |
| Advertising/Promotional Items/Events | SSF (3049) / Other / Both | 8,000 | 7,399 | 8,500 | 7,000 | 8,000 |
| Employee Uniforms | SSF (3049) / Other / Both | 500 | | 500 | 1,000 | 1,000 |
| Insurance - Property & Liability | SSF (3049) / Other / Both | 20,000 | 15,861 | 20,000 | 16,000 | 16,000 |
| Lease - Office Space/Rental | SSF (3049) / Other / Both | 13,000 | 22,440 | 13,000 | 0 | 0 |
| Memberships/Prof Fees/Licenses | SSF (3049) / Other / Both | 5,000 | 4,674 | 50,000 | 5,000 | 5,000 |
| Misc. Other | SSF (3049) / Other / Both | 0 | 0 | 0 | 0 | 0 |
| Tools/Furnishing & Equipment | SSF (3049) / Other / Both | 0 | 1,264 | 0 | 0 | 0 |
| Reference Materials | SSF (3049) / Other / Both | 600 | 0 | 1,500 | 500 | 500 |
| Parking | SSF (3049) / Other / Both | 7,000 | | 7,000 | 7,000 | 7,000 |
| Work Orders | SSF (3049) / Other / Both | 2,084 | 1,452 | 3,000 | 1,400 | 1,400 |
| Student Leadership Stipend (no longer payroll as of 8/31/2015) | SSF (3049) / Other / Both | 0 | 0 | 0 | 0 | 0 |
| Admin Charge (6% of total expenses) | SSF (3049) / Other / Both | 157,000 | 180,815 | 170,000 | 181,000 | 181,000 |
| Admin Charge (6% Reduction for Moving Business Services S | SSF (3049) / Other / Both | | | | (3,583) | |
| Construction Non-Cap. | SSF (3049) / Other / Both | | 5,744 | 0 | 0 | 0 |
| | SSF (3049) / Other / Both | | | | | |
| | SSF (3049) / Other / Both | | | | | |
| | SSF (3049) / Other / Both | | | | | |
| | SSF (3049) / Other / Both | | | | | |
| **Total Other Expenses** | | 739,984 | 1,269,212 | 1,146,200 | 1,291,697 | 1,337,730 |
| | | | | | | |
| **Total Expenses** | | 3,335,202 | 3,583,195 | 3,697,741 | 3,691,426 | 3,901,387 |
| | | | | | | |
| **Balance (Income less Expenses)** | | 0 | 36,152 | 0 | 155,762 | 22,603 |

6. **List your 2016-2017 Strategic Initiatives and Action Steps in priority order and cite the Division of Student Affairs Strategic Initiatives and University of Houston Strategic Goals to which they relate.**

   **2016-2017 Strategic Initiatives:**

      **1** Contribute to student success and retention by increasing utilization of the UH Health Center by students with health concerns. DSAES Initiatives: 1A, 4A, 4C
   - Utilization of the patient web portal within the Electronic Medical Record program allowing for the development of individual patient health initiatives.  This serves to empower students to engage in their own healthcare decision-making processes regarding acute and chronic health conditions. Track specific utilization via:
     -Total portal logins
     -Unique portal logins
     -Online scheduling
   - Track student utilization through EMR reports including patient satisfaction and quality of care.
   - Continue to monitor and adjust appointment scheduling template as well as allow patients to schedule online to improve and maintain access for students.
   - Adequately communicate same day visit availability in General Medicine to students in order to assure them they will receive care when needed.
   - Participate in staff training on customer service and the importance of treating patients with care and respect to promote idea of providing care as soon as possible to students.

2. Move in to a facility capable of housing the planned growth of the UH Health Center that will be required to serve a Tier One campus in the 21st Century.  DSAES Initiatives: 1D, 1E, 2B, 2E, 6E
   - An increase in students seen and a heightened focus on customer service will serve as evidence of the need of increased space.
   - Will work within the DSAES to promote and establish a growth plan for the Health Center after settled into BMSB2 in Spring 2018.

3. Increase utilization of measurable health initiatives, such as tobacco cessation, condom use to prevent STIs and unintended pregnancy.  DSAES Initiatives: 1B, 1D, 2E, 3B, 4A
   - Peer chart reviews and nurse assessments will continue to be performed multiple times throughout the year to assure compliance with health initiatives.
   - Electronic Medical Record program has provided ease of use for data measurement in provider practice as well as patient health maintenance.  This allows us to measure the amount of patients requesting information on tobacco cessation (for example) in order to focus on this initiative moving forward.
   - Work with other areas in DSAES Health & Wellness to promote and educate on health initiatives on campus including, but not limited to, tobacco cessation, safe-sex practices and preventive measures (eg, flu shot to avoid getting sick in winter season). This includes active participation with Healthy Coogs 2020 initiatives as well as Tobacco Task Force which promotes a smoke-free campus.

- Free HIV screenings will continue to be offered during the World AIDS Day week for students and resource tabling on 12/1/16 can promote awareness.
- Safe-sex practices are being promoted through speaking engagements by Virginia Miller, NP, as well as an increase in condom access through both the Health Center and promotional events.
- The Health Center has lowered the price for a student to receive a requested pregnancy test at the Health Center and will be promoting that change moving forward.
- Free flu shots administered during Family Fall Weekend event.

4. Provide high-quality mental health services that complement and augment those provided by CAPS.   DSAES Initiatives: 1B, 1E, 1F, 4B, 5D
   - Partnership and open communication is vital and will be fostered with CAPS to assure that students are provided with comprehensive mental health care.
   - Utilizing EMR Mental Health reports to understand the services we offer and how to best serve the population.  Work out a way for psychiatrists and counselors to carefully exchange pertinent information regarding shared patients (with patient consent).
   - Providing a safe and comforting place for students to receive their mental health care.

5. Increase access to quality healthcare for students by expanding participation in the Student Health Insurance Plan as well as commercial insurance plans.  DSAES Initiatives: 1B, 2E, 5C
   - Establish the most utilized third-party health insurances that UH students are enrolled with in order to know priority plans to partner with.
   - Open communication between the Health Center and insurance companies to establish timeline and action plan for creating partnership.  Implement acceptance of plans and promote the change to students.
   - Above will require adequate staffing to carry it through in the future.

6. UH system transitioned to a new Student Health Insurance Program (SHIP) after exhaustive review, comparison and weigh in from those involved in the decision making.  We were part of that committee and process.

   Successful transition into new SHIP occurred this Fall 2016 from AIG to Academic Health Plans offered under BC/BS.  Improved services, expanded provider network, improved auxiliary services promised.

   Monitor responses from and experiences of those carrying this insurance.

   Goal is to increase enrollment of domestic students into the SHIP which gives phenomenal benefits to students when compared to outside health insurance.  Coverage is at 100% for services provided at the UH health center.

7. **What are the other possible sources of funding available to your unit and what efforts are being made to access them (e.g. grants, donations, etc.)?  If you receive funds from other sources, please briefly describe the source, purpose, and duration of the funding and report the amounts received in the appropriate rows/columns on the SFAC spreadsheet.**

   o We do not receive other sources of funding such as grants or donations.

**8. Please describe any services that are similar to yours and/or any overlap between your unit and other unit(s) providing services to students and the rationale for the overlap.**

Athletics
- We provide diagnostic testing, physical exams and treatment for athletes who are ill.
- We educate athletes in areas such as drug and alcohol use and abuse.
- Serve as a medical resource for Athletics programs and staff members.
- Rationale for overlap: Athletics supports illness and injury complaints that stem from the participation in athletic endeavors and relies on UH Health Center to treat athletes for other medical complaints not related to their participation.

CAPS
- CAPS also provides mental health services, but they do so under a different treatment model that is complimentary to the medical model that Psychiatry offers.
- Along with representatives from CAPS, Health Center physicians serve on the Conduct Assessment and Response Team that assists faculty, staff, students and the administration by providing information and assistance in dealing with aberrant behavior that disrupts the educational mission of the University. Health Center psychiatrists form an important pillar for CART at their scheduled sessions and other Health Center clinicians provide input as needed and help identify students at risk.
- Rationale for overlap: Students' mental health care is comprehensive with both departments. CAPS medical model concentrates on counseling and non-pharmaceutical, psychological interventions for mental health related issues, while UH Health Center has board-certified psychiatrists (MDs) who are able to treat patients with acute or chronic mental health complaints with pharmaceutical interventions and monitoring.

Wellness
- HIV screening is done at the Wellness facility by SMART Cougars on a regular basis as our screening is done a few times each year. SMART Cougars is an outside program that is utilizing Wellness space.
- Health education and promotion on topics of importance and necessity for students at University of Houston.
- Rationale for overlap: Health education is a focus for both areas, yet the delivery mechanism does vary. UH Wellness' focus is more population driven, looking at the University of Houston's wellness behaviors on a broader scope, while UH Health Center's focus is more one-on-one clinical interactions and educating patients as individuals. Both are necessary in order to reach the most students possible and promote a healthy campus.

Submitted October 19, 2016