Improvement to the University of Tennessee’s Student Health Center

Howard Baker Public Policy Challenge

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4/14/2016
Executive Summary:

With healthcare being an enormous concern for the everyday consumer and the need to control healthcare costs, an increase in the social awareness of this issue would only benefit our nation. Unfortunately, this is the case for the University of Tennessee at Knoxville (UTK). The university students are being faced with unreasonable wait times and a lack of service availability. This causes the university to lose out on greater potential income. Although this problem has been discussed with students, no steps have been taken to address the issue of making the health care services on campus more accessible to students. Without a viable solution, students will continue to visit off-campus facilities for their health care needs and the university will continue to miss out on increased income potential.

Students that are currently enrolled in nine or more semester hours are required to pay a programs and services fee of $449.00 to the university. Additionally, students who are enrolled in less than nine hours of classes and want to attend a university sporting event must pay the programs and services fee as well. The health services fee of $99.00 makes up 22% of the total programs and services fee. In the 2014-2015 school year there were a total of 45,733 students that were required to pay the health services fee. UTK made a total of $4,527,567.00 in 2014-2015 just from the fee. Total revenue for the student health center was approximately $5.4 million with the addition of fees for x-rays, labs, and other procedures. In the 2014 fall semester alone, there were 23,785 students enrolled in nine or more hours at UTK. Since the main health clinic only provides three assigned doctors, an unfavorable ratio for doctor/student of 1:7,928 resulted. There are a total of six doctors and four nurse practitioners (APN) on campus with an average yearly salary of $124,166.00. Having only three doctors at the clinic causes a lack of appointment availability for students. This causes students in need of health services to be placed on a waiting
list for an unreasonable amount of time, mostly a week or more. This can affect the health and welfare of the student body and can lead to a higher percentage of class absences and a decrease in the average GPA.
Problem Statement:

In the 2014-2015 school year 45,733 students were enrolled in nine or more hours at the University of Tennessee at Knoxville. All of these students were required to pay a $99.00 health services fee that is included in the total program and services fee of $449.00 per semester. The lack of accessibility to the student health center is one of the main problem students are face daily. Students in need of health care services may have to wait at least a week or more to be seen at the student health center. Due to this, students are opting to go elsewhere for their health care needs even though they have already paid $99.00 per semester. The university is forgoing a potential increase in income when students choose to visit off-campus clinics. Even though this problem is discussed between students, there has been no action taken to make the student health center more accessible. The students and the university will continue to be at a disadvantage if this problem persists. The student health center is used as a selling point to potential students visiting the university, but in most cases it has proven to be oversold. In order to make the student health center more accessible we have proposed a solution that will benefit both the students and the university. The student health services fee will still fund our solution, but the students will have a greater opportunity to reap the benefits of their investment. The students will have increased accessibility by way of walk-in clinics or aid stations that are strategically placed around campus.

1 Caroline Mann- Director of Strategic Enrollment Reporting & Analysis
2 University of Tennessee Tuition Fee Table
**Alternative Solutions:**

The first alternative solution is to decrease the number of licensed physicians that are assigned to the student health center. This would significantly decrease salary expenditures and provide added funds for additional APNs to be hired. This would make it easier to see more patients in a reasonable amount of time. This policy would be similar to the Lisa Ross Birth and Women’s Center\(^3\). This facility contracts out to physicians only when they are needed, but their main employees continue to be APNs.

The second alternative solution is to provide better marketing tactics. Most students are covered under their parent's insurance plan so they do not need the insurance offered by the university. Students in need of an insurance plans will be informed through a campus wide campaign with frequent emails from the student health center. The university already sends mass emails about other school related functions so this should be no problem. Emails about upcoming health events, ways to contact the health clinic, locations of the aid stations, and seasonal promotions could be sent to students on a monthly basis. A plethora of useful information could be delivered through the utilization of the university’s email and the vol alert system.

The third alternative solution is to increase the health services fee that is paid for by the students enrolled in nine or more hours. Increasing the fee by $2.\(^{0.5}\) per student each semester would generate an additional $91,466.\(^{0.6}\). With this money, the university can fund the additional aid stations around campus. In addition to the health services fee, documentation of health coverage should be required when students are enrolled. A student that requires non-emergency care can take care of their expenses with their own insurance provider. The state of Tennessee could draft a regulation that would enable all accredited institutions of higher learning be added.

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\(^3\) Sherri Hedburg- Clinical Director of Lisa Ross Birth & Women’s Center
to the “in-the-network” list of coverage, or something similar, to allow the university to operate like a regular doctor’s office with a managed care approach.
Proposed Solution:

The policy change proposed would restructure the existing program, enhance the work experience to future health professionals and increase the application of the health services fee that every full time student is required to pay. Most importantly our proposal will increase students’ awareness as to what options are available to them at the university. This is a phased process that culminates into a student health service that is more beneficial to the students and staff at the University of Tennessee at Knoxville.

As previously mentioned, student health services is a big recruiting tool for the university. However, once the student enrolls, unless they are on an athletic team, health service becomes very elusive. The addition of aid stations would help alleviate this issue. These Aid Stations would provide triage level treatment to the university body without having to make an appointment. Strategic placement of the aid stations would provide the most convenience and accessibility to the student body and the university staff. Suggestions for possible locations around campus are: Presidential Court, Hodges Library, Ag Campus, Hoskins Library, the TREC, The Hill, and Sorority Village. Each of these locations are centrally located in the most populated areas on campus. These locations will provide the best access to a health care provider. In addition, the aid stations could be utilized as casualty collection points in the event of an emergency. This would help the Department of Emergency Management address some of the concerns over emergency preparedness that students have.

The next step will consist of adding the Aid Stations to the rotation of clinicals that the nursing students are already enrolled in. Once the nursing students and technicians have been assigned to the aid stations, they will be able to provide a sort of gatekeeper service to the student health clinics on campus. Students can be screened by the attendants as to how serious
their symptoms are and whether or not they need to be seen by the student health clinic or by a physician. Working in this capacity, nursing students will gain additional experience in dealing with patients and triage. Nurses or attendants need to have the ability to hand out Tylenol and other over-the-counter drugs. This will cut down on the number of patients seen at the clinics with routine or common issues and increase the availability of appointments for those who truly need to schedule an appointment.

Management of these extra facilities would fall on the Director of Health Services and the Director of the Nursing School. Each Aid Station would need to maintain a certain stock of supplies. This inventory would be sustained just like the student health clinic with the same inspections and inventory management system. Monitoring of the students and their use of the facilities will be scrutinized through a computer check-in system, similar to the one that the university already uses. Utilizing the Vol Card or Student ID in the same way that the meal plans work, medication amounts can be monitored and limited. This process can track medical equipment and the frequency of student use. Of course no narcotic type medicines will be issued from these aid stations, and students would need to maintain their own prescriptions.
Action Plan

Implementation of our proposed solution would consist of a detailed budget outlining how the additional funds would be utilized. The first step would involve a budget approval. The budget would consist of a complete description of where the funds are generated and what our expenditures are. A presentation to the Dean of the Nursing College would be the next step in our process. We would then present an outline of the benefits to the nursing students and a detailed summary of their contributions to the new program. Then the allocation of office space suitable for the needs of the aid stations would be discussed.

This change would be conducted during the mini and summer terms in an effort to cause the least amount of disruption to the student body. Once our funds have been issued, outfitting of the offices with the needed office equipment to include handheld digital medical devices and card readers would be acquired. The proposed timeline to implement this plan would take about three months. With the start of the fall semester, emails and posters would be used to engage the student body and inform them to the changes in the student health program.

Once all the changes have been made, it would take approximately six months to quantify the results of the alterations that have been executed. This will be done through exit surveys and the monitoring conducted through the use of the Student ID system. If our system comes to fruition, the university can expect a lower expense cost and a more effective usage of the generated funds. The student body will have a more accessible health system and a better understanding of what is available to them if or when they need it.
Appendix:

Cost of Creating Aid Stations

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<tr>
<th>Cost</th>
<th>Presidential Court</th>
<th>Hodges Library</th>
<th>Ag Campus</th>
<th>Hoskins Library</th>
<th>TREC</th>
<th>The Hill</th>
<th>Sorority Village</th>
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Average Salary of Medical Professionals

Average Salaries of Medical Professionals in Student Health Center

- **Average Salary of Doctors**
- **Average Salary of APN**
- **Average Salary of All Medical Professionals**
Works Cited:


https://oira.utk.edu/factbook/enrollment
