

LCC HEALTH CLINIC PROGRAM REVIEW

Submitted: Kathleen Arbuckle, FNP, Health Clinic Manager

2012

1. DEPARTMENT INFORMATION

“When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.” Herophilus (335-280 BC)

Core Purpose and Mission

The core purpose of the LCC Health clinic is to provide affordable care to students, enabling them to progress in their coursework; to provide easily accessible, affordable care to employees, and to provide consultation to the college with regard to health-related issues.

Mission Statement

The mission of the LCC Health Clinic is to provide accessible, quality health care to the students and employees of Lane Community College. Its goal is to maximize LCC community health and enable students to remain in school.

The Health Clinic staff works in a collaborative partnership with the students and employees, with respect for diverse beliefs and needs, toward informed decisions about disease prevention and management of health conditions.

The clinic provides education to individuals and groups to enable them to be better consumers of health care and stewards of their own health.

Note: The clinic’s mission statement was reviewed and revised this year, through several iterations, with input from all staff members.

Department Description at a Glance

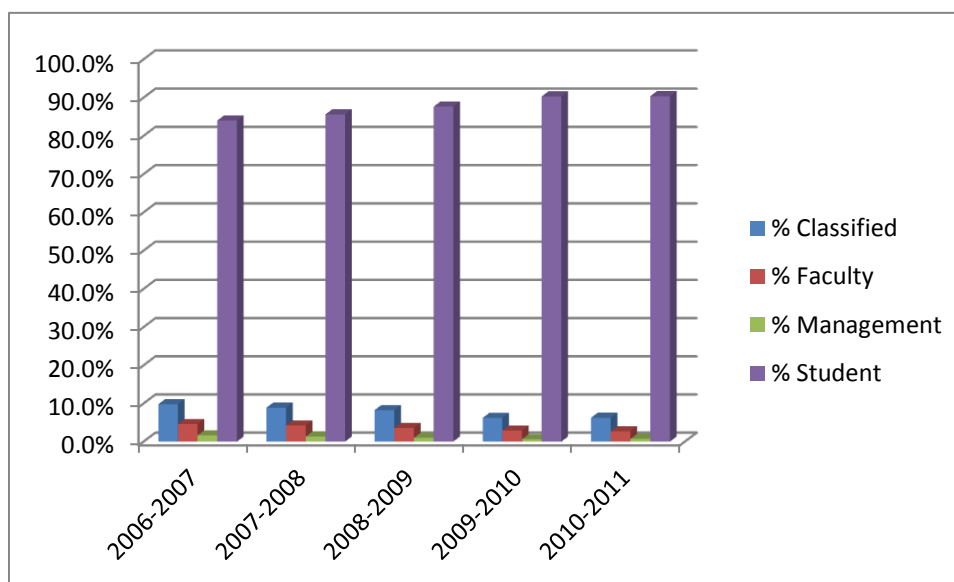
The Health Clinic began providing primary care type services in 1972, at the instigation of an ASLCC (Associated Students of Lane Community College) senator, John Loeber. In an article from the student newspaper, the Torch, Mr. Loeber described the “clinic’s responsibility as being to make sure that no student is deprived of educational opportunity because of illness.” Currently, Lane is the only community college in Oregon that has a full-service health clinic. The clinic provides health care to eligible students and staff when school is in session. Students taking credit courses on the main campus, all full-time staff, and some part-time staff pay a \$12 fee each term, which currently provides 47% of the clinic funding; the remainder of clinic funding comes from the college’s general fund. Visits are usually free; other services, such as lab, are low-cost. Patients are seen for both acute and chronic health problems and preventive care. The clinic provides physicals and vaccinations for many programs, including some that are not for credit, like the EMT basic and CNA programs. The clinic also provides outreach education to classrooms and departments. Providers are licensed physicians, nurse practitioners and a registered nurse. Students work in the clinic as Federal work study students or have co-op placements in the clinic. Providers respond to medical emergencies on campus when the clinic is open.

Numbers at a Glance

Table 1 **Users and Number of Visits per Fiscal Year**

	2006- 2007	2007- 2008	2008- 2009	2009- 2010	2010- 2011
Unique Users	2,380	2,422	2,584	2,961	2,948
Total Visits	6,701	6,805	6,812	8,369	8,056

Chart 1 **Health Clinic Use by Group**



Stakeholders and Relationships

The Health Clinic is deeply interconnected with Lane Community College individuals and departments, and with the community at large.

Internal Customers and Connections

Campus Community

- Participation in emergency response and emergency/pandemic planning
- Flu vaccinations for staff and students
- Updates on health issues through the Weekly newsletter, the Torch and our website
- Area for breastfeeding/pumping or lying-down if feeling unwell
- On-site urgent, acute, chronic and preventive healthcare for employees and students who pay \$12/term Health Clinic fee; low cost labs and procedures; emergency response for anyone on the main campus
- Coordinated response to yearly state vaccine compliance audit

Employees

- On-site healthcare allows employees to leave work to use clinic for up to two hours without having to use sick time, preventing time loss and preventing visits from being added to college insurance experience
- Education support to faculty on health related issues, provide guest speakers on health topics
- Consultation regarding possible infectious disease issues
- Training on emergencies in the classroom, blood-borne pathogens, other health and safety issues

Students

- Prevention of costly emergency room visits for routine problems
- Maintenance of health so students can pursue and complete studies
- Interviews for prospective health professions students
- Health updates through the Torch newspaper and clinic website
- Work placement for Federal Work Study, Learn and Earn and Student Workers
- Placement for co-op students in Health Professions programs
- Vaccinations, TB screening for other types of co-op students in community settings
- Participation in CCare, the state family planning program which provides free reproductive health care and contraceptive supplies to people with low income and no insurance.

DepartmentsPublic Safety

- Reciprocal assistance with emergency response
- First aid kit maintenance
- Officer vaccinations (OSHA)

Housekeeping, Facilities, Specialized Support Services

- Immunizations for OSHA compliance

Early Childhood Education

- Blood-borne pathogen and medication administration training
- Consultation on children with possible infectious diseases

Disability Resources

- Reciprocal consultation and support for accommodation requests

Counseling

- Reciprocal consultation and support for students with mental health issues

Health Professions

- Low cost physicals, vaccines, lab work for students in all Health Professions programs
- Co-op or clinical placements for students in Health Records Technology, Medical Transcription, Medical Office Assisting and Nursing

Continuing Education

- Low cost physicals, vaccines, screening for students in continuing education programs, including co-operative education placements

Workforce Network

- Support for vaccines and TB screening for Certified Nursing Assistant grant program

Wellness Program

- Collaboration on wellness activities for employees

Other

- Case study for the Health Information Technology program
- Placement of Specialized Support Services clients
- Senior Companions: low cost physicals for applicants who have no medical resources
- Foundation: Health Clinic has account for students unable to pay for needed services from the clinic (for instance follow-up procedure for abnormal pap, biopsies)

External Customers and Connections

- HIV Alliance: Support for tuberculosis screening; provide clinic space for HIV testing events
- Lane County Mental Health: Support for mental health clients enrolled at LCC; staff receive assistance with diagnosing, treating, stabilizing complex mental health patients
- OHSU: precept nurse practitioner students; Dr. Hacker is an Affiliate Assistant Professor of Family Medicine
- U of O: pre-med students shadow Dr. Hacker
- Other community college programs: occasional placement of student for a clinical rotation (example, recently, Central Oregon Community College has placed several Health Information Technology students at Lane; Umpqua CC has placed an RN student here)
- Lane County Health Department: two-way support for dealing with infectious disease, vaccine issues; e.g. the Health Clinic provided six months of observed therapy for a Lane County tuberculosis patient
- State Health Department: provides low-cost lab services; two-way work on family planning program; liaison (bidirectional) for infectious disease concerns

- Volunteers in Medicine: provides the clinic with surplus medical equipment and supplies; local safety net clinic occasionally provides specialty care for LCC students in need
- Supplies that are donated to the Health Clinic and cannot be used in the clinic are donated to medical missions to other countries
- PeaceHealth Medical Group often supports students who cannot afford specialty care through their Bridge Program
- Support to emergency responders from Goshen Fire Department and Springfield Fire and Ambulance: clinic personnel respond to emergencies and evaluate, sometimes averting an unnecessary ambulance/fire call or assessing and stabilizing a patient who does need to be transported.
- Consultations to other institutions about starting a campus health clinic: The manager has been contacted by Chemeketa Community College, Portland Community College, Eastern Oregon University, Clackamas Community College, Arkansas State University at Mountain Home, Kirkwood Community College in Cedar Rapids, Iowa, and others
- Other community health care providers: the Health Clinic collaborates with others on the care of mutual patients, and a number of specialty providers give consultative advice to our providers.

Student Success Story

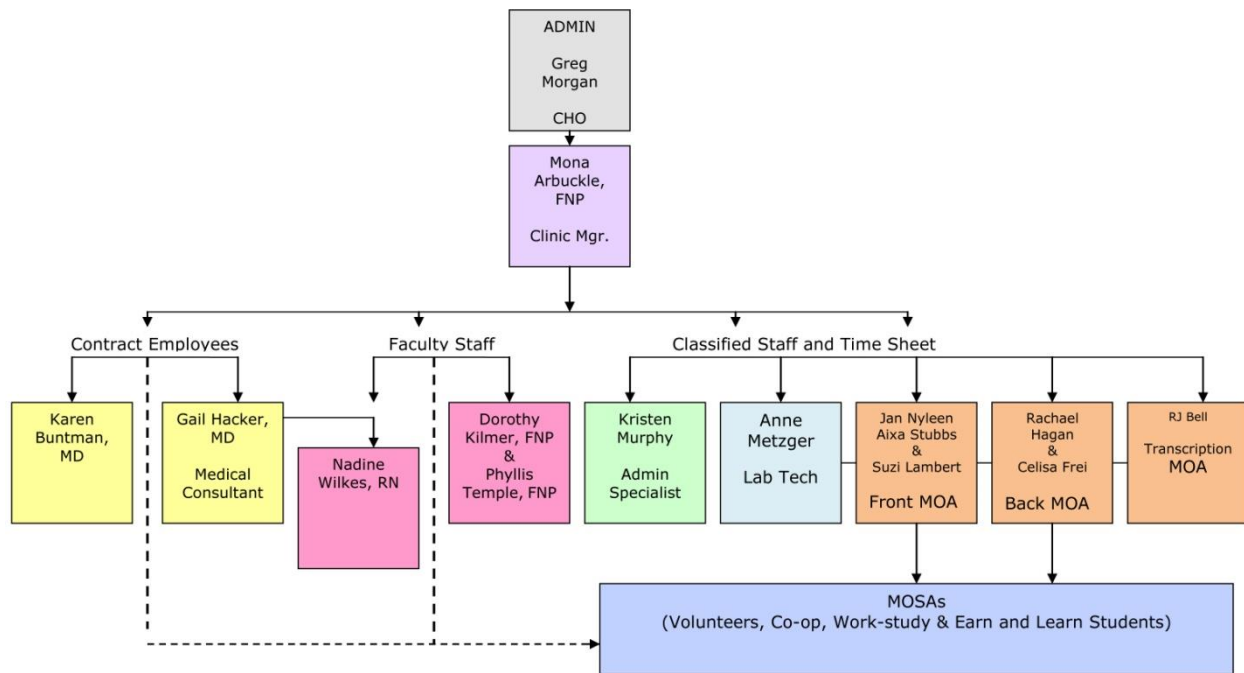


A 29-year-old student came in about a sore on his jaw that he had had for some time. Initially it was treated with an antibiotic, but did not improve. The Nurse Practitioner referred him to the physician, who biopsied the lesion. It was identified as invasive basal cell carcinoma. The student did not have insurance or money for surgery or a specialty consult. Our physician called a dermatologist in the community, who agreed to treat the patient. The specialist performed a large excision of the cancer and did not charge the patient. The patient later required other specialty services which were arranged by our physician and provided without charge. The patient has been able to continue school over the past year without his medical issues and the cost of treatment adding to his financial burden or stress.

Structure and Staffing

The Health Clinic falls under the supervision of the Chief Financial Officer. It is led by a half-time Manager who also works as a half-time Nurse Practitioner. Health Clinic staff are team-oriented and much of the decision-making is collaborative and consensus driven.

Chart 2 **Health Clinic Organization Chart**



Staff includes two part-time, contracted physicians who work a total of 27 hours per week; one is the Medical Director who is responsible for the RN's standing orders, maintains lab compliance and provides education, consultation and guidance to the providers and to the clinic as a whole.

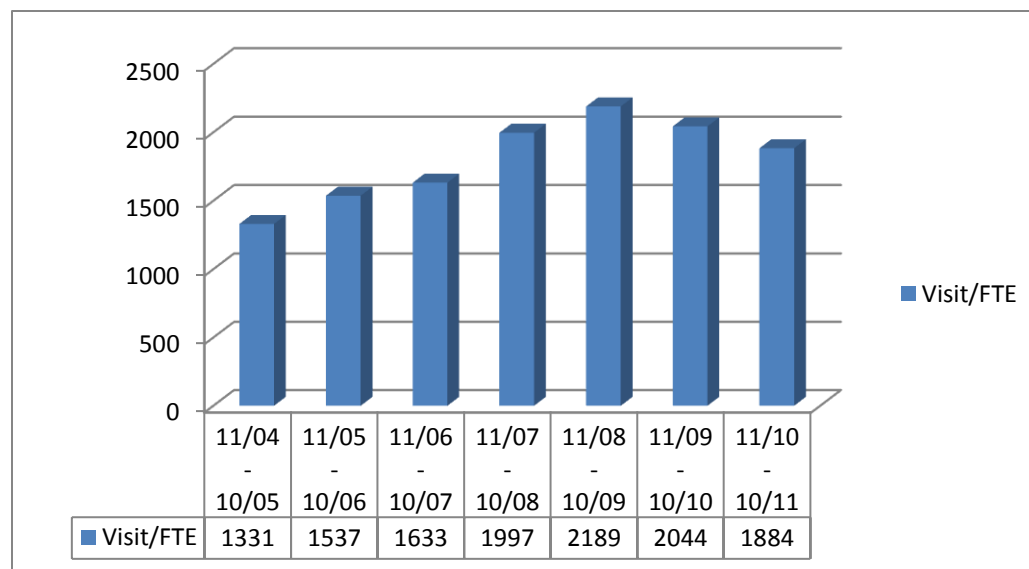
In addition to the Manager's half-time nurse practitioner practice, there are two other nurse practitioners and a registered nurse who works under standing orders. This practice is fairly unique, allowing the RN to diagnose and prescribe for certain common medical conditions independently, while she may need to refer other patients to a "higher power" (MD or NP) or consult with same. The RN role has also developed a very strong nurse-educator role, thanks to Nadine Wilkes, who has occupied this position for 19 years. Support staff includes a full-time medical transcriptionist, 2.5 schedulers, 1.5 medical office assistants, part-time Medical Technologist and an administrative specialist. Nurse practitioners and the RN belong to the faculty bargaining unit which has a 172-day work year, which is allocated according to clinic volume and provider preference.

The Health Clinic has worked with the College's Specialized Support Services program to create a 4.5 hour/week position for a developmentally and physically disabled employee, who puts together registration packets. This worker had always dreamed of working in the medical profession, and now he does!

The Health Clinic has a retired Registered Nurse who volunteers approximately 8 hours/week helping patients obtain medications through patient assistance programs. An example of this service: an asthmatic student may receive a 3 month supply of Advair and Ventolin, approximate cost \$645, for free by working through the company's patient assistance program. Many of our patients would go (and have gone) without the medication if they had to pay for it themselves, and could incur medical bills when they have to go to the hospital for their uncontrolled asthma.

The Support/Provider FTE ratio is 1.59. The industry standard is 2.5 to 4.0. This does have an impact on productivity of each provider. Improvements in the visits per provider (physician, nurse practitioner, RN) most likely reflect improved support over time; recent decreases may be due to temporarily unfilled support positions.

Chart 3

Visits/Provider FTE

At this point, 2000 visits/year/provider FTE might be a reasonable expectation. The staff initially set a goal of an average 15 visits/day (7 hours of patient care) per provider. While staff at large health centers often see 20-40 patients per day, there are questions as to whether this is really productivity. Health Clinic providers often do their own lab draws, immunizations and also have to leave the clinic and their scheduled patients to respond to emergencies. Clinicians at LCC spend a significant amount of time educating patients about their condition, their treatment and how to use the health care system.

Education is at the heart of our work

Lane clinicians spend a significant amount of time educating patients about their condition, their treatment and how to use the health care system.

In a recent article in Forbes magazine, Robert Glatter, MD suggested, *“Productivity should not be based on metrics, but patients, and their specific needs, in order to produce high quality, reproducible outcomes with attention to cost containment through evidence based medicine. This is a work in progress and will continue to evolve over time.”*ⁱ

“No-shows” present a significant challenge for scheduling and efficiency.

In addition to a low level of staff support (ability to delegate labs, injections, etc. to skilled support personnel), a major limiting factor is our “no-show” rate. No-shows are appointments that were scheduled but the patient did not call to cancel the appointment. Patients who call to cancel, especially with 24 hours’ notice, will give patients urgently requesting an appointment a chance to be scheduled in. In 2010-2011, the Health Clinic had 8,056 completed appointments, but 1,054 no-shows, which is an average of about 5/day. If those appointments were cancelled instead, then filled, the Health Clinic would have had the capacity to see 1,054 more patients, for a total of 9,110 visits. Most of those appointments are not filled because the appointment is half over before it is clear the patient is not coming. In 2010-11, the Health Clinic initiated a charge (\$10 per no-show up to three, then \$25 per no-show). Not all no-shows were charged, for a variety of reasons, but the Health Clinic did charge 606 times for missed appointments. This does not seem to be having a deterrent effect. All patients are informed when they register that they are at risk for this charge if they do not cancel their appointments. Most likely, further education is a part of the answer. In addition to this, maintaining a wait list for last minute appointment fills would be beneficial. This function currently exists in our scheduling program but is not user-friendly.

Another potential solution for no-shows is to get better statistics on which patients fail to show up for their appointments. Are there correlations between certain types of appointments and no-show rates? There is a sense in the clinic that there is a high rate of no-shows for sexually transmitted infection testing, for example, but our current scheduling program makes it impossible to extract this data to verify the theory. The Health Clinic staff is looking for better reporting capabilities in a new practice management/electronic health record system.

Locations

The Health Clinic is located on the main campus, in Building 18, Room 101. At present there are no outreach clinics. When other campuses request services (for instance, a TB screening clinic at the Downtown Center), Health Clinic staff use whatever space is available. Health Clinic staff have provided outreach clinics to the downtown campus for CNA classes (TB testing, flu clinics) and, in the past, the Cottage Grove campus (flu clinics).

In some respects, the entire campus is our location: during open clinic hours, providers respond to emergency calls, from a seizure in a classroom to a burn in the cafeteria, a fall in the parking lot or chest pain in the Boardroom. The emergency responder carries a comprehensive emergency kit which includes emergency medications, diabetic supplies and a nebulizer and depending on the nature of the

emergency, another kit with AED (automated external defibrillator) and oxygen. The clinic has purchased an electric “ambulance” cart which has been helpful, for instance, in transporting someone with a seriously injured knee back to the clinic for further assessment and stabilization. In the previous four terms, the clinic logged 153 incidents of emergency or urgent responses.

When employees started using the Health Clinic in September, 2005, it was recognized that the Health Clinic had been lacking work space for some time. The waiting room was so small as to make patient confidentiality a constant challenge, and providers only had one exam room each, which limited efficiency. The clinic moved from the Center Building to Building 18 in 2005. The current clinic has 4,972 square feet of space.

Providers (physicians, nurse practitioners and RN) each have two exam rooms. There is one pair of rooms that is used only 50% of the time, otherwise “pods” are usually fully utilized. There are three cot rooms that are frequently in use by patients who are ill, getting treatments or evaluations, or breastfeeding. Since moving into the current location, two full-sized file cabinets have been added, which is causing cramped quarters in the front office. A full-time transcriptionist and a Learn-and-Earn transcription student have been added to the front office, along with a time-sheet medical clerk. The Specialized Support Service employee works in the employee break room. Student workers work at any available space (there is one hallway work-station that holds one person). It is beginning to be difficult to find work space for everyone in the clinic, sometimes.

The Wellness Room (Building 18, room 105) is available for meetings and interviews when necessary, as well as shot clinics or educational events, as long as there are not already Wellness classes scheduled there. Closer collaboration with the Wellness Program might lead to creative solutions that would allow the Health Clinic to use this space in other ways.

Funding Structure

As shown in Table 2, major sources of Health Clinic revenue are student fees and employee fees, college general fund transfers for student and employee services, and other fees and charges. For comparison, fiscal year 2007 revenues were \$856,774, with 59% provided by the college general fund. In fiscal year 2012, general fund support comprised only 47% of the clinic’s \$1.3MM in revenue. The primary drivers for the relative decline in general fund support are a \$4/term student fee increase implemented in 2009 and double-digit enrollment growth.

Table 2

Health Clinic Revenue

FY2005-2012

Revenue Source	2007	2008	2009	2010	2011	2012
General Fund Student	277,081	280,344	279,847	178,516	356,153	370,801
General Fund Employee	231,650	248,040	233,287	243,648	245,413	242,821
Student Fees	208,921	212,602	228,968	446,316	474,096	490,944
Employee Fees	26,687	23,329	25,996	57,226	62,556	60,848
Other Fees & Charges	112,435	127,635	145,021	126,968	174,926	152,459
Total Revenue	\$ 856,774	\$ 891,680	\$ 913,119	\$1,052,674	\$1,313,144	\$1,317,873
% General Fund Support	59%	59%	56%	40%	46%	47%

Chart 4 Health Clinic Revenue, FY12

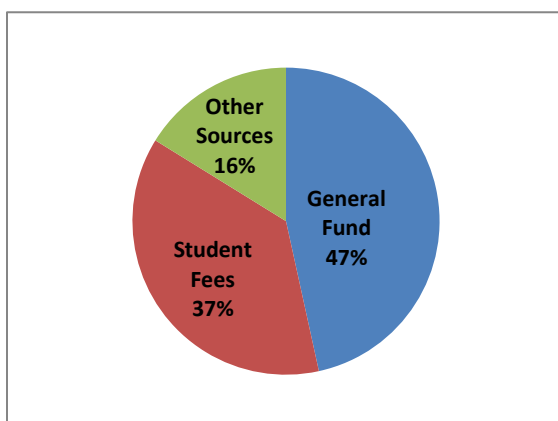
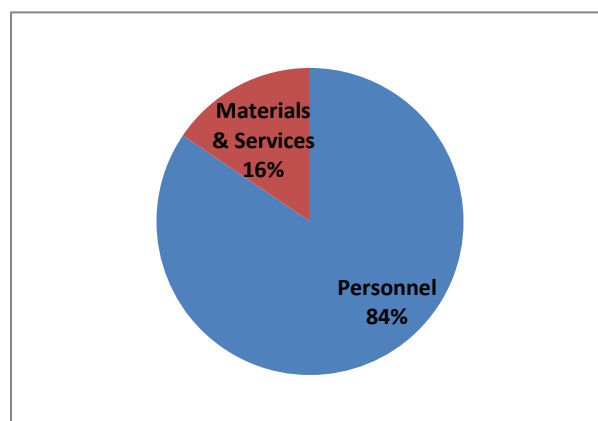


Chart 5 Health Clinic Expenditures, FY12



There are a variety of scenarios that can be explored for making the Health Clinic more financially self-sustainable. These could include billing insurance, charging a copay, billing on a sliding scale, trying to bring in more family planning income. These will be explored a little further in the planning section.

2. INDUSTRY INFORMATION

Associations/memberships

The Health Clinic is a member, through the Manager's individual enrollment, of:

- Oregon College Health Association
- Pacific Coast College Health Association
- American College Health Association

Nurse Practitioners are members of the Lane County Nurse Practitioners Association.

Trends

Trends in Health Care

- Increasing cost of care
- Increasing cost of insurance
- Decreasing numbers of people insured
- Move toward "Medical Home" or "Coordinated Care Organizations"; essentially keeping all medical care in one place with care management; purposes of which are to keep costs down and provide safer, higher quality care
- Move toward using electronic health records (EHR) to improve quality of care ("meaningful use" of the EHR) and to make care more efficient, safe and affordable.

Trends in the Clinic

- Increased enrollment/eligibility (from about 8,000 in 2008 to 15,000 now); this is now beginning to fall
- More part-time staff on campus (many not insured and not eligible to use the Health Clinic services)
- More mental health care (in 2008-2009 there were 1,533 appointments for mental health issues; in 2010-11 there were 2,547; an increase of 66%).
- Employers and employees are opting for lower cost, higher deductible health plans to save money on health care costs.
- A 2007 survey of Lane County by United Way showed that 25% of residents lacked money for doctor/dentist; almost 25% lacked money for medical insurance, over 15% lacked money for prescriptions.ⁱⁱ

"Mental health care provision, this component of the care of college students, has come to the forefront of discussions about health and safety on many campuses. National trends in mental health needs on college campuses have gained significant attention in the last several years. The 2007 National College Health Assessment data reveals that 43.2% of 20,500 student respondents on 39 college campuses felt 'so depressed that it was difficult to function' at least once in the 12 months prior to taking the survey."

ACHA Benchmarking Committee Report: 2010 Survey on the Utilization of Student Health Services (McBride et al).ⁱ

- At least a partial motivation for many students attending college is the availability of financial aid; unfortunately, the majority of financial aid now comes in loans, which will either burden students for some time to come, or will not be paid.

What does this mean for the college, the Health Clinic and our students? The Health Clinic is a vital resource for our students, many of whom live in poverty and are not insured. The rising cost of health care also affects the income of employees, as they increasingly have to pick up a portion of the cost of their benefits. The increasing use of part-time personnel leaves us with a pool of employees who may have health issues that affect job performance, for which they could receive care at the clinic. The trends of increasing cost of care and insurance can make Health Clinic services more attractive.

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The move toward Medical Homes puts the Health Clinic somewhat on the outside, as there is currently no after-hour coverage or official “Care Coordinator.”

The increases in enrollment tax the resources of the clinic and impact the quality and quantity of care provided by the clinic. Additionally, the severity of some mental health issues surpasses the training of our providers; yet outside mental health resources are often unavailable.

The Affordable Care Act (ACA) or “ObamaCare”, if fully enacted, may change the look of student health care completely. In theory, everyone will have insurance (although the definition of what constitutes a health plan for college students is still under debate, and the Act is under review by the Supreme Court).ⁱⁱⁱ If all students have full health coverage, student health centers will need to redefine themselves. If they bill insurance, there will be the question of “how is this better than having students go to providers in the community?” Some communities are concerned about the impact of adding a number of new patients to an already-strained system. If college health clinics no longer provide direct patient care, what will they do, and how will they be funded? According to the 2011 Current Population survey, in 2010, 49.9 million people were uninsured in the U.S.^{iv} With the recent Supreme Court affirmation of a portion of the ACA, the majority of these people could become insured; increased access to health care would be expected to put a strain on the ability of our current system to provide care, and Health Clinic services would still be of value. Under those circumstances, it would be likely the clinic would begin billing insurance.

The Health Clinic will need an electronic health record (EHR) system in order to provide an acceptable standard of safe care and to perform billing activities.

Key Metrics/Benchmarks

National surveys such as the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHMCS) do not include services provided at student health services. Student health service data are also not included in benchmarking data such as that from the MGMA (Medical Group Management Association). This is healthcare that is being provided, but not being captured by such surveys, and any similarities or differences from these national benchmarking bodies is not accounted for. ^v

Given that caveat, there are certain benchmarks that the Health Clinic has tracked, or could track to measure success. These include:

- Various measures of patient satisfaction
- Impact on students' ability to continue their classes due to Health Clinic services
- Impact on staff absenteeism (compared to time taken to visit off-campus clinic)
- Impact on health insurance claims experience
- Health clinic efficiency (number of patients seen, patients per FTE of provider, appointment productivity per provider)
- Cost of the average visit compared to community
- Utilization by different eligible groups
- Health clinic costs compared to other college/university health clinics

The electronic revolution is bringing a new dimension to collection of health care data. The ARRA (American Recovery and Reinvestment Act of 2009) and the Affordable Care Act of 2010 are requiring health care providers who bill Medicare and Medicaid to collect "meaningful use" data using electronic health records (EHRs). Although the Health Clinic does not currently bill these entities, this type of outcome data correlates with safe, efficient care, and will quickly become a standard of measurement for all health care providers. Meaningful use measures track things like how the clinic screens for and treats chronic health conditions.

Examples of the meaningful use criteria:

- Implement Drug-Drug and Drug-allergy interaction checks
- Generate and transmit permissible prescriptions electronically
- Report ambulatory clinical quality measures (such as certain labs for diabetics) electronically^{vi}

The Employee Health Clinic serves the college in a variety of ways that are difficult to measure. Examples include no-cost, no-copay visits and decreased time away from the desk. In contrast to leaving campus for an appointment with concomitant time for parking and waiting in the office, a visit to the LCC Health Clinic generally returns an employee within the hour, whereas the typical time loss for an appointment is 3 hours. The cost of a typical visit in the community is about \$100 (based on examination of employees' Explanation of Benefits statements). Many employees have their blood drawn at the Health Clinic instead of leaving campus: without including time savings, not charging a draw fee saves insurance costs. The Health Clinic would like to work more closely with college insurers to see how the Health Clinic, in conjunction with the Wellness Program, can save insurance experience and keep rates down.

Table 3

Estimated FY2012 Savings to College

Visits at \$100/each	\$266,400.00
Hourly savings	\$33,610.00
Draw fee	\$2,490.00
Total	\$302,500.00

3. STRATEGIC DIRECTIONS

The Health Clinic supports the College's Mission, Strategic Directions and Core Themes in a variety of ways, as outlined below and presented in Chart 6. It is unique in the Oregon community college arena, but may be a model for supporting students' ability to continue in their education and learn about an important aspect of their own lives. Lack of health care is a very serious barrier to staying in school, when an office visit costs about \$150 and a basic emergency room visit may cost \$800.

College Strategic Directions and Core Themes

A Liberal Education Approach for Student Learning

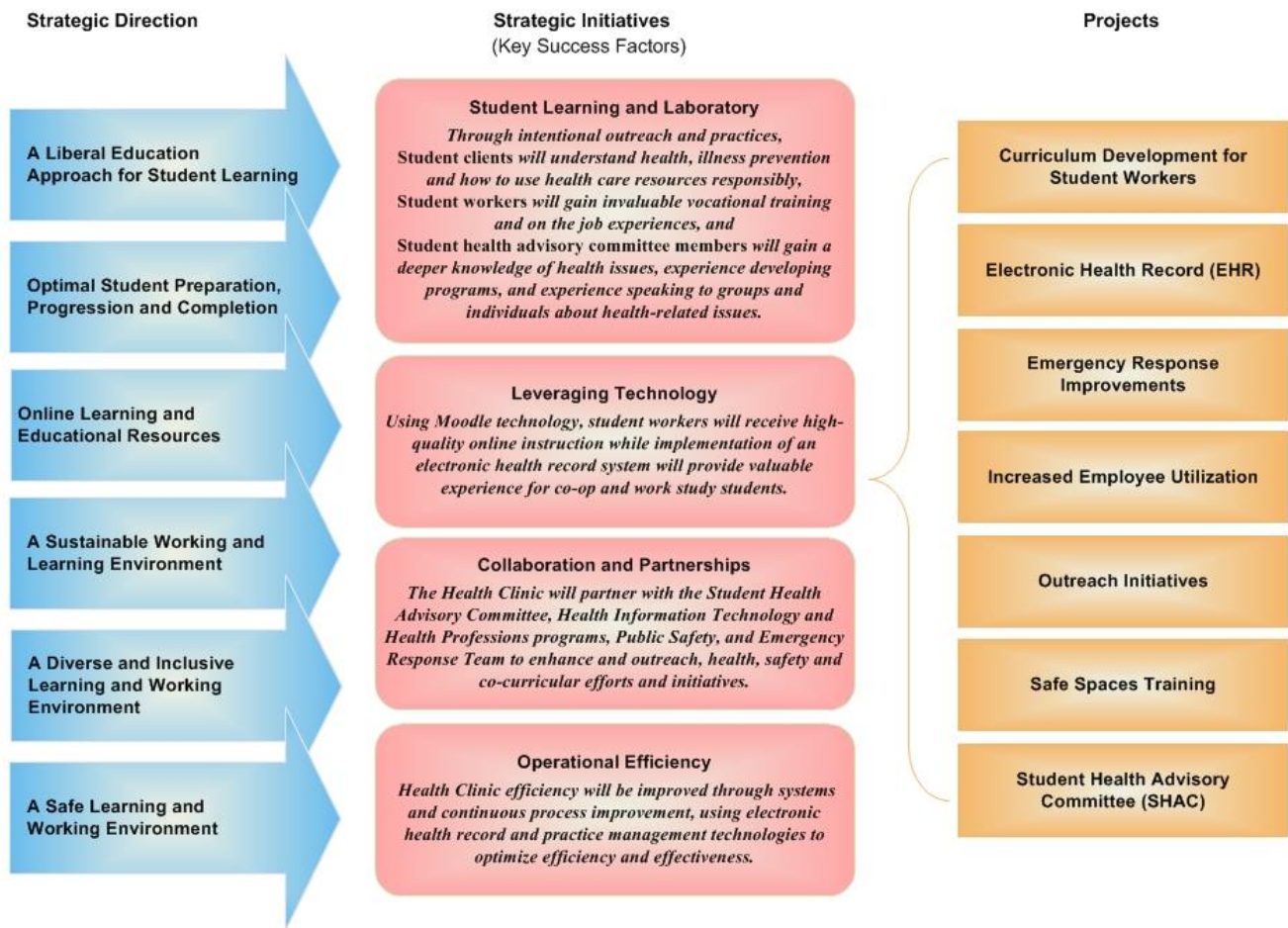
A liberal education "empowers our students to become global citizens, capable of communicating across borders and critically analyzing the evolving issues and problems they face." The Health Clinic empowers students by teaching its student clients to understand health, illness prevention and how to use health care resources responsibly.

Optimal Student Preparation, Progression and Completion

The Health Clinic is a service that supports student progression and completion. It is one of the "fiscally sustainable student services, support systems, supportive environments and resources necessary for students' successful preparation, timely progression and desired completion." In a satisfaction survey, 48.7% of surveyed students said the service they received at the clinic made "a great deal of difference" in their ability to stay enrolled or to enroll the following term; 20.8% said services made "some difference."

Chart 6

Health Clinic Strategy Map



Online Learning and Educational Resources

The Health Clinic has designed their website to include a number of educational resources. The Health Clinic continues to work toward obtaining and using an Electronic Health Record with a patient portal that will allow students to access their health information and educational resources online. The Health Clinic is also working on Moodle presentations to train its student workers and capture that FTE.

A Sustainable Learning and Working Environment

By obtaining an Electronic Health Record, the Health Clinic expects to save approximately \$8,000 in paper supplies. Health Clinic staff use supplies that are discarded by the Volunteers in Medicine clinic which sometimes receives excessive donations; and anything not used goes to medical missions. The Health Clinic is looking at a variety of ways to maintain or increase its fiscal sustainability.

A Diverse and Inclusive Learning and Working Environment

Health Clinic staff regularly update themselves on cultural differences in approaches to health care. Dr. Hacker has mentored a Russian physician for the last two years. Dr. Khedirova was able to show clinic staff different ways of addressing certain medical issues, sometimes much more cost-effectively. The Health Clinic assisted the president of the Black Student Union to sponsor an HIV screening event for women. Safe Spaces training has been conducted with about 7 employees attending and two also attending the “train the trainer” session, so that clinic staff can provide training, and invite students and staff to a place that welcomes diversity.

A Safe Learning and Working Environment

The Health Clinic promotes wellness among students and employees by providing wellness education and services for acute and chronic illnesses. The Manager of the Health Clinic is an active member of the Emergency Response Team and an adjunct member of the Threat Assessment Team. The Health Clinic’s RN acts as a guest lecturer in a number of classes each term. The RN also provides outreach immunization clinics to non-credit programs (such as that for Certified Nursing Assistants). The Clinic is a low-cost resource for physicals and immunizations for many of the Health Professions students and those engaged in athletics. Through a State-funded program, the Health Clinic has obtained free HPV vaccine for both men and women, and, with the assistance of a volunteer, obtains free medications for a number of students.

The Health Clinic served as the center of the response to pandemic H1N1 influenza, both in obtaining and administering vaccine and as a consultant to the greater campus community. Health Clinic personnel serve as first responders for emergencies on campus, and provide education to departments on how to deal with students’ health issues.

Lane Community College Core Themes

As outlined in the previous section, the Health Clinic has supported the college through the Strategic Directions. It is the goal of the Health Clinic to support all of the college’s Core Themes, but it finds its special strengths in:

Foundational Skills

Nearly every visit to the Health clinic is accompanied by education. A provider does not simply say, “You have a sinus infection, here is a prescription.” They educate the patient on how they got the infection, how to prevent future infections, how to use lifestyle and self-care to take care of themselves, and about the treatment.

Many of the College’s younger students have no experience accessing health care on their own; at Lane they learn how to make an appointment, what happens when they don’t show up for or don’t cancel an appointment, how to get a prescription refill, how to ask questions about their health or their care. Others come from an era with “I just want a pill for it”, and staff explain why that is not always the best approach.

Staff teaches patients how to evaluate the health information they obtain online for safety and accuracy. The Health Clinic is also a place for co-op students to hone the skills they are learning in their health professions and health information technology classes. Our RN provides foundational skills through her outreach to classes and programs.

Community Education

Health Clinic staff support community education classes, such as CNA 1 and EMT Basic, by providing immunizations and physicals. Some of the CNA classes are also part of a Workforce Network grant.



Student Success Story

A student recently released from prison came to the clinic. She was taking three blood pressure medications when in prison; had no insurance and no way to get additional refills on the medications. The Nurse Practitioner saw that all three medications are on a local pharmacy's "four-dollar list". She advised the patient of this: not having had to pay for her own prescriptions in the past, the patient was pleasantly surprised. Her blood pressure was well-controlled with her current medication regime. The NP discussed the need to stay on the medications and told the student that uncontrolled hypertension can lead to congestive heart failure over time; encouraged her to check out the Fitness Education Center program at Lane and gave dietary advice. She suggested the student return for a chemistry panel, since her medications can cause electrolyte imbalances. The chemistry panel will cost about \$14, compared to \$30 if it were ordered by a primary care provider. The visit is free.

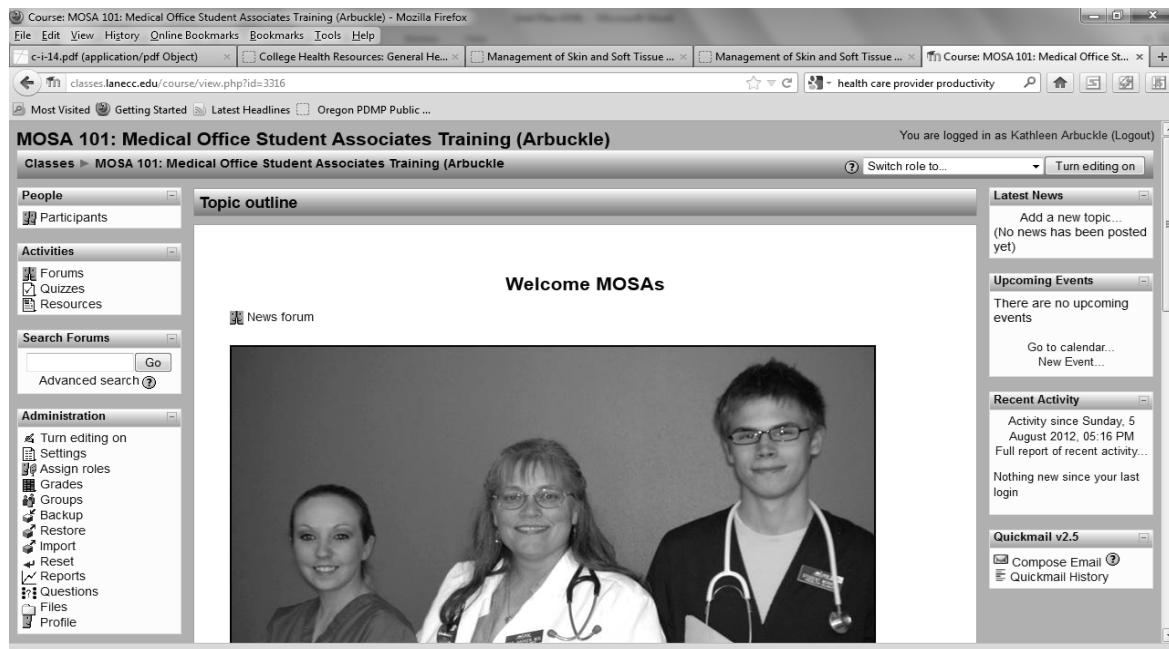
that will help us determine what work flow changes might take place with implementation of an EHR. A Request for Proposals (RFP) has been published and results are being evaluated. The Health Information Technology Specialist program created an initial Vendor Requirements document and the Information Technology department provided essential input into the requirements for the RFP. The next step will be to finish evaluating the RFP responses, select vendors for consideration, possibly do site visits and then create an implementation plan for the selected product. The selection committee includes the manager, Dr. Hacker, a scheduler, a Health Information Technology instructor and three Information Technology representatives, but input will be solicited along the way from any and all stakeholders.

2. FTE

The Health Clinic provides fairly intensive training to its Federal Work Study students. Training includes HIPAA (Health Information Portability and Accountability Act), blood-borne pathogens, other safety information, professionalism, front office tasks (phones, handling medical records), and back office tasks (rooming patients, taking vital signs, sterilizing instruments, stocking supplies). The Health Clinic has developed several educational modules and is looking toward making the training more standardized and recording this as FTE. The manager has received training in using Moodle, a web-based instruction program used widely across the campus. Modules have already been written for blood borne pathogens and HIPAA instruction, as shown in Illustration 1.

Illustration 1:

Moodle Module



3. Student Involvement

The Health Clinic sprang from John Loeber's involvement as a member of ASLCC. He had a good idea and he followed it through. The Health Clinic has lost this involvement. There has often been poor turnout at things like flu clinics and diabetes screening clinics for students. There are very few health promotion activities on campus for students.

Health Clinic staff support an initiative to create a Student Health Advisory Committee (SHAC) which is something of a standard at University Health Clinics. This may be combined with or in addition to an Employee Health Advisory Committee. Membership in a SHAC would be a developmental opportunity for students, and would provide needed user input to the clinic. Some college health clinics also employ peer educators, who complete a series of seminars on health topics and can provide outreach to groups, classes and individuals. This type of group could be the basis for a new "learning community" and could provide FTE to the college, as well as support for a staff already stretched thin. RN Nadine Wilkes has received an innovation grant to support the activities needed to develop those programs.

4. Increased Employee Utilization

It is very difficult to capture how much employee utilization impacts the cost of benefits at Lane. In its initial year as the college's insurer of record, PacificSource informed college leaders that while cost for the community as a whole increased 12%, Lane's cost increased only 6%. Was this because of employee use of the Health Clinic? There is no way to know. A few heavy users of health care (an employee needing cancer treatment or an organ transplant) can have a huge impact on our health care costs. In that year, however, one could look at the number of visits made by employees, multiply it by the average cost per visit and time lost due to an off campus trip, and the savings were estimated at \$302,500. It makes intuitive sense that higher utilization by employees might improve health insurance costs. Creating programs that interest employees, getting word out about the conveniences and services at the health clinic, working more collaboratively with the Wellness Program and continuing to seek input from those who use the clinic may improve utilization.

5. Coordination of Emergency Response

Response to medical emergencies takes a toll on limited Health Clinic and Public Safety staff. The Health Clinic continues to work with Public Safety and our local emergency responder, Goshen Fire, to determine the best way to triage calls and dispatch responders and limited resources. The Health Clinic continues to participate in working with Risk Management and Facilities to evaluate and mitigate hazards on campus, and to participate in crafting the Emergency Response plan for the college.

4. SELF-EVALUATION

Narrative

The Lane Community College Health Clinic is unique among Oregon Community Colleges. It provides services to a population in need, contributes powerfully to student retention, and strongly supports the College Mission, Strategic Directions and Core Themes. Health Clinic staff work effectively and creatively to serve students and employees of the College. The clinic serves as a model and consultant to other colleges wishing to provide similar services.

Department-Specific Benchmarks

Patient Satisfaction: The last patient satisfaction survey was conducted in 2008. There were many questions about different aspects of service at the clinic, for example “Gives you good advice and treatment” to which 87.2% responded “great” and 10.2% responded “good.” Since the types of surveys done in the past have varied, it is difficult to track satisfaction as a benchmark. A consultation was done with Institutional Research Assessment and Planning (IRAP) and it was suggested that we determine a few key factors to track, and consider using a postcard or something like Survey Monkey to gather responses because there is some “survey fatigue” seen in the general population.

Student Retention: Staff felt our 2008 survey question, “How much difference did your care in the clinic make in your ability to stay enrolled this term or to enroll next term?”, to which students replied “a great deal” (40.8%) or “some” (28.7%), is an effective retention indicator. This question will be included in an annual survey of clinic users.

Impact on Employee Insurance Claims Experience and Employee Absenteeism: The Health Clinic hopes to improve collaboration with the Wellness Program and possibly with Pacific Source to see how data can be obtained on employee health issues and create programs that can improve claims experience and decrease absenteeism, as well as evaluate our impact on both.

Utilization: The clinic’s new practice management/electronic health record should provide opportunities to better evaluate who is using the clinic and why, and to provide data that will support and inform efforts to deal with the “no-show” problem.

Efficiency: Given a projected spate of retirements, the Health Clinic is seeing an opportunity to review and revise its staffing structure. This should allow providers and support staff to “practice at the top of their license”. An example: retirement of our Medical Technologist has moved us toward the decision to make our current Medical Director, Dr. Hacker, the Lab Director. The Health Clinic lab level has been dropped from moderate to low complexity, which will not have a significant impact on services provided, but will allow the Medical Technologist position to be filled with a time-sheet Medical Office Assistant at a cost savings. This, and other changes, may allow us to redirect some revenue toward another part-time or full-time medical services provider, preferably someone with strong skills in mental health.

Other services: In addition to efficiency ideas mentioned in the previous section, developing a “Special Clinics” track is already underway. This year the Health Clinic has done a number of special immunization clinics for Facilities and Public Safety staff, and for the continuing education CNA classes. To streamline these, we are working on an Agreement that will specify services and costs to these outreach sites, hope that when Nadine Wilkes, RN, leaves the College, we will be able to staff these clinics with Medical Office Assistants.

Financial Performance

The Health Clinic has benefitted from increased enrollment and had a large “carry forward” each year for the last several years. The clinic has consistently been a good steward of funds, and this will continue, but enrollment is now dropping. Much of the net working capital will be expended in the coming year for the purchase and support of an Electronic Health Record system, but this investment will yield long-term cost savings and also contribute to safer, more effective care. The Health Clinic continues to evaluate staffing and will be undergoing some dramatic staff changes in the coming year with four potential retirements. This is an opportunity for restructuring roles (see above, “Increasing Efficiency”) and finding ways to provide the same or more services with a different mix of staff.

There is reason to think the Health Clinic could potentially become nearly or completely self-sustaining, if the ACA provides health insurance to all Americans, which would allow a return of general fund money to the College budget.

Outcomes and Measurements Review

Table 4 maps benchmarks/performance indicators that the Health Clinic would like to track in the future.

Table 4 **Key Performance Indicators**

KPI Measure	Previous Measurements	Future Measurements
Satisfaction	Last survey done in 2008, multiple measures	Select most meaningful survey questions from previous survey for comparison in future survey; biannually
Student Retention	Part of satisfaction survey in 2008: “How much difference did your care in the clinic make in your ability to stay enrolled this term or to enroll next term?”, to which in 2008, students replied “a great deal” (40.8%) or “some” (28.7%).	Repeat question in future surveys
Impact on insurance	No previous data	Work with insurers to see if outcome can be measured

KPI Measure	Previous Measurements	Future Measurements
Impact on absenteeism	No previous data	Explore way to measure this
Utilization	See Table 1, p. 2: Users and Number of Visits per Fiscal Year	Compare to previous data annually
Efficiency	See Chart 3, p. 7: Visits/Provider FTE;	Compare to previous data annually
Other services	No previous data	Collect solid data on outreach activity: immunization clinics, guest lectures, etc.
Financial Performance	(1) Percent to which clinic is self-sustaining (currently 53% from General Fund, 47% from student fees) (2) Cost per visit: no data at this time: can develop formula for historical data	Track percentage self-sustained and cost per visit

5. LOOKING AHEAD

The Health Clinic staff intends to continue moving forward with current strategic initiatives:

- Electronic Health Record
- Capture of FTE for instruction given in the clinic
- Improving student involvement/utilization of the clinic
- Improving employee utilization of the clinic

In addition, Health Clinic staff will be exploring other goals:

- Reorganizing the budget to align student/employee clinic revenue/expenses to reflect the real utilization by these groups; and improving the ability to track revenue/expense for pharmacy, reproductive health and lab to be sure programs are cost effective
- Preparing for changes in medical coding and the possibility of insurance billing (tracking the progress of the Affordable Care Act)
- Improving collaboration with the Wellness Program
- Increasing mental health services
- Possibility of accreditation as an ambulatory health center
- Increasing revenue from family planning program through marketing the program
- Partnerships with local agencies such as the Lane County Health Department, Lane County Mental Health and Community Health Centers of Lane County

Summary

The Lane Community College Health Clinic is unique in the State of Oregon, and provides a model that is being looked to by other community colleges across the state and the nation. It is deeply interconnected in the college community and the greater community. The clinic is innovative and strongly supports the college's Strategic Directions and Core Themes. Every patient visit and outreach event enriches the education and lives of students.

Footnotes:

ⁱ <http://www.forbes.com/sites/robertglatter/2012/05/30/how-should-we-define-productivity-in-healthcare/2/>

ⁱⁱ <http://unitedwaylane.org/images/ul/07commassetsexecsummary.pdf>

ⁱⁱⁱ http://www.acha.org/Topics/Health_Care_Reform/March16_2012_update.cfm

^{iv} <http://aspe.hhs.gov/health/reports/2011/CPSHealthIns2011/ib.shtml>

^v

http://www.acha.org/Topics/docs/ACHA_Benchmarking_Report_2010_Utilization_Survey.pdf?section=unknown&task=3&CATEGORY=PUBS&PRODUCT_TYPE=SALES&SKU=SP19&DESCRIPTION=Professional%20Publications&FindSpec=&CFTOKEN=46247844&continue=1&SEARCH_TYPE=find&StartRow=1&PageNum=1

^{vi} http://www.cms.gov/EHRIncentivePrograms/Downloads/MU_Stage1_ReqSummary.pdf