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Improving Access to Preventative Health Services at a Small College

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ABSTRACT

Student health offices are charged with the responsibility of improving primary care activities around the priority health objectives set forth in the Healthy Campus 2020 guidelines, established by the American College Health Association in 2012. This quality improvement project aimed to increase student's access to these activities by implementing screening and prevention education in every health care encounter and through improving the overall utilization of a student health office.

Keywords: college health, health behavior change, health education, Healthy Campus 2020, student health services/utilization

The American College Health Association has developed Healthy Campus 2020 (HC 2020) objectives to guide college health offices in their efforts to improve the overall health and well-being of the students they serve.[1] These objectives address health education, screening, and primary prevention in priority areas, which include health issues impacting academic performance, substance abuse prevention, injury and violence prevention, access to mental health services, infectious disease prevention, and reproductive health.[1] Traditionally, students are exposed to these screening and education interventions in "annual exam" visits to their student health office. Changing the model to include primary care and prevention in every visit type, including "walk-in" acute care visits and promoting preventative health service access through increased utilization of a student health office, increases the amount of exposure that students have to the HC 2020 health education objectives.

LOCAL PROBLEM

Promoting activities and developing policies and practices that support the student's academic performance and retention is a top priority for this and most colleges. An advisory team for this quality improvement project (QIP) was formed to guide the student health office on how best to support this goal. The team consisted of academic leadership, students, faculty, and the student life team. They identified the need for the student health office to improve screening and education in the office and to increase the student utilization of health services. Before implementing this QIP, preventative care, screening, and health education only occurred in annual physical exam appointments. So, although 52.4% of enrolled undergraduate students in 2013-2014 utilized the student health office at least once for some type of visit, only 4% of the enrolled undergraduate students in that academic year had annual "well adult" visits in which preventative health screening and education were conducted.

STUDY QUESTION AND INTENDED IMPROVEMENT

The primary aim was to increase student utilization of the health office by all undergraduate students by 25%, which would result in an increase from 52.4% to 65.5% of the students seen in an academic year. The process aim was to integrate primary preventative care into every visit type so that every student who utilized the health office received education and screening around the HC 2020 priorities.

METHODS

Oversight and approval for the QIP was obtained through the University of Colorado-Denver College of Nursing Doctor of Nursing Practice Capstone Bridge Committee to ensure this project continued to be consistent with quality improvement principles. We followed quality improvement process guidelines

from the Agency for Healthcare Research and Quality,[2] and adhered to the adapted Standards for Quality Improvement Reporting Excellence guidelines.[3] The quality improvement committee and the academic leadership team for this project lent their expertise and insight into the "Plan, Do, Study, Act" cycles[4] that were conducted for this QIP.

The primary aim of this project was to increase the number of students who use the student health office. Ethically, it was important to make sure that there were no financial consequences for students. Co-pays and deductibles for services are not collected through the student health office. The 1996 Health Information Portability and Accountability Act[5] guidelines were strictly followed. Utilization data were aggregated by class and not by student. Screening tools that assessed for health behaviors and issues were incorporated into the intake paperwork and the electronic health record. Individual results and subsequent health behavior interventions remained in the student's confidential medical chart.

SAMPLE AND SETTING

The setting for the QIP was a 4-year college in the western United States. The population consisted of the 2014-2015 enrollment of undergraduate students. There were 348 undergraduate students enrolled in the fall of 2014 and 354 in the spring of 2015. Students ranged from 17 to 31 years of age with 90% of them < 23 years old. Approximately 86% of the students lived on campus and 18% of the students were from outside the US. The health office was staffed with an advanced practice nurse and a physician, as well as a front office assistant.

PROCEDURE FOR DATA COLLECTION

The health office utilization data were collected each month through the appointment tracker in the electronic medical record. Data were reported by total number of visits by all undergraduate students (total utilization, as well as the number of students seen at least once—unduplicated student utilization). The specific measure for unduplicated undergraduate visits was counted over the course of the academic year. Health office utilization was tracked in run and control charts, which reflected the weekly total number of students seen, divided by the total number of available appointments. At the end of the QIP, the total number of visits, total number of unique, unduplicated freshmen, and undergraduate students seen at least once were reported.

INTERVENTIONS

Education

To promote a culture of seeking health care consultations and interventions for wellness, students were exposed to health education programming which emphasized these services. This occurred through orientation sessions, school newspaper articles, Facebook announcements, and poster campaigns. Health promotion visits were also encouraged in individual encounters with students attending auricular acupuncture clinics and flu clinics.

All students who sought care in the health office received primary prevention messaging and secondary screening with follow-up on health issues related to the HC 2020 goals at each visit. These included referrals for mental health issues, screening for health problems that impact academic performance, prevention of injury and violence, evaluation for reproductive health issues, substance use and tobacco, and immunization needs.

Scheduling

The health office also offered same day walk-in appointments at any time. Previously, there were specific "walk-in" times only from 12:00 noon to 1:00 PM. The clinic was opened around the students' academic class schedule, offering periodic weekend, early morning, and evening clinic times and improving ways that students could make appointments. Appointment scheduling was traditionally done by phone or in person. We added email, text, and self-scheduling web portal options for the QIP. The no-show rate remained low (< 5%) because of these changes in scheduling and also the availability of the health office to accommodate same-day or next-day appointments for all reasons, including Pap smears and physicals. Periodically, the clinic would "back up" with walk-in appointments and the clinician would "triage" the waiting room and alert students on wait times, and then offer appointments later in the day or the next day if they were worried about being late for a class or otherwise could not