

SIGN OF THE TIMES: PART II

College Health: Part II

David C. Dugdale, MD

Dr. Dugdale is director of Hall Health Center, Division of General Internal Medicine, Department of Medicine, at the University of Washington in Seattle, WA.

Student health centers (SHCs) have highly variable characteristics generally reflecting the differing natures of educational institutions. Of the more than 4,000 institutions of higher learning in the United States, the 2010 Carnegie Foundation survey identified 295 research universities, 728 master's institutions, and 808 baccalaureate institutions. In 2012, the Chronicle of Higher Education Almanac reported 19 not-for-profit four-year universities with more than 40,000 students each and listed Arizona State University as the largest with 70,440 students. Although at one time facilities for overnight infirmary care were common at SHCs, this is now rare. For practical purposes, SHCs are outpatient centers—but they can be very busy with hundreds of visits per day. Many SHCs experience dramatic demand surges such as when most members of a living unit present for things like scabies or other actual or suspected communicable disease outbreaks. The H1N1 influenza outbreak in 2009 highlighted the demand surges and other unique delivery system factors that can occur in the student health setting. The SHC director is often an informal public health officer for the campus.

Most SHCs are administered through departments of student life or student affairs. These administrative units typically have responsibility for housing, food services, registration, admissions, student counseling, and other aspects of campus life. Most often, the clinical services of the student counseling center and the SHC are managed by appropriate professionals (i.e. psychologist and medical practitioner, respectively), but their services are qualitatively different from the remainder of activi-

ties administered through the student life/affairs department.

In Part I of this series, I described the clinical content of college health. Because the great majority of visits to a SHC are for acute concerns, the focus of care tends to be on efficient and cost-effective care pathways for common problems, with an opportunistic approach to preventive services. An “all-physician” clinical workforce is unusual, and the provider group is more often a combination of nurse practitioners (NPs) and/or physician assistants practicing side by side with family or internal medicine physicians. Registered nurses often play a large role in leveraging the capacity of this workforce. At the University of Washington SHC, the medical provider group has 16 clinical FTEs. Over the past five years, 40% to 45% of provider time has been composed of family NPs, with the remainder being composed of physicians. Of the physician time, approximately 75% is family medicine, 20% general internal medicine, and 5% gynecology.

Students generally prioritize convenience of access over continuity of provider. Competing schedule demands of students create a high demand for same-day services. Many SHCs use a consulting nurse service as the initial point of assessment, with subsequent care by an NP or physician. Others, including the University of Washington, have a combined approach to scheduling: A student can call our consulting nurse service for advice or come for a face-to-face visit. The consulting nurse visit can result in a plan for self-care or a referral to an NP or physician. In addition, a student can schedule a visit with a medical provider by phone or via a patient portal inte-

grated with our electronic health record (EHR). A student who has an established care relationship can also seek medical advice via the patient portal. Our EHR (EpicCare) supports rapid sequential care by multiple providers. We reserve approximately 50 medical provider and 80 consulting nurse “appointment slots” per day. Of patients who request medical care, 100% who desire a meeting with a consulting nurse can have one that same day, and 80% to 90% who desire or need a provider visit are able to receive a same-day appointment.

Most SHCs use an EHR; most often, they are not record systems that SGIM members would typically use because they are designed for smaller practices that are not hospital affiliated. The EHRs contribute to clinical service integration across sequential providers and patient safety goals, such as electronic prescribing, but are not directly used for activities such as attestation for “meaningful use” that are so well known to most SGIM members.

Concerns about student mental health have been rising for more than five years. Highly publicized acts of violence resulting from mental illness in a student (such as the Virginia Tech shootings) are very unusual but at least partly attributable to suboptimal mental health care. The prevalence of mental health disorders has grown. (See citation for National College Health Assessment-II in Suggested Reading.) For example, in 2012, 5.7% of students reported being diagnosed with a psychiatric disorder, compared with 4.2% in 2008. Comparable rates of attention deficit disorder were 7.4% and 5.1%, respectively. Mental health

continued on page 2

SIGN OF THE TIMES: PART II

continued from page 1

conditions account for a large fraction of the chronic illness burden of adolescents and young adults.

Much more common are less severe conditions contributing to difficulties with academics or poor quality of life. When asked what factors affected their academic performance, 28% of students reported stress, 20% sleep disturbances, 19% anxiety, 11% depression, 10% concern for a troubled friend or family member, and 9% relationship difficulties. Therefore, SHCs serve many students who have diagnosable psychiatric conditions or stressors with other behavioral health symptoms. This service is divided among all care providers at an SHC. If the SHC has a mental health unit, a distressed student may be preferentially directed to mental health specialists or to the counseling center. At the University of Washington, approximately 12,000 visits per year occur in our specialty mental health department. Another 5,000 to 10,000 visits for a mental health diagnosis occur in our medical units. In addition, about 9,000 visits per year occur in the counseling center, which is physically and organizationally separate from the SHC.

Although critically important to diagnose and manage well, relatively

few visits for mental health concerns are by students who have or develop a serious chronic mental illness. In addition to the medical model, we train our medical providers to understand the developmental approach to behavioral health concerns of students—one that recognizes that stress is a part of normal development for adolescents and young adults and that learning how to cope with this is also part of normal development. Student health programs put substantial efforts into this while maintaining a safety net for students whose concerns either greatly interfere with function or who have more lasting problems. Student counseling centers tend to use the developmental model for designing care and prevention programs, with recognition of more serious mental health concerns and referral of this relatively small group of student clients to centers with more resources—either at the SHC or in the surrounding community. More information about counseling centers can be obtained through the Association of University and College Counseling Center Directors annual survey.

In summary, although SHCs have diverse organizational models, they share common features that prioritize convenient access and care for acute

illnesses. Given the demographics of the population served, mental health concerns are much more common than chronic medical diseases as impediments to academic work and quality of life. SHCs, which function in a medical model, and counseling centers, which take a developmental perspective, provide complementary approaches to caring for students.

Suggested Reading

2010 Carnegie Classification of Institutions of Higher Education. Available at <http://chronicle.com/article/2010-Carnegie-Classification/128571/> (accessed July 8, 2013).

Almanac of Higher Education 2012. Available at <http://chronicle.com/article/Campuses-With-the-Largest-Enrollments/133411/> (accessed July 8, 2013).

American College Health Association. National College Health Assessment-II. Spring 2012. Available at http://www.acha-ncha.org/reports_ACHA-NCHAII.html (accessed July 8, 2013).

Association of University and College Counseling Center Directors. http://www.aucccd.org/support/aucccd_directors_survey_monograph_2011.pdf (accessed July 20, 2013).

SGIM