Experiences of Graduate Students
at Boynton Health Services
A Focus Group Report

Commissioned by the Council of Graduate Students, University of Minnesota

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6.2.1 Men

6.2.2 International Women

6.2.3 Domestic Women

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Executive Summary

In January 2012, the Council of Graduate Students (COGS) commissioned a series of focus groups with graduate students at the University of Minnesota. The goal of the study was to understand in what ways BHS is meeting the needs and expectations of graduate students, and in what ways it could improve its services to better serve this group of patients. Over the course of January and February 2012, six focus groups were conducted with international and domestic graduate students.

The study found that students perceive BHS staff as professional and respectful, they appreciate the convenience of BHS clinics, and report positive experiences at the majority of the specialty clinics.

The most significant area in which students wanted to see improvement was the cohesiveness of care at BHS. They reported that care at the different clinics and departments is poorly coordinated, information is lost between providers, and building long-term relationships with providers is difficult. They also expressed dissatisfaction with the way providers follow up about diagnoses and treatment options. Domestic students were more likely than international students to seek out answers and demand follow-up options. International students were much less likely to make another appointment unless instructed by the provider, which was partly motivated by fear of incurring unexpected costs if they ask too many questions.

Other areas perceived as needing improvement included the availability of urgent care and the treatment of urgent health issues at BHS, respect of graduate students’ time, and communication about services and coverage. Communication was an especially significant theme for international participants who expressed a higher degree of anxiety about the lack of information they had on the items covered by insurance, and frustration with the lack of detailed information about what they can expect or ask for.

In general, participants recognize that BHS staff understands the needs and conditions graduate students have, and feel treated appropriately. However, most of them perceive that some processes, particularly, the check-in system, causes them to wait longer periods of time to see physicians and pick up medication, affecting their schedules.

When asked about the type of care they would expect to find at BHS, students were divided in their opinions: female respondents find long-term planning and information the most important elements of their health care as young adults. They want to acquire the ability to know the kind of monitoring and health needs they will face in the future. Male participants found an affordable and more efficient coverage for their dependents the most important aspects of health care they would expect at this stage of their lives.
Among the main recommendations participants formulated, the greatest emphasis across all groups was the desire for an increase in cohesiveness of care through improved communication:

- **Internal communications across systems and departments**, e.g. between the pharmacy and students’ insurance coverage; the office of Students’ Health Benefits and students’ other insurance holders; different health care clinics within BHS; and different health care providers within the same clinic.

- **External communication through outreach and transparency**, e.g. education of new students at orientation; ensuring services are clearly listed on the website with contact information; creating a Boynton app for smart phones to release health tips, news, insurance coverage information, and online appointments; providing consistent reminders about appointments; improving follow up about test results and next steps.
Introduction

Graduate and professional students at the University of Minnesota represent a large proportion of patients served by Boynton Health Service (BHS). They are a diverse population of over 25,000 people, of whom more than 20% come from outside the United States. The Council of Graduate Students (COGS), which represents and advocates for this constituency, wants to ensure that the health needs of graduate students are served as well as those of the undergraduate population, and that the fees paid by graduate students to support BHS are a good investment in their well-being. In order to ensure that future monitoring efforts capture the concerns of these students, COGS approached BHS about a series of focus groups to explore what aspects of graduate and professional student health care Boynton is excelling at and what areas could use improvement.

Purpose and Procedures

The goal of this study is to understand how graduate students at the University of Minnesota perceive and evaluate the services they receive at BHS - what works for them, what is not working, what they like or dislike, and what they wish to recommend for improvement.

A focus group methodology was selected in order to explore and gather the opinions and perceptions of students about their health care at Boynton. The primary selection criterion was that all participants were full-time, degree seeking, fee-paying graduate students who were enrolled in University provided health insurance (Graduate Assistant Plan, Student Health Benefit Plan, or Academic Health Center Health Plan) and had utilized Boynton at least once in the past calendar year. All graduate students at the University of Minnesota received a recruitment email from COGS inviting them to participate in the study, providing the times available and information on the incentive provided (lunch and a $25 gift card). Those interested in participating filled out a brief survey confirming that they met the selection criteria. Two-hundred and twenty-eight people indicated interest and filled out the survey. Interested participants were overwhelmingly female (n=169, 89%). 48 focus group participants were selected from the pool of potential volunteers to ensure a wide distribution of ages, college affiliations, programs of study, and family status. 8 of the selected participants did not attend. The final number of focus group participants was 40.

Three moderators affiliated with the Minnesota Evaluation Studies Institute (MESI) and experienced in focus group methodology conducted six focus groups separated by gender
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and by the nationality of the participants to ensure a safe study environment for both men and women, as well as domestic and international students. ¹:

- Two domestic women’s groups (15)
- Two international women’s groups (12)
- One domestic men’s group (6)
- One international men’s group (7)

The groups gathered together for a meal and subsequently met for 90 minutes for a focused discussion using a common protocol (see Appendix 1). Upon arrival and before the focus group discussions were conducted, participants were asked to fill out a rating sheet (see Appendix 2: Rating Sheet; and Appendix 3: Student Ratings).

Findings

The questions asked in the course of the focus group covered four primary areas: students’ general impressions of BHS, aspects of their care that they are satisfied with, aspects they would like to change, opinions on the ability of BHS to serve the graduate student population, and future recommendations.

1. Students’ general impressions of BHS

During the introduction, participants were asked to use two words to describe their impression of BHS before having visited it. The majority of participants said that they came in to Boynton with very positive expectations, and their initial impressions emphasized convenience and easy access. This was especially true of most international students, who often commented on the good service provided at BHS as compared to their home country. Domestic students noted more frequently that the building was hard to find and to navigate. Some of the words used to describe BHS included:

- Convenient and accessible
- Bustling or busy
- Large or big
- Complex
- Good quality
- Hard to navigate
- Helpful

¹ When participants are directly cited in this report, they are identified by number and the group they participated in. E.g., IW 7 stands for Participant 7 in International Women’s groups, and DM 4 stands for Participant 4 in the Domestic Men’s group. The purpose of this identification is to show the distribution of comments and issues raised by different individuals.
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- Intimidating
- Only-option
- Overwhelming
- Pro-student
- Time-consuming

In their initial comments on BHS, international students expressed much more awareness of the financial aspects of their care than domestic students. Before they went to BHS, they made sure to know the cost of co-pay, and voiced the perception that BHS was the smartest way to use their health insurance.

Students who have been in the US for a while tend to be more cautious in their first impressions, the main reason being that they are afraid of incurring charges for their health care. As one comment suggests, the fear is that

“They won’t do anything and charge me a lot... they will charge me a lot for asking questions.” (IW 2)

2. Aspects of care that students perceive as working well

2.1 Common Perceptions

Students had many very positive things to say about BHS. Two themes emerged across all groups and demographics, while some perceptions differed for international and domestic students.

A. Convenience

Participants were in agreement that convenience of location is one of Boynton’s greatest assets. They like that it is close to where they work and go to school, and all the routine services are available in one place. They are also pleased with the ability to schedule visits, and find the staff understanding when an appointment needs to be rescheduled. One student said:

“I'm doubly insured and I could go anywhere I want to go but I always choose Boynton. It's convenient because I'm on campus all the time. I've never had any trouble getting an appointment and people are caring. I think it's as good as anything else, if not better.” (DW 7)

“Boynton is very convenient. I don’t think I've ever gone to an urgent care facility that was so close to where I was going to be anywhere and they could just walk into and I would just know that it’s okay for me to be there because I am a student here. So was reassuring that even though I just moved to Minneapolis a few months ago I had a place to go. It wasn't like I was searching all over town and calling ahead to make sure it was okay to go there. (DW 15)
B. Respect

A point brought up in all groups is that they feel genuinely respected at BHS. The specific things brought up in the focus groups that made them feel respected was that their privacy is honored, providers seek to make them feel comfortable, they are careful in their practice, and they take the time to explain things to them in detail. One student said:

“While you are there, you have their time. They are not in a hurry to get to the next patient. I was treated really respectfully” (IW 11)

Students were especially appreciative of providers who show them respect by taking time with them and recognizing their obligations as students. Domestic women in particular noted that providers often express concern for obligations associated with coursework and research, and generally recognize the mental and physical burdens that students experience. They said:

“It it is comfortable that they are so used to seeing the same type of person and I think that makes them extra sensitive to issues of stress and other issues that all students go through. And that's something that's unique and nice about point.” (DW 5)

“When I had an issue that caused some physical limitations they were very concerned that I still be able to continue my research. Follow-up is not only about how to manage my pain but also how could they help me make sure that in the next month I was able to complete my experience. That's not my expectation from providers somewhere else and something that I really appreciate about Boynton.” (DW 14)

2.2 International vs. Domestic Student Perceptions

2.2.1 Dental hygienists at the Dental Clinic

International students, both male and female, made multiple comments about the professionalism and personable approach of the dental hygienists. One student talked about how she had never had her teeth cleaned in her country, and the provider did not make her feel ashamed, made sure to explain what she was doing, and briefed the dentist so that the student was comfortable and no time was wasted. The following comments were affirmed by many others:

“The hygienist is really nice, she talks to me all the time I spend there, I really appreciate the time she takes with me.” (DM 4)

“The hygienist I have is why I keep going to the dental clinic.” (IW 6)

Students appreciated the possibility of seeing the same hygienist in all the appointments during treatment.
2.2.2 Women’s clinic
Female international students were unanimous in their praise of the Women’s Clinic, which was mentioned with the greatest frequency and intensity in the positive comments they made. The following comment captures their sentiments:

“I love it here. I’m always like, yes, I’m going to go! It’s not a pleasant experience, but I really like it at Boynton, everybody is so respectful and makes sure you’re comfortable.” (IW 7)

One student noticed aspects of care at the women’s clinic that to her were literally something to write home about:

“They even have these knit pink things where you put your legs so you’re not cold! That was so cute, I was telling my mom! I’m always impressed by how gentle they are.” (IW 7)

2.2.3 Time taken to build relationships
Domestic respondents were much more likely to emphasize positive experiences when a provider took the time to make sure that they were comfortable and to attend to their non-medical needs.

“...when he walked in he could tell that I was really nervous. He just sat down and talked to me. He was so nice and spent about 15 minutes chatting with me. And it could’ve been really awkward but it was really great. And they spent overall about an hour and a half with me. And most the time was just making sure I was comfortable. That was a really memorable experience for me.” (DW 4)

Domestic women were particularly impressed with the nursing staff. Several participants mentioned appreciating the time nurses have taken to engage in small talk not directly related to medical care, but aimed at getting to know their patients as individuals.

2.2.4 Eye Clinic
Domestic and international men agreed about the good quality of the medical assistance in this clinic. Comments about the good service brought up with more emphasis in the domestic users group as this comment captures:

“...so I appreciate to get in and out without having to get a certain type of glasses, just the ones I need.” (DM 6)

2.2.5 Thoroughness
Domestic women noted and appreciated the investigative approach and initiative shown by the staff. One participant stated that BHS has been better at determining the root cause of chronic symptoms than any other provider, and they identified issues that she had sought a diagnosis for over several years. Another participant affirmed this by saying that
since she started using BHS, she has been diagnosed with multiple conditions, and that the associated treatments have improved her quality of life.

### 2.2.6 Influenza Vaccine Campaigns

Male participants stated that they felt the flu vaccine campaigns are very well designed and respond to their needs: they do not have long wait times, students can get vaccinated close to their college’s location, the service is professional and fast, and it is covered by the insurance. This appreciation is expressed in these comments:

> “I think that from what we have discussed, the vaccines campaign is one of the best services Boynton has.” (DM 5)

### 3. Aspects of care that students perceive as needing improvement

Four common themes emerged as areas of concern in all focus group discussions.

#### 3.1 Cohesiveness of Care

The most frequent issue raised with regard to the quality of care was the way treatment is coordinated across various providers and how health issues are followed up. Participants tended to agree that Boynton is somewhat disorganized. While they were generally very happy with their individual providers, the picture that emerged from their comments was that of a fragmented delivery of health care across visits, providers and clinics.

##### 3.1.1 Coordination in records between clinics and departments

A frequent complaint brought up by multiple participants was that care at the different clinics is not coordinated and information is lost between providers. As a result, students find that their time is wasted and the quality of their care suffers.

The way BHS manages vaccination records was a particular area of frustration for patients. More than one patient who attended Boynton several times found that some of their records were missing from the electronic management system on one of her visits. The staff did not seem overly concerned but they worry about what happened to her information. For instance, one student had a tetanus shot in the primary care clinic, and when she went to the travel clinic, it did not show up in the records, prompting a lengthy process of verifying that she’d had the shot.

> “None of my immunization records were there anymore. And I must’ve spent three hours calling around to people at the U and no one had my records. My records are just gone. And they just said, “Well, send them to us again.” But I want to know, “Where am I?” Somewhere there is a little folder full of my information and it’s not here anymore. I want to know where it is.” (DW 9)

Another major area of complaint had to do with missing lab results. One student described a time when she visited a primary care doctor for a uterine tract infection, and
after additional tests were taken at the Women’s Clinics, her doctor knew nothing about them when she came back for a follow-up appointment. Yet another student whose lab results were lost described the impact it had on her life as a graduate student:

“I was called and a week later to find out what the results were and they said, “The results aren’t in yet. Call back.” So I called a few days later and they said, “It looks actually like they had never sent the lab samples to a lab.” They were never sent to the lab! So I had to come back in again and have the same procedures done again. And every single time I went in and I had to give a co-pay. And sometimes, for grad students, we’re not campus every day and we have to pay for parking too. So all of these visits became a huge financial burden too. (DW 5)

A few participants also noted that at the beginning of their first semester, some clinics did not see their insurance in the records, and the process of verifying that they did have insurance was timely and cumbersome. One student described it this way:

“I talked to at least seven people in one phone call until I got to some guy in accounting, and he was like, oh but you do have it! I asked him to walk over to talk to the other person and confirm. I spent an hour on the phone. They are nice people, there just needs to be some information transfer” (IW 4)

The same issue at the beginning of the semester also happened to her and other students at the pharmacy – they had to get a piece of paper from the student benefits office confirming she had insurance before they could fill a prescription because their records were not available.

### 3.1.2 Coordination across visits and providers

Participants expressed frustration at having to answer the same rounds of questions, often back to back and during return visits. Students were often frustrated at being asked questions that should be available in the computer database, as in the following case:

“... every time I went in I had to repeat my five weeks of medical history that was right there in my chart. Like, “Do you remember what prescription they gave you” I would say, “No, I don’t remember it. It’s right there in my chart.” But it’s like they didn’t even look at my chart. (DW 5)

All participants expressed their preference for seeing the same physician. They found that building a relationship with a person strengthens trust and allows the practitioner to know more about the patient and their history. They said things like,

“Here, things go so fast. I really like to see the same physician each time. If they know me better, they can diagnose patients better and know more about the reasons of illnesses and conditions you get into.” (IM 1)
BHS is different from other providers in that they do not maintain a primary care physician (PCP) system. Students said they missed the long-term relationship associated with PCP care. They thought building PCP relationships at BHS is difficult and not necessarily encouraged or easily facilitated.

### 3.1.3 Follow-up on tests and unresolved issues

Some of the most serious and consistent comments concerned the way providers at BHS follow up with their patients. In particular, more than half the women in both domestic and international groups expressed dissatisfaction with follow-up about diagnoses and treatment options. Students made comments like the following:

“They never will say, you need to come again, or what’s going on. A lot of times it looks very optimistic – ‘oh, you’ll be fine, after you rest.’” (IW 4)

In some cases, health conditions went away and students did not find it to be a problem. Yet at times the issue did not go away. A notable pattern emerged in how domestic and international students dealt with the lack of follow-up. Domestic students reported that they went back to see their providers and asked multiple questions about lab results or treatment options. For example, one domestic student said:

“They were supposed to call me back later that day but they never did. They didn’t call me back the next day either or return my call. So when I was on this side of campus I went back to find out what the diagnosis was.” (DW 13)

Domestic students were more likely than international students to seek out answers and demand follow-up options. International students were much less likely to make another appointment because of busy schedules, co-pays, and fear of incurring more costs if they ask too many questions. They also know less about what type of doctor they might ask to see, as illustrated in the following comment:

“I don’t know who I talk to when I come with a problem, who directs me to a doctor.” (IW7)

International students said they hesitate to go back each time they have a question unless told to by the provider. At the same time, they felt that unless they go back again and again, some issues will never be resolved. For example, an international student who went to a primary care clinic with a skin issue made the following observation:

“I was told, you’re just an allergic individual. And that didn’t help me anything. I got a [medicine name] cream, but it didn’t really do much, and that was the second time I went for that issue. The first thing didn’t work, and I wasn’t really sure. So I felt that sometimes when you don’t come in with a standard issue, unless you come in again and again and again, it is not necessarily resolved.” (IW1)
One international student summed it up well when she said that in this system, “you take care of yourself here, and you tell them if you have a problem” (IW 4). Yet in general, female international students appeared less likely than domestic students to ask questions until they were satisfied with the information they obtained. Not going back to see the provider was a common scenario that emerged in multiple comments.

“They just do stuff on the surface.” (IW 5)

3.2 Treatment of urgent health issues
Participants expressed discomfort with the conditions of health care assistance in urgent cases. Male participants in particular pointed out the lack of BHS assistance on weekends and after hours as a concern, and said they did not know what other options were available to them at these times. One international student said that a BHS speaker in one of the orientation sessions said that they should not get sick on weekends (IM 2).

Scheduling urgent appointments was another frequent concern. Two female international students described trying to schedule appointments for intensely painful urinary tract infections, and neither of them was informed by the appointment line nurse that she could go to the Quick Clinic with this condition. Instead, the nurse offered appointments in two weeks for one student and four days for the other.

Once in an urgent care appointment, students were not always satisfied with the response of the provider to the seriousness of the condition. For instance, one international student went in to urgent care with severe menstrual cramps, and was disappointed to hear that she should just drink cold water. Another student described a time when she came to the Quick Clinic after she had a bad fall, her side was black and blue, and she was experiencing a lot of pain. She was seen by a nurse who asked her questions, took her blood pressure, and gave her a smile scale, but never looked at the injured area and told her that she would need to come back to see the doctor in a few days. The student said:

“She didn’t look at it! If she had looked at it, she wouldn’t have needed to give me that smile thing!” (IW 8)

A similar experience was reported by a student who had snowboarding accident and came in to see if one of her ribs is broken. She said:

“Nobody even touched me. It seems to me that if it something hurts and it’s a concern about it being broken, you at least want to touch the person. And I know it’s a concern about political correctness and all, but you’re a doctor!” (IW 7)

3.3 Respect for students’ time
Students in all groups emphasized that time is of essence to graduate students, and there are times at BHS when they feel like that is not respected. Participants expressed frustration when they had to be weighed and answer repetitive questions during the
same visit, wait beyond what they were told to expect when checking in for an appointment, or wait for the doctor after seeing the nurse.

One student waited for a doctor for over an hour after seeing the nurse (DW 14). About half the male participants and a quarter of the female ones reported average wait times longer than 15 minutes past the scheduled appointment. One student said that she always comes 15 minutes before the appointment time, and 75% of the time, she has had to wait for 45 minutes or more. Multiple students said that they understand that previous visits might go long, and if they knew how long they would have to wait, they would not mind quite as much, like the following participant:

“I was expecting that if a doctor is not available at appointment time, that somebody would tell me.” (IW 6)

An additional step most participants – domestic and international – found long waiting times is the pharmacy. They perceive time to wait for medication is long (up to 30 minutes) and pick-up time (only at the end of the day) is inconvenient for them. This comment of a domestic student captures the sentiment:

“I don’t like the way the pharmacy is set up. Either you have to seat there half an hour for your medication or come back after like 3 o’clock to pick it up. It’s inconvenient [...] you can’t say ‘can I come back in an hour?’” (DM 6)

### 3.4 Communication about services and coverage

One major area of concern was communication about services offered and the students' health needs. Domestic students tended to emphasize that BHS could improve how graduate students are involved their own care. Three participants said that BHS staff ignored their questions about treatment options, and they felt that their desire to be an active participant in their plan of care was not honored. These participants also feel they are capable of understanding and deserving of more in-depth feedback than a typical patient.

International students concerns were different. Both male and female students said that they wished they knew more about what was available to them when they first started their education at the university. In particular, they expressed their frustration with the lack of detailed information about the care their insurance premium covered. Although health insurance was not an intentional subject of the study, participants saw it as an integral part of their care at BHS. They said it took them a long time to find out what can expect – e.g. that they can have a physical each year, an eye exam, dental care, among others. They said that the sessions offered during international student orientation were insufficient and usually happened at the end of a long day filled with a lot of information. As a result, for instance, one student whose program is on the St. Paul campus did not know that there was a St. Paul Clinic for the first whole year. Others did not know about the Quick Clinic, or take advantage of the services available to them because they didn’t know they could. Participants noted that not all services published in the BHS website have contact information of someone they could approach. The contact of someone
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responsible for that area is important for users to ask more information about those services.

Both male and female students thought that the orientation at the beginning of their program could help solve some of these issues, and they were not satisfied with what it actually looked like. Male students in particular perceived the orientation as a sales strategy of another insurance plan. One student said:

“I remember the guy from Boynton did not talk about what the insurance we already had covered; he focused more in what the other insurance premium offered, indirectly trying to convince students to get an additional insurance to complement the coverage.” (IM 3)

For the majority of international participants, BHS was their first US primary care provider. They really struggled with understanding how health care works in the US, what the culture of health care is like here. As health care provision is different in the U.S. than in their home countries, they are not familiar with terms such as co-pay or a network. They are not used to getting bills for health care, especially when insurance is paid and when conditions of co-payment are not clear. The insurance documents – published on the BHS website – were considered long, very technical, and not clear by both international and domestic participants.

International students expressed a significantly higher degree of anxiety about the lack of information they had on the items covered and not covered by the insurance. The biggest concern by far was the incidence of unexpected charges incurred at BHS that made some participants anxious to ask questions. One person described a time when she was charged for asking questions about a skin issue during a physical because it wasn’t part of the routine service. She said,

“But I don’t know what’s in this category, so I don’t know what questions I should not ask.” (IW5)

International students expressed that they would feel much more secure at BHS if someone explained the costs to them. They would like information about services that are not covered, rather than just having the provider do the services without asking and then sending a bill detailing the charges. Fear about being charged for a service is likely one of the factors responsible for the reluctance of international students to ask more questions or request other options when they feel that the treatment they received is not working.

4. Students’ opinions on the ability of BHS to serve the graduate student population

All participants – male and female – agree that BHS staff understands the differences between undergraduate and graduate students’ needs. They expressed their satisfaction with the distinction in treatment graduate students get; this perception was shared particularly among domestic female participants.
4.1 Respect for their time
However, some international participants, especially women, expressed that they feel the management of their care did not fit the stage of life they are in, compromising additional time from their agendas. The following comment captures this sentiment:

“The questions they ask when we come in, the graduate student doesn’t always have time to come in for these things. For graduate students, it’s important to shift gears to primary care as it is... When I have a problem, I don’t have time to come in for a dietary plan.” (IW 2)

This perception relates to inefficient check-in processes that make respondents feel BHS is not respectful of their time as graduate students. This sentiment was also expressed in the men’s groups when check-in and medication pick-up services were referred.

4.2 Accessibility
When it comes specifically to domestic male participants, two aspects of their care topics were perceived to be far from the needs they have as graduate students:

4.2.1 Accessibility
Respondents reported that the access by car to BHS Clinic constitutes an inhibitor for them and their dependants to visit. They said it was particularly cumbersome if they had children and had to commute from the suburbs due to location and the works around BHS facilities. A third of domestic male respondents reported having children (n=2) and both agreed in the inconvenience of access to the Clinic. One participant expressed this as follows:

“To drive here from the suburbs is complicated. Even if [my wife and kids] were covered by this insurance, we don’t even think about getting here with two kids by bus.” (DM 5)

Some of them proposed an agreement between BHS and the closest ramp to provide 30 minutes for visiting the Clinic.

4.2.2 Commuting from St. Paul to East Bank Clinic
Some participants – domestic man and international women – mentioned they had to commute to the East Bank for primary care because the St. Paul Clinic staff did not have enough information/training to provide primary care to them. They reported that these events have inhibited their willingness to visit the St. Paul Clinic and have made them prefer to ask for appointments in the East Bank beforehand. Nevertheless, the inconvenience of commuting from the St. Paul campus to the East Bank for a primary care appointment affects their schedule.
4.3 Mental Health Care
The mismatch between the lives of graduate students and the care they sometimes receive at BHS was exemplified in the story of one student who went to see the Mental Health clinic during her first finals in the US. She was dealing with culture shock in addition to the stress of her exams. The visit was an overwhelming experience to her. She reported the therapist gave her a considerable amount of homework, including a book about over-thinking things, and did not acknowledge the cross-cultural stress she was experiencing.

5. Students’ expectations of BHS at this stage in their life
Opinions of participants about the kind of health care they expected to receive at this stage of their lives were divided according to gender and national origin.

5.1 Long-term care information and planning
Domestic and international female participants expressed the importance of receiving information from experts about long-term care and changes in their health care needs through different stages in life. Most of them were in their 20s or early 30s and expressed their interest in being advised about the type of monitoring they should follow and what to expect from biometric indicators (blood pressure, cholesterol, mammograms, among other) as they become older. A pair of comments expressed this expectation of further information:

“I don’t know if I’m supposed to be having blood tests or checking my cholesterol or taking certain vitamins. I mean, are there certain things I’m supposed to do to be a healthy adult? But I don’t know what these things are and no one ever seems to tell me. I don’t know who to see or who to call.” (DW 2)

“...someone who can say, a year ago your blood pressure was this, and as you’re getting older you may consider this change... As I’m getting closer to the end of my program, I don’t know if I will have health insurance after this... So to be alert as I’m also reaching middle age, if there are things I should be aware of as I’m a woman in this age category, and being able to have someone who can spy if something is happening.” (IW 11)

5.2 Good maternal health services
Several domestic women mentioned they were considering parenthood and wanted comprehensive maternal health services. They were neither satisfied nor dissatisfied with current maternal health services because none of the students had yet sought out these services.

5.3 Dependent coverage
In both domestic and international men's groups, the dependent’s coverage was perceived as considerably expensive. Domestic participants who reported having a spouse and/or children (n=3) considered BHS services better than the services they have access through the state insurance, and said they would cover their dependants if they could afford the insurance. However, the most valued service from the dependants’
coverage was the access to clinics in the insurance network, not to the BHS clinics; the reason of that could be the perceptions mentioned in Section 4.2.1.

International students with dependants must cover them with the students’ health plan. An international male respondent reported it was difficult to update the coverage of his dependant and the gap caused by flaws in the process produced additional charges that took more than six months to be reimbursed. He shared his experience saying:

“It was a clerical error. They did not realize I was still covered and that my wife was still covered. [...] They charged us $107 dollars for the annuals that she received, and later on they found out I was covered but they charged the annuals to my student account. They had to look to the health insurance, long story short, I got the money six months later and I only got $97 dollars as reimbursement.” (IM 1)

Another male international participant reported that the limitation of coverage to spouse and children is somewhat exclusive and suggested that parents should also be eligible for dependents’ coverage if they visit graduate students for certain periods of time.

6. Students’ future recommendations for improvements at Boynton

At the conclusion of each focus group participants were asked, “What’s the one thing you want us to take back to Boynton when we write the report based on this focus group?” The topics in the table below summarize the participants’ responses by type of participant.

<table>
<thead>
<tr>
<th>Key recommendations from focus group participants, by participant type</th>
<th>International and Domestic Men</th>
<th>International Women</th>
<th>Domestic Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased cohesiveness of care</td>
<td>Improved internal communication: across systems and departments</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>Improved external communication: outreach and transparency</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Overall, Boynton is doing very well</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Increased attention to ongoing evaluation</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Revisit health insurance coverage options</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Promote a preventive approach</td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Expanded service delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve training for cross-cultural care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased respect of students’ time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved cohesiveness of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased engagement in one’s own health care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following statements were provided by participants provide a more in-depth look at the recommendations summarized in the table above.

6.1 Improved internal communication: across systems and departments

6.1.1 Men
- Improve communication between the Pharmacy and BHS students’ insurance coverage systems.
- Expedite the updates of dependents coverage semester to semester.
- Explain to patients what to expect from the visits and the expenses that are not covered in the premium before providing any assistance and/or starting any treatment. (men’s and women’s groups)
- The office of Students’ Health Benefits should allow international students to let BHS know any additional or complementary insurance coverage they have from their families or sponsors, in order to update that in the system at the beginning of graduate school and any time these conditions change.

6.1.2 International Women
- Streamline information in the computer system and improve coordination between clinics; make sure one doctor knows what the previous one has done
- Assign graduate students one primary provider who ties the care together

6.1.3 Domestic Women
- Improve continuity of care
- Assume that every patient you see does not have a PCP, and recommend needed tests and follow through.

6.2 Improved external communication: outreach and transparency

6.2.1 Men
- All colleges’ orientation days should include Boynton’s speaker in the agenda. These talks should explain in detail the insurance coverage, using examples of recent experiences with graduate students to increase the interest and impact in the audience.
- All services in the website should include contact information for someone to ask further doubts or questions.
- Boynton should provide detailed and updated information about the ranges of services provided.
- E-mail graduate students about insurance coverage, services, policies change, updates and health tips. Inform students about other service options that are included in the insurance premium’s coverage –e.g. checkups and nutrition services.
- Expand online appointments for all clinics.
Graduate Students and Boynton

- Develop a Boynton app for smart phones to release health tips, news, insurance coverage information, and online appointments.
- Allow students who come from other states to easily provide the contact information of their former physicians and consent for those physicians to forward a complete electronic medical record and history to BHS

6.2.2 International Women
- Let students know what they can take advantage of in their health insurance with some more confidence; something more accessible than the big booklet. Let them know that they get one eye exam per year, one physical a year, etc.
- Hold an open house each year for at least two days and not just for two hours, since graduate seminars can be three hours long.
- With a reminder about the visit, let students know what to expect

6.2.3 Domestic Women
- Be thorough in all communications with students.
- Provide better follow-up and information about next steps in treatment.
- Provide better information about the ranges of services provided.
- Offer more information about providers beyond where they attended medical school.

6.3 Overall, Boynton is doing very well

6.3.1 Men
- Overall, Boynton provides a very service and the practitioners are very helpful, but there are administration and logistical things that could be improved.

6.3.2 Domestic Women
- Overall, Boynton is doing a very good job but there are things that can be improved

6.4 Increased attention to ongoing evaluation

6.4.1 International Women
- Evaluate services after each visit

6.4.2 Domestic Women
- Boynton needs a way to gather information about the very negative experiences that happen so they can be addressed and patterns or trends can be identified.

6.5 Revisit health insurance coverage options

Men
• Adjust the cost of covering dependents to the amount of graduate students’ income.
• Consider review particular cases of students with wider health care coverage than BHS –valid in the U.S., to waive them from the obligatory purchase of Boynton’s insurance.
• Increase the number of emergency visits for the Dental clinic from one (currently) to three over the semester.
• Expand the eligibility of dependents that may apply to BHS insurance to students’ parents for temporary visits.

6.6 Promote a preventive approach

Men
• To promote checkups and patients’ education in their colleges and/or by email would be an effective strategy to increase awareness about prevention strategies.
• Primary care providers should focus more on the causes of some illnesses, such as faints, lack of concentration capacity or pain. Sometimes, stress and other states graduate students experience are the causes of such symptoms and prevention would be sometimes simpler than asking for an appointment and using prescriptions.

6.7 Expanded service delivery

6.7.1 Men
• Offer additional options to 911 for weekends and after hours -e.g. access to the U of M Hospital for emergencies.

6.7.2 International Women
• Make sure students can get in quickly when they’re in pain

6.8 Increased respect of students’ time

International Women
• Keep appointments prompt, and if the doctor is running late, let students know what the wait might be.
• For the first visit, email the forms to fill them out beforehand

6.9 Increased engagement in one’s own health care

6.9.1 International Women
• Provide students with exhaustive information about how they can take care of themselves (n=1 international woman)

6.9.2 Domestic Women
• Boynton should be working with patients to teach them what they need to know about their health
Limitations

Due to the limitations of funding and time, this study was limited in scope, and the opinions expressed by its participants are not statistically significant to represent all students at the University of Minnesota. Six focus groups were conducted which allowed intentional diversity of gender, college enrollment, and national status. However, focus groups could not be conducted to ensure that the experiences of a variety of other important demographics were included such parental status, age, health status, etc. were represented in the sample. Also, the main outreach and advertisement approach was email. Students who do not read University emails may be different in an important way than those who do. Additionally, each of the six focus groups was conducted at the same time and location which may have unintentionally excluded students in location or with schedules that did not allow them to participate.
Appendix 1: Focus Group Protocol

12:00 Participants arrive
- Informal introductions
- Pick up lunch
- Assign seats and name tents
- Fill out rating sheet provided by moderator
  Moderator explains that the rating sheets are to help participants think about various aspects of their experience at Boynton, and they will be collected at the start of the group.

12:10 Introduction of the focus group

Hello guys. Thanks for taking the time to come and talk about the health services you receive in campus as graduate students. My name is [moderator’s name] and [name of the assistant moderator] is assisting me in this session. The Council of Graduate Students, COGS, asked us to find out information from graduate students of our University about what you think about the assistance you receive at Boynton Health Services. They want to know what works for you, what is not working, what you like or dislike, and what they could recommend Boynton to improve.

Boynton Health Services is open to hearing these recommendations, so we think this is a very good opportunity as graduate students to make our thoughts heard, to participate in the improvement of what we consider that needs attention, and also to keep those things that are working well.

You were invited to this session because you have used Boynton Health Services in the last 12 months and because you have experience with the primary care clinic services. There are no wrong answers but rather different points of view. Please feel free to share your point of view even if it differs from the others’. Remember that we are just as interested in negative comments as positive comments, and at times negative ones are the most helpful.

We’re recording the session because we don’t want to miss any of your comments. We will be on a first name basis today, and we will not use any names or colleges’ names in our reports. Any comments used in the report will not be identified with any name or college. Only the evaluation team and members of the COGS focus group team will have access to the recorded session. The final report will go back to Boynton Health Services, and COGS will support and exhort the recommendations to be considered.

Are there any questions about how this session will work or the treatment of the information? [Moderator answers any question or comment]
Guidelines

* No wrong answers, only differing points of view

* Rules for cellular phones and pagers if applicable. For example: We ask that you turn off your phones or text message devices. If you must respond to a call, please step out as quietly as possible and rejoin us as quickly as you can.

* We are audio recording, one person speaking at a time. Please feel free to talk to each others. We would like this to be a conversation.

* We’re on a first name basis

* You don’t need to agree with others, but you must listen respectfully as others share their views

* My role as moderator will be to guide the discussion

OK, let’s find out what has been your experience with the services. [Name of assistant moderator] will collect the rating sheets and compute the results to show them almost at the end of the session.

Collection of rating sheets
(Assistant moderator tallies up the responses on the computer or on a flip-chart page so they can be displayed at the end)

All right. So, let’s find out more about each other by going around the table.

12:15 Focus group questions

1. Tell us your name, your program and where you are from then give us a few words or a metaphor that describe how you thought about Boynton Health Service before your first visit.
2. Tell us about your most recent or most memorable experience at Boynton.
3. In what ways is Boynton better or worse than other care you’ve experienced?
4. What do you expect from your primary health care provider at this stage of your life?
5. Boynton provides services to both undergraduates as well as graduate and professional students. Do you have comments on their ability to serve these different categories of students?
6. Are there situations when you would not go to Boynton if you had a choice?
7. As we’ve been talking, [Name of assistant moderator] has tallied up your responses to the questions on the rating sheet you filled out earlier. Take a
Graduate Students and Boynton

moment to look at these responses and tell us if you see anything interesting that we may or may not have talked about already.

8. What's the one thing you want us to take back to Boynton when we write the report based on this focus group?

1:20 Summary of the session

Review of purpose and participants are asked for their last comments.

1:30 Thanks and dismissal
Appendix 2: COGS-Boynton Survey Rating Sheet

Thank you for participation in this focus group and providing your honest opinions. Please select the option that best describes your feelings about the statements below. If you do not have an opinion, or of the statement is not applicable to you, please select ‘no opinion’. Please note that a provider is anyone who provides medical care and includes, but is not limited to, nurses, nurse practitioners, physician assistants, and doctors.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Slightly agree</th>
<th>Slightly disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wait time at Boynton is reasonable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Wait time for results is reasonable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Amount of time provider spent with me is reasonable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Quality of my care is good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Providers were respectful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Providers showed interest in me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Providers were familiar with my records</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Providers were competent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I was comfortable with the questions I was asked</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I received adequate information from providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>My religious or cultural practices were respected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Financial issues are a problem for me when going to Boynton</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Continuity of my care – from one visit to another—is good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. How many times did you go to Boynton in the past year? __________________________

15. What other medical clinics have you gone to OTHER than Boynton (e.g. Fairview hospital)?

Please circle your response:

Have you ever provided feedback to Boynton? _____ Yes _____ No

In general, what way do you prefer to provide feedback? Telephone _____ Email _____ Onsite survey _____ Other (please list)

Please use the back of this sheet to provide any other information you would like to share.
### Appendix 3: Student Ratings

<table>
<thead>
<tr>
<th>Question</th>
<th>Total</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Slightly agree</th>
<th>Slightly disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Strongly agree and agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was comfortable with the questions I was asked</td>
<td>n=40</td>
<td>60%</td>
<td>35%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>95%</td>
</tr>
<tr>
<td>My religious or cultural practices were respected</td>
<td>n=25</td>
<td>52%</td>
<td>40%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>92%</td>
</tr>
<tr>
<td>Quality of my care is good</td>
<td>n=40</td>
<td>28%</td>
<td>63%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>90%</td>
</tr>
<tr>
<td>Providers were respectful</td>
<td>n=39</td>
<td>62%</td>
<td>28%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>90%</td>
</tr>
<tr>
<td>Providers were competent</td>
<td>n=37</td>
<td>30%</td>
<td>59%</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>89%</td>
</tr>
<tr>
<td>Wait time for results is reasonable</td>
<td>n=34</td>
<td>26%</td>
<td>62%</td>
<td>3%</td>
<td>6%</td>
<td>3%</td>
<td>0%</td>
<td>88%</td>
</tr>
<tr>
<td>Wait time at Boynton is reasonable</td>
<td>n=40</td>
<td>20%</td>
<td>65%</td>
<td>10%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>85%</td>
</tr>
<tr>
<td>Providers showed interest in me</td>
<td>n=39</td>
<td>49%</td>
<td>36%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>85%</td>
</tr>
<tr>
<td>Continuity of my care – from one visit to another—is good</td>
<td>n=30</td>
<td>13%</td>
<td>63%</td>
<td>10%</td>
<td>7%</td>
<td>7%</td>
<td>0%</td>
<td>77%</td>
</tr>
<tr>
<td>Amount of time provider spent with me is reasonable</td>
<td>n=39</td>
<td>31%</td>
<td>41%</td>
<td>23%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>72%</td>
</tr>
<tr>
<td>I received adequate information from providers</td>
<td>n=39</td>
<td>23%</td>
<td>49%</td>
<td>23%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>72%</td>
</tr>
<tr>
<td>Providers were familiar with my records</td>
<td>n=35</td>
<td>9%</td>
<td>40%</td>
<td>37%</td>
<td>9%</td>
<td>6%</td>
<td>0%</td>
<td>49%</td>
</tr>
<tr>
<td>Financial issues are NOT a problem for me when going to Boynton (reverse coded)</td>
<td>n=37</td>
<td>19%</td>
<td>27%</td>
<td>14%</td>
<td>22%</td>
<td>11%</td>
<td>5%</td>
<td>46%</td>
</tr>
</tbody>
</table>