

Lauren Taylor, *McGlenn Hall Senator*  
Sisy Chen, *Director of Health and Wellbeing*  
Hunter Brooke, *Carroll Hall Senator*  
Zachary Geiger, *Dunne Hall Senator*  
Helen Mahoney, *Pasquerilla East Hall Senator*  
Andrew Lauerman, *Baumer Hall Senator*  
Mia Moran, *Farley Hall Senator*  
Emily Marchal, *Lyons Hall Senator*  
James Baird, *Alumni Hall Senator*  
Derick Williams, *Keough Hall Senator*  
Griffin McAndrew, *Knott Hall Senator*

### **A RESOLUTION CALLING FOR SELF-SCHEDULING AT THE UNIVERSITY HEALTH SERVICES (UHS)**

*Whereas*, the purpose of Senate per Article III, Section 1(a) of the *Constitution of the Undergraduate Student Body of the University of Notre Dame du Lac* is to “formulate and advance the position of the undergraduate student body on all issues concerning campus life”;

*Whereas*, healthcare is of distinct relevance for college students, who, in particular, are frequently faced with unique health risks due to their lifestyles, such as, “stress, poor sleep habits, sexual activity, poor diet, lack of physical activity and tobacco, alcohol and drug use”<sup>1</sup>;

*Whereas*, despite these issues, studies have found just under one-third of all college students make full use of their respective healthcare facilities,<sup>2</sup> despite the fact that illnesses and health predicaments are not confined to one-third of the student body and are especially pronounced amongst students;

*Whereas*, the mission of the University Health Center (UHS) at the University of Notre Dame is “to provide excellent, patient-centered, confidential college health care that meets the needs of contemporary Notre Dame students to minimize health-related interruptions in their academic pursuits”<sup>3</sup>;

*Whereas*, the UHS offers many vital resources to support a healthy campus community, but the only way for students to schedule an appointment at the UHS currently is via phone call—a process which troubles students with significant hold times, inefficiency and inconvenience, and frequently requires students to leave a message and await a return call;

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<sup>1</sup>Tran DT, Silvestri-Elmore A. [Healthcare-seeking behaviours in college students and young adults: a review](#) (Journal of research in nursing: JRN, 26(4)) p. 320–338.

<sup>2</sup> College Health Surveillance Network: Epidemiology and Health Care Utilization of College Students at US 4-Year Universities James C. Turner, MD & Adrienne Keller

<sup>3</sup> “Our Vision,” University Health Services, The University of Notre Dame

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*Whereas*, anecdotal evidence indicates that these wait times are both inconvenient and frustrating for students who are desperately in need of care (or have pressing time constraints), and that they create a significant lack of both accessibility and convenience—two of the largest perceived barriers behind healthcare underutilization for college students<sup>4</sup>;

*Whereas*, the current appointment system at the UHS could undoubtedly be made more convenient with the addition of a self-scheduling platform that could allow students to schedule appointments online, and thus provide more students with improved timely access to treatment;

*Whereas*, self-scheduling may further make the UHS more accessible to students who can not easily communicate over the phone due to bad service, language barriers, or speech difficulties;

*Whereas*, to address the UHS administration's concern over student ambiguity and ineptitude with the self-scheduling process (concerns engendered by disparities in health literacy between students), self-scheduling could be offered as an option for specific appointments—including immunizations, follow-up appointments, new injuries, physicals, sexual health and wellness, etc.—as students are more likely to fully understand the care required for these cases;

*Whereas*, adding a self-scheduling option for these specific appointments would still lower the call-volume received by the UHS, which would grant staff the ability to answer the calls of students with more urgent needs;

*Whereas*, the UHS administration is further concerned that self-scheduling may increase the number of appointment no-shows and late-notice rescheduling, as self-scheduling could make it easier for students to change or cancel their appointments last minute, but a study conducted on the implementation of self-scheduling found that 93.1% of people who used self-scheduling finalized their appointments in a single step, and that the no-show rates were in fact slightly lower (3.07%) than those who scheduled appointments through a provider (4.12%)<sup>5</sup>;

*Whereas*, self-scheduling would additionally allow students to schedule appointments during times that the UHS is not open and provides the opportunity for other students to fill last minute cancellations when they see that a spot has opened on short notice, which could increase the number of filled appointments and thus permit the UHS to maximize its time;

*Whereas*, implementing self-scheduling could moreover allow the UHS to maximize the efficiency of its staff, as a case study conducted by the NYU School of Medicine found that self-scheduling allowed for a 25% decrease of staff dedicated to scheduling, which led to annual savings of \$170,000<sup>6</sup>;

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<sup>4</sup> Tran DT, Silvestri-Elmore A. [Healthcare-seeking behaviours in college students and young adults: a review](#) (Journal of research in nursing: JRN, 26(4)) p. 320–338.

<sup>5</sup> North, Frederick, et al. "Impact of Web-Based Self-Scheduling on Finalization of Well-Child Appointments in a Primary Care Setting: Retrospective Comparison Study." JMIR Medical Informatics, vol. 9, no. 3, 2021, doi:10.2196/23450.

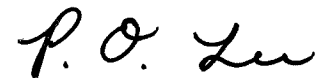
<sup>6</sup> Woodcock, Elizabeth W. "Barriers to and Facilitators of Automated Patient Self-Scheduling for Health Care Organizations: Scoping Review." Journal of Medical Internet Research vol. 24, 1 e28323. 11 Jan. 2022, doi:10.2196/28323.

*Whereas*, self-scheduling is gaining popularity in the medical community: thirteen out of the eighteen universities against which the University of Notre Dame benchmarks have some type of self-scheduling platform in place<sup>7</sup>;

*Whereas*, the implementation of self-scheduling at the UHS would allow Notre Dame to maintain pace alongside the advancements already employed by other prestigious universities; Therefore, be it

***Resolved*, the Student Senate of the University of Notre Dame du Lac requests that the University Health Services—in line with its mission statement—strives to meet the contemporary and strenuous medical needs of the Student Body, which includes maintaining and enacting modern technological advancements that can improve patient-care and healthcare utilization; and, be it**

***Further resolved*, that the Student Senate of the University of Notre Dame du Lac calls on the University Health Services at the University of Notre Dame to add an online self-scheduling option for specific appointments in order to achieve better patient care and an overall healthier community.**



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Patrick Lee  
*Student Body President*

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<sup>7</sup> These colleges and universities include: Baylor, Boston College, University of Chicago, Colombia, Creighton, Duke, Emory, Northwestern, University of Pennsylvania, Princeton, Stanford, Vanderbilt, University of Virginia.