

## Infrastructure, Policy, and Operations Workgroup

### Meeting Minutes from September 24, 2020

**Attendees:** Susan Haberstroh, Forrest Watson III, Joanna White, Sharon-Rose Gargula, Jandy Albury, Jordan Weisman, Cathy Zorc, Kristin Dwyer, Cindy Madden, Thowana Weeks, Rob Walter, Margaret Pisano, Uma Ahluwalia, Drew Hawkinson

Agenda Item	Discussion	Action Items
Welcome	<ul style="list-style-type: none"> <li>Uma started the meeting.</li> </ul>	
Review of Materials	<ul style="list-style-type: none"> <li>Drew: The literature review focuses on breadth, but it not exhaustive. On the virtual binder there is a bibliography that includes all of the sources examined for the literature review as well as supplementary materials that are gathered during the process. This bibliography is updated weekly to reflect new sources sent in. There is also a ZIP folder of all supplementary materials that are sent in, which is also updated weekly. It is best practice to return to this every week to check to see the new supplementary materials that have been uploaded.</li> </ul>	
Discussion in Relation to Research Questions	<ul style="list-style-type: none"> <li>Uma: Last meeting we talked about the background of services and the base menu of services. We did “blue-sky” thinking that we wanted to add vision, hearing, dental, and psychiatry to SBWCs, have the wellness center potentially open to siblings, family members, and community, open 12 years with weekend and evening access. We also discussed having more wraparound services for family engagement.</li> <li>Rob Walter: I don’t think there was the voice of the primary care pediatrician in last week’s discussion. SBWCs should be a targeted approach to high-need, low resource settings and focus on specific services (nutrition, mental health, reproductive health). SBWCs should not be a medical home for students. Currently in Delaware, you do not need a sports physical during the summer before the school year anymore, you can get a physical during the year to count. Some PCPs feel that their patients disappear for 4 years during high school because they receive services at SBWCs. Also the lack of co-pays at SBWCs incentivizes families to use SBWCs instead of medical home. We need to focus on communication and integration of health data. There are security</li> </ul>	<p><b>Health Management Associates:</b></p> <ul style="list-style-type: none"> <li>Flag for Data and Best Practices Workgroup that interoperability of data systems across SBWCs and community providers is an issue.</li> </ul>

	<p>reasons for not having physical exams in schools as well. Populations of students are different.</p> <ul style="list-style-type: none"> <li>○ Uma: These are questions we need to grapple with. I think this is a good point, it depends on the needs and resources of the area. We should look at the wealth of different services. It seems there is a failure to communicate well between the groups. In this process, we may have a minority and a majority opinion that will be called out and documented.</li> <li>○ Kristin Dwyer: There are some communities where kids do not have access to sustainable, comprehensive primary care</li> <li>○ Margaret Pisano: In some instances, the goal of a SBWC is to connect students to a medical home.</li> <li>● Uma: Let's talk about student enrollment. How does it work now and how can it be improved? <ul style="list-style-type: none"> <li>○ Forrest: It has evolved with COVID-19. Enrollment was originally coordinated with individual schools and the district. We were prohibited from contacting parent directly. We would enroll through school events (open houses, parent-teacher conferences). Except for emergency situations, parents must consent to all services for SBHCs. Now we have added enrollment documents to our website.</li> <li>○ Uma: My understanding is that enrollment packets would go out with back to school forms. And sports physicals were a big moment of enrollment. There are new techniques for electronic web signatures. Also started to get cellphone numbers for students themselves for ease of contact.</li> <li>○ Cindy: All school staff/faculty, coaches can make referrals.</li> <li>○ Joanna: We send packets home with students. Once they are enrolled, they are enrolled until they graduate out.</li> <li>○ Rob: Some schools emphasize sports physicals, well visits and sick visits on their forms and this may be misleading getting unnecessary physicals. They also need to say on the form that SBWCs should not take the place of a medical home and/or mark who the primary care physicians doctor is. This means that the communication may not be coordinated.</li> </ul> </li> <li>● Uma: State funding usually only lasts SBWCs until January. The more restrictive of services by SBWCs, the less sustainability they have, but more</li> </ul>	
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>expansive and less coordinated it is, the more duplication and competition there may be with primary care. Need to look at services to see if there should be some division/delineation and also need to look at communication (EHR, documentation, etc.) to make sure both sides know what is happening and are not duplicating services</p> <ul style="list-style-type: none"> <li>○ Kristin: We also need to consider again the need and resources for the community.</li> <li>● Cathy: What does the population enrolled in SBWCs look like compared to the level of need in the population? <ul style="list-style-type: none"> <li>○ Forrest: Payor mix varies.</li> <li>○ Cindy: We do not discriminate against anyone for enrollment and the demographics of enrollment varies. We do not do data analysis on utilization</li> <li>○ Thowana: It varies by the wellness center.</li> <li>○ Uma: There are a large number of uninsured/underinsured individuals enrolled.</li> </ul> </li> <li>● Cathy: I find in my work as a physician that I try to connect them their wellness center, specifically for mental health. There is a barrier for families to get care (time, money/resources), there are also barriers for enrollment (knowledge, language). Maybe primary care office can be a good site to enroll students in wellness centers. It can be seen as a win-win because there are primary care practices that have <ul style="list-style-type: none"> <li>○ Rob: I agree that physicians can play a role in enrollment. But many providers may not know how to do this, this shows a lack of coordination/knowledge.</li> </ul> </li> <li>● Uma: We are seeing the value proposition for SBWCs. SBWCs may be the most accessible forms of health care for some students, and this may not be the case from some students. So how do we balance this? <ul style="list-style-type: none"> <li>○ Kristin: I think that access is an incredible issue for students for many reasons (transportation, financial, trust, parent consent for reproductive health services). I would like to know the opportunity or potential for medical homes to have a presence in the wellness center and potentially incorporate wellness centers in their medical homes.</li> </ul> </li> </ul>	
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<ul style="list-style-type: none"> <li>○ Uma: And also thinking about interoperability of EHRs and data sharing across. Another question is, if SBWC is part of a medical home, could some of those providers contribute to the services in SBWCs or if SBWCs are part of a medical home, could they offer services on weekends and evenings there as part of the medical home.</li> <li>○ Rob: There needs to be a way SBWCs can communicate/do case coordination with pediatricians, this is similar to specialists. We need to feel comfortable as a medical home with this case coordination.</li> <li>○ Forrest: I also think this plays into the conversation of value-based care. The transition for value-based care incentivizes this collaboration. Our charge from DPH is not to be a primary care provider, but to connect students with medical home. We only provide some care if there are barriers to connecting them to that primary care. We found that about 40% of our students were not engaged in primary care. Currently we are in FFS model, but we struggle to get billable reimbursement. So if we were to develop value-based payment as a goal and SBWC is added to medical home, this will incentivize us to communicate better.</li> <li>● Uma: We still need to answer if SBWC should become accessible to families and communities and if so, does that mean that community primary care practitioners could be brought into the clinic on evenings and weekends for accessibility. This medical home becomes a true medical home (not based around SBWC) but on the same campus. Or do we think about a hub and spoke model, or separate. Interoperability is still a vital piece of this coordination.</li> <li>○ Cindy: One of issues is that we were previously all using the same data processing and data collection material, but then we split to use the record that the medical sponsor uses.</li> <li>○ Thowana: It was easier when we had a centralized database to access data and look at the overall health across wellness centers. The systems currently don't talk to one another. BayHealth in their EHR had built in their own SBWC model.</li> <li>○ Group felt that this was an issue that needs to be conveyed to the data &amp; best practices workgroup.</li> </ul>	
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<ul style="list-style-type: none"> <li>○ Cindy: There is not agreement on this. I talked about this with some of the school nurses and their thought is, if we expand to the community, then we are not a SBWC anymore, we are more of a community clinic.</li> <li>○ Thowana Weeks: if we do this, school administrators have to be on board.</li> <li>○ Margaret: As a mental health counselor, ethically, I cannot treat students, siblings, and their parents. If we think about this model, we would need to bring in more resources.</li> <li>○ Sharon: It was my understanding that this wouldn't be opening services to the whole community, but if siblings are in different schools and there are geographic differences in wellness centers, they would be able to take all siblings to the best place. This would be more of a community hub and spoke/cluster model for all children enrolled.</li> <li>○ Rob: You need to talk about what these students are going for and when they are going, this becomes an easy way for SBWCs to become a pediatrician. It is hard to make the line between what is a wellness center and what is a full-service medical home.</li> <li>● Uma: We did not talk about the MCO or ACO related questions, but will discuss those next time.</li> <li>○ Jordan: We can talk about the delivery system/payment reforms as the recommendations come forth based on what develops.</li> </ul>	
<p>Wrap Up and Next Steps</p>	<ul style="list-style-type: none"> <li>● Uma: We wanted to keep the first two meetings as free-flowing conversations to understand what are the points of issue, what are common themes, etc. that will help us shape our recommendations in the next few sessions.</li> <li>● Drew: we wanted to give you all 2 sessions to free-flow discuss some of the key experiences and issues you have with SBWCs to see what bubbles up, now we will be moving to tighter, more action-oriented meetings as we start to draft recommendations. These meetings will follow the structure below: <ul style="list-style-type: none"> <li>○ 8 mins intro on current state and priority setting as a group</li> <li>○ 10 mins breakout group on what they learned from materials/review/their own perspective</li> <li>○ 5 mins share out</li> <li>○ 10 mins breakout groups on research questions and drafting recs</li> <li>○ 5 mins share out</li> </ul> </li> </ul>	<p><b>Steering Committee:</b></p> <ul style="list-style-type: none"> <li>● Continue to read through the literature and come prepared to discuss and start to draft recommendations.</li> </ul>

	<ul style="list-style-type: none"><li>○ 20 mins group discussion on research questions/recommendations, needs, barriers, considerations, etc.</li><li>○ 2 mins wrap up and next steps</li></ul>	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--