# **Infrastructure, Policy, and Operations Workgroup**

Meeting Minutes from October 1, 2020

**Attendees:** Forrest Watson III, Sharon-Rose Gargula, Jandy Albury, Cathy Zorc, Kristin Dwyer, Cindy Madden, Fran Russo-Avena, Nick Conte, Yalanda Thomas, Cassandra Davis, Uma Ahluwalia, Drew Hawkinson

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| **Agenda Item** | **Discussion** | **Action Items** |
| **Welcome** | * Uma started the meeting. |  |
| **Recap of Previous Weeks** | * Uma gave a recap of the previous weeks’ discussion, where we landed on some issues, and where we need further exploration.   + Menu of Services: questions about including physicals and minor acute care. Should add vision, hearing, and dental services. Should ensure reproductive health care, behavioral health care, and social services (especially for elementary school kids). Still need to understand how the services are determined and the how type of model/integration with pediatric practice and medical home is determined.   + Hours of Operation: Should think about summer hours and weekends. Need determine the role telehealth can play in extending services.   + Model Design: Hub and spoke model seems to work well for elementary and middle schools within a geographic radius. Need to determine a formula for SBWC siting. Need to understand how students/families/siblings could be enrolled in SBWCs or receive services at different schools. Need to understand what infrastructure requirements complement these decisions. * Drew: There are additional resources to review in the “Supplementary Materials” folder on the virtual binder. Please review the “SBWC Strategic Planning Bibliography” under the supporting documents section. This is updated weekly. There are materials about LGBTQ+ health services to consider like hormone therapy/puberty blocker initiation and management, pre-exposure prophylaxis referral and management, etc. |  |
| **Guiding Questions & Topics** | * Uma reviewed the guiding questions and topics of discussion for today’s planning (Menu of Services, Hours of Operations, Enrollment, Model Design) * Forrest: When we discuss the menu of services and primary care, we need to be conscious about the value that SBHCs can add through specific services and emphasizing a value-added approach. This is especially important for outcome-based reimbursement.   **BREAKOUT GROUPS**   * Uma: Had three key points. The menu seems pretty well set. There needs to be a flexible design of services for plug and play (uninsured vs. insured vs. students with medical home). Also want to pull out the value of the SBWCs to the educator community. * Forrest: There should be a way to address the concerns of pediatricians, collaborate with them, and give best care to students. Need a universal EHR and data sharing across SBWCs and pediatricians. If insurance companies support the value-based approach and incorporate SBWCs into this reimbursement approach, that will help relationship between SBWCs and pediatricians. There are pediatricians that are struggling with sustainability and SBWCs may be a threat to that, particularly at elementary school level where immunizations and physicals make up big chunk of revenue. Schools are a prime vehicle at addressing health equity. * Nick: We discussed variability built into all of it. Decisions need to be made by populations to address local communities. Some places are provider deserts, so there needs to be some flexibility in what is offered but needs to be noncompetitive. * Uma: The idea of flexibility seems to be popping up. We need to think about how this flexible model can be leveraged in a reimbursement framework. |  |
| **Draft Recommendations** | * Drew gave an overview of the research questions that groups will be drafting answers to in response to the previous discussions.   **BREAKOUT GROUPS**   * Uma: We developed a couple of recommendations in our discussion:   + Use criteria to determine SBWC siting: Title I status, free and reduced meal numbers, insurance categories, poverty thresholds, volume of IEPs, availability of family care and private practice providers.   + Create a methodology for connecting private practice providers and SBWCs (plug and play), large number of uninsured students (see if there is safety-net provider and FQHC),   + Hub and spoke model, especially for middle and elementary school. Question of radius (2 miles in urban, 5-7 miles in urban setting).   + In middle and elementary schools, classroom teacher assistance and presence of family wraparound services needs to be defined and stronger.   + Do 11-month clinic (no July).   + Do not do evening hours, there is no value to this. Parents will not come in the evening.   + For behavioral health, need to solidify and improve the teacher-clinic-provider connectivity and potentially expand it. * Cathy: We came up with a few recommendations:   + Should have a basic menu of services with mental health as important value added service.   + Dental, optometry, and hearing services should be collaborative services with school nurse   + Reproductive services and substance use treatment is more of a high school service, but should be available as it comes up in the middle and elementary schools.   + Social services should be included particularly at elementary and middle school level   + Should have more definition on what school district can decide as services   + School district should be able to decide after-hours, summer-hours operations * Sharon-Rose: If a school is high need and already has wraparound services and TIC approach, then they may be bypassed for SBWC siting in other schools without those services already available, even if needs are similar. * Nick: We agree with most of the recommendations already presented and have some other recommendations:   + Community assessment to determine need for services and types of services   + Education campaign to school boards to teach them what is needed for schools   + Enrollment campaign to teach parents about what services are available and have a period for enrollment * Nick: One piece to understand is that we may want to have reproductive health services available, but sometimes the legislation does not allow those services to be offered |  |
| **Wrap Up and Next Steps** | * Uma wrapped up the meeting and gave next steps * Read materials and send Drew supplementary materials * Be prepared to work during next week’s conversation | **Steering Committee:**   * Continue to read through the literature and come prepared to discuss and expand on draft recommendations.   **Health Management Associates:**   * Compile drafted recommendations to present at next meeting. |