

Infrastructure, Policy, and Operations Workgroup

Meeting Minutes from October 8, 2020

Attendees: Forrest Watson III, Sharon-Rose Gargula, Jandy Albury, Rob Walter, Kristin Dwyer, Cindy Madden, Yalanda Thomas, Joyce Hawkins, Susan Haberstroh, Margaret Pisano, Jordan Weisman, Joanna White, Cassandra Davis, Uma Ahluwalia, Drew Hawkinson

Agenda Item	Discussion	Action Items
Welcome	<ul style="list-style-type: none"> • Uma started the meeting. 	
Recap of Previous Weeks	<ul style="list-style-type: none"> • Uma gave a recap of the previous weeks' discussion, where we landed on some issues, and where we need further exploration. <ul style="list-style-type: none"> ○ 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 and middle 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. Still need to determine more LGBTQ+ health services like hormone therapy. ○ Hours of Operation: August-June, not July. No weekend or evening hours, but there could be hours outside of school (3-5 PM vs. 5-7 PM). Think about the hours of operation in ○ 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 how radius and siting of hub and spokes. 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. How and should they be incorporated into a medical home? ○ SBWC Siting: siting should be determined by need (Title I status, free and reduced meal numbers, poverty thresholds, volume of IEPs, availability of community providers), costs associated with siting/construction 	

	<ul style="list-style-type: none"> • Uma: Something interesting is that Medicaid pays for both a sports physical and annual physical, but commercial payors only pay for one physical, so a lot of SBWCs do not bill commercial payors for annual physical. • Uma: We are now pulling together the three workgroups together to make sure we continue to align our work. There seems to be universal interest in flexibility of model (based on availability of community providers). They also did like the idea of evening hours going up to the end of bus schedules. 	
Topics & Initial Discussion	<ul style="list-style-type: none"> • Uma reviewed the guiding questions and topics of discussion for today's planning (Menu of Services, Hours of Operations, Enrollment, SBWC Siting, Model Design) <p style="text-align: center;">BREAKOUT GROUPS</p> <ul style="list-style-type: none"> • Forrest: From experience, many students do not consistently go to primary care. SBWCs represent the best place to provide the care that they are not receiving at a PCP, including immunizations. This has been exacerbated by COVID-19. SBWCs are also a good place for health education, connecting students into social services, and behavioral health services. SBWCs can design themselves to address the health disparities/needs of the school population. The best way to ensure that SBWCs properly coordinate with PCPs is to have a value-based payment system and ensure that SBWCs are part of that framework, because reimbursement is inhibiting factor. • Sharon-Rose: Forrest summed it up nicely, our main focus was on how SBWCs can communicate with PCPs better. • Joanna: We talked a lot about tailoring it to school districts, because some school districts need medication management, physicals, and immunizations, but definitely want to get vision, dental, and hearing. • Susan: We talked about coordination of SBWCs with PCPs and also school nurse. There needs to be a flow chart for how the services work together. I don't think that SBWCs should not be a medical home. We also have to be mindful of how more telehealth can assist families in getting services between SBWCs and providers. 	
Draft Recommendations	<ul style="list-style-type: none"> • Drew gave an overview of the research questions that groups will be drafting answers to in response to the previous discussions. <p style="text-align: center;">BREAKOUT GROUPS</p> <ul style="list-style-type: none"> • Forrest: 	

	<ul style="list-style-type: none"> ○ Some flexibility in hours of operation to provide services for schools with summer services ○ Some flexibility in evening hours until 8 PM (only one day), especially for elementary school kids at the hub school. ○ Have immunizations and physicals for elementary kids ○ Some flexibility in weekend hours as well ● Rob: We had more of a discussion around PCP vs. SBWC. <ul style="list-style-type: none"> ○ Younger kids should not routinely have well visits at SBWCs, there can be some exceptions ○ Enrollment forms should ask for their medical home. If they do not, social worker should work to connect student to medical home. ○ More integrated partnership between medical home and SBWC, moving past EHR for consultation/communication ● Yalanda: We developed a couple of recommendations in our discussion <ul style="list-style-type: none"> ○ Immunization, vision, hearing, dental services should be provided across the board at all school level ○ Reproductive services should be provided for all HS children ○ Menu of services should be determined by the school's need, school and school district should determine their services ○ Hub and spoke model is the best model. SBWCs should not be a medical. No specific radius. School district would decide what the hub and spokes would be ○ Depending on location of SBWC in school (newer construction for SBWCs), there could be a more independent operating schedule ○ Siblings in the school district could go to a sibling's SBWC ● Uma: We had some other thoughts: <ul style="list-style-type: none"> ○ Primarily August-June hours, unless there was summer school or specific need ○ Offer evenings once or twice a week until 5 (when buses stop running) ○ Families should not be coming in to receive services, this can be thought about for new construction of SBWC ● Susan: We came up with a few recommendations: <ul style="list-style-type: none"> ○ SBWCs should not act as medical homes, but there needs to be more interaction with PCP, or linking students to medical home 	
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<p>Wrap Up and Next Steps</p>	<ul style="list-style-type: none"> ● Uma wrapped up the meeting and gave next steps <ul style="list-style-type: none"> ○ Read materials and send Drew supplementary materials ○ Be prepared to work during next week's conversation on staffing/personnel 	<p>Steering Committee:</p> <ul style="list-style-type: none"> ● Continue to read through the literature and come prepared to discuss.