

## Infrastructure, Policy, and Operations Workgroup

### Meeting Minutes from November 5, 2020

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

Agenda Item	Discussion	Action Items
<b>Welcome</b>	<ul style="list-style-type: none"> <li>Uma welcomed everyone.</li> </ul>	
<b>Recap Previous Weeks</b>	<ul style="list-style-type: none"> <li>Uma reviewed the previous weeks' discussion. The budget epilogue clearly spells out the criteria for siting SBWCs. The new question is how to gage schools readiness from this list, and there is an equity question around them.</li> <li>Uma: You need to keep the services and staffing in mind when thinking about the actual space and size of SBWC.</li> <li>Joyce: Is there anything in the epilogue about what the school most have to be considered?</li> <li>Uma: No, it just defines high need.</li> <li>Drew: The text for the budget epilogue can be found <a href="#">here</a> on page 229 line 10.</li> <li>Jordan: The PMPM possibility that I brought up might not be appropriate, but there are so many alternative payment models out there that could be developed to incentivize more collaboration with community providers.</li> <li>Uma: Thank you, I think that is right. We will come up with recommendations on the infrastructure, operations, and services and then we will try to design the payment model from that.</li> <li>Rob: In the finance minutes they all talked about how they are making budget cuts. We are targeting best practices, and then in the end they will have to come together.</li> <li>Uma: Yes, and that is what we are doing along the way and will have review of recommendations from the three workgroups by the Steering Committee in December.</li> </ul>	
<b>Review of Literature</b>	<ul style="list-style-type: none"> <li>Drew overviewed information from the literature, including recommendations for facilities, square footage, medical sponsors supply equipment and school districts help with space.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Susan: How do these recommendations relate to the service menu?</li> <li>• Drew: This is the Cadillac version, and space needs can vary by services.</li> <li>• Uma: At the moment, the space determines the services. But with hub and spoke model, there are opportunities to invest in more services with space at the hub.</li> <li>• Drew: The standard size of a classroom is 900 square ft.</li> <li>• Forrest: That may be the standard size, but many of our buildings are older and that is not the size of a classroom. In our model, we got a classroom and have doubled up on things. Our exam room acts as professional office space, telehealth room, and where pharmaceuticals are stored. And then we also have a waiting room. For our hubs, we rotate through the schools and can provide physical health services in conjunction with the school nurses.</li> </ul>	
<p><b>Research Questions</b></p>	<p style="text-align: center;"><b>Breakout Groups</b></p> <ul style="list-style-type: none"> <li>• Rob: You don't need a lot of space for telehealth and what Dr. Conte said the other day is that some specialties can bring their own equipment. Hubs may be bigger, but the spokes don't need a lot there.</li> <li>• Uma: We talked about the hub being closer to the 1100 sq ft range and the spokes being closer to 600 sq ft. The recommendation may be to place it where it is most reasonable.</li> <li>• Susan: We talked about 600 sq ft being the minimum. Most of them are just converted classrooms.</li> <li>• Kristin: We also said though that there has to be minimum requirements like a bathroom, a refrigerated space for locking meds, and exam room, and a waiting area. Like give them minimum space requirements, but let them figure out geometry.</li> <li>• Susan: And I think the external access would be a priority for new SBWCs, but not for existing ones. We talked about the hub being one full classroom, but the spokes don't necessarily have to be a full classroom, they just have to be a designated space.</li> <li>• Uma: Yes, so spokes can be a designated space for provider to see students that has adequate privacy. It doesn't have to be a classroom, but will be up to the school to figure out what space.</li> <li>• Forrest: At some spokes it could be a part of the nurse's office or counseling suite.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

	<ul style="list-style-type: none"> <li>• Uma: We should also make a recommendation that the two new high needs schools should be a capital budget line item so that school districts can use these funds without having to raise all of the funds on their own.</li> <li>• Kristin: I think this is right, a capital budget line item that isn't tied to a CM. I think the state should absolutely help with funding, but also there should be some local monies.</li> <li>• Uma: Potentially we could specify a match.</li> <li>• Kristin: And could potentially allow school districts to use a match tax, so they don't need to go out for a referendum.</li> <li>• Susan: I wonder too if we could have the medical sponsor play a role in the financing as well.</li> <li>• Cindy: I think that is fair, but I know providers are already putting a lot of money into SBWCs. We get some money from DPH and have to try to match this with billing. Vendors lose money on SBWCs. Schools are required to provide space and building and the medical vendors bring in equipment.</li> <li>• Rob: We talked about partnering with PCPs where the school would help medical sponsor with things like counseling or nutrition, then part of the money the medical sponsors get would go to the school. This could be with value-based payment methodologies. Like having the community providers having a stake.</li> <li>• Cathy: That is assuming the model is with a shared outcome with community PCPs. It would depend on the community, almost like PCPs partner with SBWCs to shared costs and outcomes and then extra goes back to school. If there is a large overlap with PCPs and school, then it would be like an extension of the office.</li> <li>• Forrest: I think this may be more aligned with operational cost. For capital, could community benefit fund of hospitals be tapped for capital expansion services?</li> <li>• Uma: Next question we will consider is what will be the operating model with the providers that can help with both the operating and capital costs.</li> </ul>	
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