# Infrastructure, Policy, & Operations Workgroup

## Meeting Minutes from November 19, 2020

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

| Agenda Item | Discussion | Action Items |
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| **Welcome** | • Uma welcomed the meeting and tee'd up the meeting agenda | |
| **Review Draft Recommendations** | • Uma: We want to spend a minute on capture what a minority and majority opinions and what can<br>**Recommendation 1**<br>• Uma: There was agreement on hub and spoke. From an equity perspective, who makes this call. Is it based on a school districts' willingness to house a hub or is it based on a formula. The spoke side will always be determined by the school districts.<br>• Kristin: Will there be an aspect of our recommendation that has definitions.<br>• Joyce: Districts need to make a determination if they have capacity for hub and spoke. We also need another entity that makes a determination if there are multiple bids. This entity should be final say on who will get it. We will probably have more districts than can do in a year to participate.<br>• Kristin: In terms of Hub and Spoke model, it is by school district. The hub will be school with certain criteria, and then spokes will be situated in similar demographic/needs schools. Also when school district decides to do a SBWC, they do not decide to do one, but a full hub and spoke.<br>• Uma: Yes, this is also determined by radius and geography. Spokes are only going to have a couple days, they are not a full service clinic. District will make the call as to which schools get pulled into spokes.<br>• Kristin: What if geographically, you have elementary and middle schools? I don't think you think that you can limit it.<br>• Uma: Elementary and middle school can be together, but not high school with middle school because of age difference.<br>• Joyce: There is no minimum number of schools that need to be involved. You may have a district where you won't have 5 elementary schools, etc. | • Put together a lexicon for definitions.<br>• Yalanda: send information on COO for MCOs to talk about leveraging value-based incentive models |

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| | • Uma: I think your right there doesn't have to be a specific number of hubs and spokes, but it has to be feasible.<br>• Rob: When they come out saying that they come out approving 2 SBWCs a year, is it likely to assume that those are hubs in high-risk areas.<br>• Uma: I think the strategic planning process is supposed to inform what this mean.<br>• Forrest: Are we saying that the only way that these elementary schools can be approved as a SBWC is if they are a hub and spoke model?<br>• Uma: Yes, we have been saying this every week, this allows for more bang for your buck.<br>• Rob: I think there should be wording that the ideal should be hub and spoke to give a little bit of wiggle room. It is better to start with a hub and then if appropriate, then we can<br>• Cassandra: I think we should give it some wiggle room. This is ideal, but it depends on the location because not every location will benefit from this model.<br>• Uma: If we added language to say "wherever possible" would this accomplish this? This becomes important.<br>• Cindy: In Delmar, and south of the state, some of the districts won't have this ability.<br>• Forrest: It can also be costly to do a hub and spoke model if you connect it together. I would also encourage use to think about spokes as non-high need schools but hubs have to be high-needs.<br>• Uma: I think this is right that the hubs are definitely high-needs. But there should at least be an understanding of need.<br>• Kristin: I think if we wanted to make suggestion that there could be consideration that when a school district decides to expand beyond one location, the recommended model is a hub and spoke.<br>• Cassandra: I think there needs to be flexibility, but it needs to be concrete. If your school district is looking to bring in additional SBWCs, then it should follow this hub and spoke model.<br>• Uma: Decision about first school-based wellness center based on need is a full-service model, then if they choose to expand their models, then they | |

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| | have to use hub and spoke model, as long as it is geographically feasible. This should be in the application process.<br>• Joyce: When an award is given to a district, they can decide if they want to do a hub and then spokes, which would be a bigger award relative to other schools who are just doing one school.<br>• Uma: Everything is impacted by cost, who will pay for this? I think this is important, these questions. There is an application process that has to tease this out as part of the implementation needs so that there is appropriate and responsive spread and scale across the state.<br>• Cindy: When we talk about a hub and spoke, hub will offer services every day of the week and then spoke staff will rotate.<br>• Forrest: Hub is fully staffed with all of the services and it is staffed 5 days a week. Some services are available at the spoke available 5 days a week or periodically available. The hub rotates through the spokes for physical health piece of it. We have one NP who spend their time rotating through the spokes.<br>• Uma: They are headquartered at the hub, but they are hired to rotate through the spokes?<br>• Forrest: No they do have clinical responsibilities at the hub. They are at the hub 5 days a week, but have some half days.<br>• Uma: What is your thought Cindy, hiring an additional provider to float through the spokes?<br>• Cindy: I think it is dependent on the school populations, needs, and costs.<br>• Forrest: Ideally what we wanted is to have 2 FTEs one for hub and one floater.<br>• Uma: I think we can say that ideally, we want to say that there is one FTE at hub and one FTE floating in spokes.<br>• Forrest: Behavioral health needs are more of a priority.<br>**Recommendation 2**<br>• Uma: What are the conditions for which SBWCs could serve as limited medical home for students? Specifically, there needs to be more communication with PCPs and SBWCs, especially around exceptions and immunizations. | |

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| | • Rob: I think it may be assumed that anytime there is a service given, there should be something sent to the primary care. The expectation is that every time a child is seen for a sick or wellness visit, there is something sent to primary care, both physically and electronically.<br>• Cathy: I think the fact that a child is enrolled in a SBWC should be communicated to PCP, similar to when children are enrolled in Nurse Family visiting, this is helpful<br>• Joyce: For elementary schools, we need to be asking about parents not just student, need to ask parent and/or student.<br>• Kristin: I think this is a good way to frame this, a good compromise. My question is when we think about 2 schools per district and there are some students that are just never linked to PCP that SBWC will stay are medical home, so there should be hubs in both.<br>• Uma: I think the feeder status of students in that hub and spoke model and ability to receive services from models will. If there is not a middle school that you are transferring child to, then there is more urgency to connect them to a PCP. This is not a strategy issue, but just a lack of resources.<br>• Yalanda: I agree with you because there may be students who fall through the crack.<br>• Cathy: I think it is hard to say because individuals can find services at other places outside of PCP or SBWC.<br>• Uma: I think you could build discharge protocols so that when a child is getting ready to transition, there is an extra step that the SBWC must take to connect child to PCP.<br>• Yalanda: This is something that DPH wants to maintain. They want to make sure that all children have a medical home. A lot of children from families to needy households have barriers likes transportation, etc. to connect them to the care that they need, so SBWC is the best option for them to receive services.<br>• Cassandra: I agree with this. I think building the relationships with the parent is important so they can find a PCP.<br>• Joyce: What role would school/school nurse have in transferring that information to the next SBWC.<br>• Kristin: Is there a way to have a PCP to do a rotation in SBWCs. | |

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| | • Cassandra: I have heard this option.<br>• Cathy: I think there should be room in the model for some overlap there. The way it is now is that it is a separate entity, but as payment models and telehealth grow, the flexibility of venn diagrams is there.<br>• Kristin: I agree with this for providers that want to engage in this way. We need to make this linkage accessible and open up this access to PCPs.<br>• Uma: Are you comfortable to add language about letting SBWCs incorporate options to have collaboration/rotation of community PCPs?<br>• Rob: I agree with this.<br>• Forrest: Sometimes we make the assumption that the parent is not attentive to child's care and that is not true. Some parents are potentially essential workers, so we need to come up with an accommodation for our essential workers.<br>**Recommendation 3**<br>• Cathy: I think in an ideal world, physical is the bedrock for the patient so that when the child is sick, there is something to build on. Physicals should be reimbursable at medical home, PCP, and SBWC. If SBWC, medical home, and others are on more of a shared financial model, these go away.<br>• Uma: Sports physicals and physicals are both paid for by Medicaid, so they need to have enrollment. I think<br>• Rob: I think the other side of this is that students get 4 sports physicals and don't know that they could also get a regular physical.<br>• Cathy: I agree, that I think there is a lot of confusion.<br>• Uma: I think there is an education component here to let them know.<br>• Forrest: We need to need to explore these payment models. We need to breakout of sustainability model and disincentivize separation. If we could somehow incentivize this collaboration, we can have more people on both sides communicating to the patients.<br>• Uma: If we are talking about value-based payments and incentivizing collaboration, is there an approach Medicaid is looking at?<br>• Yalanda: I know through the MCOs they are looking at this, but I am not sure about Medicaid. I was thinking about opt-in or opt-out option that during that process, they need to ask families to provide information on the services they have gotten from PCPs. Maybe this is one way to work on this. | |

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| | • Forrest: We do follow through on this information but we find that a majority of the patients either don't know or have not had these services.<br>• Uma: Maybe we can have a conversation with the Medicaid MCO side to see if there are opportunities to talk about this.<br>**Recommendation 4**<br>• Cindy: If I work in a high school SBWC, does that mean I could see elementary school students?<br>• Uma: We did not want an elementary school student coming into a high school SBWC. We said you could go not go elementary to high or reverse.<br>• Joyce: This would be happening after school hours?<br>• Uma: Not necessarily, it could be a parent coming to pick up the child, but not a requirement.<br>• Cindy: I think we need to be careful with this. I think it should all stay within the same age grouping/level.<br>• Rob: I think like age groups make sense.<br>• Uma: We will fix this to say like ages.<br>**Recommendation 5**<br>• Cindy: I like this, but I am worried about the legality of this, we don't see anyone until they get a thorough medical history from their parents and if there is opt-out enrollment, then how can<br>• Rob: I don't see this as an option for elementary school kids.<br>• Forrest: When we are treating a kid, we have to get approval for the child to be treated. We want to make sure that we are talking to parent about medical history.<br>• Uma: What if we thought of this as a 2 step process, opt-out enrollment and then the first encounter has to get permissions and histories from the parents.<br>• Joyce: The issue is that there are other services in the school as well that may be somewhat competing. What I can see happening with this is that you would have issues of staff who need to have certain number of kids and there is some issues with collaboration. Most schools have student intervention teams that can funnel students to different services as needed. This is a better option than opt-out model. You do not want to bombard | |

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| | parents or child with multiple staff or personnel who are trying to work with their child.<br>• Forrest: I don't think opting out or opting in is the issue. That is more of an issue of collaboration, not limiting the resources that a child might need.<br>• Sharon-Rose: Prior to going to a SBWC, a student need to first see a school nurse to share the info needed.<br>• Uma: If this is not a good recommendation, then we can delete this. There was a desire to make sure that all students had the opportunity to take advantage of it.<br>• Joyce: I always wondered how this was going to play out. I think we need to work out collaboration, but I don't think that it is good to have multiple people working with the parent from the school on these issues. You don't want workers.<br>• Cassandra: SBWCs are a little bit different because they also offer medical/physical health services. I agree that student intervention team can help with behavioral health intervention. A student should be able to be enrolled in SBWC and also receive services from FCT, it just takes participation from the teams to work together. It seems like people are not comfortable with the opt-out language.<br>• Cindy: Whenever someone becomes a member of the high school wellness center, the parents fill out a very detailed enrollment form.<br>• Uma: We will remove this recommendation.<br>• Rob: If we could have some recommendation in here about having a close relationship with school nurse.<br>• Cassandra: The best SBWCs have great communication with school nurses office.<br>• Cindy: The majority of our inhouse referrals come from our school nurses and guidance counselor. Be careful that you don't put too many rules that there is no fliexbility. | |
| **Next Steps and Adjournment** | • Uma: I will continue with everyone to get as far as we can. Please send Drew comments. | |