

SCHOOL-BASED HEALTH CENTERS STRATEGIC PLANNING

INFRASTRUCTURE, POLICY, AND OPERATIONS WORKGROUP

Virtual Zoom Meeting
Thursday, October 29, 2020
1:00 PM - 2:00 PM



Agenda

- ▶ **Welcome**
- ▶ **Recap of Previous Weeks**
- ▶ **Initial Thoughts/Reactions**
- ▶ **Research Questions & Draft Recommendations (Breakout Groups)**
 - ▶ **Share out**
- ▶ **Group Discussion on Priorities & Implications**
- ▶ **Adjournment & Next Steps**





Review of Previous Discussions:

Menu of Services:

Baseline services by grade level and state entity with various representation from DPH, DOE, DSCYF, DSAMH, SD reps, parents. Additional services determined by community need assessment, local stakeholders. DPH has some regulatory capacity.

- ▶ Sports physicals & well child visits for those in need
- ▶ Minor acute care
- ▶ Immunizations
- ▶ Telehealth services (BH, Physicals, Education, Social Services)
- ▶ Reproductive Health (middle & high)
- ▶ **LGBTQ+ Health? (hormone therapy, PrEP)**
- ▶ Behavioral Health (psychology, psychiatry, substance use counseling)
- ▶ Nutrition counseling
- ▶ Vision and Hearing
- ▶ Oral Health
- ▶ Health Education
- ▶ Social Services (insurance, food, housing, income, energy) especially in elementary and middle
- ▶ Evidence-based interventions

SBWC Staffing:

Staffing model determined by service model, SD, local providers

- ▶ Core staffing: NP/PA, BH counselor, Medical Assistant, rotating RD
- ▶ Community PCPs involved in supervisory or rotating role
- ▶ Routine meetings with school nurse & psychologist
- ▶ Inclusion of SBWC in student intervention teams
- ▶ **Dental hygienist & coordinator, hearing & vision specialist every quarter (emphasis on beginning of year)**

Model Design:

- ▶ Hub and Spoke Model with siting dictated by school districts
- ▶ Not a medical home (unless necessary), connects kids to a medical home and incorporated into Pediatricians' care practice
 - ▶ Ask about PCP on enrollment forms
- ▶ No full family enrollment, but siblings enrolled in district can receive services at SBWC that is not their school (through hub and spoke)

Cost and Budget Implications - A Look at the Literature

- ▶ Previous work in Delaware estimated over \$600,000 in uncompensated care, primarily reproductive health services and behavioral health services, and lost patient fees (copayments & deductibles)
- ▶ Avoided public cost of pregnancies was main cost savings benefit of SBWC (~85% of cost savings)
- ▶ Additional cost benefits: ED usage and treatment for kids with asthma
- ▶ In systematic review, large range in operation costs \$16,000 - \$650,000
 - ▶ Main drivers are salaries and benefits (95% of operation costs)
- ▶ In systematic review, start up costs varied from \$42,000 - \$350,000
 - ▶ Minimum is for SBHCs that use renovated space and partner with existing school-health resources
 - ▶ Maximum is for SBHCs that build medical modular unit



Draft Recommendations

Research Questions:

- ▶ Given the base+ menu of services, and hub and spoke model, what are the infrastructure and space needs of SBWCs?
- ▶ How does the base+ menu of services, and space/infrastructure needs in hub and spoke model impact the base cost of SBWCs?
 - ▶ Capital costs
 - ▶ Operating costs
- ▶ How should cost of SBWC vary over time (first-year, ongoing, enhancements)?
- ▶ How does incorporation of telehealth service influence SBWC budgets? What is needed to support this?
- ▶ How do internal and external partnerships (school nurse, dental hygienists, community PCPs, etc.) influence SBWC budgets?
- ▶ How does base cost and investment vary by school level? By school need?
- ▶ Who should be involved in determining and monitoring SBWC costs and budgets locally and at state-level?



Draft Recommendations

- ▶ Given the base+ menu of services, and hub and spoke model, what are the infrastructure and space needs of SBWCs?
- ▶ Suggest that students opt-out for enrollment. Would be better for access, up to parent or guardian to opt-out, even for some services
- ▶ Have to have exam room, depends on model, exam room for dental hygienist, 1-2 offices for staff, bathroom (not external bathroom)
- ▶ Hub model might need more space
- ▶ Eisenberg, district took large classroom and made this medical suite, other sites are similarly sited, but don't have full components
- ▶ In hub and spoke, dental does not need a specialized room, but more of a nonlimiting room, just need ability to get out to spokes, things are portable (more bare bones)
- ▶ How does the base+ menu of services, and space/infrastructure needs in hub and spoke model impact the base cost of SBWCs?
- ▶ Larger the base menu of services the better, PMPM model can help with some operating costs, balances out utilization, can still develop ratio of staff needed, better for sustainability, allows for predictive capability
- ▶ This PMPM rate is determined by base service menu
- ▶ Try to make this model as general as possible (state and Medicaid)
- ▶ Build in value options (how many students then visit PCP, screenings, etc.: P4P measures) this incorporates PCPs and dentists/partners
- ▶ Capital costs
- ▶ Operating costs
- ▶ How should cost of SBWC vary over time (first-year, ongoing, enhancements)
- ▶ Decreasing overtime with some variance (new tech, more kids enrolled, etc.), setting goals for enrollments
- ▶ How does incorporation of telehealth service influence SBWC budgets? What is needed to support this?
- ▶ How do internal and external partnerships (school nurse, dental hygienists, community PCPs, etc.) influence SBWC budgets?
- ▶ Value-added approach (P4P) could incorporate some of these partnerships and also PMPM model incentivizes some partnerships to offset cost – need to make sure that this is coordinated
- ▶ School nurse is able to assist, not employed by medical vendor, partnerships with PCP, dental would increase budget
- ▶ How does base cost and investment vary by school level? By school need?
- ▶ Who should be involved in determining
- ▶ Medical vendors, medical partners, school district

Next Steps and Adjournment

- Next week discussion: Agreements, Policies, & Contracts
 - Read Literature Review
 - Explore materials & supplementary materials
 - Send supplementary materials to dhawkinson@healthmanagement.com
- Review materials on [Virtual Binder](#)
- Next Meeting: November 5, 1:00 PM - 2:00 PM

