

SCHOOL-BASED HEALTH CENTERS STRATEGIC PLANNING

INFRASTRUCTURE, POLICY, AND OPERATIONS WORKGROUP

Virtual Zoom Meeting
Thursday, November 5, 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 per 1000 students enrolled
- ▶ 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) per 2500 students
- ▶ Staffing determined by student ratio

Model Design:

- ▶ Opt-out enrollment to incentivize enrollment
- ▶ P4P incentives (PCP linkage, dental linkage, school provider linkages, etc.)
- ▶ PMPM payment model (issue with primary record keeping)
- ▶ Investment determined by student ratio & service menu

SBWC Space & Infrastructure:

- ▶ Capital investment focused on hub, larger space
- ▶ Year 1 highest capital costs, year 3 smoothed, sustained costs
- ▶ Flexible exam room space for dental services

Space, Infrastructure & Technology - A Look at the Literature

Recommended space requirements:

- ▶ Two exam rooms - 100-150 sq ft
- ▶ Counseling room(s) - 150 sq ft
- ▶ Reception area - 150-250 sq ft
- ▶ Professional office space - 200 sq ft
- ▶ Storage area and locked space for medical records and pharmaceuticals - 50-100 sq ft
- ▶ Separate room for telehealth - 100 sq ft
- ▶ Eisenberg: 600 sq ft for all health suites (hub and spoke)
- ▶ Partner with nurse's office space
- ▶ Medical sponsors supply equipment and give guidance on space outfitting
- ▶ Schools supply space, capital renovation costs, office equipment, and security
- ▶ Practice Management systems should be integrated with EHR
- ▶ Medical sponsors can develop/customize EHRs alongside school districts and public health (doctor's notes, sports physical forms, key data measure reporting)
- ▶ Bathroom(s) - 100-120 sq ft
- ▶ Infirmary area (sick room) - 100 sq ft
- ▶ Clean and dirty prep areas - 100 sq ft
- ▶ Hand washing sinks
- ▶ Laboratory area - 130 sq ft
- ▶ Two entrances, one from inside the school, one external entrance
- ▶ **Total: 1,180 - 1,400 sq ft.**



Draft Recommendations

Research Questions:

- ▶ Given the base+ menu of services what are the infrastructure and space needs of SBWCs? Square footage requirements?
 - ▶ How does this vary with hub and spoke?
- ▶ How can schools determine site readiness for SBWCs? How does equity/need impact site readiness?
- ▶ How can existing SBWCs be updated to fit needs of services and space/infrastructure? How does this get financed?
- ▶ How does construction or renovation planning and contracting proceed? Which state agency will take the lead in partnership with the school district involved? What technical assistance is needed and by whom?
- ▶ What space and/or equipment is needed to support telehealth service delivery? Where can this be sited?
- ▶ How do outside contractors (PCPs, dental, oral, vision, social services) share space within the SBWC?
- ▶ What equipment is needed for services? By whom is this supplied?
- ▶ How should SBWCs IT/EHR systems be brought online? Who should be involved in this?



Draft Recommendations

- ▶ Given the base+ menu of services what are the infrastructure and space needs of SBWCs? Square footage requirements?
 - ▶ Minimum of 600, hub is larger than spokes (~900-1100 sq ft)
 - ▶ Converted classroom that fits within requirements of the necessary spaces (bathroom, exam room, waiting rooms)
 - ▶ Potential recommendation: if possible, prioritize outside access
- ▶ How does this vary with hub and spoke?
 - ▶ Base requirements are for hubs (600 sq ft) classroom
 - ▶ Spoke: could be at least one classroom not the same sq ft requirements, maybe not a classroom, but designated space specifically for SBWC presence, adequate for privacy requirements, determined by schools
- ▶ How can schools determine site readiness for SBWCs? How does equity/need impact site readiness?
- ▶ How can existing SBWCs be updated to fit needs of services and space/infrastructure? How does this get financed?
 - ▶ Capital budget line item (that is not tied to CN) for siting the 2 SBWCs each year so that SD can access these funds for renovations (rather than SD raising their own funds)
 - ▶ Process should ask questions on need, access, equity, etc.
 - ▶ Incentivize setting up grants for capital costs
- ▶ Potentially pursue paid by state (not a match), that favors district more than the state
- ▶ Allow districts to use a match tax
- ▶ What is role of medical sponsors in financing? Providers get some funding from DPH, but have to match this funding from billing, each vendor is losing money
- ▶ Nemours has partnership for providers to have financial stake (Jonathan Miller) where if SBWC works, money be used
- ▶ What institutions must be involved in SBWC construction or renovation plans? What technical assistance is needed and by whom?
- ▶ What space and/or equipment is needed to support telehealth service delivery? Where can this be sited?
 - ▶ Don't need a lot of space, some specialties can bring their own equipment
 - ▶ Spokes can be more limited
- ▶ How do outside contractors (PCPs, dental, oral, vision, social services) share space within the SBWC?
 - ▶ Opportunities for PCPs to provide operating funds with involvement in oversight of services
- ▶ What equipment is needed for services? By whom is this supplied?
- ▶ How should SBWCs IT/HER systems be developed? Who should be involved in this?

Next Steps and Adjournment

- Next week discussion: Quality Improvement & Assurance, Data Sharing Policy
 - Read Literature Review
 - Explore materials & supplementary materials
 - Send supplementary materials to dhawkinson@healthmanagement.com
- Review materials on [Virtual Binder](#)
- Next Meeting: November 12, 1:00 PM - 2:00 PM

