

SCHOOL-BASED HEALTH CENTERS STRATEGIC PLANNING

INFRASTRUCTURE, POLICY, AND OPERATIONS WORKGROUP

Virtual Zoom Meeting
Thursday, November 12, 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:

- ▶ 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

- ▶ Community PCPs involved in supervisory or rotating role
- ▶ Routine meetings with school nurse & psychologist
- ▶ Staffing determined by student ratio

SBWC Space & Infrastructure:

- ▶ Hub is a converted classroom (~900 sq ft)
- ▶ Spoke is designated space from school, minimum 400 sq ft, adequate privacy
- ▶ Prioritize outside access for new hubs
- ▶ Flexible exam room space for specialties
- ▶ **Capital budget line item or grants for renovations**

Model Design:

- ▶ Opt-out enrollment to incentivize enrollment
- ▶ Potential to explore alternative payment methods
- ▶ **P4P incentives (PCP linkage, dental linkage, school provider linkages, etc.)**
- ▶ Investment determined by student ratio & service menu
- ▶ **Community PCPs to be involved in oversight and care (extension of office) to have some financial stake**
- ▶ **Savings from PCPs can be invested back into SBWCs**
 - ▶ **Operating costs**
 - ▶ **Potential for capital investments?**

A Look at the Literature

- ▶ Maryland:
 - ▶ DOE oversees administration of grant funding, reviews applications, site visits, consultation with school facilities branch
 - ▶ DOH provides SME on applications, technical assistance & site visits, approves for Medicaid reimbursement, consultation with school facilities branch, receives health encounter data
 - ▶ Established council to facilitate coordination between state agencies and other stakeholders, provide recommendations for enhancement
 - ▶ Nonprofit advocacy group provides technical assistance, professional training
- ▶ Consent for release of information to DOH and DOE to support child health and safety and for purposes of program evaluation
- ▶ Use of HIN for communication of health information with PCPs
- ▶ Entity to develop quality standards for SBHCs as a living document to be updated every 2 years



Draft Recommendations

Research Questions:

- ▶ Which state agency could take the lead in partnership with the school district involved? What technical assistance is needed and by whom?
- ▶ What opportunities are there to specify responsibilities (TA, planning, service array, training) between state agencies, school districts, other entities (associations, community providers)?
 - ▶ What MOUs, agreements, or requirements should be developed to support this?
- ▶ How should SBWCs IT/EHR systems be brought online? Who should be involved in this?
- ▶ How can SBWCs leverage IT/EHR systems with the DHIN for better coordination with community providers?
- ▶ What agreements or consents need to be developed for data sharing between schools, SBWCs, DOE, and DPH?
- ▶ Who should be involved in quality assurance & improvement? What guidance can be developed to facilitate QA & QI processes?



Draft Recommendations

- ▶ Which state agency could take the lead in partnership with the school district involved? What technical assistance is needed and by whom?
 - ▶ Remain with DPH as lead, DOE to participate as partner and be part of conversation (has not been in the past), others that could contribute to funding and involvement of SBWCs
 - ▶ Council model to provide assistance, system/service enhancements, can fill a role within state agency partnership, becomes more legislative, representative of who needs to be at the table, formal advisory to DPH
 - ▶ Who provides TA for certification & credentialing (DPH & Medicaid lead)
 - ▶ Need TA for commercial insurers on sign up and credentialing, don't recognize as facility entity, more as an individual provider (credential individual providers rather than center), billing as a group practice
 - ▶ Medical vendors and schools come to DPH
- ▶ What opportunities are there to specify responsibilities (TA, planning, service array, training) between state agencies, school districts, other entities (associations, community providers)?
- ▶ What MOUs, agreements, or requirements should be developed to support this?
 - ▶ No contracts with school districts, contract with DPH and vendor, school has buy-in on application, anyone can bid on RFP
- ▶ How should SBWCs IT/EHR systems be brought online? Who should be involved in this?
- ▶ How can SBWCs leverage IT/EHR systems with the DHIN for better coordination with community providers?
- ▶ What agreements or consents need to be developed for data sharing between schools, SBWCs, DOE, and DPH?
- ▶ Who should be involved in quality assurance & improvement? What guidance can be developed to facilitate QA & QI processes?

Next Steps and Adjournment

- Next week discussion: Wrap-Up & Finalization of Draft Recommendations
 - Drew will send draft recs on Monday
- Review materials on [Virtual Binder](#)
 - Read Interview & Survey analyses
 - Explore materials & supplementary materials
- Next Meeting: November 19, 1:00 PM - 2:30 PM

