



Thanks to Chair Eric Parsons, Co-Chair Lillian Shirley, and members of the Committee.

The School-Based Health Care Network encourages OHPB to include School-Based Health Centers as providers in regional CCOs.

In addition, we request that SBHCs receive fair compensation to implement the requirements for coordination and outcome measurement, as the clientele of the centers are overwhelmingly low-income and represent ethnic and racial minorities.

SBHCs focus on wellness and prevention and have for decades, offering a wealth of experience. They have strong community alliances and fully engage their patients and families.

1) What School Based Health Centers are:

- Like a doctor's office at school, SBHCs provide comprehensive medical and mental health services, age-appropriate risk assessments, and patient education, particularly prevention messaging.
- There are 63 SBHCs in 21 counties, providing access to over 45,000 students.
- Forty-three percent of SBHC patients are on OHP. And all SBHCs help their uninsured patients (42%), apply for Healthy Kids¹.
- This year, 81% of SBHC patients reported they were unlikely to receive care outside of their SBHC.²

2) SBHCs are ready to be CCO providers:

Kids Health Connection (Jackson): In early November, the SBHC's Nurse Practitioner began seeing a 5 year-old girl who has asthma. She came to the SBHC with a cough, her lungs sounded loud and her color was off. The NP gave her a nebulizer treatment, and followed up in the subsequent two weeks with three more treatments for persistent symptoms. Although the family had a PCP, the girl's father reported that it was challenging to take time away from work; additionally, the family is uninsured. Based on this treatment and ease of access, the father decided that the SBHC's Nurse Practitioner was better situated to be his daughter's PCP. In turn, the NP has:

- Prescribed a daily medication that the SBHC was able to cover with special funding;
- Seen the girl every day to obtain a pulmonary function baseline (her lungs have been clear for over a week, and her color has returned);
- Introduced the father to the SBHC's Eligibility Specialist to apply for OHP;
- Scheduled well-child exams for the girl and her two sisters.

Finally, the NP reports "Had we not been here, there is little doubt that (this girl) would still be in chronic asthma exacerbation and most likely frequently visiting the ER and missing school."

¹ Network billing survey results, 36 of 60 SBHCs reporting, May 2011.

² Ibid.

3) Why SBHCs should be part of CCOs' Delivery System Networks

a. SBHCs offer coordinated and comprehensive services to a key population: Children and Youth

- Providers specializing in pediatric and adolescent health care offer key services:³ primary care, care coordination, specialty care; mental health and addictions services and supports; prescription drugs; oral health; reproductive health; and community-based prevention services.
- Provide prevention and wellness messages at every visit.
- Large percentage of SBHC patients are on OHP and CHIP, a percentage that is increasing with success Healthy Kids' enrollment.

b. SBHCs involve their patients and communities in governance and accountability

- Before an SBHC even is built, it must perform a community needs assessment to ascertain need for pediatric- and adolescent-specific medical services.
 - Based on this needs assessment, SBHCs address health equity for youth who may face disadvantages based on race, ethnicity, language, health literacy, sexual orientation, lack of access, insurance status, or age.
- Because SBHCs exist at the will of the community and school board, they include in their governance structures youth, parents, educators, community medical providers and community members.
- SBHCs already participate in Quality Reporting, collecting and submitting clinical, demographic and patient satisfaction data to the SPO.

4) What SBHCs are doing to ensure they are ready to fully participate

- Participated in GAP Assessment October 2011 to determine how close they are to meeting the requirements of a Patient-Centered Medical Home
 - SBHCs are already collecting "Must-Pass" pediatric core quality measures: health assessment, comprehensive physical (well-child) exams, BMI
 - Certification standards require that SBHCs have community partnerships that allow patients to access care when SBHCs are not open AND to obtain services not offered at SBHC
 - Additionally, centers maintain demographic and encounter data. These data better inform program development at the state and local level to ensure youths' health care needs are being appropriately met
- Piloting (e.g. Clackamas) or implementing (e.g. Multnomah) EHR systems that allow SBHCs to exchange health information with other providers within their service area.

Thank You for your time. I am also submitting written testimony from one of our youth advocates, who was unable to be here today.

³ Draft CCO Business Plan, p. 6.



December 13, 2011

Dear Chair Parsons and Members of the Oregon Health Policy Board:

Thank you for your time and considering my testimony. My name is Richard Liang, a senior at Milwaukie High School, and I am a part of the OSBHCN's (Oregon School-Based Health Care Network) youth advisory council.

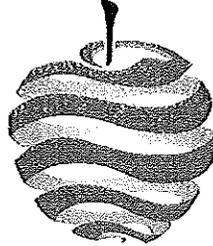
SBHCs (School-based health centers) are providers on school campuses that provide medical and mental health care to students.

In my time as a member on the OSBHCN's youth advisory council, I have heard from students all across the state of Oregon about the amazing things that their SBHC's have accomplished. In my mind, the most compelling of these accomplishments would be making access to health care equal for all students. Unfortunately even with access to free or low cost insurance (via Healthy Kids) there are barriers that prevent youth from accessing care, as they are still mostly dependent on their guardians. SBHCs have broken down many of these barriers, with 64% of their patients reporting that they would not have been able to receive care outside of their health center as such in the case of Valentina, a student at Milwaukie High School. Valentina's parents, working long hours at their jobs could not take the time from work to take her to their provider when she was feeling sick. This persisted until Valentina learn of her school's Medical Van (pre-SBHC) and decided to set up and appointment. The experience was brief, and easy.

The fact that access to health care was made possible for Valentina by an SBHCs is why our youth advisory council want SBHCs to be included as a provider in the CCO model. Access to health care should be equal, but often the health care needs of young adults are not addressed, even though we form a large part of the CCO's target audience. In fact, it was reported in 2009-10 that 27% of SBHC users were on OHP. Thus, for the student voice to hear and the needs of the students represented, we propose that youth leaders be included in CCO governance and/or advisory in order to establish more patient-centered healthcare, providers, and services that are more relevant and competent.

Once again, thank you for your time and effort. I will provide written statements for your records.

Richard Liang [liangpr@yahoo.com]



Oregon School-Based Health Care Network

Health and Academic Success for Children and Youth

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Our Recommendations

1. *Include School-Based Health Centers (SBHCs) as providers in Coordinated Care Organizations (CCOs).*
2. *Ensure that SBHCs receive fair compensation for the provision of care—both to the insured and uninsured.*

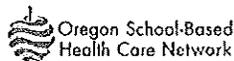
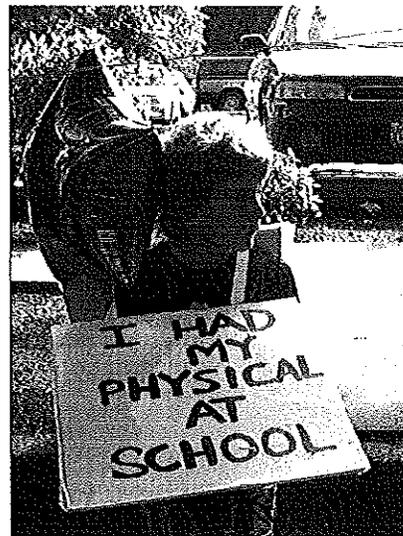
HB 3650 recognizes SBHCs as safety net providers that may qualify as Patient-Centered Primary Care Homes and receive payment for services (Sec. 6 & Sec. 24)

What are SBHCs?

Like a doctor's office at school, SBHCs provide comprehensive medical and mental health services, age-appropriate risk assessments, and patient education, particularly prevention messaging.

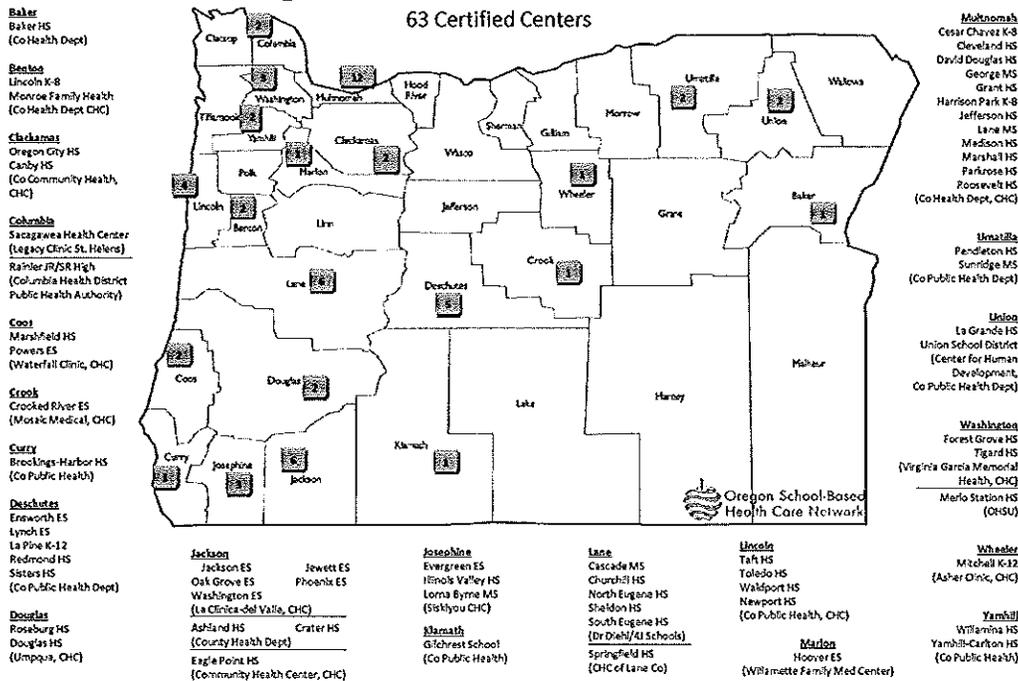
There are 63 SBHCs in 21 counties.

SBHCs provide access to more than 45,000 Oregon students.



Oregon School-Based Health Care

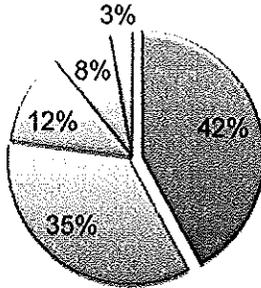
63 Certified Centers



SBHC Patients

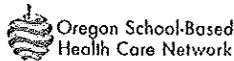
SBHC Patient Population by Payer
36 of 60 SBHCs Reporting 2010-2011 School Year

- Uninsured 42%
- DMAP Mgd Care 35%
- Commercial Ins 12%
- DMAP FFS 8%
- Other 3%



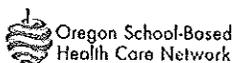
36,862 Client Visits

- 43% of SBHC patients are on OHP¹
- Currently all SBHCs help their uninsured patients apply for Healthy Kids³
- 42% of the 2010-11 patient population was uninsured²
- This year, 81% of SBHC patients reported they were unlikely to receive care outside of their SBHC⁴



SBHC Providers

- Centers must be staffed by licensed Physicians, Nurse Practitioners or Physicians' Assistants, Registered Nurses and Qualified Mental Health Professionals.
- Every SBHC is overseen by a Medical Sponsor who is responsible for medical records and service quality.



Why SBHCs Should be Part of CCOs

- **SBHCs offer *coordinated and comprehensive services* to a key population—Youth**



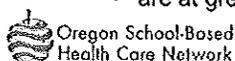
Providers specialize in pediatric and adolescent health care

Why SBHCs Should be Part of CCOs

- **SBHCs improve Oregon's *Triple Aim outcomes***
 - Help children to live and learn in communities that support health.
 - Provide licensed health care providers who specialize in pediatric and adolescent health in schools, where the kids are.
 - Accept student-patients regardless of their ability to pay; *and* helping uninsured students to obtain comprehensive insurance coverage through Healthy Kids.

Why SBHCs Should be Part of CCOs

- **SBHCs already provide key services**
 - All SBHCs provide primary care, including prevention services.
 - If an SBHC does not directly provide the following services, it must refer patients to providers of: mental health; oral health; addictions services and supports; prescription drugs; and family planning.
 - SBHCs must have agreements with other primary care providers to serve patients when the SBHC is closed.
- **SBHCs address health inequities by:**
 - providing no- to low-cost services;
 - providing care in underserved parts of the State;
 - serving minority ethnic and racial populations;
 - residing in schools in which students are likely to be members of racial, ethnic and limited-income groups who:
 - face barriers to care, and
 - are at greater risk for experiencing both physical and mental health care inequities.



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Why SBHCs Should be Part of CCOs

- **Providers deliver *prevention and wellness* messages at every visit.**
 - For patients who have had 3 or more visits during the current school year, SBHCs provide prevention messages via:
 1. comprehensive physical exam;
 2. health assessment; and
 3. calculation of body mass index (BMI).
 - 80% of SBHC patients reported the discussion of at least one prevention message at their last appointment.
 - Additionally, SBHCs provide school-wide preventive health education programming and outreach.



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Why SBHCs Should be Part of CCOs

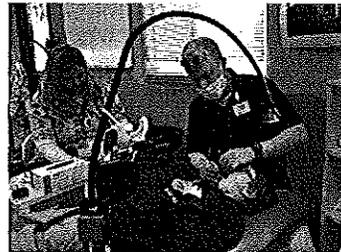
- **SBHCs involve their patients and communities in *governance***
 - Before an SBHC even is built, it must perform a *community needs assessment* to ascertain need for pediatric- and adolescent-specific medical services.
 - Based on this needs assessment, SBHC services are structured to *address health equity* for youth who may face disadvantages based on race, ethnicity, language, health literacy, sexual orientation, lack of access, insurance status, or age.
 - Because SBHCs exist at the will of the community and school board, they include key stakeholders in their *governance structures*: youth, parents, educators, community medical providers and community members.
- **Many have Youth Advisory Councils, which *advocate* for:**
 - services relevant to their needs;
 - direct involvement in and education about their own health care (“Nothing about me without me”); and
 - center settings that are attractive to youth, e.g. posters and brochures targeting teens.



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Why SBHCs Should be Part of CCOs

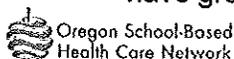
- **SBHCs are *accountable***
 - SBHCs already participate in *Quality Reporting*, collecting and submitting clinical, demographic and patient satisfaction data to the State.
 - In order to receive State formula grants, SBHCs must be re-Certified by the State every two years. Certification measures whether the SBHC continues to provide required clinical and patient-centered services, including *access to other providers* when the SBHC is closed.



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SBHCs Achieve Both Oregon's Health and Education Goals

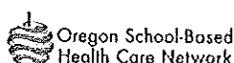
- **SBHCs reduce the drop out rate and also future Medicaid expenditures.**
 - Youth with poor health are less likely to graduate from high school.⁵
 - Research has shown that each student who graduates from high school instead of dropping out before getting a diploma saves Oregon \$13,128 (in 2005 dollars) in Medicaid and expenditures for uninsured care over the course of his lifetime.⁶
 - In 2009-2010 there were nearly 6000 dropouts in Oregon, adding up to **nearly \$79 million** over the course of their lifetimes.
 - Students in states with SBHCs that serve as Medicaid providers have greater academic achievement than states without them.⁷



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Ready to Fully Participate

- **SBHCs participated in an assessment to determine how close they are to meeting the requirements of a *Patient-Centered Medical Home***
 - SBHCs are already collecting "Must-Pass" pediatric core quality measures: health assessment, comprehensive physical (well-child) exams, BMI.
 - Certification standards require that SBHCs have community partnerships that allow patients to access care when SBHCs are not open and to obtain services not offered at SBHC.



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Ready to Fully Participate

- **CCOs will use health information technology to link services and care providers across the continuum of care.**
 - SBHCs have a range of expertise with electronic medical records implementation and practice.
 - With funding from a federal grant in early 2011, the state SBHC Program Office launched a two-year pilot project focused on the implementation of HIT in a few SBHCs.
 - The Network is working to create a stop-gap model to improve billing practices including provider enrollment/empanelment with payors, technical assistance to fully implement HIT within all SBHCs, and facilitating seamless integration with CCO processes.



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Notes

- 1) Network SBHC Survey, 5/2011, 36 of 60 SBHCs reporting for 2010-11 SY.
- 2) Ibid.
- 3) Network SBHC HK Referral Phone Survey, 11/2011.
- 4) State SBHC Program Office, Adolescent Health, Public Health Division.
- 5) Haas SA, Fosse NE. (2008). Health and the educational attainment of adolescents: Evidence from the NLSY97. *Journal of Health & Social Behavior*.
- 6) Muennig, P. (2006). *State-level health cost-savings associated with improvements in high school graduation rates. Washington, DC: A report commissioned by the Alliance for Excellent Education.*
- 7) Vinciullo FM, Bradley BJ. (2009). A correlational study of the relationship between a coordinated school health program and school achievement: A case for school health. *Journal of School Nursing*.



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