

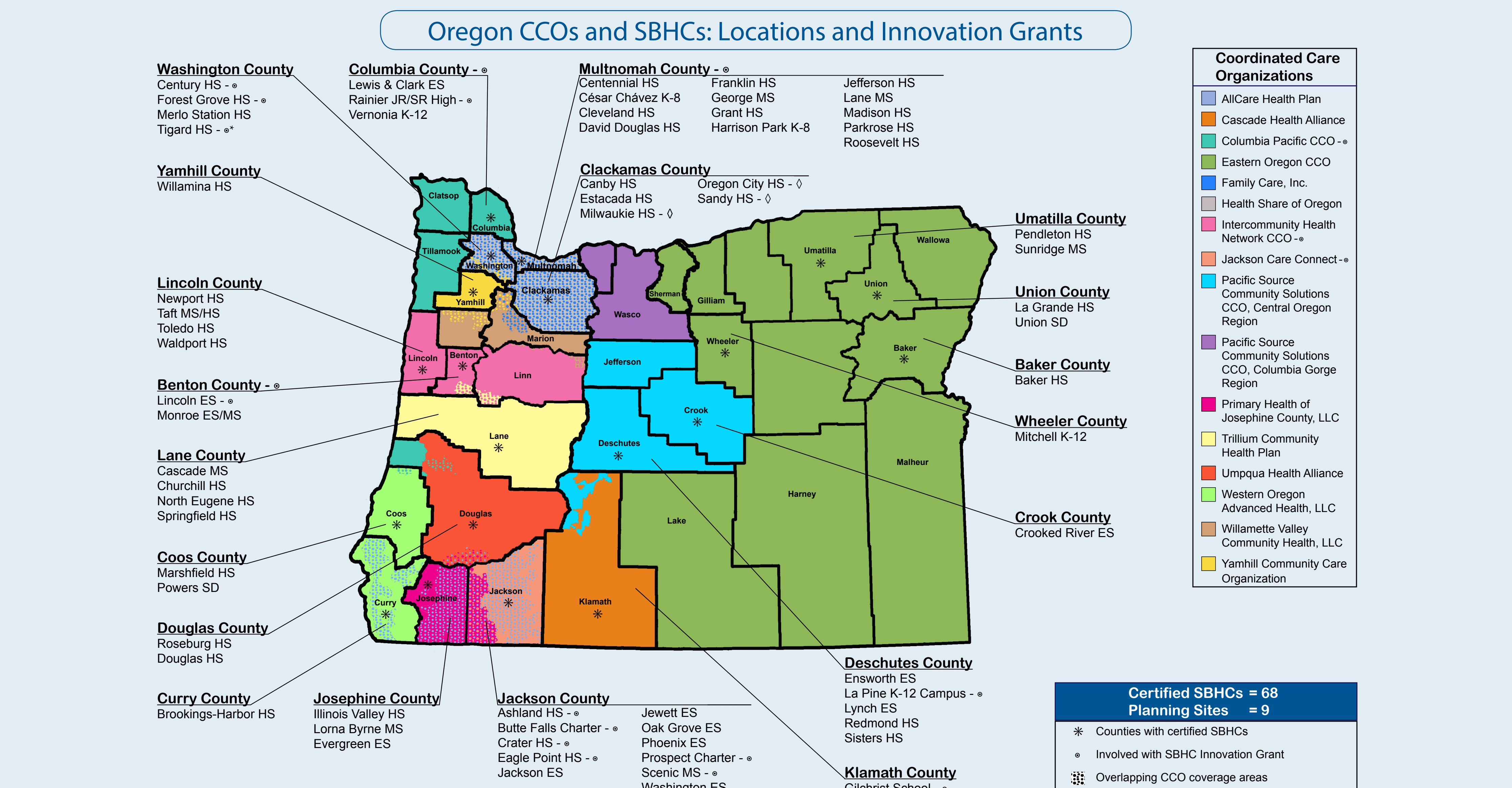
Background

School-Based Health Centers (SBHCs) have been operating in Oregon since the early 1980s as a unique partnership between public and private entities. With the passage of the Affordable Care Act, Oregon developed Coordinated Care Organizations (CCOs), known nationally as Accountable Care Organizations (ACOs), which focus on ensuring a healthy population through person-centered care in a cost-effective manner. SBHCs are natural partners in health care reform to help ensure a healthy population of children and adolescents.

The 2013 Oregon Legislature passed House Bill 2445, which allocated approximately \$750,000 in funding to the Oregon Health Authority (OHA) to incentivize organizations to accomplish one or more of the following goals:

1. Increase the number of SBHCs certified as patient centered primary care homes (PCPCH)
2. Improve the coordination of care of patients served by CCOs and SBHCs
3. Improve the effectiveness of the delivery of health services through SBHCs to those who qualify for medical assistance

In April 2014, the Oregon SBHC State Program Office released a Request for Grant Applications for SBHC medical sponsors and CCOs to explore innovative approaches to school-based care that accomplish one or more of the above goals and support Oregon’s Triple Aim goals of a healthy population through quality care at a lower cost.



Grant Project Strategies

Grant funds were used to support larger, systems-level innovation projects as well as smaller, targeted projects to meet the goals outlined in HB 2445. During the course of the grant, several SBHC-specific challenges or gaps emerged related to PCPCH recognition, care coordination, and effective health service delivery. Although projects varied considerably among the grantees, a number of common strategies were employed to address these challenges which are highlighted in the following boxes.

SBHC Challenge: Improving policies and workflows	
Strategies	<ul style="list-style-type: none">• Develop workflows for patient care coordination, communication to parents/patients, tracking of specialty referrals, and capturing client information from other providers• Examine alternative staffing models to facilitate efficient care, including Client Navigators• Conduct patient/staff satisfaction surveys
Grantees	<ul style="list-style-type: none">• Intercommunity Health Network CCO• The Public Health Foundation of Columbia County• La Pine Community Health Center• Jackson Care Connect CCO• Virginia Garcia Memorial Health Center

SBHC Challenge: Increasing clients with well-child visits (WCV)	
Strategies	<ul style="list-style-type: none">• Replace sports physicals with WCV• Employ patient and provider incentives and conduct targeted outreach to increase WCV• Mobilize partner agencies and client navigators to engage underserved communities• Expand primary care hours and direct clients from main FQHC clinics to SBHCs
Grantees	<ul style="list-style-type: none">• The Public Health Foundation of Columbia County• La Pine Community Health Center• Jackson Care Connect CCO• Virginia Garcia Memorial Health Center

Grantee Project Challenges

- Staff turnover
- Partner willingness to actively participate in collaborative meetings
- Identifying client’s primary care provider (PCP)
- CCO policies that do not allow SBHC providers to be assigned as PCP
- Tracking completed referrals
- Sharing information, both internally (mental/behavioral health and physical health) and externally (specialty providers, assigned PCP)
- Parent/provider “buy in” to yearly well-child visits
- Limited provider capacity to see increasing numbers of Oregon Health Plan (OHP) clients and provide preventive services, such as well-child visits
- Standardizing coding for services provided (SBIRT, well-child visits)

Initial Findings / Lessons Learned

As pilot projects draw to a close in June 2015, several initial findings have emerged.

- Innovation Grant projects provided an opportunity to regularly convene CCOs and SBHC medical sponsors, which reportedly strengthened the relationships between these entities.
- CCOs increasingly appreciated how the SBHC model aligns with CCO goals and has potential to mitigate health provider shortages.
- Regular contact with CCOs led to systemic policy changes, such as permitting SBHC providers to be assigned as PCPs, working together to meet requirements for the State PCPCH application, and sharing information among safety net health providers and schools.
- Grantees employed several strategies to increase the number of well-child visits provided to SBHC clients. Some grantees found that targeted outreach and incentives for clients and parents increased well-child visits. Others found provider incentives and increased primary care hours to be most effective.
- The ability to effectively obtain information about preventive and acute care provided outside the SBHC necessitated new workflows and information sharing via Electronic Health Record.
- Early evidence suggests implementation of new staffing models, including “member services” departments, office health assistants, receptionists, and/or data analysts led to increased utilization and improved SBHC ability to conduct outreach and coordinate client care.

Next Steps

Innovation Grant funding provided an opportunity for local communities to explore different approaches to advance Oregon health system transformation efforts through school-based health. As grantees continue to build upon these initial efforts, the SBHC State Program Office will apply lessons learned through training and technical assistance to SBHCs and CCOs. A final report will be shared with partners, CCOs, and local SBHCs by late Summer 2015.

Grantee Information

Intercommunity Health Network CCO Benton County	
Project Partners	<ul style="list-style-type: none">• Benton Community Health Center• Corvallis School District• Lincoln Elementary School SBHC
Project Milestones	<ul style="list-style-type: none">• Number of well-child checks performed by quarter:<ul style="list-style-type: none">• Q4 (4/1/14 to 6/30/14): 68• Q1 (7/1/14 to 9/30/14): 50• Q2 (10/1/14 to 12/31/14): 61

Public Health Foundation of Columbia County Columbia County	
Project Partners	<ul style="list-style-type: none">• Columbia Pacific CCO• Rainier Jr./Sr. High School SBHC
Project Milestones	<ul style="list-style-type: none">• Working relationship established between SBHC Coordinator and CCO, opening door for agreements about PCP assignment, billing, and PCPCH recognition requirements• Workflows developed to better track preventive health service provision, patient assignment, and specialty care referrals

La Pine Community Health Center Deschutes and Klamath Counties	
Project Partners	<ul style="list-style-type: none">• La Pine K-12 SBHC• Gilchrist School SBHC
Project Milestones	<ul style="list-style-type: none">• # clients aged 12-21 who were provided well-child visit:<ul style="list-style-type: none">• Q1 (8/14/14 to 9/26/14): 6• Q2 (9/27/14 to 12/27/14): 18• Q3 (1/1/15 to 3/31/15): 36

Jackson Care Connect CCO Jackson County	
Project Partners	<ul style="list-style-type: none">• Rogue Community Health• La Clinica• Jackson County Mental Health• Crater High School SBHC• Eagle Point High School SBHC• Ashland High School SBHC• Scenic Middle School SBHC• Butte Falls Charter School SBHC• Prospect Charter School SBHC
Project Milestones	<ul style="list-style-type: none">• CCO changed policy to allow SBHC providers to be assigned as Primary Care Providers (PCP)• # eligible patients screened using SBIRT tools at Crater High School SBHC:<ul style="list-style-type: none">• Q1 (9/1/14 to 9/20/14): 46• Q2 (9/30/14 to 12/31/14): 82• Q3 (1/1/15 to 3/31/15): 146

Multnomah County Health Department Multnomah County	
Project Partners	<ul style="list-style-type: none">• Oregon School-Based Health Alliance• CareOregon• Family Care CCO• Washington County Health and Human Services• Clackamas County Public Health• Virginia Garcia Memorial Health Center• Oregon Health Authority• All Multnomah County SBHCs, Clackamas County SBHCs and Washington County SBHCs
Project Milestones	<ul style="list-style-type: none">• Convene diverse stakeholder group with representatives from SBHC medical sponsors, local public health, payors, CCOs, and state government committed to developing viable alternate payment methodology/ies (APMs) to support SBHC sustainability

Virginia Garcia Memorial Health Center Washington County	
Project Partners	<ul style="list-style-type: none">• Forest Grove High School SBHC• Century High School SBHC• Tigard High School SBHC
Project Milestones	<ul style="list-style-type: none">• Patients aged 12-21 seen in the last year who have been administered an SBIRT screen:<ul style="list-style-type: none">• Q2 (9/1/14 to 11/30/14): 5• Q3 (12/1/14 to 2/28/15): 78

Definitions
Oregon Health System Transformation In 2011, the Oregon legislature passed legislation to transform the way services are delivered through the Oregon Health Plan (Medicaid). These changes have been guided by the <i>Triple Aim</i> .
Oregon Triple Aim 1. Improve the lifelong health of all Oregonians 2. Increase the quality, reliability and availability of care for all Oregonians 3. Lower or contain the cost of care so it is affordable for everyone
Coordinated Care Organizations Also known as Accountable Care Organizations. A network of health care providers who have agreed to work together in their local communities to deliver health care and coverage for people who receive health care under the Oregon Health Plan. There are 16 CCOs operating in communities around Oregon.
Patient-Centered Primary Care Homes Also known as Patient-Centered Medical Homes. A health care clinic that has been recognized by the State for their commitment to patient-centered care and in compliance with state PCPCH standards.
School-Based Health Centers SBHCs evaluate the needs of populations they serve with a particular focus on wellness, prevention, and chronic disease management. SBHCs provide quality person-centered care using a cost-effective care model that focuses on prevention.