NASBHC National Assembly on School-Based Health Care

Bringing Health Care To Schools For Student Success

School-Based Health Care: Advancing educational success and public health

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"HEALTH SERVICES NEED TO BE WHERE STUDENTS CAN TRIP OVER THEM"

Philip J. Porter, MD

NASBHC

The SBHC story

- 1970s: community leaders worry about unjust health care access chasm – esp for low-income, minority adolescents
- Alarming adolescent morbidity data as a result of historically poor access
- Vision: school building is logical, common sense locus for services
- Insightful education leaders agree
- Result: unprecedented health care real estate

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SBHC early architect, Dr. Phil Porter

"JUST A MATTER OF WHERE YOU PARK YOUR CAR"

SBHCs: Early Era

- Characterized as inner-city, adolescent-focused interventions
- Dominant focus: prevention of teen pregnancy & reproductive health access (as evidenced by the early research findings)
- Early sources of financial support were largely private (national and local foundations)

Why SBHCs?

- Geographic and financial barriers to physical, mental, and oral health
- Troubling (and costly) health outcomes associated with adolescents
- Nonexistent/fragmented/singular discipline systems of care
- Decreased educational attainment
- Undocumented children
- Working parents

Early seeds take root

- Disseminators: RWJ and Kellogg
- Center for Population Options
- Government begins taking interest: federal, state and local public funds directed to resource emerging model
- By the 90s – most states have at least a handful (some moving quickly to populate high-needs schools)
- Field gives birth to advocacy organization: NASBHC

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Winning Recipe

High quality, comprehensive, child-focused primary care

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Public health orientation (school as target)

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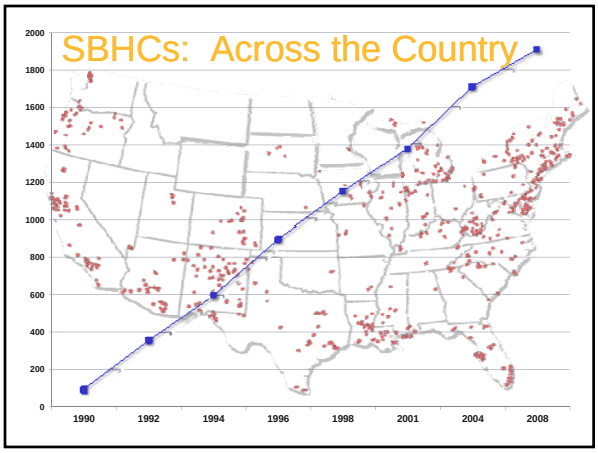
Strong school partner that provides welcoming environment

=

First class support for children and adolescents at high risk for poor health and academic outcomes

SBHCs: Across the Country



SBHC Growth Facilitators

- State programs: 18 states with dedicated grant program totaling $90M
- Federal programs: HRSA/capital grants/ oral health
- Private efforts: Colorado Health Foundation and Health Foundation of Greater Cincinnati
- Local efforts: Seattle/King County
- Medicaid

Defining SBHC Today

- Provide quality, comprehensive health care services that help students succeed in school and in life.
- Located in or near a school facility and open during school hours.
- Organized through school, community, and health provider relationships.
- Staffed by qualified health care professionals.
- Focused on the prevention, early identification, and treatment of medical and behavioral concerns that can interfere with a student's learning.

Efficiencies in SBHCs

- Parents do not need to take time off
- Follow-up is less labor intensive
- Ability to identify problems earlier

SBHCs: The Evidence Base

- Increased use of primary care
- Reduced inappropriate emergency room use
  - Greater than 50% reduction in asthma-related emergency room visits for students enrolled in NYC SBHCs
- Fewer hospitalizations
  - $3 million savings in asthma-related hospitalization costs for students enrolled in NYC SBHCs
- Access to harder-to-reach populations - esp minorities and males
  - Adolescents were 10-21 times more likely to come to a SBHC for mental health services than a CHC or HMO.

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Rapidly Changing Environment

- Early years
  - Grant funded
  - No billing/collecting (wasn't relevant – most users were uninsured)
  - Minimal data collection
  - Limited business capacity
  - Limited accountability
  - Limited concern re: sustainability

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New Challenges

HIPAA • 1115 waiver • Medicaid managed care • CHIP • Medical home • ICD/CPT codes • Productivity • Quality assurance • HEDIS • Accountable Care Organization • Capitation • Insurance Exchanges • Per member per month • Primary care case manager • Electronic medical record • Meaningful use • Essential Community Provider

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SBHCs: Living "The Triple Aim"

- Improved outcomes
- Better quality of care
- Reduced cost

VISION for Transformation

- Population-based, integrated approaches using multi-specialty teams (collaborative management) focused on common medical/ behavioral risks for school-age children within context of social/family systems
- SBHCs!

What SBHCs can teach reformers

- Unify mind/body in PC setting (patients don't differentiate)
- Meets kids where they are in terms of problems, pain, social and developmental challenges
- Proximity matters – but it isn't the end of the story
- Co-located isn't integrated

New skills/competencies

- Measure quality
- Assure care coordination
- Get counted (and paid)
- Know your value
- Tell your story

Widening the intersection