Leveraging School Based Health Centers (SBHCs) to Educate Youth about Adolescent Well Visits (AWV) & Provide Communication & Coordination with PCPs: Sharing of Tools and Learnings from Our Project

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Project Overview:
Improving Access to and Quality of Adolescent Well-Care Services Through Partnerships With SBHCs

Project Aim:
• To improve the provision of adolescent well-visits at a community-level by leveraging partnerships with School Based Health Centers (SBHCs)

Objectives:
• To provide on-site training and support to pilot SBHCs: Pendleton High School and Tigard High School.
  – Adolescent well-care visits
  – Depression screening and follow-up
  – Substance abuse screening, brief intervention, referral and treatment (SBIRT)
• To develop educational materials for adolescents that provide information about why well-care is important, what to expect, and the unique role SBHCs can play in providing well-child care.
• To develop and assess models for enhancing the SBHC’s population management and care coordination with primary care practices.
• To identify policy-level improvements that address barriers and incentives identified through the project.
Areas of Focus Within the SBHC:

• Education About Services in SBHC and Value of Well-Care
  – Within school, outside of school
  – To adolescents, parents, primary care providers
  – Engagement of youth to provide feedback

• Improved provision of Adolescent Well-Visits
  – Aligning care provided in the SBHC with Bright Futures recommendations
  – Includes screening and follow-up aligned with CCO/KPM Metrics related to Depression Screening and SBIRT
  – Includes DOCUMENTATION and USE OF CLAIMS in a way that is aligned with the metrics

• Care Coordination with Primary Care Providers
  – Communication with adolescent-identified primary care provider
  – For primary care providers who identify at-risk adolescents and want to refer to the SBHC to address risks at a location the adolescent may be more likely to go
• **Educational materials for adolescents** that provide information about why well-care is important, what to expect, and the unique role SBHCs can play in providing well-child care.
  – Development informed by youth (Eight rounds of youth input)
  – Disseminated in schools

• **Templates of materials provided:**
  - Posters for hallways or other high-traffic areas
  - Flyers strategically placed in places where teens sit (e.g. counseling office)
  - Posters in bathroom stalls
  - Table tents for the lunch rooms
  - Instagram posts/ Facebook posts
  - Info cards that fit into cell phone carriers
  - Mood Pencils/Stress balls
  - Water bottle stickers

• Email [opip@ohsu.edu](mailto:opip@ohsu.edu) if you would like links sent to you.
We have been working with Tigard SBHCs on processes around collecting:

- Information about the **teen’s primary care provider**, contact information

- Models and methods used for the **SBHC to communicate with the PCP**
  - For sensitive services vs. non-sensitive services
  - Obtaining consent from adolescent to share information

- Models and methods for **PCP to communicate with the SBHC**
  - For basic services (e.g. weight check)
  - For follow-up services to the screens they are doing (depression and substance abuse)
From An Idea to an Action

– OPIP reached out to the primary care practices that have the most attributed youth in CCO
  » In Tigard, this was two large pediatric practices
  » That said, as compared to other regions and smaller communities, there was NOT as much overlap in populations

– Facilitated meetings between the SBHC and PCP to learn about each other
  » **Part 1: Getting to Know Each Other:**
    • PCPs had little knowledge of the SBHCs, false understanding
    • Developed an info sheet about the SBHC that covered key things the PCPs wanted to know about
  » **Part 2: Defining the Population and Processes**
    • Which kids are “in scope” and “out of scope” for communication
    • Processes to ensure communication and confidentiality maintained

– OPIP then worked with the SBHC and PCP practices individually to refine their work flow and processes

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Info PCPs Wanted to Know about the SBHC

• WHAT is SCHOOL-BASED HEALTH CENTER (SBHC)?
• What is the role of SBHC Sponsor?
• Providers and credentials of providers
• WHO you can serve
• What types of services you can offer
  – Spirometry
  – Labs
  – Cultures for wounds
  – Tests – Glucose, Cholesterol:
  – Vaccines - HPV booster
  – Mental Health Services
  – Birth Control
• Location and Hours of operation
• Insurance accepted
• How to contact HOW is a SBHC CERTIFIED?
Workflow Mapping of Communication Processes

Pediatric Associates of the NW

At Tigard SBHC
Completes Fax form to faxes COVER and ROI forms
For PANW
Fax#: 503-227-0676

If FYI ONLY is checked
One fax is received from SBHC, Medical Records will electronically route the documents to the PCP

If PCP determines
that information needs to be shared with family or guardian requests chart ROI/consent collected
PANW does not release information to family unless patient gives authorization
PANW Release of Information will be filled out by patient for PANW to send records to SBHC if needed
ROI will be faxed to SBHC with patient records

At Primary Care Clinic
Fax received by Medical Records
Scanned into 'Outside Medical Records' and label as 'Tigard High School'

If CALL SBHC PROVIDER is checked
pcog
PCP is not available, call will be routed to Tigard RN
PCP will call the SBHC next.
The turnaround time for a call back will be within 2 business days.
If there is an urgent matter, SBHC staff will call PCP rather than waiting on PCP to review faxed documents

If PCP

No

how are forms saved and labeled in chart to ensure confidentiality
All documents from SBHC will be uploaded and indexed as sensitive information by PANW Medical Records. These are not locked documents, but it does alert staff that the information should not be accessed unless absolutely necessary for patient care. We also have the ability to perform audits to monitor if sensitive information is being accessed inappropriately.

At Tigard SBHC

Patient Has Visit
Is Pt within scope?

Physical Health (within scope)
- Well Visit
- Sports Physical
- Immunizations
- Complicated/Repeat visits (3+ visits for same issue)
- Eating disorder
- Positive pregnancy test
- Neglect/Abuse
- Med Management
- Need for birth control
- General flags/concerns within school (ex. Recent suicide)

Mental Health (within scope)
- 1 or more visits for MH
- Med changes

Physical Health (within scope)

TEEN in crisis:
SBHC will call PANW Immediate Access Back Line at 503-966-3443 Ext. 114
SBHC staff will identify themselves at Tigard SBHC staff and ask for the PCP
If the PCP is not available, call will be routed to Tigard RN

TEEN referred to make appit with PCP:
SBHC staff will call PANW Immediate Access Back Line at 503-966-3443 Ext. 114 to schedule an appointment for teen, if Pt is in Office. If teen is calling PANW, RN/Case Manager will call PANW main line at 503-966-3440

TEEN referred to another provider:
Provider contact information and reason for referral will be included on visit summary sheet that is faxed to PANW. PANW Medical Records will route to PCP and documents will be uploaded to patient chart. As the referring provider, SBHC provider will be responsible for follow up on referral and ensuring patient follows through. PANW will follow up as necessary during next visit in clinic

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# Communication Form: SBHC to PCP

**Name:**

**DOB:**

**Insurance:**

- [ ] Assigned Patient - Needs to establish care
- [ ] New patient - Needs to establish care

**Date of Visit at Tigard HS SBHC:**

**Provider Seen:**

- [ ] Elizabeth Pruett, PNP
- [ ] Gina Batliner, MA

**Contact Information for Youth:**

- [ ] Phone: _____________
- [ ] Did not consent to release phone #
- [ ] Did not know provider name

**Primary Care Provider Identified:**

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## Summary of Visit

### Type of Provider

<table>
<thead>
<tr>
<th>Physical Health Provider</th>
<th>Mental Health Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Well Visit</td>
<td>[ ] Mental Health Assessment</td>
</tr>
<tr>
<td>[ ] Sports Physical</td>
<td>[ ] Follow-up to referral from PCP</td>
</tr>
<tr>
<td>[ ] Immunizations</td>
<td>[ ] Other:</td>
</tr>
<tr>
<td>[ ] ED Follow-Up</td>
<td>[ ] Other:</td>
</tr>
<tr>
<td>[ ] Sick-Visit</td>
<td>[ ] Other:</td>
</tr>
<tr>
<td>[ ] Follow-up to referral from PCP</td>
<td>[ ] Other:</td>
</tr>
<tr>
<td>[ ] Other:</td>
<td>[ ] Other:</td>
</tr>
</tbody>
</table>

### Reason for Visit

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### Problem List and/or Diagnosis

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### Medications Noted by Teen

- [ ] None

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### Results of Labs and Positive Screens

- [ ] None

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### Follow-Up Steps Needed

- [ ] FYI ONLY – No follow up needed
- [ ] Call SBHC provider
- [ ] Teen referred to make app with PCP
- [ ] Teen referred to another provider
  - [ ] Other: _____________

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### Other Information For Provider

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**Communication Form: PCP to SBHC**

**Fax #: (503) 431-5776**

**DRAFT 5/11/16**

**CONFIDENTIAL COMMUNICATION**
Virginia Garcia’s Tigard High – School Based Health Center

**PLEASE ATTACH ROI/CONSENT FORM**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Insurance:**

**Date of Visit at PANW:**

**Provider Seen:**

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**Referral Form from Pediatric Associates of the Northwest to Tigard HS SBHC**

<table>
<thead>
<tr>
<th>Provider Referring To</th>
<th>✗ Physical Health Provider</th>
<th>✗ Mental Health Provider</th>
</tr>
</thead>
</table>

**Relevant Problem List and/or Diagnosis**

**Relevant Medications for Referral**

- None

- 

**Reason for Referral to Tigard SBHC**

- □ HPV follow up
  - First administration date:
  - Meningococcal Booster
  - Booster needed on:
  - □ Weight check
  - Recommended periodicity:
  - □ BP check
  - Other:
  - MH screening follow-up

**Other Information For SBHC Staff**

- □ Call PANW Provider: ____________

- □ Call PANW Provider: ____________

**Information Requested Back**

- □ No follow up needed
- □ If you are unable to get them in by: (insert date)
- □ Summary of Visit

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Some Learnings for All of You

– Play out the numbers of KIDS you see and PRACTICES that may serve those kids
  » Some of you work in SBHCs that are in communities that have MANY different providers and exploring feasibility of this may be important
– Start small with a pilot to work out the “kinks”
– Define populations
  » Which kids are “in scope” and “out of scope” for communication
  » Ensure that the processes are in place to ensure information is protected
    • Do a communication work flow mapping and confirm next steps
– Do what you say will you do and plan for the work internally
  » Define the WHO, WHAT, WHEN, HOW
  » This is a potentially great way to build bridges and enhanced coordination, but only if trust is built
  » Conversely, this is a great way for them to learn about all the wonderful strengths of SBHCs
Questions:

- Questions:
  - Colleen Reuland  reulandc@ohsu.edu
  - 503-494-0456

- Resources:
  - oregon-pip.org
    - Within this you can find OPIP’s webinar series and related materials