



KEY TAKEAWAYS FOR ADVOCATES AND POLICYMAKERS

1. **Integrate SBHCs into health care system redesign efforts.** SBHCs need to develop strong partnerships to align with health reform goals — including encouraging state Medicaid officials and other leaders of health reform efforts to take steps to ensure that SBHCs are included as valued partners.
2. **Improve data.** SBHCs need to invest in their data systems and technology infrastructure to demonstrate to decision-makers — including potential health system partners in their community — the value they bring to health reform.
3. **Invest in SBHC billing capacity.** SBHCs need to invest in their capacity and infrastructure for billing and the Connecticut Medicaid program needs to continue efforts to develop more comprehensive billing and coding systems; both efforts will ensure SBHCs receive adequate recognition and reimbursement for the services they provide.

School-Based Health Centers: Critical to Health Reform and Improved Outcomes for Students

Connecticut is transforming care delivery statewide by creating sustainable, effective linkages between clinical and community settings to improve access to preventive and chronic care services. A primary goal of this work is to “establish a whole-person-centered healthcare system that improves community health and eliminates health inequities.” Because they are uniquely positioned to reach underserved children and adolescents, school-based health centers (SBHCs) can play a critical role in achieving this goal.

Connecticut has made a wise investment in and commitment to the health of children and adolescents through state funding for SBHCs. This funding is critical to supporting operations of SBHC sites. This issue brief makes recommendations to further ensure SBHC sustainability — through three primary mechanisms — in an era of state health reform.

SBHCs improve academic performance, increase attendance, and reduce dropout rates.

THE VALUE OF SCHOOL-BASED HEALTH CENTERS

As students in low-income communities often lack access to other sources of care, SBHCs serve as the backbone of primary care for these students.^{2,3,4} Positioned within school settings, and with primary and behavioral health services co-located, SBHCs help students overcome barriers to accessing care. Research shows that SBHCs improve student health outcomes on a diverse range of issues, including: improved immunization rates; better management of chronic conditions; increased access to reproductive health care; reduced teen pregnancy; and lower barriers to accessing mental health services.^{5,6,7,8,9,10}

SBHCs are a key part of the health care delivery system in Connecticut and while important to all children they serve, are especially effective in addressing the needs of children and adolescents, including those in low-income and underserved communities.¹¹ The 96 state-funded SBHCs in Connecticut serve approximately 40,000 students, providing a wide spectrum of clinical services, including primary care, behavioral health services and, in some sites, oral health services. Many SBHCs provide health education and promotion activities both within their schools and to the broader school community, extending their reach and importance.

SBHCs are also an important mechanism to manage physical and mental health barriers that reduce academic success. SBHCs improve academic performance,^{12,13} increase attendance,¹⁴ and reduce dropout rates.¹⁵

SBHCs CAN SERVE AN IMPORTANT ROLE IN CONNECTICUT'S NEW DELIVERY REFORM STRATEGY

The Affordable Care Act (ACA) fundamentally alters the way health care services are delivered and paid for in many settings. With ACA funding, states are increasingly using innovative mechanisms to experiment with coverage, reimbursement, and delivery system redesign. Connecticut is currently designing a model for health care delivery — with \$45 million in federal funding from the State Innovation Model (SIM) initiative¹⁶ — that will move the state's health care system from one that is volume-centered (reimbursing providers for each service they provide) to one centered on accountability and care quality.

SBHCs are natural partners in achieving accountability and care quality goals, and can improve the value proposition for health care organizations participating in delivery system reforms.

Connecticut's SIM Innovation Plan aims to foster the various delivery system and alternative payment models established and promoted by the ACA, such as Patient Centered Medical Homes (PCMH) and Shared Savings Programs.

Health care system redesign focused on these models offers opportunities to leverage the expertise of SBHCs in serving complex and hard-to-reach populations. SBHCs are natural partners in achieving accountability and care quality goals, and can improve the value proposition for health care organizations participating in delivery system reforms.

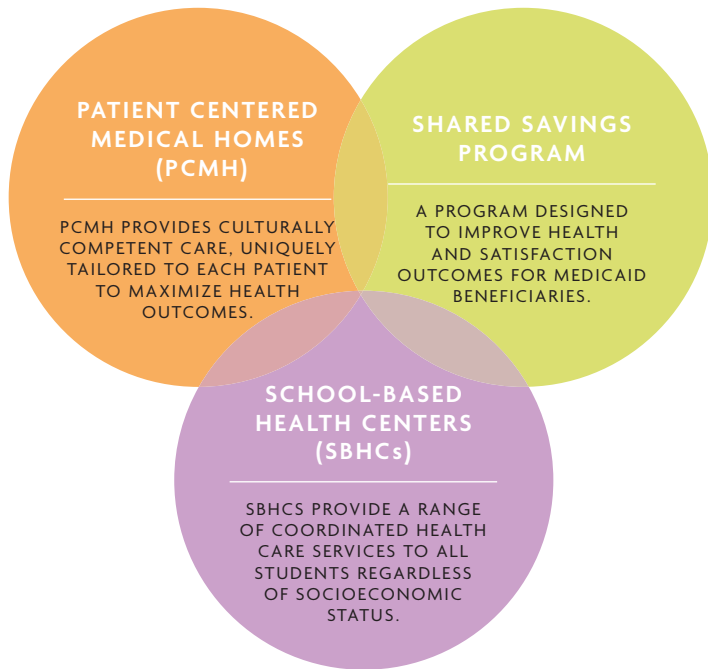
SBHCs also have an incentive to participate in these efforts due to enhanced reimbursement and shared savings opportunities, and opportunities to become more closely integrated with the health care system. Both factors have the potential to enhance the sustainability of SBHCs across the state.

- **SBHCs and the PCMH.** The PCMH is a team-based health care delivery model that provides coordinated, continuous, accessible, comprehensive, culturally competent care, uniquely tailored to each patient in order to maximize health outcomes.¹⁷ Connecticut is promoting the PCMH primary care model by enhancing Medicaid payment and offering performance bonus payments to qualified PCMH practices that achieve certain quality measures (such as developmental screenings and immunization rates).¹⁸

As patient-centered, prevention-focused providers that use an interdisciplinary team approach to delivering coordinated primary care, SBHCs already provide the essential components of the PCMH model to disadvantaged students.^{19,20,21,22} As such, SBHCs can be well-positioned to become designated as a PCMH themselves.

Whether or not formally recognized with the PCMH designation, SBHCs currently serve as de facto medical homes for many children from low-income and minority populations who lack access to care in other settings.²³ Achieving PCMH status would recognize and reward SBHCs for the important work they already do. Becoming a PCMH is important not only for SBHCs to attain enhanced Medicaid reimbursement, but to





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raise the bar of service delivery; achieving PCMH designation means that SBHCs are positioned to address population health and quality of services in new ways that benefit students.

- **SBHCs as PCMH practice extenders.** SBHCs may also serve as “practice extenders” to existing PCMHs that are looking to partner with entities serving hard-to-reach communities. PCMHs in Connecticut would benefit from establishing strong linkages to SBHCs in their communities, as SBHCs are uniquely positioned to reach underserved children and adolescents, helping the parent PCMH meet quality performance expectations.
- **SBHCs and Shared Savings Program.** Connecticut is in the process of designing a shared savings program, known as PCMH+, for Medicaid beneficiaries.^{24,25} As part of its SIM initiative, Connecticut has as the goal for its PCMH+ to “improve health and satisfaction outcomes for Medicaid beneficiaries currently being served by Federally Qualified Health Centers and “advanced networks” (accountable care organizations).”²⁶ These providers will receive care coordination payments and a portion of any savings achieved, on the condition that they meet certain quality measures.

The model incentivizes increased care coordination and partnerships between these providers and community-based providers, such as SBHCs, that can deliver preventive care efficiently and reach underserved populations. SBHCs are in a position to be welcome partners in the PCMH+ initiative.

CHALLENGES EXIST TO FULL PARTICIPATION BY SBHCs IN HEALTH REFORM IN CONNECTICUT

SBHCs can and should be part of reform efforts as momentum for adopting alternative payment models moves forward. Yet, few SBHCs have been able to take full advantage of the opportunities. While SBHCs could participate in many of these opportunities, regulatory and policy restrictions within the state — as well as capacity, operational and structural limitations within SBHCs themselves — create obstacles to more active participation:

- **Requirements for care to be available 24/7.** Connecticut requires that all PCMHs in the state meet standards set forth by the National Committee on Quality Assurance (NCQA) or the Joint Commission. One basic requirement is that a PCMH offer patients 24/7 access to medical services. Where a SBHC is open only during school hours, it is not providing continuous and coordinated care after school, on weekends, and during vacations. The majority of SBHCs in Connecticut fall short of PCMH designation because of this requirement. However, SBHCs have unlimited access to students during school hours and SBHCs meet many of the core elements of the PCMH model. One possible solution would be to develop a specific type of PCMH designation that recognizes the unique value of the SBHC (see recommendation on pg. 5). A set of patient-centered school based health care standards is under consideration by NCQA. Adoption of these standards will increase primary care coordination for students.
- **Insufficient health information technology infrastructure.** SBHCs seeking PCMH recognition in Connecticut are required to implement an electronic health record (EHR) system to report on clinical and population health quality measures; EHR data is used to determine Medicaid PCMH bonus payments.²⁷ The EHR also enables the PCMH to exchange data with other providers to increase opportunities for coordinated care, and to proactively schedule patients to better administer preventive services and manage chronic disease. For these reasons, EHR capabilities are important for SBHCs that serve as PCMH practice extenders.





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EHR functionalities are important for participation in other reforms as well; SBHCs need advanced data analytic capacity and timely exchange of information to partner with health systems that are striving to improve performance and demonstrate high-quality care. Where a SBHC has not implemented an EHR with these functionalities, it is difficult for the SBHC to conduct the data collection, reporting and connectivity functions that are critical to all current health care delivery system reforms.

- **Lack of separate billing code for SBHCs.** Until recently, Connecticut Medicaid claims have not differentiated the services provided at SBHCs from those delivered by its parent organization (while some SBHCs are free-standing, most are connected to a health center or hospital). Subsequently, services performed at a SBHC were attributed to another entity by Medicaid claims data. For this reason, SBHCs — even those with PCMH-designation — have not always received adequate recognition and reimbursement for services rendered. Recently, Connecticut established a “place of service code” billing modifier for school-based services. Use of this

code is in the early stages of implementation. If used effectively, this code will specifically identify a service as being delivered in a SBHC, solving many of these issues.

- **Lack of data to show value of SBHCs.** While there is significant evidence nationally of the importance of SBHCs in improving health outcomes, there is a lack of data to demonstrate the complexity of care offered and the outcomes achieved at SBHCs in Connecticut. SBHCs in Connecticut collect and report a large volume of data, but the state does not have the technical assistance infrastructure to move SBHCs toward outcome-based data reporting. This problem is due in part to data collection challenges at the Health Department level (the Health Department in Connecticut collects data on SBHCs, but allows each SBHC to select from a wide range of outcomes for reporting; because every SBHC selects different measures to report, aggregating the data is difficult).

In addition, the lack of health IT infrastructure within some SBHCs contributes to increased difficulty extracting the data. Finally, current data collection is not synchronized with core quality measures in use through the state SIM;²⁸ this lack of synchronization may make it difficult for SBHCs to show their value to would-be partners in the Medicaid Quality Improvement and Shared Savings Program.

PCMHs in Connecticut would benefit from establishing strong linkages to SBHCs in their communities, as SBHCs are uniquely positioned to reach underserved children and adolescents, helping the parent PCMH meet quality performance expectations.



Action Steps to Enhance the Role of SBHCs in Health Reform Initiatives

1

STRATEGIES FOR INTEGRATING SBHCs INTO HEALTH CARE SYSTEM REDESIGN EFFORTS

- **Development of strong partnerships by SBHCs to align with health reform goals.** To align with the PCMH movement, SBHCs need either to:
 1. Extend access to clinical services 24/7, or
 2. Contract with PCMHs and/or participants in the PCMH+ model
- **Community health centers and hospitals could integrate SBHCs as service providers with existing PCMH.** Entities may provide SBHC patients access to care in off hours.
- **Support efforts to create a specific PCMH designation for SBHCs,** using standards developed through Patient-Centered School-Based HealthCare (PC-SBHC) project.
- **Support steps so that SBHCs are included as valued partners in reform planning and implementation.**

2

IMPROVING DATA REPORTING & TECHNOLOGY INFRASTRUCTURE

- **Investment by SBHCs in data systems and technology infrastructure.** Enhance data collection and technology infrastructure to allow SBHCs to seek PCMH designation, or participate in existing PCMH and shared savings models.
- **Utilize comprehensive data systems** to verify the range of services SBHCs provide, and the value they bring to health reform.
- **Strengthen data systems and technology infrastructure** to ensure the capacity of SBHCs to perform the functions necessary to be part of the emerging health care delivery system.
- **Streamline reporting requirements to support the aggregation and reporting of SBHC data.** Determine which set of outcome measures are valuable to both SBHCs and decision-makers, and evaluate how measures can be aligned with quality measurement under the state's SIM initiative.

3

ENSURING SBHC SUSTAINABILITY WITH ENHANCED BILLING AND REIMBURSEMENT

- **Expedite efforts to develop more comprehensive billing and coding systems** to ensure the accurate identification and allocation of PCMH payments to SBHCs. Connecticut is in the early stages of establishing a place of service code system.

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